**GCA Audit Tool (every visit)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHI number** |  | **Initial visit date** |  | **Current visit date** |  |

 **Type of review (Tick only One)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New diagnosis****assessment** |  | **Review for potential relapse** |  | **Routine follow-up** |  |

**Steroid dose at start of visit (every visit)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prednisolone** | Y / N | **If yes, Prednisolone dose** |  |

**Steroid sparing agents at start of visit (every visit)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tocilizumab** | Y / N | **Methotrexate** | Y / N |
| **Azathioprine** | Y / N | **Mycophenolate mofetil** | Y / N |
| **Leflunomide** | Y / N | **Other - Details** |  |

**Co – Morbidity (every visit)**

|  |  |  |  |
| --- | --- | --- | --- |
| **BMI (or height + weight)** |  | **Smoking status** | Y / N / Ex-smoker |
| **Hypertension** | Y / N | **Diabetes** | Y / N |
| **Osteoporosis** | Y / N | **If yes DEXA date** |  |
| **TIA** | Y / N | **If yes TIA date** |  |
| **Stroke** | Y / N | **If yes Stroke date** |  |

 **Bloods (if ordered please complete with result outcome on same visit sheet, current value for visit date within 2 weeks of visit is acceptable otherwise record please “none” )**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre - Steroid** **CRP mg/L** |  | **Current CRP mg/L** |  | **Pre Steroid****ESR mm/Hr** |  | **Current****ESR mm/Hr** |  |

**GCA Initial management details (complete only at initial visit)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of diagnosis** |  | **Date of Start steroid** |  | **Initial steroid dose (mg)** |  | **Duration of Initial planned taper (tick one)** | 6m  |
| 12m |
| ≥18m |

**If GCA Flare - Advice at end of visit (complete only if flare)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of flare** |  | **Advised steroid dose at end of visit** |  | **Steroid sparing agent advised? Provide details****text** |  | **Update****Plan Flare steroid taper** | 6m  |
| 12m |
| ≥18m |

 **Clinical features (every visit)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ocular involvement** | Y / N | **If yes, Details** |  |
| **Temporal artery abnormality** | Y / N | **If yes, Details** |  |
| **Headache** | Y / N | **Scalp tenderness** | Y / N |
| **Jaw claudication** | Y / N | **Large vessel involvement** | Y / N / Unknown |
| **Systemic symptoms** | Y / N | **PMR** | Y / N |

 **Imaging (if ordered please complete with result outcome on same visit sheet)**

|  |  |  |  |
| --- | --- | --- | --- |
| **US – TA**  | Y / N | **Result** | Positive / Negative / Inconclusive |
| **US – Axillary / Brachial** | Y / N | **Result** | Positive / Negative / Inconclusive |
| **Temporal artery biopsy** | Y / N | **Result** | Positive / Negative / Inconclusive |
| **PET CT** | Y / N | **Result** | Positive / Negative / Inconclusive |
| **MR angiogram/carotids/aortic arch** | Y / N | **Result** | Positive / Negative / Inconclusive |