**Pediatric Rheumatology**

**Consult and referral guidelines**

**Introduction**

We care for children and teens from birth to 18 years. The most common reasons patients are referred include:

* 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

We want to make referrals easy, fast and efficient for primary care providers. This tool was developed to help create productive visits for you and your patient.

Each guideline includes three sections: suggested work-up and initial management, when to refer, and information needed. Suggested work-ups may not apply to all patients, but these are studies we generally consider during office visits.

Feedback regarding these guidelines is encouraged. Please contact HDVCH Direct to share feedback.

For access to all pediatric guidelines, visit helendevoschildrens.org and type “guidelines” in the search field.

**Appointment priority guide**

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| Immediate | Call HDVCH Direct and/or send to the closest emergency department. Contact HDVCH Direct at (616) 391-2345 and ask to speak to the on-call rheumatologist.  |
| Urgent | Likely to receive an appointment within 2 days. Call HDVCH Direct and ask to speak to the on-call rheumatologist regarding an urgent referral.  |
| Routine | Likely to receive an appointment within 10 days. Send referral via Epic Care Link, fax completed referral form to (616) 267-2401, or send referral through Great Lakes Health Connect. |

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| **Symptoms** | **Suggested work-up/initial management** | **When to refer** | **Information needed** |
| **Arthralgia’s** Possible diagnosis: Juvenile idiopathic arthritis  | X-ray, if appropriate  | If patient has persistent joint swelling, limp or joint contracture (4 or more weeks) | Any lab or imaging reports outside of Spectrum Health  |
| **Joint Swelling, Joint Contracture, Limp Child and Fever** Possible diagnoses: Juvenile idiopathic arthritis, systemic JIA | Rule out infection, septic joint - if suspicious, refer urgently to Orthopedics or ERWith fever, CBC, CRP and suggest ferritin within the order | If patient has persistent joint swelling, limp or joint contracture that is not attributable to an orthopedic problem With fever – and orthopaedics ruled out – refer urgently | Any lab or imaging reports outside of Spectrum Health  |
| **Proximal Muscle Weakness**Possible diagnosis: Juvenile dermatomyositis(JDM) | 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  | If weakness persists, and is not attributable to a neurologic condition If there is a typical JDM rash | Any lab or imaging reports outside of Spectrum Health  |

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| **Symptoms** | **Suggested work-up/initial management** | **When to refer** | **Information needed** |
| **Chronic Back Pain** Possible diagnosis: Juvenile idiopathic arthritis | Check for Sacroiliac joint tenderness – ask about morning stiffness that lasts for more than 30 minutesCheck for ability to flex and extend backConsider x-ray or MRI (with/with out) contrast for LS spine and SI joints | If patient shows signs of SI joint tenderness, or x-ray or MRI findings of inflammatory arthritis If there is a significant decrease in ROM in the back  | Any lab or imaging reports outside of Spectrum Health**No need to order HLA B27**  |
| **Malar Rash**Possible diagnoses: Systemic Lupus, Mixed Connected Tissue Disease, JDM | Other symptoms are presentIf persistent – for a few weeks - consider screening for ANA (IFA) | If rash persists or become purpuric or erodedIf patient has other systemic signs of lupus - joint swelling, oral ulcers, serositis, cytopenias. If ANA is positive | Any lab or imaging reports outside Spectrum Health |
| **Unexplained Fevers** Possible diagnoses: Systemic JIA, periodic fever syndrome | **Rule out infection first** – consider an Infectious Disease consult **Rule out malignancy** - consider an Oncology consultExamine for signs of arthritis  | If there is no evidence of infection or malignancy If there is family history of periodic fever syndrome  | Any lab or imaging reports outside Spectrum Health |
| **Skin Tightening or Extremity Color Changes** Possible diagnoses: Raynaud’s phenomenon, scleroderma, MCTD | Examine for signs of sclerodactily or skin tightening, esophageal dysmotility, calcinosis, fingertip ulceration and nailfold capillary changes  | Concern for nail fold capillary changes Worsening Raynaud’s or concerned about secondary Raynaud’sIf there are signs of systemic disease  | Any lab or imaging reports outside Spectrum Health |
| **Symptoms** | **Suggested work-up/initial management** | **When to refer** | **Information needed** |
| **Iritis/Uveitis**Possible diagnoses: Juvenile idiopathic arthritis, sarcoid, other  | **Refer urgently to Ophthalmology** (prefer HDVCH)Examine for signs of systemic disease, especially arthritis  | If the Ophthalmologist confirms uveitis, systemic symptoms are present, and there is not an infectious cause found  | Any lab or imaging reports outside Spectrum Health |
| **Positive (+) ANA**Possible diagnoses: Juvenile idiopathic arthritis, SLE, Hashimotos (asymptomatic)  | Examine for specific autoimmune disease (joint swelling, rash, etc.) Consider C3, C4, CBC, UA, CMP and SED rateExamine labs for autoimmune, if labs are normal, a referral may not be necessary | If patients have specific signs of autoimmune disease - not just a positive ANA | Any lab or imaging reports outside Spectrum Health |

**HDVCH Direct phone: (616) 391-2345**

*HDVCH developed these referral guidelines as a general reference to assist referring providers. Pediatric medical needs are complex and these guidelines may not apply in every case. HDVCH relies on its referring providers to exercise their own professional judgment with regard to the appropriate treatment and management of their patients. Referring providers are solely responsible for confirming accuracy, timeliness, completeness , appropriateness and helpfulness of this material and making all medical, diagnostic and prescription decisions.*