This form is intended as a sample. It does not constitute the standard of care nor does it provide legal advice. It is intended as a risk management tool to support physician documentation. **Please remove this box before using this form in your practice.**

**Version** 3/31/22

**Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GCA Chart Supplement**

**History:**

**Ocular history/symptoms? (see new patient form)**

**Onset of symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks \_\_\_\_\_\_\_\_\_\_\_\_\_\_months\_\_\_\_\_\_\_\_\_\_\_\_years**

**Hx of acute visual loss?: N Y OD OS OU**

**time frame? \_\_\_\_\_\_\_\_\_\_\_days**

**Symptoms:**

**Any visual disturbance or vision loss? N Y Hearing loss? N Y**

**Temporal pain? N Y Scalp tenderness? N Y**

**Jaw pain (w or w/o chewing)? N Y Drooping lid? N Y**

**Joint or muscle pain? N Y Fever? N Y**

**Loss of appetite? N Y Weight loss? N Y**

**Bleeding gums/mouth sores? N Y Fatigue? N Y**

**Excessive sweating? N Y General ill feeling? N Y**

**Blood Thinners? N Y (see list)**

**Exam:**

**Visual acuity (w or w/o correction) OD - 20/ OS – 20/**

**APD N Y OD OS**

**Visual field loss N Y OD OS**

**Ocular motility normal abnormal (look for CN6 palsy)**

**Diplopia N Y (look for CN6 palsy)**

**Optic Nerve pallor N Y OD OS**

**CRAO N Y OD OS (emboli?, bruits?, vasculopath?)**

**CWS N Y OD OS (DM?, HTN, Other)**

**Tenderness over STA? N Y**

**(superficial temporal artery)**

**PMR signs (seen in 50%) N Y**

**(polymyalgia rheumatica)**

**SUMMARY: \*F > M 4:1 \* Typical age > 50 \*Typically Caucasian \*20% develop vision loss**

 **\*If untreated – 50% will lose vision OU \* 20% will have no systemic complaints**

**\*affects the extracranial branches of the carotid**

**Labs:**

**Order: CBC, ESR, CRP, ANA, LFTs, FBS, FTA-Abs \*most important labs to get are in red**

**HCT** (M nl=42-54%) normal low (c/w GCA)

 (F nl=38-46%)

**Hgb** (M nl=12-18 gm/dl ) normal low (c/w GCA)

 (F nl=11-16 gm/dl)

**\*Plts** (nl=150-450 K) normal high (c/w GCA)

**LFTs** (esp ALP) normal high ALP (c/w GCA)

**\*ESR** (nl=1–40 mm/hour) normal high (c/w GCA) – **Caution:** **15-30% of normal ESR will have (+) TAB**

**\*CRP** (nl= <10mg/L) normal high (c/w GCA)

**Temporal artery bx (TAB)** - or + for giant cells (c/w GCA) **– get 3 cm (5-10% false negative rate)**

**\*Age>50 \*ESR>50 \*(+) TAB \*TA tender \*New HA: ►►► if ≥ 3/5 then tx as GCA**

**Assessment:**

 **Signs, symptoms, and labs are inconsistent with GCA. Steroids are NOT indicated.**

 **Signs, symptoms, and labs are somewhat consistent with GCA. \*DO NOT WAIT FOR LABS OR TAB TO START STEROIDS!**

 **Low risk for steroid complications**

 **High risk for steroid complications (diabetes, glaucoma, etc.). Risk vs benefits discussed.**

 **Signs, symptoms, and labs are very consistent with GCA. High risk for vision loss.**

 **Low risk for steroid complications**

 **High risk for steroid complications (diabetes, glaucoma, etc.). Risk vs benefits discussed.**

**Plan:**

 **Follow closely (q \_\_\_\_\_\_\_\_) Biopsy or re-biopsy**

 **Start po Prednisone (1 mg/kg/day) H2 antagonist (ranitidine or famotidine)**

 **Calcium and Vit. D supplements Suggest weight bearing exercise (walking)**

 **Bone density screenings Stop smoking**

 **Letter/Call to PCP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for stat consult**

**Discussed:**

 **Risks of steroids vs non-treatment (including potential blindness) Risks of TAB**

 **Alternatives/options Alternative/second opinions**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Name Date**