### Systemic Autoimmune disorder (including SLE, Sjogren’s syndrome, vasculitis)

- Symptoms usually include constitutional features (fatigue, fever, malaise, arthralgia) with specific findings such as a vasculitic rash, dry eyes, dry mouth, Raynaud’s phenomenon, rash, alopecia, synovitis, chest pain or breathlessness, recurrent mouth and/or genital ulcers, epistaxis
- If dyspnoea, haemoptysis, haematuria, severe headache, weakness, high CRP >50 → seek URGENT opinion (see red flags).

### Information Required
- Symptom profile, duration of symptoms.
- Fever, weight loss.
- Sicca symptoms if present.
- Presence or absence of major organ involvement.
- Previous treatments/medical opinions.

### Investigations Required
- ANA (titre and pattern)
- Anti-ENA antibodies
- Anti-dsDNA antibodies
- ANCA antibodies
- CRP, ESR, C3, C4.
- Rheumatoid factor, anti-CCP, FBC, U+E’s, LFT’s, CK, TSH.
- IgG, A, M.
- Urinalysis (spun sediment for red cell casts).

### Fax referrals to Allergy/Clinical Immunology Service - Fax: 08 8204 7483

### Red Flags

Red flags should prompt immediate GP referral to Emergency Department

- Evidence of major organ involvement – lung, kidney.
- Fever, weight loss, very high inflammatory markers
- Raynaud’s leading to finger ulceration.

### Suggested GP Management
- Symptomatic treatment with NSAIDs, ocular lubricants.
- Contact Immunology registrar at FMC – pager 18642 if urgent referral/advice needed.

### Clinical Resources


**General Information to assist with referrals and the Referral templates for FMC are available to download from the SALHN Outpatient Services website** [www.sahealth.sa.gov.au/SALHNoutpatients](http://www.sahealth.sa.gov.au/SALHNoutpatients)