

RHEUMATOLOGY PRIORITY REFERRAL SCORE: Instructions

1. RED FLAGS

Patients with clinical presentations that meet **RED FLAG** criteria must **NOT** be scored with the Priority Referral Score. You are advised to directly contact your rheumatologist regarding your concerns and arrangements for more EXPEDITED referral.

- 1.1 Acute monoarthritis with specific concern for septic arthritis
- 1.2 Giant cell arteritis – significant concern for a diagnosis of giant cell arteritis
- 1.3 Acute Systemic Vasculitis – significant concern for acute development of a systematic vasculitis with major organ involvement, e.g., acute pulmonary, cardiac, renal, gastrointestinal or neurological features; cutaneous vasculitis or digital infarcts
- 1.4 Acute Connective Tissue Disease – significant concern for acute development of a connective tissue disease with major organ involvement, eg acute pulmonary, cardiac, renal, hematological, neurological features; cutaneous vasculitis or digital infarcts
- 1.5 Significant **unexplained** constitutional symptoms of either fever $>38^{\circ}$ or weight loss $>5\%$ in preceding 6 weeks, where there is a strong suspicion that it may relate to a connective tissue disease.

2. EXCEPTIONS:

Do not use the PRS for patients with **TIME-SENSITIVE ISSUES** regarding receipt of previously approved biologic or advanced therapeutic agent(s). Contact Central Referral & Triage to make special arrangements.

3. GENERAL INSTRUCTIONS

- 3.1 When specific answers about patients are not known, please ask the patient directly.
- 3.2 Where clinically relevant you may wish to obtain relevant laboratory markers prior to completion of the score.
- 3.3 Complete all sections of the score, answering in relation to the condition for which the patient is being referred.
- 3.4 Definitions and interpretations of the score are on the page following the scoresheet.

CRITERIA DEFINITIONS

1. Self-reliance/independence related to reason for referral:

“Self reliance/independence” refers to ability to perform their usual activities of self care, e.g. eating, bathing, dressing, grooming, toileting, transfers. Activities such as cooking and cleaning may be relevant to self reliance depending on the contextual environment, i.e. has other assistance

- **No significant or meaningful impact:** Patient has their normal capability of performing their usual activities of self care
- **Significant or meaningful impact but not requiring assistance:** Due to the reason for referral, the patient has adjusted activities and is continuing to perform their usual activities of self care
- **Requiring increased assistance in current environment:** Due to the reason for referral, the patient has obtained assistance which allows patient to continue to perform their usual activities of self care within their current usual environment
- **At risk of recently requiring increased level of care in new environment:** Due to the reason for referral, the patient is currently not able to perform their usual activities of self care even with assistance in their current environment, and will be required to seek increased level of care in their new environment within the next 30 days

2. Limitation to this patient’s usual role/work likely related to reason for referral:

“Usual role/work” refers to the ability of this patient to fulfill their usual roles and function in areas of work/employment, childcare and care giving, homemaking, school, or other social role participation important to this person.

- **No significant or meaningful limitation to their usual role/work:** Able to fulfill and participate in these roles(s) normally
- **Limited or unable to fulfill the patient’s usual role/work >6 months:** Due to the reason or referral patient has not been able to fulfill and participate in these role(s) for a period or more than six months
- **Some recent limitation to the patient’s usual role/work:** Due to the reason for referral, patient has significant difficulty in fulfilling these roles(s) for a period of up to 6 months
- **Recently unable to perform the patient’s usual role/work:** Due to the reason for referral, patient has been totally unable to fulfill these role(s) for a period of up to 6 months

3. Pain

“Pain” directly related to the current medical problem

- **No significant pain or pain controlled effectively**
- **Pain is not effectively controlled**

4. Receiving Glucocorticosteroid for rheumatological condition

Currently receiving oral or parenteral prednisone or prednisolone specifically for a diagnosed or suspected rheumatologic condition

- **No:** Patient is not receiving glucocorticoid therapy at present for diagnosed or suspected rheumatologic condition
- **Yes <25 mg prednisone (or equivalent) per day:** Patient is currently receiving glucocorticoid therapy at present for diagnosed or suspected rheumatologic condition at dose <25mg prednisone (or equivalent) per day
- **Yes ≥25 mg prednisone (or equivalent) per day:** Patient is currently receiving glucocorticoid therapy at present for diagnosed or suspected rheumatologic condition at dose ≥25mg prednisone (or equivalent) per day

5. Complexity of management or risk due to PRE-EXISTING comorbidities

Patients in whom management is complicated by other significant comorbidities that DIRECTLY CONTRIBUTE to complexity of management of condition for which patient is being referred, eg diabetes mellitus, renal dysfunction, osteoporosis, heart disease, peptic ulcer disease

6. Evidence of PROGRESSIVE major organ involvement probably related to reason for referral

Laboratory, diagnostic imaging or clinical evidence of PROGRESSIVE significant secondary major organ involvement (renal, pulmonary, neurological, vasculitis, haematological) due to the condition for which the patient is being referred.

- **No:** No evidence of PROGRESSIVE significant secondary major organ involvement
- **Yes:** Secondary major organ involvement where there is concern it is unstable or progressive

7. Inflammatory markers ESR >30 (Westergren) OR positive C-Reactive Protein, OR Platelet count >400,000 x 10⁹/L

Laboratory tests performed to date show evidence of significant inflammation by **ONE or MORE** of the following tests: ESR (Wintrobe) >30 mm/hr; CRP positive; platelet count >400 x 10⁹/L

8. Active Inflammatory Arthritis features – joint swelling OR morning stiffness of the joints or spine (prolonged ≥60 mins) OR metacarpal-phalangeal/metatarsal-phalangeal (MCP/MTP) joint involvement

Evidence of active inflammatory arthritis by **ONE or MORE** of the following: (a) presence of clinically detectable joint swelling [not chronic bony enlargement]; (b) presence of morning stiffness of ≥ 60 minutes; or (c) tenderness on lateral compression across MCPs or MTPs

- **No:** No evidence of a, b or c
- **Yes without Rheumatoid factor:** Presence of ONE or MORE of the clinical inflammatory features above **WITHOUT** a positive Rheumatoid factor
- **Yes with Rheumatoid factor:** Presence of ONE or MORE of the clinical inflammatory features above **WITH** a positive Rheumatoid factor

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