

reviveclinic	Nurse Practitioner Clinical Practice Guideline ACUTE MONOARTHROPATHY	
	Scope	outcomes
Nurse Practitioner	<ul style="list-style-type: none"> • Patients presenting with monoarthropathy • Patients over 12 years 	Identify patients suitable for NP
Nurse Practitioner +/- GP	<ul style="list-style-type: none"> • Severe pain not responsive to medication • Septic Arthritis • Penetrating Injury • Traumatic Arthritis • Rheumatoid Arthritis • Osteoarthritis 	Identify patients not suitable for NP guideline and refer to GP or ED
	<ul style="list-style-type: none"> • Initial assessment/ intervention 	
Primary Survey	<ul style="list-style-type: none"> • Airway • Breathing • Circulation • Disability • Environment 	Abnormal- Refer directly to ED
History	<ul style="list-style-type: none"> • Time and duration of symptoms • Treatment given previously: including GP care, complimentary therapies, pharmacological agents used • Past medical history and medications • Allergies/ immunization status • Any trauma • Alcohol or Substance use/abuse 	Identify any patient not suitable for NP and refer to GP or ED.
Focused Clinical Assessment	<ul style="list-style-type: none"> • Focused musculoskeletal assessment • History of previous attacks and which drugs (if any) the person is taking or has tried. • Presence of open wound(blisters, bites, other lesions) or discharge • Which joint is involved • Assess lymph channels <p>Look for evidence of:</p> <ul style="list-style-type: none"> • Arthritis (swelling, redness, warmth, pain on passive movement). • Tophi (firm, white, translucent nodules). 	Determine the extent of the problem and identify any patient not suitable for NP and refer to GP or ED.
Neurovascular assessment	<ul style="list-style-type: none"> • Colour • Warmth • Movement • Sensation • Capillary refill • Peripheral pulses 	Determine the extent of the problem and identify any patient not suitable for NP and refer to GP or ED.
Pain Assessment	<ul style="list-style-type: none"> • Pain Scale 	Determine the need for analgesia.
Working Diagnosis and Investigations		
Imaging	<ul style="list-style-type: none"> • No initial investigations are required when managing people with gout-like symptoms. 	Refer to GP or ED for further investigations and treatment
Pathology	<ul style="list-style-type: none"> • Serum uric acid or plasma urate is usually measured 4–6 weeks after an acute attack of gout to confirm hyperuricaemia • Hyperuricaemia may be present without gout. The presence of hyperuricaemia does not equate with a diagnosis of gout. • Gout may be present without hyperuricaemia. 	Exit CPG and refer to GP or ED if aspiration required or differential diagnosis of septic arthritis given.

	<ul style="list-style-type: none"> Blood cultures (2 sets) FBC, ESR and CRP Consider <ul style="list-style-type: none"> Renal Function, Cholesterol and Fasting Glucose Blood if patient high risk factors for diabetes or heart disease 	
Interpretation of results(diagnostic features) and management decisions		Outcomes
Acute Gout	<p>The criteria supported a diagnosis of acute gouty arthritis if six or more of the following are met (1):</p> <ul style="list-style-type: none"> More than one attack of acute arthritis. Maximal inflammation developing within 1 day of onset. Monoarthritis attack (90% of initial attacks are monoarticular). Redness over affected joint. Unilateral attack on the first metatarsophalangeal (big toe) joint. Unilateral attack on the tarsal joint. Tophus (proven or suspected). Hyperuricaemia. Asymmetric swelling within a joint on radiography. Subcortical cysts without erosions on radiography. No organisms found on culture of synovial fluid. <p>Measure the person's serum uric acid level 4–6 weeks after the acute attack Refer back to GP for F/UP</p>	Ensure patient understands problem, treatment and follow up and is safe for discharge home.
Septic Arthritis	<ul style="list-style-type: none"> Septic arthritis must be considered in any person who is systemically unwell (with or without a temperature) and an acutely painful, hot, swollen joint. May occur with penetrating injury or following arthrocentesis Most develop from haematogenous spread predisposed by RA, OA in the elderly IV drug abuse, DM, Immunosuppressant, disseminated gonococcal or meningococcal infection and sickle cell disease (2) 	Exit CPG- Refer directly to ED
Polyarthropathy	Most commonly seen in Rheumatoid arthritis and osteoarthritis	Exit CPG and refer to GP
Patient discharge education		Outcomes
When to see GP	<p>If becomes febrile and unwell If significant extension of erythema, or extended joint involvement or decrease ROM Adverse reaction/tolerance to anti gout medications If increasing pain or not managed by prescribed analgesia</p>	Ensure patient understands treatment and instructions for follow up. Patient is safe for discharge home.
Medication instructions	Verbal instructions for NP and as directed per prescription	
Certificates	Absence from work certificate	
Medication		
All medication to be stored labeled and dispensed according to legislation. Analgesia given appropriate to allergies and current medications and medical history		
S2 Simple Analgesia	<ul style="list-style-type: none"> Paracetamol 500mg 1 or 2 tablets 4 – 6 hourly. Not to exceed 8 tablets in 24 hours. 	

S4 NSAIDS	For Gouty Arthritis <ul style="list-style-type: none"> • Naproxen 500 mg initially then 250 mg 6 – 8 hourly Or <ul style="list-style-type: none"> • Ibuprofen 600mg orally once, then 200-400mg orally TDS 	Patients with excessive pain or pain unrelieved by analgesia require review by GP/ED.
References		
<ol style="list-style-type: none"> 1. Australian Medicines Handbook 2006, Newstyle Printing, Mile End; SA 2. Brown, A & Cadogan, M. (2006). General Medical Emergencies. In <i>Emergency Medicine; Emergency and Acute Medicine; Diagnosis and Management</i> (pp. 82-87) (5th ed.). London; Hodder Arnold 3. Safe practical Clinical Answers for the Diagnosis and Management of Gout. (NHS Clinical Knowledge Summaries) [cited 2008 Dec 8]; Available from: http://cks.library.nhs.uk/gout/management/quick_answers/scenario_acute_gout 		
Key to terms		
CPG- Clinical Practice Guideline S1-S4- Schedule of the drug administration act NP - Nurse Practitioner		
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