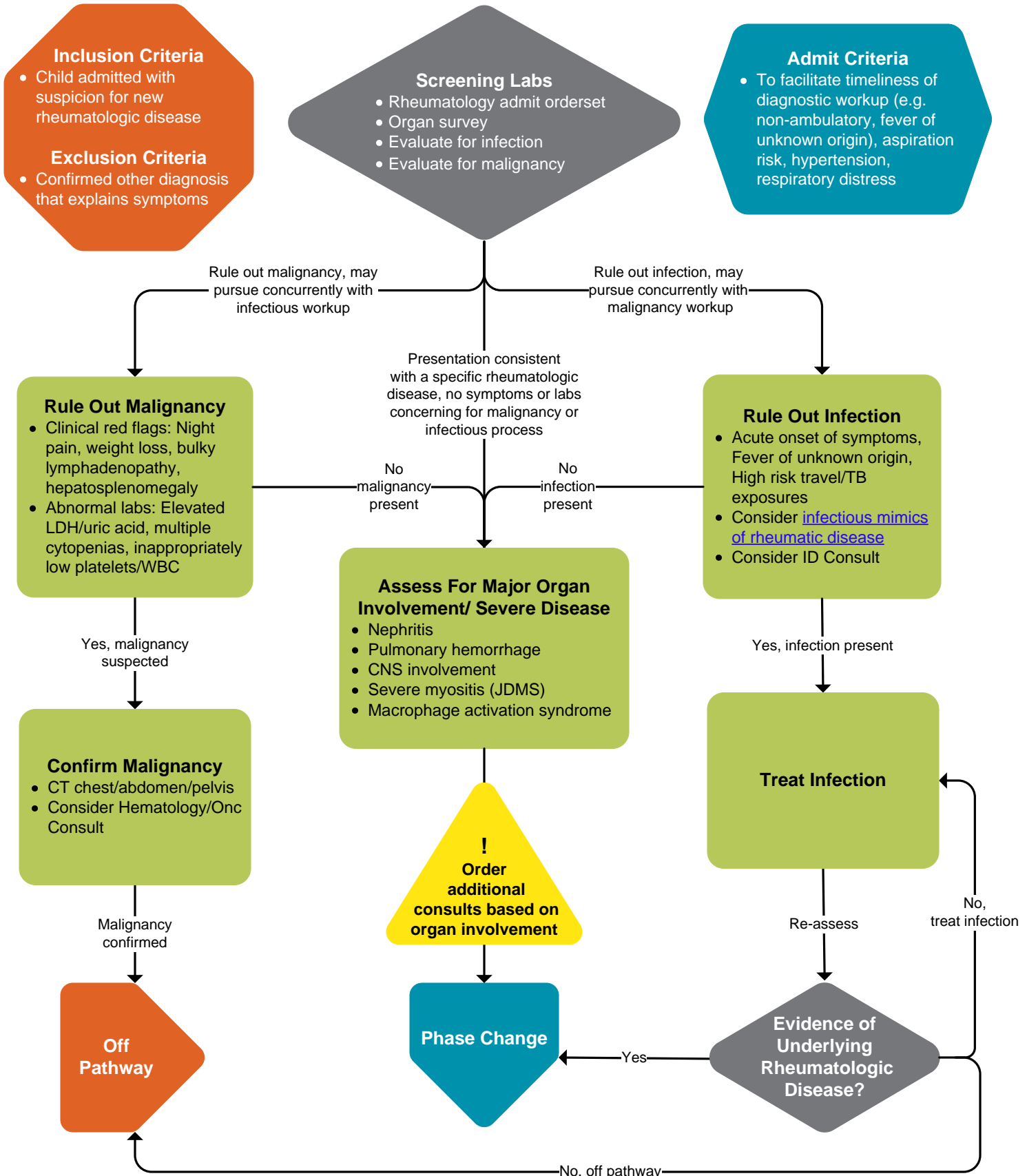


# Rheumatology New Diagnosis Pathway v.1: Confirm Rheumatologic Disease

## Executive Summary

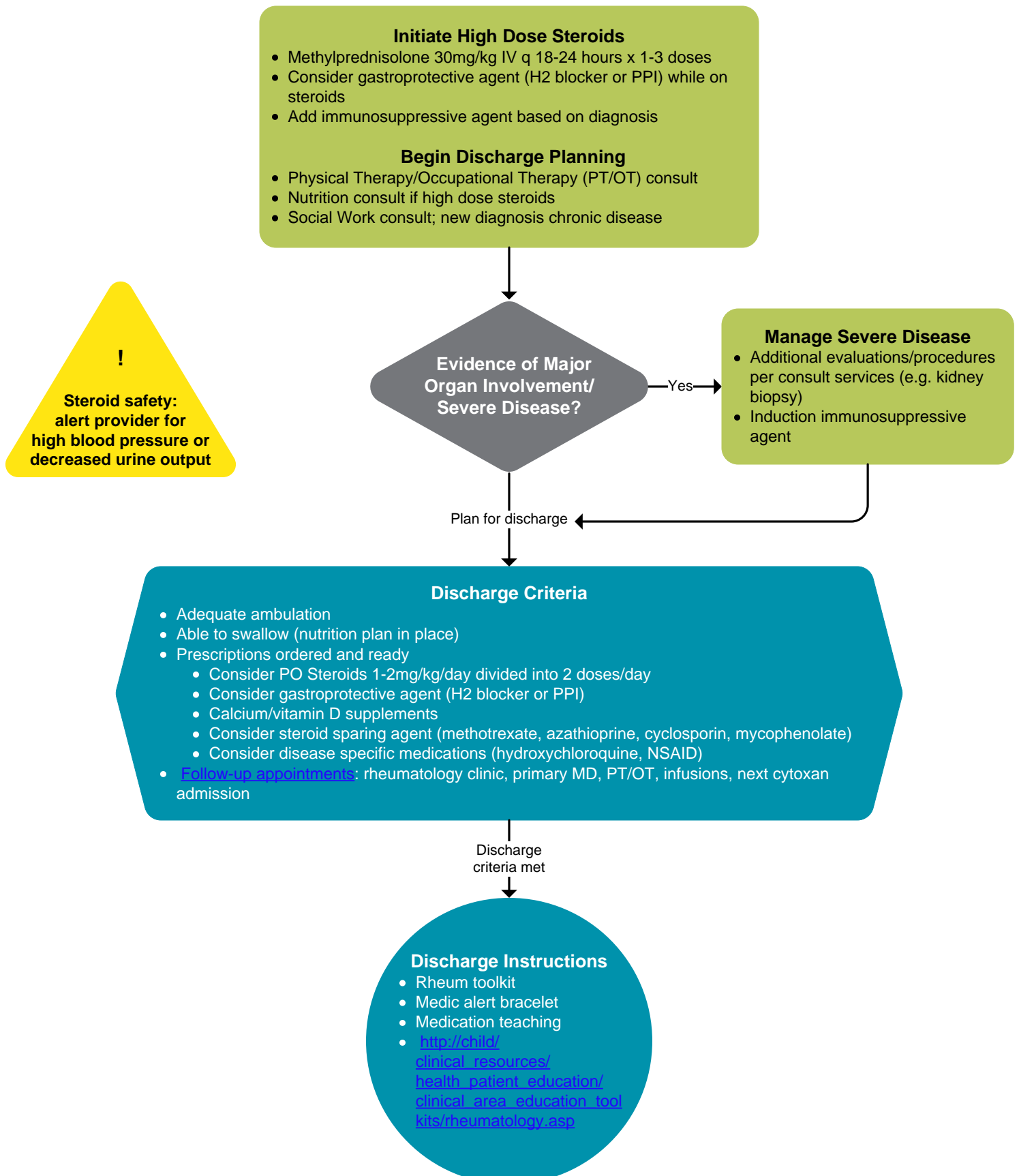
## PHASE I (Inpatient): Diagnosis

## Summary of Version Changes



# Rheumatology New Diagnosis Pathway v.1: Initial Treatment

## PHASE II (Inpatient): Treatment



# Infectious Mimics of Rheumatic Disease

## INFECTIOUS MIMICS OF RHEUMATIC DISEASE \*

Prominent joint findings:

- Septic arthritis
- Osteomyelitis/reactive effusion
- Toxic synovitis / post-infectious arthritis
- Certain enteric infections (Salmonella, Yersinia)

Joint findings, systemic Rash:

- Lyme disease (endemic area exposure)
- Parvovirus B19
- Neisseria gonorrhoeae, Neisseria meningitidis
- Acute Rheumatic Fever

Prominent fevers, +/- CBC changes:

- Adenovirus
- EBV/CMV
- HIV
- HHV-6
- Parvovirus B19
- Rickettsial diseases (RMSF, Ehrlichiosis, etc.) [these also can have rash]

Fever of unknown origin/lymphadenopathy:

- Bartonella
- Tuberculosis

\* Intended as a general guide to common infectious considerations; consider Infectious Disease consultation for directed advice for a given clinical situation

[Return to Diagnosis](#)

## Follow-up Guidelines

# Rheumatology New Diagnosis Admission Follow-up Guidelines

Diagnoses	PMD	Rheum Clinic
New Poly JIA New Systemic JIA (no MAS)	1-2 weeks	4-6 weeks
New SLE New JDMS New Vasculitis New Dx + MAS	< 1 week	2-4 weeks

[Return to Treatment](#)

### Objectives

- To facilitate timely evaluation, treatment, and discharge of patients admitted for suspicion of new Rheumatologic Diagnoses
- To improve familiarity and competency with appropriate evaluation of new rheumatology patients for care providers interfacing with the Rheumatology service (Residents, Nursing Staff)

### Recommendations

- The Rheumatology Admit order set will be utilized for all patients admitted to the Rheumatology Service with suspicion of a new Rheumatologic Diagnosis (Juvenile Idiopathic Arthritis, Systemic Lupus Erythematosus, Juvenile Dermatomyositis, Primary Vasculitis, Macrophage Activation Syndrome)
- The Rheumatology New Diagnosis Pathway provides an overview of the appropriate evaluation process for these patients as well as providing guidance for treatment initiation and discharge planning.

### Rationale (Safety, Quality, Cost, Delivery, Engagement, and Patient/Family Satisfaction):

VARIATION: There is currently considerable variation with regards to care for patients admitted for suspected new Rheumatologic diagnoses. Due to relative rarity of Rheumatologic disorders and frequent rotation of resident and nursing staff, these front-line providers may have little familiarity with the disorders in question which may lead to confusion around plan of care and a fragmented experience for patients and families. The intent of this project is to establish a standardized approach to the admission process.

- Safety may be enhanced by improving staff understanding of plan of care and reducing opportunities for error related to variations in practice.
- Costs may be reduced by streamlining diagnostics studies and early anticipation of discharge needs, potentially decreasing length of stay.
- Delivery of care will be improved by expediting patient flow through the inpatient setting and facilitating transition to outpatient care in the Rheumatology Clinic.
- Quality of care will improve by ensuring completeness of appropriate evaluation and consistency in medication education and discharge preparation.
- Engagement is grounded in the fact that the pathway has been developed by RNs and MDs in response to frequent requests for a consolidated Rheumatology order set by rotating resident MD's.
- Patient/Family Satisfaction will be addressed by implementing clinical standard work that will assure the highest quality of care, including consistent messaging from nursing, resident and attending Rheumatology Staff.

### Evidence

- No literature review was completed for this phase of the project; it is planned for the next phase.

# Executive Summary

Rheumatology New Diagnosis – September 2011

## Executive Summary



- The Rheumatology New Diagnosis Pathway was developed by the physicians in the Seattle Children's Rheumatology Division and reflects consensus as to sound practices for evaluation, treatment initiation and discharge preparation for this patient population.

### Implementation

- Presentation of Rheumatology New Diagnosis Pathway to Rheumatology Division at quarterly Morbidity and Mortality Meeting: Sept 22, 2011.
- Order set development and implementation: Aug 1, 2011.
- Communication to resident staff, nursing staff, physical/occupational therapy, nutrition services.
- Ongoing staff support and education.

### Metrics Plan

- **CSW Core Metrics**
  1. Count of Inpatient/Observation discharges
  2. Median Length of Stay
  3. % of patients admitted to Team 6 with specified order set
  4. Average charges per case
  5. Readmission
- Additional metrics related to resident education, family experience and drivers of inpatient length of stay to be added with next PDCA cycle

### PDCA Plan

- Annual compilation of data from inpatient admissions
- Next cycle to include directed literature review for amenable clinical questions
- Addition of metrics related to educational experience pending completion of adjunctive educational module

# Summary of Version Changes

- **Version 1 (11/07/2011):** Go live

[Return to Home](#)

## Medical Disclaimer

- The enclosed policies, procedures, standards, guidelines, or other materials (including forms) are specifically for use at Seattle Children's Hospital. We are providing these materials to you for information-sharing only.
- Children's is not responsible for subsequent application of the procedures or guidelines to patient care at your facility. It is your responsibility to revise, adapt and adopt any policies, etc., for use at your facility. It is further your responsibility to become updated and to remain current in the constantly evolving area of pediatric health care. Policies and forms may not be reproduced without permission.

[Return to Home](#)