Starship Rheumatology Service – Referral Criteria

Indications for Referral

In order to make triage and first specialist assessments as efficient as possible, we have listed referral criteria and referral expectations for each condition in the following table.

Conditions which are not seen

- Rheumatic fever
- Pain Syndromes (previously diagnosed)
- Growing pains

Referrals for Paediatric Rheumatology

- We do not usually accept direct new referrals from GPs
- For assistance with musculoskeletal clinical assessment we recommend pmmonline.org
- Please call Rheumatologist to discuss any ill patients who may need urgent review
- Please include details of all medications and previous management so we can assess suitability for direct access and appropriate triaging
- Referrals that arrive with insufficient information to be triaged correctly (as per table below) will be declined and returned to referrer
- Do not wait for lab results before referring, particularly if there is concern.

We are happy to discuss specific cases with colleagues if there is uncertainty about the need for a referral. Please discuss the child with the Paediatric Rheumatologist via the Starship Hospital operator (09 307 4949) or Hutt Hospital operator (04 566 6999). This contact may be managed as a virtual consultation not requiring a patient visit.

Common Elective / Outpatient referrals and criteria

Children and adolescents with the following **should be** referred to the Paediatric Rheumatology team:

- Juvenile Idiopathic Arthritis
- Systemic Lupus Erythematosus
- Juvenile Dermatomyositis
- Scleroderma
- Chronic Primary Vasculitides
- Fever Syndromes
- Mixed Connective Tissues Disease / Overlap Syndromes
- Sjögren's Syndrome
- Arthritis Associated with Inflammatory Bowel Disease
- Sarcoidosis
- Chronic Recurrent Multifocal Osteomyelitis
- Cystic Fibrosis Arthropathy
- Trisomy 21 Arthropathy

Diagnosis/Symptoms	Consider diagnosis and refer to paediatric rheumatology when:	Referrals should probably include:
Juvenile Idiopathic arthritis (including diseases previously known as spondyloarthropathies or ankylosing spondylitis)	•Swollen joints, stiffness for ≥ 4 weeks •Persistent limp •Restricted movement •Difficulty or refusal to ambulate •Missing school due to stiffness or pain •Signs of SI joint tenderness with MRI c/w inflammatory arthritis in SI joints/spine •If non-ambulatory, markedly affected mobility may need admission under General Paediatrics to control pain •**If considering Rheumatic Fever, Septic Arthritis, Osteomyelitis, Malignancy, Trauma, Haemophilia, refer to appropriate other departments**	•ESR/CRP •CBC w/diff •ASO (if recent pharyngitis). Consider x-rays of involved joints if appropriate •Any other investigations done to date
Systemic lupus erythematosus	•Persistent, purpuric or ulcerated rash with any other systemic signs of Lupus, including: joint swelling, oral ulcers, proteinuria, serositis, cytopenias, or mental status changes. •Strongly positive ANA and other abnormal labs •If Lupus antibodies are positive (not just ANA). •**More urgent if end organ involvement**	•ESR/CRP •CBC w/diff •ANA w/titre •ENA •Anti-dsDNA •C3 •C4 •Urinalysis including protein:Cr ratio
Juvenile Dermatomyositis	•Muscle weakness persists •·Abnormal CK, LDH persists > 2 weeks Typical DM Rash (Gotton's or Heliotrope) •If MRI shows oedema consistent with inflammation • **Difficulty with swallowing, severe weakness or abdominal pain can be a medical emergency** • **More urgent if end organ involvement**	•ESR/CRP •CBC w/diff •ANA w/titre •Creatine Kinase •LDH •LFTs •Urinalysis

Diagnosis/Symptoms	Consider diagnosis and refer to paediatric rheumatology when:	Referrals should probably include:
Scleroderma systemic and localized	•Skin tightening or swelling with •Restricted movement •Raynaud's symptoms •Difficulty with swallowing •Reduced effort tolerance •**More urgent if end organ involvement especially hypertension**	•CBC w/diff •CRP/ESR •ANA w/titre •CXR •Check BP •Check Renal Function •Urinalysis
Chronic Primary Vasculitides •Complicated or prolonged HSP •Complicated, prolonged or atypical Kawasaki •Polyarteritis nodosa •ANCA positive vasculitis (*Granulomatous polyangiitis, Microscopic polyangiitis*, *Churg Strauss syndrome*) •Takayasu's arteritis •Hypocomplementemic vasculitis •Hypersensitivity vasculitis •Behcet's disease •Cerebral Vasculitis	•Urgent •Consider and treat potential infection •Vasculitic (petechial/purpuric) rashes, ulceration •Evidence of ischaemia to end organs not otherwise explained by e.g. sepsis •Haemoptysis and pneumonitis unresponsive to antibiotics •Multisystem involvement •Unexplained fever, constitutional signs like weight loss, lethargy. ****Call Rheumatologist to discuss any ill patients or possible referral**	•CBC w/diff •ESR/CRP •ANA w/titre •Urinalysis •Vasculitis screen including ANCA •CXR •Consider skin biopsy •Photographs of rashes
Fever syndromes	•Persistent fevers over 2 weeks with no identifiable cause •Specific signs of systemic disease – including: rash, mucosal ulcers, arthritis, serositis, abdominal pain. •Family history of periodic fevers •Raised inflammatory markers •**May be more urgent, depending on systemic symptoms**	•Symptom diary •Photographs of rashes •CRP or ESR during episode and in between •CBC w/diff Sepsis screen •Urinalysis •Stool calprotectin if abdominal symptoms •Sepsis screen
Mixed connective tissue disease / Overlap syndromes		•All relevant information
Sjögren's Syndrome		•All relevant information
Arthritis associated with inflammatory bowel disease		•All relevant information
Sarcoidosis		•All relevant information
Chronic recurrent multifocal osteomyelitis		•All relevant information
Cystic fibrosis arthropathy		•All relevant information
Trisomy 21 arthropathy		•All relevant information

Other Elective / Outpatient Referrals and Criteria

Children and adolescents with the following **may benefit** from referral to the Paediatric Rheumatology team - **by Specialist referral only**.

a) Patients with the following conditions to confirm diagnosis and help formulate and participate in a treatment plan for:

- Systemic management of Uveitis (iritis)
- Raynaud's disease
- Prolonged or severe reactive (post infectious) arthritis
- Cold induced injury

Condition	Refer to paediatric rheumatology when:	Referrals should probably include:
Systemic management of Uveitis (iritis)	•Ophthalmologist confirms Uveitis and no infectious cause found •Recurrent episodes •Systemic treatment indicated e.g. ≥ 3 months topical steroids •**More urgent if on systemic steroids**	•ESR/CRP •CBC •ANA •ACE •Urinalysis •Urine Prot/Cr •Serology for VZV IgG, Measles IgG, Hep A,B,C
Raynaud's disease	•Severe symptoms or frequent episodes •Digital ulcerations •Other signs of autoimmune disease •Abnormal investigations •**More urgent if systemic symptoms, end organ involvement and/or effect on daily activities**	•ESR •CBC w/diff •ANA w/titre •dsDNA and ENA •Urinalysis •Photographs if possible
Prolonged or severe reactive (post infectious) arthritis	•Rheumatic fever excluded •May be more urgent, depending on systemic symptoms, mobility and effect on daily activities	•ESR/CRP •CBC •LFTs •HLA B27 •Stool calprotectin if abdominal symptoms
Cold induced injury	•Consider referral to vascular surgery if distal ischaemia •**More urgent if systemic symptoms, end organ involvement, mobility and/or effect on daily activities**	•Blood pressure •ESR •CBC w/diff •ANA w/titre •Urinalysis •Lupus anticoagulant, anti-cardiolipin •Cold agglutinins, cryoglobulins •Thrombophilia screen

b) Patients with autoimmune disorders associated with other primary diseases, such as those below, for diagnostic or treatment plan evaluation:

Condition	Referrals should include:
Arthritis associated with birth defect	All relevant information
Immunodeficiency	All relevant information
Neoplasm	All relevant information
Infectious disease	All relevant information
Endocrine disorders	All relevant information
Genetic and metabolic diseases	All relevant information
Post-transplantation	All relevant information

c) Patients with unclear diagnoses – URGENCY dependent on presence of systemic symptoms, effect on mobility and activities of daily living:

Condition	Referrals should include:
Unexplained musculoskeletal pain	•Inflammatory markers i.e. ESR or CRP •CBC •Previous investigations
Prolonged or recurrent fever	•Fever patterns •CRP/ESR •CBC •Symptom diary •Previous investigations
Unexplained physical findings such as rash, fever, arthritis, anaemia, weakness, weight loss, fatigue or anorexia	Previous Investigations including CRP/ESR and CBC
Undefined autoimmune disease	Previous Investigations
Abnormal laboratory findings but symptoms and/or examination do not fit clinical criteria for a specific rheumatic disease	Previous Investigations
Complaints not consistent with laboratory findings or musculo-skeletal physical examination	Previous Investigations
Normal laboratory findings but local or generalised musculo-skeletal pain and/or swelling	Previous Investigations

d) Patients where a second opinion or confirmatory evaluation is requested by a Paediatrician for families requiring subspecialty input to cope with disease process, accept treatment plan, allay anxiety or to provide education.