**Department of Rheumatology and Rehabilitation Name of Institution**

**Clinic Number …………………………………… Date of registration: ………………………**

**Name of Patient ………………………………………………………………………………………Sex:** Female □ Male □

**Date of birth: ………………… Age: …………Telephone No: Mobile…………………………………**

**Home…………………………**

**Address: ………………………………………………………………………………………………………….**

**City: ……………………………………………… NIC …………………………………………………**

**Referred by:** OPD □ Ward □ Other Hospital □ Private Sector □ Other □

**Occupation**: Student □ House wife □Unskilled workers □ Skilled workers □None□

Clergy □ Clerical □ Professionals □other ……………………………………

**Race:** Sinhala □ Muslim □ Tamil □ Burgher □ Other □

**Religion:** Buddhist □ Islam □ Hindu □ Catholic □ Other □

**Diagnosis**

**Diagnosis – Circle the relevant**

**RA, OA, JIA, GOUT, Undifferentiated IA**

**CTD** (SLE, APS, MCTD,OVERLAP, Scleroderma, Dermato/Polymyositis,Sjogren’s,Other –specify………………………….)

**SpA** (AS, Axial,Peripheral,Mixed AxialandPeripheral,Reactive, Psoriatic,IBD associated, Reiter’s, Juvenile)

**VASCULITIS**( TKA, GCA, PAN, KD, AAV, MPA, GPA(WG), EGPA(CSS), Anti-GBM(GPS), CV, IgA(HSP), HUV, BD, Other – specify)

**Soft Tissue Diseases** (Fibromyalgia, BT, Adhesive Capsulitis, Other SJ Ds, TE, GE, DQTS, Ulna Styloid,PF,Achilles’ Tendinitis,Metatarsalgia)

**Regional Pain Syndromes** (Backache, Neck Pain, Other - specify)

**OTHER**-specify ……………………………………………………………………………………………………

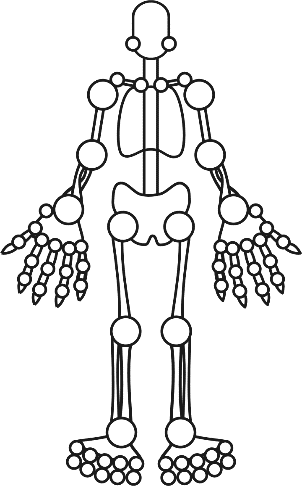
**Department of Rheumatology and Rehabilitation**

**Rheumatoid Arthritis Data**

**Name of Institution Clinic Number**

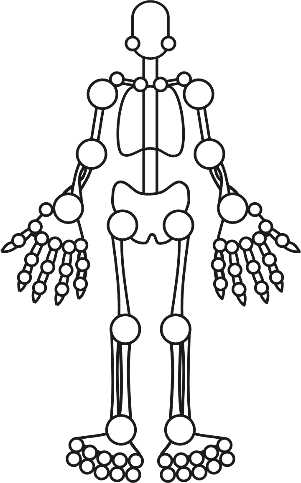
**Name of Patient Date of Diagnosis**

**NIC**

[](https://www.google.lk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjkkIvt6s7SAhWKW7wKHWAVDaEQjRwIBw&url=http://oscarcanada.org/oscar-users/emr-resource/eform/tips-on-using-the-e-forms&bvm=bv.149397726,d.dGc&psig=AFQjCNHW30QyCdR7-D-Z7KpUnttHbBf-6A&ust=1489334600913040)

Swolen Joints

|  |  |  |  |
| --- | --- | --- | --- |
| Target population (Who should be tested?): Patients who   1. have at least 1 joint with definite clinical synovitis (swelling) – excluding DIP joints, 1st MTP joints and 1st CMC joints 2. with the synovitis not better explained by another disease | |  |  |
| **Joint involvement** | |  |  |
| 1. 1 large joint (shoulders, elbows, hips, knees, and ankles) | 0 |  |  |
| 1. 2-10 large joints | 1 |  |  |
| 1. 1-3 small joints (with or without involvement of large joints) | 2 |  |  |
| 1. 4-10 small joints (with or without involvement of large joints) | 3 |  |  |
| 1. >10 joints (at least 1 small joint) | 5 |  |  |

[](https://www.google.lk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjkkIvt6s7SAhWKW7wKHWAVDaEQjRwIBw&url=http://oscarcanada.org/oscar-users/emr-resource/eform/tips-on-using-the-e-forms&bvm=bv.149397726,d.dGc&psig=AFQjCNHW30QyCdR7-D-Z7KpUnttHbBf-6A&ust=1489334600913040)

|  |  |  |  |
| --- | --- | --- | --- |
| **Serology** | |  |  |
| 1. Negative RF and negative ACPA (less than or equal to the upper limit of normal) | 0 |  |  |
| 1. Low-positive RF or low-positive ACPA (<3 times) | 2 |  |  |
| 1. High-positive RF or high-positive ACPA (>3 times) | 3 |  |  |
| **Acute-phase reactants** | |  |  |
| 1. Normal CRP and normal ESR | 0 |  |  |
| 1. Abnormal CRP or abnormal ESR | 1 |  |  |
| **Duration of symptoms** | |  |  |
| 1. <6 weeks | 0 |  |  |
| 1. >6 weeks | 1 |  |  |
| **Total Score** |  |  |  |

Tender Joints

|  |  |
| --- | --- |
| **Poor Prognostic Factors** | |
| Polyarticular presentation  (>10 tender and swollen joints) |  |
| RF positive |  |
| Anti CPA positive |  |
| Erosions in X-ray |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **Value** | **Date** |
| ESR |  |  |
| CRP |  |  |
| RF |  |  |
| ACPA |  |  |

|  |  |  |
| --- | --- | --- |
| **DAS 28** | **Date** |  |
| Tender joint count (0-28) | |  |
| Swollen joint count (0-28) | |  |
| ESR | |  |
| CRP | |  |
| Patient Global Health (0 – 100) | |  |
| **Score** | |  |

|  |  |
| --- | --- |
| **Check list** |  |
| Chest X Ray |  |
| Lung bases examined |  |
| Lung Function Test (in patients with ILD) |  |
| UFR |  |
| USS Abdomen |  |
| Eye referral |  |
| DEXA |  |
| Contraceptive advice given to patients |  |
| Cardio Vascular risk assessment |  |
| If the MTX dose >15mg, prescribed in divided doses |  |
| **Vaccinations given** |  |
|  |  |
| **Deformities (indicate the major joint area)** |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Initial Drug Therapy** |  |
| **MTX** |  |
| **SSZ** |  |
| **LEF** |  |
| **HCQ** |  |
|  |  |
|  |  |

**Systemic Lupus ErythematosusData**

**Name of Institution Clinic Number**

**Name of Patient Date of Diagnosis**

**NIC**

|  |  |
| --- | --- |
| **Clinical and immunologic criteria used in the SLICC classification system** | |
| **CLINICAL CRITERIA** | |
| 1. **Acute cutaneous lupus, including:**     * Lupus malar rash (do not count if malar discoid), Bullous lupus, Toxic epidermal necrolysis variant of SLE, Maculopapular lupus rash, Photosensitive lupus rash      + *in the absence of dermatomyositis*    * OR subacute cutaneous lupus (noninduratedpsoriaform and/or annular polycyclic lesions that resolve without scarring, although   occasionally with postinflammatorydyspigmentation or telangiectasias) |  |
| 1. **Chronic cutaneous lupus, including:**     * Classic discoid rash,  Localized (above the neck),  Generalized (above and below the neck), Hypertrophic (verrucous) lupus, Lupus panniculitis (profundus), Mucosal lupus, Lupus erythematosus tumidus, Chillblains lupus, Discoid lupus/lichen planus overlap |  |
| 1. **Oral ulcers**     * Palate, Buccal,  Tongue    * OR nasal ulcers      + *in the absence of other causes, such as vasculitis, Behçet's disease, infection (herpesvirus), inflammatory bowel disease, reactive arthritis*,  *and acidic foods* |  |
| 1. **Nonscarring alopecia** (diffuse thinning or hair fragility with visible broken hairs)    * + *in the absence of other causes such as alopecia areata, drugs, iron deficiency, and androgenic alopecia* |  |
| 1. **Synovitis involving 2 or more joints**, characterized by swelling or effusion    * OR tenderness in 2 or more joints and at least 30 minutes of morning stiffness |  |
| 1. **Serositis**    * Typical pleurisy for more than 1 day,  OR pleural effusions,  OR pleural rub,    * Typical pericardial pain (pain with recumbency improved by sitting forward) for more than 1 day,  OR pericardial effusion,  OR pericardial rub,  OR pericarditis by electrocardiography      + *in the absence of other causes, such as infection, uremia, and Dressler's pericarditis* |  |
| 1. **Renal**     * Urine protein–to-creatinine ratio (or 24-hour urine protein) representing 500 mg protein/24 hours    * OR red blood cell casts |  |
| **Clinical and immunologic criteria used in the SLICC classification system** | |
| **CLINICAL CRITERIA** | |
| 1. **Neurologic**     * Seizures, Psychosis, Mononeuritis multiplex,      + *in the absence of other known causes such as primary vasculitis*    * Myelitis, Peripheral or cranial neuropathy      + *in the absence of other known causes such as primary vasculitis, infection, and diabetes mellitus*    * Acute confusional state    * *in the absence of other causes, including toxic/metabolic, uremia, drugs* |  |
| 1. **Hemolytic anemia** |  |
| 1. **Leukopenia** (<4,000/mm3 at least once)    * + *in the absence of other known causes such as Felty's syndrome, drugs, and portal hypertension*    * OR    * Lymphopenia (<1,000/mm3 at least once)      + *in the absence of other known causes such as corticosteroids, drugs, and infection* |  |
| 1. **Thrombocytopenia** (<100,000/mm3) at least once    * + *in the absence of other known causes such as drugs, portal hypertension, and thrombotic thrombocytopenic purpura* |  |
| **IMMUNOLOGIC CRITERIA** | |
| 1. **ANA level** above laboratory reference range |  |
| 1. **Anti-dsDNA** antibody level above laboratory reference range (or >2-fold the reference range if tested by ELISA) |  |
| 1. **Anti-Sm**: presence of antibody to Sm nuclear antigen |  |
| 1. **Antiphospholipid antibodypositivity** as determined by any of the following:    * Positive test result for lupus anticoagulant    * False-positive test result for rapid plasma reagin    * Medium- or high-titer anticardiolipin antibody level (IgA, IgG, or IgM)    * Positive test result for anti–β2-glycoprotein I (IgA, IgG, or IgM) |  |
| 1. **Low complement**     * Low C3, Low C4, Low CH50 |  |
| 1. **Direct Coombs' test***in the absence of hemolytic anemia* |  |

|  |  |  |
| --- | --- | --- |
| **Complications** | | |
| **Lupus Nephritis** | Class I |  |
| Class II |  |
| Class III |  |
| Class IV |  |
| Class V |  |
| Class VI |  |
| **Respiratory** |  | |
| **Other** |  | |
|  |  | |

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| --- | --- |
| **Checklist of parameters for preconception counseling and risk stratification in women with SLE and/or APS** | |
| **SLE activity/flares** |  |
| **Lupus nephritis (history or active at conception)** |  |
| **Serological activity(serum C3/C4, anti-dsDNA titres)** |  |
| **Previous adverse pregnancy outcomes** |  |
| **History of vascular thrombosis** |  |
| **Auto-antibody profile ( LA, aPL, Ro, La )** |  |

**SLEDAI – 2K (apply for the past 30 Days)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Seizure** | **8** |  | **Psychosis** | **8** |  | **Organic brain syndrome** | **8** |  | **Visual disturbances** | **8** |  |
| **Cranial nerve disorder** | **8** |  | **Lupus headache** | **8** |  | **CVA** | **8** |  | **Vasculitis** | **8** |  |
| **Arthritis** | **4** |  | **Myositis** | **4** |  | **Urinary casts** | **4** |  | **Hematuria** | **4** |  |
| **Proteinuria** | **4** |  | **Pyuria** | **4** |  |  | | | | | |
| **New rash** | **2** |  | **Alopecia** | **2** |  | **Mucosal ulcers** | **2** |  | **Pleurisy** | **2** |  |
| **Pericarditis** | **2** |  | **Low complement** | **2** |  | **Increased DNA binding** | | | | **2** |  |
| **Fever** | **1** |  | **Thrombocytopenia** | **1** |  | **Leukopenia** | | | | **1** |  |

|  |  |
| --- | --- |
| **Total** |  |

**(Cut off score for active disease is 3 or 4)**