Urgent referral to

on call Ophthalmology Doctor

via hospital switchboard

Urgent FBC, ESR **and** CRP, U+E, LFT

INR if on warfarin

***do not delay treatment*** *if venesection not available*

*INR if patient on Warfarin*

Take Bloods for FBC, ESR, CRP, U+E, LFTs

**Commence prednisolone 60mg od + PPI**

Ophthalmology

pathway

Visual involvement (Loss of Vision)

* *Transient / Intermittent*
* *Permanent*

**Referral of patients with suspected Giant Cell Arteritis**

**University Hospital Southampton**

**Patient with suspected**

**GCA1**

No visual involvement

Jaw claudication present - **prednisolone 60mg od + PPI**

No jaw claudication - **prednisolone 40mg od + PPI**

Take Bloods for FBC, ESR, CRP, U+E, LFTs

Refer to Rheumatology SpR on call

Bleep 1801 Mon-Fri 9am-5pm

Outside these hours the on-call rheumatology consultant is available via hospital switchboard

Rheumatology

pathway

1 Features of GCA include:

* New onset headache (may be temporal, occipital, parietal or generalised)
* Scalp tenderness
* Jaw claudication
* Features of PMR
* Visual disturbance
* Temporal artery tenderness, thickening, nodularity or decreased pulsation
* Elevated CRP and / or ESR