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Diagnosis/symptom

**Dermatomyositis,
Muscle weakness**

**Referring provider's initial
evaluation and management
can include:**

If you are concerned that your patient has dermatomyositis or if you have questions please call the physician line (see below).

HISTORY

- Ask about skin rashes (eyelids, knuckles, and knees)
- Photosensitivity
- Weakness
- Swallowing difficulties
- Fatigue
- Adominal pain

PHYSICAL EXAM

- Rashes
- Weakness (resist gravity, get up from sitting position on the floor, walk up stairs, do 5 sit ups if age appropriate)
- Check nail folds for vasculitis
- May have arthritis
- At risk for aspiration secondary to pharyngeal/esophageal dysfunction, and GI vasculitis

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When to initiate referral:

- Abnormal labs
- Muscle weakness (severe weakness can be a medical emergency)
- If there are swallowing problems, severe weakness, or abdominal pain, the child needs to be admitted to the hospital
- Call rheumatology to discuss

**What can referring
provider send?**

- Pertinent medical records
- Relevant laboratory studies
- Results of any additional tests

**Children's workup will
likely include:**

- Complete history and physical
- Swallow study
- Additional lab work
- MRI
- x-rays
- Muscle biopsy
- PFT's
- ECHO



Diagnosis/symptom

**Dermatomyositis,
Muscle weakness**

**Referring provider's initial
evaluation and management
can include:**

LABS

- CBC with diff & platelets
- CK
- LDH
- Aldolase
- AST
- ALT
- ESR
- C-reactive protein

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.



Diagnosis/symptom

Fevers of Unknown Origin

Referring provider's initial evaluation and management can include:

HISTORY

- Fever pattern and duration
- Associated symptoms such as rashes, weight loss
- Have family keep a fever diary and record temps 4 times per day for at least a few days
- Ethnicity and family history

PHYSICAL EXAM

- Consider infections, malignancy, inflammatory bowel disease as well as rheumatic diseases and periodic fever syndromes (usually a few days of fevers with afebrile intervals, for example, in PFAPPA, Mediterranean fever, and TRAPS syndrome)

RADIOGRAPHIC STUDIES

- Chest x-ray
- CT of sinuses

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When to initiate referral:

- Persistent fevers over 2 weeks with no identifiable source
- Mouth sores
- Swollen joints
- Abnormal labs

What can referring provider send?

- Pertinent medical records
- Relevant laboratory studies
- Results of any additional tests
- Fever records or have family bring to visit

Children's workup will likely include:

- Complete history and physical
- Additional lab work



Diagnosis/symptom

Fevers of Unknown Origin

Referring provider's initial evaluation and management can include:

- LABS (when febrile and afebrile)
- CBC with diff and platelets
 - ANA by immunofluorescence
 - ESR
 - C-reactive protein
 - AST
 - LDH
 - Albumin
 - Uric acid
 - BUN
 - Creatinine
 - UA
 - Blood cultures
 - Titers
 - TB skin test
 - Stool for occult blood

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.



Diagnosis/symptom

Possible SLE

Usually evidence of multisystem disease. May present as arthritis, ITP, hemolytic anemia or renal failure.

Referring provider's initial evaluation and management can include:

If you are concerned that your patient has SLE or if you have any questions please call the physician line (see below).

HISTORY

- Ask about rashes (malar, discoid)
- Photosensitivity
- Hair loss
- Fatigue
- Fevers
- Raynaud's
- Mouth ulcers
- Swollen joints
- Bruising
- Bleeding
- Edema
- Family history of autoimmune disease

PHYSICAL EXAM

- Vital signs (esp. fever or hypertension)
- Rashes
- Temporal hair loss
- Palatal or nasal ulceration
- Arthritis

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When to initiate referral:

For clinically suspected SLE ANA usually strongly positive and have other abnormal labs. Positive ANA with absence of clinical or other lab findings is unlikely to be SLE.

What can referring provider send?

- Pertinent medical records
- Relevant laboratory studies
- Results of any additional tests

Children's workup will likely include:

- Complete history and physical
- Additional lab work as indicated
- Depending on presenting symptoms:
 - ECHO
 - EKG
 - CXR
 - EEG
 - MRI
 - PFT's



Diagnosis/symptom

Possible SLE

Referring provider's initial evaluation and management can include:

LABS

- CBC with diff and platelets
- ESR
- C-reactive protein
- ANA by immunofluorescence
- ENA
- Anti dsDNA
- C3, C4, CH50
- UA
- Creatinine
- If muscle weakness present add AST, ALT, CK, LDH and Aldolase

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.



<p>Diagnosis/symptom Raynaud's</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY</p> <ul style="list-style-type: none"> • Triphasic color change (white, purple, red) in response to cold or stress. Maybe primary (usually mild, more common in adolescent females); maybe secondary to rheumatic disease, e.g. SLE, Scleroderma, MCTD, antiphospholipid syndrome • Evidence of other organ system involvement <p>PHYSICAL EXAM</p> <ul style="list-style-type: none"> • Digital ulcers • Nail fold vessel changes • Evidence of other organ involvement <p>LABS</p> <ul style="list-style-type: none"> • CBC with diff & platelets • ANA by immunofluorescence • Antiphospholipid antibody evaluation • UA 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Severe symptoms or frequent episodes • Digital ulceration • Signs of other autoimmune disease • Abnormal labs 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Complete history and physical
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> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.



<p>Diagnosis/symptom Scleroderma Syndromes</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY</p> <ul style="list-style-type: none"> • Skin changes (thickening, tightening) • Multi-system disease in generalized form (e.g., dysphagia, dyspnea, renal involvement) • Localized in limited forms <p>PHYSICAL EXAM</p> <ul style="list-style-type: none"> • Skin being bound down • Joint contractures <p>LABS</p> <ul style="list-style-type: none"> • CBC • ESR • C-reactive protein • Creatinine • AST • LDH • Aldolase • UA 	<p>When to initiate referral:</p> <p>Suspected scleroderma of any kind</p> <p>Call rheumatology to discuss</p>	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Complete history and physical • Additional lab work as indicated • Skin biopsy
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> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.



Diagnosis/symptom

Swollen joint(s), painful joint(s)

Referring provider's initial evaluation and management can include:

If you are concerned that your patient has systemic JIA or if you have questions please call the physician line (see below).

HISTORY

- Duration
- Severity
- Morning stiffness
- Fevers (including pattern)
- Recent illnesses
- Rashes
- Appetite
- Energy and activity level
- Previous treatments and response (antibiotics, NSAID's)
- Family history of spondyloarthropathy, back pain, psoriasis, or IBD

PHYSICAL EXAM

- Joint exam for warmth, swelling, tenderness and limitation of range with vital signs
- Complete general exam

LABS

- CBC with diff and platelets
- ANA by immunofluorescence
- ESR

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When to initiate referral:

- Swollen joints/morning stiffness symptoms present longer than six weeks
- Contractures or loss of range of movement or function
- Refusal to ambulate
- Missing school due to stiffness or pain
- ANA greater than 1:160 or other abnormal labs

What can referring provider send?

- Pertinent medical records
- Relevant laboratory studies
- Results of any additional tests

Children's workup will likely include:

- Complete history and physical
- Additional lab work as indicated
- Imaging studies



Diagnosis/symptom

Swollen joint(s), painful joint(s)

Referring provider's initial evaluation and management can include:

- C-reactive protein
- UA
- Throat culture and ASO if recent sore throat and rheumatic fever is a possibility
- RF if polyarticular disease

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.



Diagnosis/symptom

Vasculitis

Usually multisystem involvement

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Referring provider's initial evaluation and management can include:

HISTORY

- Rashes, (esp. non-blanching purpura)
- Ulcerations
- Abdominal pain
- Hemoptysis
- Sinusitis
- Hematuria
- Arthritis
- Stroke
- Seizure

PHYSICAL EXAM

- Hypertension
- Pulses
- Nodules
- Rashes
- Abdominal
- Lung
- CNS
- Joint

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When to initiate referral:

Complicated HSP or prolonged, any other suspected vasculitis, such as polyarteritis, Wegener's or Takayasu's

Abnormal abdominal, lung, CNS, or joint exam

May need hospitalization, call rheumatology to discuss

What can referring provider send?

- Pertinent medical records
- Relevant laboratory studies
- Results of any additional tests

Children's workup will likely include:

- Complete history and physical
- Additional lab work as indicated
- Sinus CT
- PFT's
- Biopsy
- Angiogram



Diagnosis/symptom

Vasculitis

Referring provider's initial evaluation and management can include:

LABS

- CBC
- ESR
- C-reactive protein
- UA
- Creatinine
- ANCA

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time.
- Provide relevant clinical notes.

Clinic phone: 206-987-2057. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.

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