

## GCA Clerking form --- use for all GCA suspected cases

Referral form will be triaged by Rheumatology – email this clerking form to --- [cah-tr.rheumatologysecretaries@nhs.net](mailto:cah-tr.rheumatologysecretaries@nhs.net) *sections 1 to 8 are mandatory and should be filled with relevant details*

Referral form may be triaged by Ophthalmology for any visual complaints

**\*GCA Guidelines are classification criteria, NOT diagnostic**

<https://academic.oup.com/rheumatology/article/59/3/487/5714025>

		Yes	No	History
1.	Age > 50 <b>NB:</b> usually >55 F to M ~ 3:1 <b>Rare</b> in non-caucasians (Afrocaribbeans, Asians)			
2.	<b>GCA Symptoms</b>	<b>Which symptoms and duration (days/weeks/months)</b>		
	<b>New</b> onset headache Scalp tenderness			
3.	<b>Scalp necrosis</b>			
4.	<b>New</b> onset visual symptoms <b>Diplopia</b> <b>Blurring</b> <b>Transient visual loss - partial or complete</b>			
5.	Jaw claudication <b>NB: not TMJ pain</b>			
6.	Tongue claudication <b>Odynophagia</b>			
7.	Acutely raised CRP or ESR or both (ideally both)			
8.	Steroids started			<b>When Dose</b>
<b>Additional information:</b>				
9.	<b>Abnormal temporal artery</b> Limb claudication			

10.	Previous PMR			
11.	Systemic symptoms with no other explanation			
12.	Co-morbidities			

<b>TREATMENT</b>				
1.	Methylprednisolone	IV	500 mg to 1000mg	High risk cases
2.	Prednisolone	PO	40 to 60mg	60mg if high risk or visual symptoms Ensure enough prescription and steroids are not stopped suddenly. Example tapering regimen: Taper by 10mg every 2 weeks until 20mg then 5mg every 2 weeks until 10mg and then 1mg every 4 weeks
3.	Calcium/Vit. D e.g. Adcal D3	PO	Twice daily	
4.	Bisphosphonate e.g. Alendronic Acid 70mg once weekly	PO	Once a week	Unless contraindications or active dental problems start on Bisphosphonate – the risk of bone loss is higher at start of high dose steroids. Request a DEXA scan
5.	PPI i.e proton pump inhibitors	PO		If needed

### **Sections 1 to 8 mandatory**

**For Rheumatology and Ophthalmology use only**

#### ***Rheumatology triage proposed outcomes:***

- 1) Suitable for assessment in rheumatology – triage high, medium and low probability
- 2) Suitable for vascular ultrasound.
- 3) Suitable for biopsy.
- 4) Needs IV Methylprednisolone or not.

#### ***Ophthalmology triage outcome:***

- 1) IV methylprednisolone candidate
- 2) Follow up frequency

## Temporal Artery Biopsy Form

(for inpatient and outpatient use) Patient Sticker	Date & Time of Referral:
Referring Doctor:	
Consultant:	
Patient contact number:	Copy Histology results to:
Type of Transport, if Required?	
This procedure is carried out using Local Anaesthetic. Is the patient suitable?	
Please tick:	
Anticoagulant	
If yes, which one:	
Antiplatelet	
If yes, which one:	
Steroid	
If yes, date started:	
Co-morbidities	
Allergies	
If yes, please state:	
Infection risk	
If yes, please state:	
Which side is the biopsy to be performed	Left  Right

**For Hospital Use:**

Appointment on: at:

**Please send completed form to Email [VascularSecs.HRI@cht.nhs.uk](mailto:VascularSecs.HRI@cht.nhs.uk) or Fax Number 01484 347218**

**If you need to speak to someone please call the Secretary on 01484 355415 or 01484 342481**

**Should there be any complex issues or concerns then please contact the secretaries or Vascular Surgery Team directly on the above numbers**