**GCA EPR Clerking form --- use for all GCA suspected cases – please read the form carefully and fill all sections.**

Referral form will be triaged by Rheumatology – email this clerking form to:

[cah-tr.rheumatologysecretaries@nhs.net](mailto:cah-tr.rheumatologysecretaries@nhs.net) or EPR Message to Rheumatology Secretaries subject should be GCA Referral

***Sections 1 to 8 are mandatory and should be filled with relevant details.***

***Symptoms in red font italics are uncommon but very relevant.***

**If visual disturbance you must also discuss with Ophthalmology:**

a) Email [cah-tr.referralsophthalmology@nhs.net](mailto:cah-tr.referralsophthalmology@nhs.net) for referrals Mon-Fri 09:00 – 17:00. This is monitored throughout the day by Eye clinic staff who can ask Eye Casualty doctors to review referral.

b) 1st on-call doctor for Ophthalmology via switchboard at all other times.

***Please fill the biopsy form (last page of this document). Biopsies are accepted by vascular* (current demands/Covid effects on service) *only if advised by rheumatology or ophthalmology.***

***Headache reminder:***

1. Herpes zoster.

2. Migraine or other causes of headaches. Facial pain syndromes e.g. trigeminal neuralgia.

3. Serious intracranial pathology (e.g. infiltrative/neoplastic).

4. Retro-orbital or base of skull lesions.

5. Other causes of acute vision loss (e.g. transient ischaemic attack).

6. Cervical spine disease.

7. ENT pathology (e.g. sinus, temporo-mandibular joint and ear disease).

8. Systemic vasculitides/CTD – e.g. ANCA vasculitis/Scleroderma renal crisis etc.

**Visual symptom reminder:**

Ensure blurring/diplopia is not secondary to common causes (that cause false positive referrals) such as:

- Not wearing appropriate refractive correction (i.e. glasses / contact lenses) for the distance required.

- Dry eye – patients note intermittent blurring, worse when reading/watching screens. Usually improved with topical lubrication.

- Cataracts – gradual non-fluctuating deterioration on vision that is constantly present 24/7, irrespective of distance.

**\*GCA Guidelines are classification criteria, NOT diagnostic**

[**https://academic.oup.com/rheumatology/article/59/3/487/5714025**](https://academic.oup.com/rheumatology/article/59/3/487/5714025)

|  |  |
| --- | --- |
| **Patient details & MRN: ADD PATIENT DETAILS** | **Date & Time of Referral:** |
| **Referring Doctor and contact number:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Sections 1 to 8 mandatory** | | **Yes** | **No** | **History** |
| **1.** | Age > 50  **NB:** usually >55, F to M ~ 3:1  **Rare** in non-Caucasians (Afro-Caribbean’s, Asians) | |  |  |  |
| **2.** | **GCA Symptoms** | | | | |
|  | **New onset headache PLEASE PROVIDE HISTORY OR THE REFERRAL MAY BE SENT BACK REQUESTING MORE INFORMATION** | |  |  | **(Duration? Symptoms? Etc.)** |
| **Scalp tenderness** | |  |  |  |
| **3.** | ***Scalp necrosis*** | |  |  |  |
| **4.** | **New onset visual symptoms: If YES, you MUST also discuss with Ophthalmology** | | | | |
| **Diplopia** | |  |  |  |
| **Blurring** | |  |  |  |
| **Transient visual loss - partial or complete** | |  |  |  |
| **Other visual symptoms:** | |  |  |  |
| **5.** | **Jaw claudication**  **NB: not TMJ pain**  *(e.g. develops pain/fatigue in their jaw/facial musculature whilst eating firm foods; such as meat, chewing gum; relieved with rest)* | |  |  |  |
| **6.** | **Tongue claudication**  *(e.g. develops pain/fatigue in tongue/ back of their mouth whilst eating firm foods; such as meat, chewing gum) Tongue infarction/necrosis can occur* | |  |  |  |
| ***Odynophagia*** *(pain on swallowing)* | |  |  |  |
| **7.** | **Acutely raised CRP or ESR or both (ideally both)** | |  |  |  |
| **8.** | **Steroids** | |  |  | **Date started:**  **Dose:** |
| **Additional information:** | | | | | |
|  |  | **Yes** | | **No** | **History** |
| **9.** | **Abnormal temporal artery**  **Limb claudication** |  | |  |  |
| **10.** | **Previous PMR (Polymyalgia Rheumatica) or GCA** |  | |  |  |
| **11.** | **Systemic symptoms with no other explanation** |  | |  |  |
| **12.** | **Co-morbidities** |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TREATMENT** | | | | |
| **1.** | **Methylprednisolone** | **IV** | **500 mg to 1000mg** | **High risk cases (ocular ischemic symptoms)**  **Other Red features – discuss with rheumatologist** |
| **2.** | **Prednisolone**  **IT IS YOUR RESPONSIBILITY TO PROVIDE ENOUGH STEROIDS UNTIL THE PATIENT IS SEEN IN RHEUMATOLOGY** | **PO** | **40 to 60mg** | **60mg if high risk or visual symptoms**  **Ensure enough prescription and steroids are not stopped suddenly.**  **Example tapering regimen:**  **Taper by 10mg every 2 weeks until 20mg then 5mg every 2 weeks until 10mg and then 1mg every 4 weeks** |
| **3.** | **Calcium/Vit. D e.g. Adcal D3** | **PO** | **Twice daily** |  |
| **4.** | **Bisphosphonate e.g. Alendronic Acid 70mg once weekly** | **PO** | **Once a week** | **Unless contraindications or active dental problems start on Bisphosphonate – the risk of bone loss is higher at start of high dose steroids.**  **Request a DEXA scan** |
| **5.** | **PPI i.e. proton pump inhibitors** | **PO** |  | **If needed** |

**For Rheumatology and Ophthalmology use only**

***Rheumatology triage proposed outcomes:***

1. *Suitable for assessment in rheumatology – triage high, medium and low probability*
2. *Suitable for vascular ultrasound.*
3. *Suitable for biopsy.*
4. *Needs IV Methylprednisolone or not.*

**Rheumatology outcome EPR:**

1. Review urgency
2. Biopsy needed

**Ophthalmology triage outcome on EPR:**

a)   Visual symptoms present – suitable for review by Ophthalmology.

b)  EITHER Start PO Prednisolone 60mg OD + gastric protection + bone protection OR Start IV Methylprednisolone 1 gram OD for 3 days + gastric protection + bone protection.

c)    For review in Eye Casualty / by on-call doctor today – we will contact to arrange. May not be same day for HRI as service is based at CRH.

**Temporal Artery Biopsy Form**

|  |  |
| --- | --- |
| **(for inpatient and outpatient use)** Patient Sticker | **Date & Time of Referral:** |
| **Referring Doctor:** | |
| **Consultant:** | |
| **Patient contact number:** | **Copy Histology results to:** |
| **Type of Transport, if Required?** | |
| **Triaged by: Rheumatology Yes/No Ophthalmology – Yes /No – (rheum or ophth will document here)** | |
| **This procedure is carried out using Local Anaesthetic.**  **Is the patient suitable?** | |
| **Please tick:** | |
| **Anticoagulant** | |
| **If yes, which one:** | |
| **Antiplatelet** | |
| **If yes, which one:** | |
| **Steroid** | |
| **If yes, date started:** | |
| **Co-morbidities** | |
| **Allergies** | |
| **If yes, please state:** | |
| **Infection risk** | |
| **If yes, please state:** | |
| **Which side is the biopsy to be performed** | **Left**  **Right** |

**For Hospital Use:**

Appointment on: at:

**Please send completed form to Email VascularSecs.HRI@cht.nhs.uk**

**If you need to speak to someone please call the Secretary on 01484 355415 or 01484 342481**

**Should there be any complex issues or concerns then please contact the secretaries or Vascular Surgery Team directly on the above numbers**