Giant Cell Arteritis (GCA) Referral & Triage Pathway

To ensure timely assessment of suspected GCA while maintaining an efficient and coordinated diagnostic pathway, please follow the process below for all patients with possible GCA:

1. Initial Triage

All patients with suspected **Giant Cell Arteritis** should be discussed **directly with the Rheumatology On-Call Physician** at the time of presentation.

This applies to:

- New headache suggestive of GCA
- Scalp tenderness
- Jaw claudication
- Elevated inflammatory markers with compatible clinical features
- Polymyalgia symptoms with concern for vasculitis
- *If visual symptoms are noted, the **Ophthalmology On-Call Physician** should be contacted first*

2. Assessment by On-Call Rheumatology

The **on-call rheumatologist** will:

- Assess the clinical likelihood of GCA
- Determine timing and dose of glucocorticoid initiation
- Provide guidance regarding additional urgent investigations or specialist involvement (e.g. ophthalmology, vascular imaging)

3. Referral for Temporal Artery Ultrasound

If **temporal artery ultrasound** is felt to be clinically helpful, the **on-call rheumatologist** should contact the ultrasound service directly by:

- Calling Dr. Tara Swami directly **or**
- Contacting my clinic to arrange an appointment in a timely manner – **Wall St Medical Group, 306-652-4339**

This ensures referrals have been clinically vetted and allows appropriate prioritization.

4. Imaging Timeline

For appropriately selected patients, the target is:

- Ultrasound within 7 days of referral
- Earlier assessment (ideally within 24–72 hours) for high-probability or vision-threatening presentations

Timely imaging is particularly important when corticosteroid exposure is limited prior to scanning.

5. Ongoing Rheumatology Care

The **on-call rheumatologist remains the Most Responsible Rheumatologist** for the patient's diagnostic workup and ongoing management unless explicit alternative arrangements are made.

The ultrasound consultation is intended to support diagnosis and does **not automatically transfer rheumatology care.**

6. Direct Referrals

To maintain equitable access and ensure appropriate utilization, **direct ultrasound referrals for suspected GCA should not be sent without prior rheumatology triage.**

All referrals should proceed through the pathway outlined above.

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