Northern Health

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	**Term duration:**	Maximum: 13 weeks
Location/Site:	Northern Hospital Epping	**Clinical experience - Primary**:	B: Chronic illness patient care
Parent Health Service:	Northern Health	**Clinical experience - Secondary**:	C: Acute and critical illness patient care
Speciality/Dept.:	Rheumatology	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)*
Term Descriptor:	*Rheumatology inpatient and clinic-based service for rheumatological conditions. Includes documentations of ward rounds, attendance at clinics and engagement with unit meetings. Opportunity to participate in unit audits.*		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Communicates accurately and effectively with the patient, carers and team members.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Is respectful of patients' cultures and beliefs.
	Domain 4	Draws on medical literature to assist in clinical assessments, when required.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Identifies deteriorating or acutely unwell patients
	Domain 2	Demonstrates professional conduct.
	Domain 3	Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
	Domain 4	Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training.
EPA3: Prescribing	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Fosters a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.
	Domain 4	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
EPA4: Team communication – documentation, handover and referrals	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Appropriately prioritises the creation of medical record entries.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.

	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: *The prevocational doctor as practitioner*	**Domain 2:** *The prevocational doctor as professional and leader*	**Domain 3:** *The prevocational doctor as a health advocate*	**Domain 4:** *The prevocational doctor as a scientist and scholar*
☒ 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting. *☒ 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.* *☒ 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care* *☒ 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues* *☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness* *☐ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.* *☒ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team* *☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically* *☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.* *☒ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making*	*☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.* *☒ 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.* *☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.* *☒ 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.* *☒ 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.* *☒ 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.* *☐ 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.* *☒ 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.*	*☐ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients* *☐ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.* *☒ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.* *☐ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.* *☐ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.* *☒ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).*	*☒ 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.* *☐ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.* *☐ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.* *☒ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.*

4. Supervision details:			
Supervision Role	***Name***	***Position***	***Contact***
DCT/SIT	***Mr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	***Dr Andrew Foote***	Head of Unit	Andrew.Foote@nh.org.au
Clinical Supervisor (primary)	***Ward consultant***	Click or tap here to enter text.	Click or tap here to enter text.
Cinical Supervisor (day to day)	***Allocated registrar***	Click or tap here to enter text.	Click or tap here to enter text.
EPA Assessors *Health Professional that may assess EPAs*	• All Consultants • All Registrars • Click or tap here to enter name and role		

Team Structure **- Key Staff**		
Name	**Role**	**Contact**
Dr Andrew Foote	Rheumatology Head of Unit	Andrew.Foote@nh.org.au
Vickie Hutchison	Clinical lead in Rheumatology	Click or tap here to enter text
Maegan Myers	Outpatient Administration Co-ordinator	Click or tap here to enter text
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text

5. Attachments:	
R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details *(PMCV use only)*		
Accreditation body:	Click or tap here to enter text.	
Accreditation status:	Click or tap here to enter text.	
Accreditation ID:	Click or tap here to enter text.	
Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval

Northern Health

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Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.

Appendix

Timetable example

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
Afternoon	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time 12:30 – 13:30 HMO Education	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
Evening	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

Rheumatology Advanced Trainee	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg	0800-1700	0800-1700	0800-1700	0800-1700	0800-1700			0800-1700	0800-1300	0800-1700	0800-1700	0800-1700		
Rheumatology Registrar														
Reg	0800-1700	0800-1300	0800-1700	0800-1700	0800-1700			0800-1700	0800-1700	0800-1700	0800-1700	0800-1700		
Rheumatology HMO														
HMO	0800-1700	0800-1700	0800-1700	0800-1700	0800-1300			0800-1700	0800-1700	0800-1700	0800-1700	0800-1300		

9. Hospital Orientation		
Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time. This is separate to the unit orientation. Follow the link for details, password: NorthernDoctors		
Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au
Date	First day of each term	
Start	08:00	

10. Unit Orientation	
Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time. Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal	
Location	Rheumatology office – see JMO rover
Facilitator	Rheumatology Registrars
Date	First day of each rotation
Start	08:00am

11. Unit Overview	
Department	Rheumatology
Location	No inpatients; consults and outpatients only
Inpatient Beds	0
Outpatients Clinics	HMOs attend 3 per week, Reg 1 attends 3 per week, Reg 2 attends 5 per week
Day Procedures	N/A
Virtual Unit	N/A

12. Safety
You will have the opportunity to undertake some procedures during this term if you are interested. Particularly knee aspirate/injection, but possibly other joint aspirates/injections if interested. Therefore, sharps are used. All procedures will be taught and supervised by the registrars and/or consultants.

13. Communication	
Medtasker	Yes – Regs and HMO each have a MedTasker role
WhatsApp	Yes – WhatsApp group for the rheumatology team
Pager	No
MS Teams	No – only used for meetings

14. Handover Process	
Morning	All team members arrive at the office at 8am and discuss new consults to be seen.

Afternoon	No specific handover as all team members work together during the day, but WhatsApp is used as required e.g on Friday when the HMO is leaving for their half day and may need to hand jobs or consults over to the registrar.
Night	N/A

15. Shift Structure			
	Intern	HMO	Registrar
Day	N/A	08:00-17:00 daily except Friday half day	08:00-17:00 daily except half day – Monday for Reg 1 and Friday for Reg 2
Afternoon	N/A		
Night	N/A	N/A	N/A
Weekend	N/A	N/A	N/A

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	N/A	Document whilst seeing consults with registrars or consultants. Attend clinics on Wednesday and Thursday afternoon.	See inpatient consults, tend to outpatient jobs as required, attend clinics (Wed/Thurs PM, Fri AM for Reg 1; Tues all day, Wed/Thurs PM, Fri AM for Reg 2). Monitor & manage TNH Rheumatology gmail account.
Afternoon	N/A		
Night	N/A	N/A	N/A
Weekend	N/A	N/A	N/A

17. Common Conditions

1. Gout / Calcium pyrophosphate deposition disease (pseudogout)
2. Rheumatoid arthritis
3. Spondyloarthritides (often HLA-B27 associated): ankylosing spondylitis, psoriatic arthritis, enteropathic arthritis, reactive arthritis
4. Polymyalgia rheumatica
5. Giant cell arteritis
6. Systemic lupus erythematosus
7. ANCA vasculitis
8. Idiopathic inflammatory myopathies (eg. dermatomyositis, antisynthetase syndrome, immune-mediated necrotising myopathy)
9. Systemic sclerosis
10. Sjogren's syndrome
11. Sarcoidosis
12. MSK: osteoarthritis, greater trochanteric pain syndrome, rotator cuff pathology, adhesive capsulitis
13. Fibromyalgia/central pain sensitisation

18. Common Procedures

Joint aspiration – knee
Corticosteroid injections – knee, shoulder, wrist, trochanteric bursa etc

19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines
https://intranet.nh.org.au/applications/
ETG- Electronic Therapeutic Guidelines
AMH- Australian Medicines Handbook
Up to Date

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/

20. Routine Orders

Pathology	• FBE/UEC/LFT/CRP/ESR (Rheum Five) • Other diagnostic investigations – RF, anti-CCP, ANA, ENA, dsDNA, ANCA, C3/C4, HLA B27 (spondyloarthritides), ACE / calcium (for sarcoidosis), APLS bloods (anticardiolipin, beta 2 glycoprotein, lupus anticoagulant), urine protein-creatinine ratio, urine MCS, haemolysis screen (haptoglobin, LDH, reticulocytes, blood film, DAT) • SLE activity markers: dsDNA, C3, C4, urine protein-creatinine ratio, urine MCS (+/- red cell morphology) • Pre-immunosuppression screening: hepatitis B sAg / sAb / core Ab, hepatitis C serology, HIV serology, QF gold +/- strongyloides serology
Radiology	• Plain x-rays: ?erosions, ?osteopenia, New York criteria for sacroiliitis • Ultrasound • MRI • Extrapulmonary screening (systemic sclerosis, CTD-ILD etc): TTE, HRCT, RFTs
Pharmacology	• NSAIDs – meloxicam, naproxen, celecoxib • Prednisolone (PNL) • Common csDMARDs: methotrexate (MTX), hydroxychloroquine (HCQ), sulfasalazine (SSZ), mycophenolate mofetil (MMF), azathioprine (AZA) • Biologics: adalimumab (eg Humira, Hyrimoz, Hadlima, Amgevita), etanercept (Enbrel, Brenzys), certolizumab (Cimzia), golimumab (Simponi), abatacept (Orencia), infliximab (Inflectra), tocilizumab (Actemra), rituximab, tofacitinib (Xeljanz), upadacitinib (Rinvoq), secukinumab (Cosentyx), ustekinumab (Stelera), ixekizumab (Taltz) • Intravenous immunoglobulin (IVIg)

21. IT Programs

EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment

	EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php Training is compulsory; you will need to complete the elearning within the first week of commencing. Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/ When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation	
Admission	N/A – no Rheumatology bedcard
Ward Rounds	Documented on the EMR
Discharge Summary	N/A – no Rheumatology bedcard
Outpatient Clinics	• Favorite links > Qflow > update Room number & clinic list - To call patients into your room & request any follow up appointments • CPF > Outpatients > Add > Rheumatology Outpatient/Telehealth (phone) clinic - Condition/Disease - Duration of diagnosis - Clinical manifestations of disease/joints usually affected - Previous and current management (Why ceased? - intolerance, inefficacy) - Last flare/stability of disease - Current symptoms - Infection risk – recent infections? Vaccine updates? - Cardiovascular risk factors/management (autoimmune inflammatory disease associated with higher risk) - Bone health/last DEXA scan (if significant glucocorticoid history) - Examination - Recent/last pathology results - Scripts, including biologic reapplications ○ Pens vs syringes ○ How many left at home/pharmacy? ○ For PBS applications, need current joint count (joints with synovitis) + CRP/ESR within last 4 weeks - Plan for next review – routine vs time critical, F2F or phone
CDI Queries	N/A – no Rheumatology bedcard
Death Certificates	N/A – no Rheumatology bedcard

Coroners	N/A – no Rheumatology bedcard

23. Referrals	
Internal	See JMO rover
External	See JMO rover

24. Clinical Deterioration	
Escalation Process	No inpatients, but if concerned about clinical deterioration, escalation process is to the registrar initially and then to the Rheumatology consultant. The registrars will usually update the consultant daily, or more urgently if there is an unwell patient.
PreMet	N/A
Code	N/A

25. Night Shift Support	
Unit	N/A (no night shifts 😊)
Periop	N/A
Take 2 @ 2	N/A

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
- Hand Hygiene needs to be completed by the end of your first week.
- If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

28. Unit Education

Wednesday morning: after weekly consultant ward round, before weekly unit meeting there is a teaching session with Dr Andrew Foote. Each week the team will choose a different topic to explore (e.g rheumatoid arthritis, myositis etc.) and Andrew will send some papers on the topic in advance. Andrew or one of the registrars will facilitate and the session typically goes for 30 minutes to an hour.

Many additional opportunities for informal education on the wards and in clinics.

29. Unit Meetings

Wednesday 12:45 – 13:30: weekly unit meeting online (Teams)
Rotating roster with registrars, consultants, and HMOs presenting. Each HMO will typically present once per rotation.

30. Research and Quality Improvement

No specific requirements for research or quality improvement. Consultants are very approachable and can assist with finding topics for research or ideas for quality improvement projects for HMOs interested in Rheumatology.

Challenging cases and those with poor outcomes are discussed in the weekly unit meeting to assist with both education/professional development and quality improvement.

31. Career Support

Consultants all approachable and happy to provide career advice and support. If interested in Rheumatology, speak with Dr Andrew Foote and arrange a time to meet with him.

32. Medical Students on the Unit

During the university semester there are two students attached to the unit at all times. Students work with the team for two weeks before rotating. Students are usually MD2, but occasionally there will be MD4 students assigned as well.

33. Rostering

Shift Swap	The doctor initiating the roster swap is responsible for arranging with an appropriate colleague. Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague. All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior. All shift swaps should be like hours for like hours. Proposed shift swaps must be emailed to your MWU coordinator for approval.
Unplanned Leave- Notification and documentation process	**Personal Leave documentation required:** For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave. For other days absent due to personal illness or injury the doctor is required to provide evidence of illness. To be eligible for payment, the doctor is required to notify the Health Service **two hours** before the start of their shift, or as soon as practicable.

	In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception 8405 8276	Step 2: Notify unit	Please ensure you notify both MWU & your unit
	After hours Monday to Friday Between 1630 – 2200 After hours Monday to Friday Between 2200-0730	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362 Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit (at a suitable time)	Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.
	In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone 0438 201 362	Step 2: Notify	Please ensure you notify both MWU & your unit
	After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit
Overtime	All overtime should be submitted into the Overtime Portal This can be accessed via the intranet whilst onsite at Northern Health Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.			

34. JMO Rover

Please speak with your supervising consultant and registrars at the commencement of your rotation for an orientation to some of the specific challenges you may encounter during this rotation, as well as for support during your term.

Northern Health has a support pathway available for junior doctors experiencing difficulties (for details, please see the Junior Doctor Handbook (password: NorthernDoctors), as well as wellbeing services available to all staff including the Employee Assistance Program.

Rheumatology Office

- Just before Ward 4, first corridor on left after ward 3/4 reception, near back entrance to ward 3
- Door code: 3636

No inpatients/Rheumatology bed card

Unit lists

- Print off EMR Doctor Worklist (Rheumatology Consults)
- Updated daily

Outpatient clinics

- All in Clinic D

Audit

- This PC > Shared on TNHOffice (S): > Medicine > Rheumatology (create 2024 folder as per previous years)
- List of all consult patients seen F2F

- Ideally updated daily as they are removed from the consult list

Symptom clusters

- Inflammatory arthritis – early morning stiffness, improvements with movement, gelling phenomenon
- SLE/CTD/small vessel vasculitis – alopecia, sinusitis/sinus pain, epistaxis, sicca symptoms (dry eyes, mouth), painful red eyes, mouth ulcers, haemoptysis, pleuritic chest pain (serositis/pleurisy), cough, vasculitic rash, Raynaud's phenomenon, neuropathy
- Spondyloarthropathy – inflammatory lower back pain/stiffness, uveitis/inflammatory eye disease, psoriasis, IBD, dactylitis, enthesitis (Achilles, plantar fasciitis)
- Large vessel vasculitis – temporal headaches unrelieved by paracetamol, scalp tenderness, visual changes (diplopia, amaurosis fugax, homonymous hemianopia), jaw claudication, PMR symptoms (proximal shoulder/hip pain and stiffness), chest pain/SOB (aortic involvement), limb claudication, constitutional symptoms
- Medium vessel vasculitis - post-prandial abdominal pain, HTN
- Check for other autoimmune Hx: T1DM, thyroid, IBD, psoriasis

Muscle biopsies

- Refer to AGSU
- Suggest target muscle based on MRI findings +/- in discussion with AGSU
- Sample needs to arrive at Alfred by 3pm for processing, hence Mon-Fri morning list only
- 2x1x1cm muscle sample in a yellow top specimen pot on ice in esky. NEVER send in formalin
- Email Prof Catriona McLean (c.mclean@alfred.org.au) with detailed clinical history

Temporal artery biopsies

- Refer to Vascular Surgery
- Ideally within 2 weeks of any prednisolone commencement

IPU forms (registrars)

- Off PROMPT
- For non-TGA approved indications/loff-label use
- Save in 'Rheumatology' folder as above

Day Oncology infusions (registrars)

- Needs CHARM access – if not arranged, speak with Oncology Pharmacy team

Email account (registrars)

- There is a rheumatology gmail account that should be checked daily by the registrars
- The email address can be given out to patients should they have any queries or concerns
- The address is tnhrheumatology@gmail.com and the password is covid19!
- Logging in requires 2 factor authentication with Andrew Foote's mobile
- However, it is already set up on two of the computers in the office (first computer on the left when you enter and the computer by the window)

35. Document Status		
Updated by	Dr Andrew Foote	December 2023
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024