GP assesses patient and is concerned about possible GCA

Patient has visual symptoms

YES

Patient has typical GCA symptoms and is >55 years old

YES

Telephone Ophthalmology immediately for advice

Eye Clinic: 01225 824403 8.30-5pm
Out of hours: telephone on-call ophthalmologist via RUH switchboard 01225 428331. Note: Sun-Thurs overnight on call covered by Bristol Eye Hospital

NO

Reviewing rheumatologist will

1. Contact patient with an appointment time
2. Arrange for further investigation as appropriate, including temporal artery ultrasound and biopsy
3. Make a recommendation re additional medications, including bone protection
4. Provide patient with a management plan for steroid dose reduction
5. Arrange appropriate follow-up

These patients must be discussed with rheumatology prior to referral.

GP advice line 07747630875 (Mon-Fri 11am-1pm). RNHRD switchboard 01225 465941 for urgent advice outside these hours

GP initiates treatment*

GP undertakes mandatory blood tests, and reviews results**

These patients must be discussed with rheumatology prior to referral.

GP advice line 07747630875 (Mon-Fri 11am-1pm). RNHRD switchboard 01225 465941 for urgent advice outside these hours

GP contacts rheumatology ward registrar via RNHRD switchboard and faxes referral form, along with medication list.

Rheumatology SpR will aim to review patient within 2 working days

* Guidelines recommend 60mg prednisolone if complicated eg visual disturbance, jaw claudication or 40mg prednisolone if uncomplicated. Aspirin 75mg daily + PPI is also recommended in the absence of contraindications

** Inflammatory markers are extremely useful in accurate GCA diagnosis, and initiating steroids can affect results. All patients should have the following blood tests taken immediately; Plasma Viscosity, CRP, FBC, U&Es, LFTs. The fax referral form contains advice on sample transport. Please have results available when making a referral.