

(Patient Label)
Patient Name _____
Date of Visit _____

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

- This template has been built for reference purposes and its elements may be adopted as per the discretion of the provider or practice into their electronic health record (EHR).
- You are free and encouraged to document information anywhere in your EHR and personal template based on workflow preferences.

CHIEF COMPLAINT: _____

AGE: _____ **GENDER:** _____

VISIT DIAGNOSIS: _____

SLE HISTORY:

Diagnosed with SLE on (MM/YY): _____
 Clinical disease manifestations: _____
 History of lupus nephritis (Y/N) and date of diagnosis (MM/YY): _____
 Kidney biopsy date (MM/YY) and ISN/RPS classification: _____

Baseline lab characteristics:

Test Name	Results	Date
ANA		
Anti-dsDNA		
Anti-Smith		
Anti-U1 RNP		
Anti-SSA		
Anti-SSB		
C3		
C4		
Direct antiglobulin/Coombs positive		
Lupus anticoagulant		
Anti-β2-glycoprotein 1 IgM		
Anti-β2-glycoprotein 1 IgG		
Anticardiolipin IgM		
Anticardiolipin IgG		
Complete Blood Count (CBC)		
Creatinine (Cr)		
Glomerular Filtration Rate (GFR)		
Urinalysis (UA)		
Urine Protein to Creatinine Ratio (UPC)		

Family History:Family History of SLE? Y/ NFamily History of Other Rheumatologic Disease? Y/ N

(Specify): _____

PREVIOUS MEDICATION THERAPY FOR SLE:

Medication name	Dose	Frequency	Dates of use	Reason for discontinuation

CURRENT VISIT:**Subjective:****Interim Events:**Hospitalization: Y / N**Social History:****Current Medications:** _____**Allergies:** _____**Physical Exam:**

Vitals:

BMI:

Detailed Exam:

Monitoring Laboratory Results:

Test Name	Test Performed? (Y/N)	Date of Lab	Results
Complete Blood Count (CBC)			
Creatinine (Cr)			
Glomerular Filtration Rate (GFR)			
Urinalysis (UA)			
Urine Protein to Creatinine Ratio (UPC)			
C3			
C4			
Anti-dsDNA			
Other:			

Infectious Diseases Screening:

Test Name	Positive	Negative	Result	Date
Hepatitis B sAg	<input type="checkbox"/>	<input type="checkbox"/>		
Hepatitis B sAb	<input type="checkbox"/>	<input type="checkbox"/>		

Hepatitis B cAb	<input type="checkbox"/>	<input type="checkbox"/>		
Hepatitis C Ab	<input type="checkbox"/>	<input type="checkbox"/>		
PPD	<input type="checkbox"/>	<input type="checkbox"/>		
Quantiferon Gold	<input type="checkbox"/>	<input type="checkbox"/>		
Tb spot	<input type="checkbox"/>	<input type="checkbox"/>		

Imaging:

DISEASE ACTIVITY INDICES

Physician Global Assessment: _____

(Please record: 0 = no activity, 1 = mild, 2 = moderate, 3 = severe)

SYSTEMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY INDEX 2000

SLEDAI – 2K

Check box if descriptor is present at the time of visit or in the preceding 10 days

Wt	Present	Descriptor	Definition
8	<input type="checkbox"/>	Seizure	Recent onset. Exclude metabolic, infectious or drug cause
8	<input type="checkbox"/>	Psychosis	Altered ability to function in normal activity due to severe disturbance in the perception of reality. Include hallucinations, incoherence, marked loose associations, impoverished thought content, marked illogical thinking, bizarre, disorganized, or catatonic behavior. Excluded uremia and drug causes.
8	<input type="checkbox"/>	Organic Brain Syndrome	Altered mental function with impaired orientation, memory or other intelligent function, with rapid onset fluctuating clinical features. Include clouding of consciousness with reduced capacity to focus, and inability to sustain attention to environment, plus at least two of the following: perceptual disturbance, incoherent speech, insomnia or daytime drowsiness, or increased or decreased psychomotor activity. Exclude metabolic, infectious or drug causes.
8	<input type="checkbox"/>	Visual Disturbance	Retinal changes of SLE. Include cytoid bodies, retinal hemorrhages, serous exudate or hemorrhages in the choroid, or optic neuritis. Exclude hypertension, infection, or drug causes.
8	<input type="checkbox"/>	Cranial Nerve Disorder	New onset of sensory or motor neuropathy involving cranial nerves.
8	<input type="checkbox"/>	Lupus Headache	Severe persistent headache: may be migrainous, but must be nonresponsive to narcotic analgesia.
8	<input type="checkbox"/>	CVA	New onset of cerebrovascular accident(s). Exclude arteriosclerosis
8	<input type="checkbox"/>	Vasculitis	Ulceration, gangrene, tender finger nodules, periungual, infarction, splinter hemorrhages, or biopsy or angiogram proof of vasculitis
4	<input type="checkbox"/>	Arthritis	More than 2 joints with pain and signs of inflammation (i.e. tenderness, swelling, or effusion).
4	<input type="checkbox"/>	Myositis	Proximal muscle aching/weakness, associated with elevated creatine phosphokinase/adolase or electromyogram changes or a biopsy showing myositis.
4	<input type="checkbox"/>	Urinary Casts	Heme-granular or red blood cell casts
4	<input type="checkbox"/>	Hematuria	>5 red blood cells/high power field. Exclude stone, infection or other cause.
4	<input type="checkbox"/>	Proteinuria	>0.5 gm/24 hours.

Wt	Present	Descriptor	Definition
4	<input type="checkbox"/>	Pyuria	>5 white blood cells/high power field. Exclude infection.
2	<input type="checkbox"/>	Rash	Inflammatory type rash.
2	<input type="checkbox"/>	Alopecia	Abnormal, patchy or diffuse loss of hair.
2	<input type="checkbox"/>	Mucosal Ulcers	Oral or nasal ulcerations
2	<input type="checkbox"/>	Pleurisy	Pleuritic chest pain with pleural rub or effusion, or pleural thickening.
2	<input type="checkbox"/>	Pericarditis	Pericardial pain with at least 1 of the following: rub, effusion, or electrocardiogram confirmation.
2	<input type="checkbox"/>	Low Complement	Decrease in CH50, C3, or C4 below the lower limit of normal for testing laboratory.
2	<input type="checkbox"/>	Increased DNA binding	Increased DNA binding by Farr assay above normal range for testing laboratory.
1	<input type="checkbox"/>	Fever	>38°C. Exclude infectious cause
1	<input type="checkbox"/>	Thrombocytopenia	<100,000 platelets/mm ³ . Exclude drug causes.
1	<input type="checkbox"/>	Leukopenia	<3,000 White blood cell/mm ³ . Exclude drug causes.

_____ TOTAL SLEDAI-2K SCORE (Sum of weights next to descriptors marked present)

Please consider assessing SLE patients using a normalized and standardized tool within each of the relevant domains listed below.
(This section is subject to change based on continued evaluation of PRO domains and assessment tools.)

PRO Domain	Recommended Instruments	Frequency	Score/Range	Interpretation
Physical Function	PROMIS Physical Function 10a			
Depression	PHQ-8			
Pain	<i>No specific recommendation</i>			
Fatigue	PROMIS Fatigue 7-item			
Cognition	PROMIS Cognitive Function			

Assessment:

(Patient's name) is a (age) year old (gender) with a history of systemic lupus erythematosus. The patient has/has not achieved low disease activity state (LDAS).

Plan:

Immunizations:

Immunization	Yes	No	Date(s)
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	
Prevnar	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>	
Zostavax	<input type="checkbox"/>	<input type="checkbox"/>	
Shingrix	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B series	<input type="checkbox"/>	<input type="checkbox"/>	

Other:	<input type="checkbox"/>	<input type="checkbox"/>	
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Healthcare maintenance plan

Medication monitoring	Yes	No	Result	Date
Hydroxychloroquine or chloroquine eye exam	<input type="checkbox"/>	<input type="checkbox"/>		
Bone Health				
DXA screening	<input type="checkbox"/>	<input type="checkbox"/>		
Fertility and Contraception				
Sexually active	<input type="checkbox"/>	<input type="checkbox"/>		
Counseling performed	<input type="checkbox"/>	<input type="checkbox"/>		
Contraception Plan	<input type="checkbox"/>	<input type="checkbox"/>		
Planning to have children	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiovascular health				
LDL	<input type="checkbox"/>	<input type="checkbox"/>		

Return to clinic in: _____

Physician signature: _____ Date: _____