

Rheumatology Consult Pearls

Attendings:

Consult Attendings:

	Pager	Email
Dr. Andrew L. Wong	818-313-1021	anwong@dhs.lacounty.gov
Dr. Emil Heinze	818-313-0029	eheinze@dhs.lacounty.gov
Dr. Phillip Clements	818-314-1159 Cell	pclements@mednet.ucla.edu

Additional Clinic Attendings:

Dr. Hans E. Weber

Dr. Martin M. Weiss

Dr. Yoon Min

Dr. Boris Ratiner

Dr. Charles E. Weidmann

Dr. Primal P. Kaur

Dr. Gerald Ho

Dr. Quang Dinh Vo

Dr. Richard N. Shaw

Clinic Schedule:

All clinics are in Clinic E (2nd Floor) and start at 8:00 AM (sharp)-noon
Wednesday, Thursday, and Friday

Rheumatology Clinic (Clinic E) phone number: (747) 210-3676

Clinic E Fax number: (747) 210-3589

Rheumatology Clinic Providers (to sign up for on ORCHID)

Wednesday	Luc, Penny NP OVM Rheum 2 Yr Fellow Wong, Andrew L MD Heinze, Emil MD
Thursday	OVM Rheum Urgent Rm
Friday	Luc, Penny NP Clements, Philip MD OVM Rheum 1 Yr Fellow Wong, Andrew L MD

Rheumatology Conferences:

Rheum Conference

Every Tuesday 1:30 PM - 4:30 PM, Room 6D-103

Radiology Teaching Conference

Every other Thursday 1:30 - 2:30 PM with Dr. Salibian in Radiology Conference Room 2D

The Clinic

1. Sign up for the appropriate providers for the given clinic day
2. All patients are shared between all housestaff despite the attending/fellow designation for their visit. Penny Luc is an NP and

she does have her own set of patients that she sees but if she is getting behind, we help see the rest of her patients.

OF NOTE: the fellows review the list of clinic patients and sign up for their continuity patients with a sticky note in ORCHID prior to the clinic. As a courtesy, you can always ask if it looks like a patient was complicated and last seen by a fellow to see if that fellow wants to follow-up with the patient.

3. When are patients ready to be seen?

Blue	Registered
Green	Nurse has completed Intake Room assignment should appear Patient is ready to be seen by MD***
Orange	When MD places any order or note in the patient's chart OF NOTE: if the patient is registered and you start to look into the chart and start your note, the bar will automatically turn orange and the nurse might not room the patient as it will appear as if the MD has already seen and started working on the orders for the patient
Gray	Discharged

4. To sign-up for a patient, look at the list and place a sticky note with your name on a patient once they have been registered (blue) or intake has been completed (green). Start looking into the patient's charts that are blue while the nurse is completing intake to increase efficiency.

5. What to look up? Make sure to print out or review the last clinic note for all returning patients. For new patients make sure to print out and review the eConsult dialogue to make sure the appropriate consult questions is answered.

Review all recent labs, diagnostic imaging, pathology, and glance through any recent ER/urgent care visit, hospital discharge summaries, primary care or specialty appointment notes.

6. Once all the charting is complete and the patient's status has turned to green, you can go evaluate the patient.

7. Once done with your evaluation, find any attending that is free to present the case to. Make sure prior to finishing with the attending to have a good understanding of the treatment plan, follow-up labs or imaging, and when the patient needs to return to clinic.

8. At that point you can tell the patient to wait in the waiting room. Change (flip) the sign outside the door to "Available".

9. Place all orders that were discussed with the attending in ORCHID. Please make sure to place:

- Lab/Diagnostic Imaging Orders
- Clinic follow-up visit request
- Complete Medication Reconciliation
- Charge for the visit

- Once all orders are placed, change the location to WAITINGROOM (so the nurse can start the discharge process)
- Submit all prior authorizations
- Submit any eConsults

10. Goal is for each housestaff to see 4 patients during the clinic

Labs to considering ordering:

RA diagnostic lab panel

CBC with diff, CMP
ESR, CRP
TSH
Mg, Phos (if CPPD being considered)
Hepatitis Panel (HepBsAb & HepCAb can cause false+RF)
RF, anti-CCP
ANA, anti-SSA/SSB (if concern for secondary Sjogren's)

NOTE: for new RA patient obtain x-rays of bilateral hands and feet

+ANA referral diagnostic lab panel

CBC with diff, CMP
ESR, CRP
UA, urine protein/Cr
TSH
Hepatitis Panel (HepBsAb & HepCAb)
ANA Anti-SM/RNP Anti-DSDNA

Anti-SSA/SSB C3, C4 Coombs
Anti-beta2glycoprotein Anti-cardiolipin Lupus Anticoagulant

RA follow-up Labs

CBC with diff, CMP
ESR, CRP

SLE follow-up Labs

CBC with diff, CMP
UA, urine protein/Cr
C3, C4
Anti-DSDNA titer (lupus nephritis if previously elevated)

Inflammatory Myositis follow-up Labs

CBC with diff, CMP
CK
aldolase

Vasculitis follow-up Labs

CBC with diff, CMP
ESR, CRP
UA, urine protein/Cr

DMARDS and Monitoring Guidelines

Hydroxychloroquine (Plaquenil)	Macular damage	Baseline eye exam & Q5years if no other risk factors (ie.DM, CKD, liver disease, age>65) Otherwise Q year
Sulfasalazine (SSZ)	Myelosuppression	CBC Q3months
Methotrexate (MTX)	Myelosuppression, Liver toxicity, Pulmonary Fibrosis, Caution in renal insufficiency	CBC, CMP Q3mo Hep panel and CXR at initiation
Leflunomide (Arava)	Liver toxicity	LFTs Q3mo
Azathioprine (Imuran)	Myelosuppression, Liver toxicity	TPMT mutation prior to start, CBC, CMP
Cyclophosphamide (Cytoxan, CYC)	Myelosuppression, Hemorrhagic cystitis, Infertility, risk of CA	CBC prior and 2wks after CYC infusion and con't to monitor regularly CMP UA Urine cytology Q6-12 month lifelong
Biologics		Quantiferon gold and Hep panel prior to start, and continue to monitor Quantiferon annually

Ordering Medications:

Infusion Medications-

Special Treatment Center:

- Cyclophosphamide (Cytoxan, CYC)
 - Rituximab (Rituxan, RTX)
1. Call special treatment center and obtain a FIN for each infusion
 2. Consent form needs to be signed (iMedconsent-Oncology folder)
 3. Must have Quantiferon Gold and Hepatitis Panel up to date within 1 year
 4. Have Attending or Fellow place power plan orders in ORCHID

Infusion Center (in Clinic E):

- Infliximab (Remicade)
 - IVIg
 - Abatacept (Orencia)
 - Tocilizumab (Actemra)
 - Belimumab (Benlysta)
 - Pegloticase (Krystexxa)
 - Zoledronic Acid (Reclast)
1. Walk into Infusion Center and obtain a FIN for the 1st infusion
 2. No consent needed for the above listed medications
 3. Must have Quantiferon Gold and Hepatitis Panel up to date within 1 year
 4. Have Attending or Fellow place power plan orders in ORCHID (except IVIg= paper orders)

For at home injections:

1. Make sure to take time to explain most common side effects to patient. Also let them know to hold biologic if they develop infectious symptoms/on abx/or have infection and do not restart until last abx completed or clearance from MD.
2. If patient is a new start place communication order for RN to do injection teaching
3. Place prescription order in ORCHID and complete Prior Authorization
4. Must have Quantiferon Gold and Hepatitis panel up to date within 1 year
5. Please make sure to give enough supply until next clinic apt (ie. If injecting Enbrel once weekly and will return to clinic in 3 months, must have at least 12 EA. Usually with refill)

Notes

Clinic Note

1. On ORCHID select the RHEUMATOLOGY OUTPATIENT PROVIDER NOTE
 2. Template: AMBULATORY OFFICE VISIT
 3. Title: Rheumatology Clinic Note
(New patient visit, please use title Initial Rheumatology Clinic Note)
 4. In the HPI section: please make sure to include the Rheum history in detail
- For example:
23yoF with

Rheum PMH:

1. SLE- dx'd 2003 with initial presentation of malar rash, oral ulcers, arthritis, found to have class IV lupus nephritis bx done 2/23/03 s/p induction w/CYC (EuroLupus protocol) total of 3grams (2/25/03-4/1/03) currently maintenance cellcept
2. Secondary Sjogren's syndrome

Other PMHx:

1. latent TB s/p tx with INH (1/1999-9/1999)

Then go on to describe current subjective complaints

And lastly list Rheum Meds in Past

For example:

Rheum Meds in past:

- 1.) Plaquenil- GI intolerance
- 2.) Imuran- lack of efficacy

[If stop and start dates known please list]

Then complete rest of the note per the Ambulatory template.

At the end of the Assessment and Plan please include:

RTC ____mo.

DWA Dr. ____

Your name and title

Please delete long list of orders at the end of the note.

Please DO NOT DELETE any historical Rheum information.