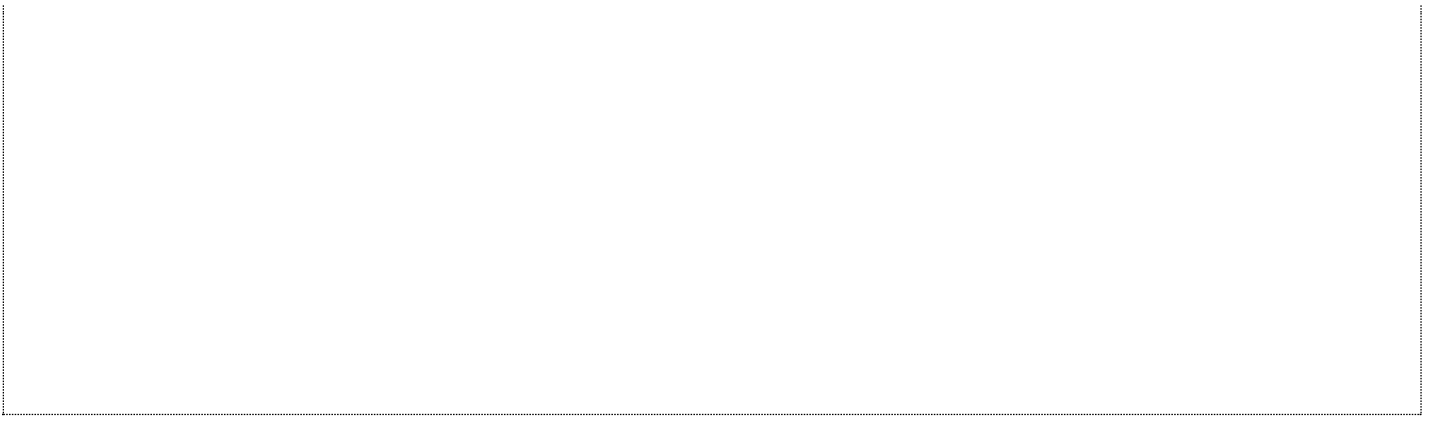


TEMPORAL ARTERY BIOPSY Referral Form

Patient details:		Referral made by:	
Name: DOB: Hospital No: Address: Postcode: GP details: Name: Address: Tel./Mobile:		Name of referrer Contact (bleep/email/other): Referring consultant.....	
Time/Date of referral		Source of Referral:	
Date:	Time (24h clock)	<input type="checkbox"/> GP <input type="checkbox"/> Rheumatology <input type="checkbox"/> EAU <input type="checkbox"/> Other BMEC Eye A&E <input type="checkbox"/>	
Clinical Features		Brief History/Relevant Info/ clinical findings	
	Right Left		
Loss of vision one eye	<input type="checkbox"/> <input type="checkbox"/>	
AION	<input type="checkbox"/> <input type="checkbox"/>		
Retinal artery occlusion	<input type="checkbox"/> <input type="checkbox"/>		
Amaurosis fugax	<input type="checkbox"/> <input type="checkbox"/>		
Loss of visual field	<input type="checkbox"/> <input type="checkbox"/>	Recent COVID contact <input type="checkbox"/> yes no <input type="checkbox"/>	
New onset headaches	<input type="checkbox"/> <input type="checkbox"/>	Dry cough <input type="checkbox"/> yes no <input type="checkbox"/>	
Temporal tenderness	<input type="checkbox"/> <input type="checkbox"/>	Fever <input type="checkbox"/> yes no <input type="checkbox"/>	
Abnormal temp artery	<input type="checkbox"/> <input type="checkbox"/>	Loss of smell or taste <input type="checkbox"/> yes no <input type="checkbox"/>	
Jaw claudication	<input type="checkbox"/> <input type="checkbox"/>	Abnormal chest x ray <input type="checkbox"/> yes no <input type="checkbox"/>	
Diplopia	<input type="checkbox"/> <input type="checkbox"/>	Lymphopenia <input type="checkbox"/> yes no <input type="checkbox"/>	
Past medical history: (tick all that apply)		Investigations	
AF <input type="checkbox"/>	Renal failure <input type="checkbox"/>	Neutrophiles	
Hypertension <input type="checkbox"/>	Pacemaker <input type="checkbox"/>	Lymphocytes.....	
Angina <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Thrombocytes	
MI <input type="checkbox"/>	Heart failure <input type="checkbox"/>	ESR CRP	
		Creatinine	
		CXR (circle) Normal / Abnormal	
Current medications:		Prednisolone started?	
Warfarin / New anticoagulants (rivaroxaban etc)? <input type="checkbox"/> yes no <input type="checkbox"/>		Dose Date started	
Patient location			
Usual place of residence <input type="checkbox"/>		Aspirin 75 mg started ? <input type="checkbox"/> yes no <input type="checkbox"/>	
Inpatient Ward <input type="checkbox"/>			



Standard operating procedure for temporal artery biopsy (TAB) during COVID-19 epidemic

Team required : 1 surgeon, 1 nurse, 1 runner. TAB coordination

[Daya Dhinsa (daya.dhinsa@nhs.net) / Lauren Davies (laurendavies1@nhs.net)]

Location : Theatre 4 BMEC

1. Patient identified as requiring TAB

A- Fill **attached request form** and send to TAB coordinator by email . **Action** : doctor requesting biopsy (eye casualty ophthalmology/ rheumatology)

B- Neuro-ophthalmology to vet referral. **Action** : neuro-ophthalmology consultant

2. Patient listed for TAB

A. Assign date and team in theatre 4 as soon as possible. **Action** : TAB rota coordinator (Daya/Lauren)

B. Identify available surgeon from TAB rota (M Abdallah, L Alvarez, F Mellington, AJ Ghauri, senior ST/fellow). **Action**: TAB rota coordinator (Daya/Lauren)

IMPORTANT:

- Due to intrinsic **high patient risk** for severe COVID-19 infection, best available level of **PPE should be worn by patient, surgeon and theatre staff** to minimise chances of contamination.
- Staff should minimise contact with patient unless absolutely necessary during procedure.

SUSPECTED GCA during COVID19 PANDEMIC

- Consider high risk of steroids and infection risk of exposure to hospital environment in decision making during COVID-19. Involve neuro-ophthalmology when in doubt (available on phone after hours/ on site during working hours).
- Consider additional benefit of intravenous steroids vs oral where risk of hospital acquired COVID infection high.
- If clinical diagnosis is certain (ie would treat regardless of TAB result) do not need to proceed with biopsy. Treat, discuss with rheumatology and ask patient to isolate. Liaise closely with GP.
- Ensure COVID19 screening for close contacts, symptoms and chest Xray.

IF IN DOUBT PLEASE DISCUSS WITH NEURO-OPHTHALMOLOGY CONSULTANT