



# Triage of ESR Requests

## Introduction

The ESR has a long-standing use in clinical medicine but has significant limitations. Previous best practice guideline publications have identified that **C-reactive protein (CRP)** is the preferred investigation for the assessment for a possible inflammatory or infective disorder.

**Good practice**<sup>1,2</sup> **Indications for use of ESR:** The ESR may be used in the assessment of the following conditions:

- Systemic Lupus Erythematosus;
- Rheumatoid arthritis
- Kawasaki disease
- Rheumatic fever
- Hodgkin lymphoma
- Temporal arteritis (initially presentation ESR & CRP recommended<sup>1,2</sup>) / PMR
- Inflammatory bowel disease in children (initial assessment)
- *Periprosthetic Infection + Discitis + Acute back pain & Tuberculous infection of the spine*
- *Acute stroke*
- *Vasculitis (Diagnosis and monitoring)*
- *Pericarditis*

**NB** - from previous consultations the indications for ESR have been extended to those in italics

## Current Situation

Data indicates that a significant number of ESR being requested, with no significant change in practice over past decade.

## Way forward

- Please review your Haematology ordering practice – ESR testing<sup>1</sup>.
- Use BPAC best practice guidelines – ESR requesting<sup>2</sup>.
- Introduction of ESR demand management.

## Demand Management - ESR

As from **1<sup>st</sup> November 2017** we will be triaging all ESR requests. ONLY ESR requests with clinical details consistent with good practice will be processed (no clinical details = no test).

## Consultation Period

We request that any issues related to this practice should be discussed / emailed to Dr Stephen May, so that we may consider any inclusions to this proposed practice. The laboratory clinical governance boards have endorsed this practice and this practice has been adopted by majority of New Zealand laboratories.

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1. [Laboratory Schedule and test guidelines](#)
2. BPAC [The New Zealand Laboratory schedule and test guidelines: Haematology tests](#)

CLINICAL UPDATE