Rheumatology Specialist Clinics at Western Health:

Western Health provides the Specialist Clinics for patients who require assessment and management of Rheumatology conditions. The focus of the clinics is to provide management and treatment for the conditions listed below:

- Rheumatoid arthritis, Psoriatic arthritis, Seronegative arthritis
- Ankylosing Spondylitis
- Systemic Lupus Erythematosus (SLE)
- · Giant cell arteritis.
- Vasculitis
- Refractory Gout
- Other Autoimmune Connective Tissue Diseases (Scleroderma, Myositis, Sjogren's, Mixed Connective Tissue Disease, Undifferentiated Connective Tissue Disease)
- Complex undifferentiated autoimmune or inflammatory conditions

We are unable to prioritise the following conditions at Western Health: Unfortunately, we have a large load of inflammatory conditions we are unable to accommodate all conditions at present in our Rheumatology clinics:

- · Osteoarthritis of the hand, hip and knees
 - Consider referral to Western Health Osteoarthritis Hip and Knee Service (OAHKS)
- Chronic pain syndromes
 - o Including Fibromyalgia and Complex Regional Pain Syndrome
 - Consider referral to pain clinic
- Mechanical pain
 - Low back pain and neck pain
 - Shoulder pain
- Osteoporosis
 - Consider referral to metabolic bone clinic
- Ehlers Danlos Syndrome
 - Consider referral to genetics clinic
- Positive blood tests without **clinical symptoms
 - Antinuclear antibody (ANA)
 - o Rheumatoid factor (RF)
 - **Clinical symptoms: mouth/nasal ulcerations, Alopecia, Raynaud's, Inflammatory Arthritis, Photosensitive rash, Proteinuria/Haematuria

*Inflammatory symptoms:

Early morning stiffness, joint swelling, improvement with activity



Access & Referral Priority Rheumatology Specialist Clinics:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT	ROUTINE
Giant Cell Arteritis	Inflammatory Arthritis
Please contact 8345 6666 and ask for	For further investigations and management
Rheumatology registrar to discuss evaluation,	
management and review	Ankylosing Spondylitis
Alternatively, consider referral to the Emergency	For further investigations and management
Department	
	Refractory Gout
Vasculitis	For management plan
Patient with central nervous system (CNS), renal,	
pulmonary or cardiac involvement	Connective tissue diseases
	For further investigations and management
SLE	Unless end organ involvement
Patient with CNS, renal, pulmonary or cardiac	
involvement	

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Inflammatory arthritis of	Provide details of Inflammatory symptoms in referral	Pathology:
peripheral joints		Full Blood Examination (EDE)
	Family historyPrevious treatment	(FBE)
	• Previous treatment	Urea, Electrolytes, and Creatinine (UEC)
	(Inflammatory symptoms: early	Liver function Test's (LFTs)
	morning stiffness, joint swelling,	Inflammatory markers:
	improvement with activity)	C-reactive Protein(CRP)
		ErythrocyteSedimentation Rate(ESR)
		Rheumatoid factor (RF)
		Anti-cyclic citrullinated
		peptide (Anti-CCP)
Refractory GOUT	Current treatment	Pathology:
	Previous treatment	Full Blood Examination (FBE)
		Urea, Electrolytes, and Creatinine (UEC)
		Liver function Test's (LFTs)
		Inflammatory markers:
		C-reactive Protein(CRP)
		Erythrocyte
		Sedimentation Rate
		(ESR)
		Uric Acid level

Condition:	Key Information Points:	Clinical Investigations:
Ankylosing Spondylitis	Past medical history. Particularly: Uveitis, Inflammatory Bowel Disease, Dactylitis, Psoriasis Family history of Ankylosing Spondylitis	Pathology: Full Blood Examination (FBE) Urea, Electrolytes, and Creatinine (UEC) Liver function Test's (LFTs) Inflammatory markers: C-reactive Protein (CRP) Erythrocyte Sedimentation Rate (ESR) HLA-B27 Imaging: X-RAYS Pelvis (or sacroiliac), Lumbar and/or Cervical Any other imaging previously performed of the spine or pelvis, including MRI which includes the spine

	Current symptoms	Pathology:
	Previous treatment	 Full Blood Examination (FBE)
Connective Tissue Disease	(Patients referred with elevated ANA should have other potential features of Systemic Lupus Erythematosus)	 Urea, Electrolytes, and Creatinine (UEC) Liver function Test's (LFTs) Inflammatory markers: C-reactive Protein (CRP) Erythrocyte Sedimentation Rate (ESR) Antinuclear antibody (ANA) Extractable Nuclear Antigens (ENA) dsDNA, C3, C4 Urine protein: Cr ratio Urine microscopy
Vasculitis	Current symptoms Previous treatment	Pathology: Full Blood Examination (FBE) Urea, Electrolytes, and Creatinine (UEC) Liver function Test's (LFTs) Inflammatory markers: C-reactive Protein (CRP) Erythrocyte Sedimentation Rate (ESR) Anti-neutrophil cytoplasmic antibody (ANCA) Urine protein: Cr ratio Urine microscopy

Myositis	Current symptoms	Pathology:
Myositis	 Current symptoms Previous treatment 	 Pathology: Full Blood Examination (FBE) Urea, Electrolytes, and Creatinine (UEC) Liver function Test's (LFTs) Inflammatory markers: C-reactive Protein (CRP) Erythrocyte Sedimentation Rate (ESR) Creatine Kinase (CK) Antinuclear antibody (ANA) Extractable Nuclear Antigens (ENA)