

## Pediatric Rheumatology Consult and referral guidelines

*Helen DeVos Children's Hospital  
Outpatient Center  
35 Michigan Street NE*

*Outreach locations:  
Lansing, Traverse City*

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### About Pediatric Rheumatology

We care for children and teens from birth to age 18.

#### Most common referrals

- Arthralgias
- Joint swelling, joint contracture, limp joint
- Weakness
- Back pain
- Malar rash
- Unexplained fevers or weight loss
- Skin tightening or extremity color changes
- Iritis
- Positive (+) ANA

### Pediatric Rheumatology Appointment Priority Guide

<b>Immediate</b>	Contact HDVCH Direct at 616.391.2345 and ask to speak to the on-call rheumatologist and/or send to the closest emergency department.
<b>Urgent</b>	Likely to receive an appointment within 14 days. Send referral via Epic Care Link, fax completed referral form to 616.267.2701, or send referral through Great Lakes Health Connect
<b>Routine</b>	Likely to receive an appointment within 3 months. Send referral via Epic Care Link, fax completed referral form to 616.267.2701, or send referral through Great Lakes Health Connect

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
<b>Arthralgias</b>  <i>Possible diagnosis: Juvenile idiopathic arthritis (JIA)</i>	X-ray, if appropriate	<ul style="list-style-type: none"> <li>If patient has persistent joint swelling, limp or joint contracture (4 or more weeks)</li> </ul>	<ul style="list-style-type: none"> <li>Any lab or imaging reports outside of Spectrum Health</li> </ul>
<b>Joint Swelling, Joint Contracture, Limp Child and Fever</b>  <i>Possible diagnoses: JIA, systemic JIA</i>	Rule out infection, septic joint <i>If suspicious, refer urgently to Orthopedics or emergency department</i>  With fever, CBC, CRP and suggest ferritin within the order	<ul style="list-style-type: none"> <li>If patient has persistent joint swelling, limp or joint contracture that is not attributable to an orthopedic problem</li> <li><i>Urgent referral:</i> With fever and Orthopedics ruled out</li> </ul>	<ul style="list-style-type: none"> <li>Any lab or imaging reports outside of Spectrum Health</li> </ul>
<b>Proximal Muscle Weakness</b>  <i>Possible diagnosis: Juvenile dermatomyositis (JDM)</i>	Check for presence of typical JDM rash (heliotrope rash)  Check for proximal muscle weakness  If ordering labs, check muscle enzymes: CK, AST, ALT, LDH, aldolase	<ul style="list-style-type: none"> <li>If weakness persists, and is not attributable to a neurologic condition</li> <li>If there is a typical JDM rash</li> </ul>	<ul style="list-style-type: none"> <li>Any lab or imaging reports outside of Spectrum Health</li> </ul>
<b>Chronic Back Pain</b>  <i>Possible diagnosis: JIA</i>	Check for sacroiliac joint tenderness, ask about morning stiffness that lasts for more than 30 minutes  Check for ability to flex and extend back  Consider X-ray or MRI (with/without) contrast for LS spine and SI joints	<ul style="list-style-type: none"> <li>If patient shows signs of SI joint tenderness, or X-ray or MRI findings of inflammatory arthritis</li> <li>If there is a significant decrease in ROM in the back</li> </ul>	<ul style="list-style-type: none"> <li>Any lab or imaging reports outside of Spectrum Health</li> <li>No need to order HLA B27</li> </ul>
<b>Malar Rash</b>  <i>Possible diagnoses: Systemic Lupus, Mixed Connective Tissue Disease, JDM</i>	Other symptoms are present  If persistent (for a few weeks), consider screening for ANA (IFA)	<ul style="list-style-type: none"> <li>If rash persists or become purpuric or eroded</li> <li>If patient has other systemic signs of lupus (joint swelling, oral ulcers, serositis, cytopenias)</li> <li>If ANA is positive</li> </ul>	<ul style="list-style-type: none"> <li>Any lab or imaging reports outside Spectrum Health</li> </ul>

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
<p><b>Unexplained Fevers</b></p> <p><i>Possible diagnoses: Systemic JIA, periodic fever syndrome</i></p>	<p>Rule out infection (first): Consider a Pediatric Infectious Diseases consult</p> <p>Rule out malignancy: Consider a Pediatric Oncology consult</p> <p>Examine for signs of arthritis</p>	<ul style="list-style-type: none"> <li>• If there is no evidence of infection or malignancy</li> <li>• If there is family history of periodic fever syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Any lab or imaging reports outside Spectrum Health</li> </ul>
<p><b>Skin Tightening or Extremity Color Changes</b></p> <p><i>Possible diagnoses: Raynaud's phenomenon, scleroderma, MCTD</i></p>	<p>Examine for signs of sclerodactily or skin tightening, esophageal dysmotility, calcinosis, fingertip ulceration and nailfold capillary changes</p>	<ul style="list-style-type: none"> <li>• Concern for nail fold capillary changes</li> <li>• Worsening Raynaud's or concerned about secondary Raynaud's</li> <li>• If there are signs of systemic disease</li> </ul>	<ul style="list-style-type: none"> <li>• Any lab or imaging reports outside Spectrum Health</li> </ul>
<p><b>Iritis/Uveitis</b></p> <p><i>Possible diagnoses: Juvenile idiopathic arthritis, sarcoid, other</i></p>	<p><i>Refer urgently to Pediatric Ophthalmology</i></p> <p>Examine for signs of systemic disease, especially arthritis</p>	<ul style="list-style-type: none"> <li>• If ophthalmologist confirms uveitis, systemic symptoms are present and there is not an infectious cause found</li> </ul>	<ul style="list-style-type: none"> <li>• Any lab or imaging reports outside Spectrum Health</li> </ul>
<p><b>Positive (+) ANA</b></p> <p><i>Possible diagnoses: JIA, SLE, Hashimotos (asymptomatic)</i></p>	<p>Examine for specific autoimmune disease (joint swelling, rash, etc.)</p> <p>Consider C3, C4, CBC, UA, CMP and SED rate</p> <p>Examine labs for autoimmune, <i>if labs are normal, a referral may not be necessary</i></p>	<ul style="list-style-type: none"> <li>• If patients have specific signs of autoimmune disease, not just a positive ANA</li> </ul>	<ul style="list-style-type: none"> <li>• Any lab or imaging reports outside Spectrum Health</li> </ul>