**Fast-track pathway for patients with possible giant cell arteritis (GCA)**

STOP PREDNISONE + DISCHARGE

Referral for Temporal Artery Biopsy / other imaging

Rheumatology outpatient follow-up

Diagnosis confirmed

Positive Ultrasound + high probability of GCA

Referral for TAB + email to surgical schedulers

Negative Ultrasound + intermediate / high probability of GCA

Negative Ultrasound + low probability of GCA

Rheumatology   
outpatient follow up

Rheumatology GCA FAST TRACK VISIT including

risk stratification + ultrasound and relevant investigations

Referrer starts patient on prednisone 40 mg daily (or 60 mg daily if visual symptoms and/jaw claudication).

GP does E-referral to Rheumatology (please state which SMO discussed with), marked URGENT. Rheumatology SMO to grade referral & email rheumatology scheduler

No

Please note: referrer no longer refers directly for temporal artery biopsy !

**Rheumatologist arranges subacute new**

**patient visit in Fast Track GCA OP clinic (within 1 to 4 days)**

STOP WORKUP!

GP to consider other causes of symptoms.

Yes

Suspicion of GCA?

**Call Rheumatologist (during business hours)**

via switchboard 07 579 8044

IF VISION LOSS / DIPLOPIA, CONTACT DUTY OPHTHALMOLOGIST ACUTELY

Referrer raises suspicion **of GCA / Temporal arteritis** based on

cranial symptoms, objective ﬁndings and a high ESR / CRP for which other causes of have been excluded.