A General Reference to Pediatric Rheumatic Disease:

When it's time for a referral to a pediatric rheumatologist

Young growing patients may come to an appointment with symptoms of pain, and at times it can be difficult to determine if this pain is normal growing pain or something more. This quick-reference sheet provides reminders for pediatricians, school nurses, and primary care teams about symptoms and red flags patients may experience if the underlying cause of their pain is due to a rheumatic disease.

Possible signs and symptoms of pediatric rheumatic disease

Red Flag Symptoms:

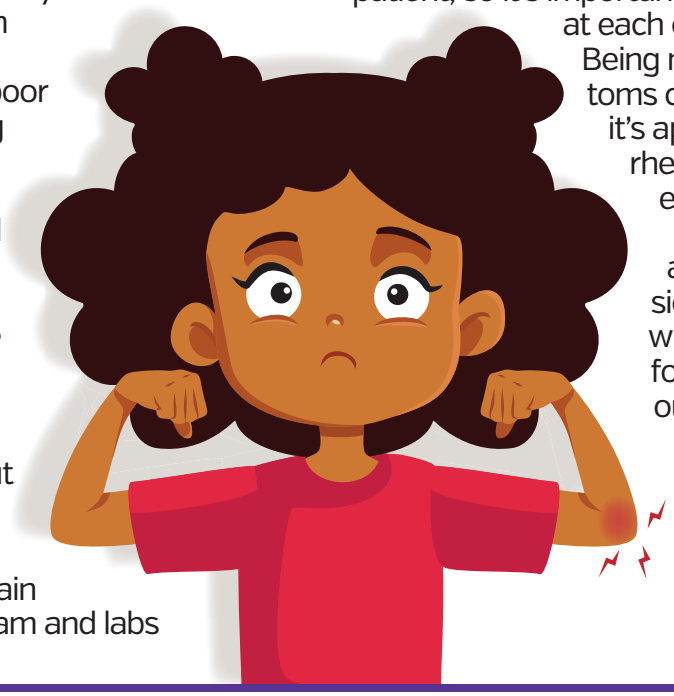
- **Persistent or recurrent joint swelling**, even if pain is not present
- **Morning stiffness** lasting greater than 30 minutes
- **Loss of joint range of motion** compared with the opposite side
- **Pain that is constant**, lasts longer than six weeks, or awakes the child at night
- **Persistent limp** without a clear cause, favoring one limb causing clumsiness
- **Unexplained fever** or weight loss
- **Persistent fatigue** affecting daily activities
- **Photosensitive rash**

Non-physical symptoms that may help diagnosis rheumatic disease:

Physical symptoms are the primary factors that help determine if a child should be referred to a pediatric rheumatologist but there are other cognitive or emotional symptoms that should be taken into consideration. Kids with rheumatic disease may experience anxiety about participating in certain physical activities, sleeping difficulties that can lead to poor focus and low energy during the day, isolation or limiting time spent with friends, or avoiding activities they used to enjoy.

Testing and symptoms that is less suggestive of a rheumatic disease include:

- Isolated +ANA test without symptoms suggestive of autoimmune disease
- Diffuse musculoskeletal pain with a normal physical exam and labs



Criteria for a rheumatology referral

Making sure the referral sent over to your local pediatric rheumatology clinic has all the required information is important. Most referrals include the following information: age of the child, gender, reason for referral, clinical findings, referring department, and family history of autoimmune disease. Additionally, it's important to include any lab work, blood cultures, or imaging to rule out other potential conditions that can lead to similar symptoms.

Important Takeaway

Consider a rheumatology referral when symptoms are persistent, associated with objective findings (swelling, stiffness, loss of range of motion, abnormal laboratory studies) or accompanied by systemic features such as fever, rash, weight loss, or fatigue.

Rheumatic disease can affect children in different ways and does not just take a physical toll on a patient, so it's important to take a holistic view at each child complaining of pain. Being mindful of these symptoms can help determine when it's appropriate for a pediatric rheumatology referral because early, aggressive intervention is important to alleviate disease progression and provide your patient with the support they need for stronger long-term outcomes. ■

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