Rheumatology

Outpatient service information, triage and referral guidelines

Description of Service:

The Rheumatology clinic provides specialised assessment and treatment of patients with the following conditions.

Services Provided: **Exclusions:** Spondyoarthritis e.g. ankylosing spondylitis and psoriatic arthritis Paediatrics > > Inflammatory connective tissue diseases e.g. systemic lupus erythematosus, > Patients receiving care for Sjögrens syndrome, systemic sclerosis and inflammatory muscle diseases the same condition at another LHN. Systemic inflammatory disease e.g. giant cell arteritis > Metabolic bone disease Recent onset arthritis e.g. rheumatoid arthritis > Crystal-induced arthritis e.g. gout > Physiotherapist-led clinic for complicated non-inflammatory musculoskeletal conditions and fast track recent onset arthritis (bulkbill only) Rheumatological ultrasound For admission or **URGENT** advice contact the Rheumatology Registrar: Royal Adelaide Hospital (RAH) Ph: (08) 7074 0000 Alternatively, if the problem is urgent and the patient is unstable, the patient should be sent directly to the Emergency Department of the nearest hospital for assessment.

For more information or to make a referral contact

Royal Adelaide Hospital (RAH)Fax: (08) 7074 6247Ph: 1300 153 853Rheumatology Dept Secretary 7074 2779Fax: (08) 7074 6247Fax: (08) 7074 6247

Or refer to <u>Health Pathways South Australia</u> for guides to best practice, management and referral of common Rheumatology clinical conditions.

| Es | Essential Referral Content: | | | | | | |
|-------------|---|----------|--|--|--|--|--|
| Demographic | | Clinical | | | | | |
| > | Date of birth | > | Reason for referral | | | | |
| > | Contact details (including mobile phone) | > | Duration of symptoms | | | | |
| > | Referring GP details | > | Relevant pathology and imaging reports | | | | |
| > | Interpreter requirements | > | Past medical history | | | | |
| > | Medicare number | > | Current medications | | | | |
| > | Name of consultant requested if patient opts to be treated as a private patient | | | | | | |



| Adult Triage Criteria for referral | | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| Emergency Direct to Emergency Department and phone the on call specialist or registrar. > Acute monoarthritis where sepsis cannot be excluded > Giant cell arteritis > Systemic vasculitis > Acutely unwell SLE | Category 1 Target within 4 weeks Urgent cases must be discussed with the registrar > New onset or severely disabling flares of: - Polyarthritis/rheumatoid arthritis - Polymyalgia rheumatica - Polyarticular gout | Category 2 Target within 3 months > Persistent inflammatory condition resulting in moderate functional impairment: - Rheumatoid arthritis - Systemic vasculitis - Connective tissue disorder | Category 3 Target >3 months See SA Health Median and Maximum Outpatient Waiting Time Expected long wait > Patient with stable rheumatological conditions and able to function in the community - Acute exacerbation of osteoarthritis | | | | | |
| > Rheumatological drug complications (e.g. methotrexate pneumonitis) | Systemic vasculitis SLE | Inflammatory muscle disease Spondyloarthritides Major GP diagnostic problems of musculoskeletal type especially with intercurrent disease elsewhere Suspected connective tissue disease Possible paraneoplastic syndromes Persistent inflammatory conditions especially where independence and livelihood is compromised Patients with dependent spouse Patients with multiple medical problems also casing disability Patients unable to continue in employment. | Soft tissue rheumatism Assessment for rehabilitation Do not usually need to see a rheumatologist unless there are atypical features Fibromyalgia Other chronic pain syndromes Chronic osteoarthritis | | | | | |

For more information or to make a referral

Royal Adelaide Hospital: Level 5E.1 Referral Fax Number: (08) 7074 6247 Phone Number: 1300 153 853

The Queen Elizabeth Hospital: Ground Floor Area 3 Referral Fax Number: (08) 8222 6233 Phone Number: (08) 8222 7020

Web: www.sahealth.gov.au

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| Version | Approved date | Review date | Amendment | | |
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