

# Osteoarthritis

**Pathophysiology:** Gradual loss of articular cartilage & bony outgrowths

## Symptoms

**Nursing diagnosis:** Risk for impaired mobility

**interventions:**

1. ROM exercises
2. Manage Pain & acetaminophen
3. Collaborate & PT in planning Exercise Program

**Exacerbation care:**

BMI

acetaminophen

Labs: Sed Rate / CRP

OA = sed rate & range

Systemic symptoms

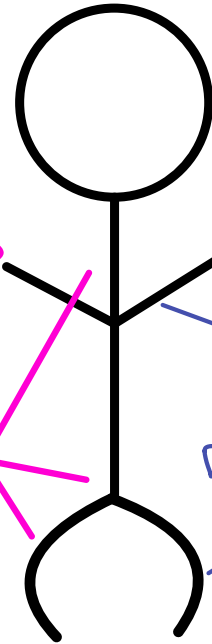
Weight bearing joints

lateral joint: knock knee (valgus)

- Excess weight
- Hips & knees
- Sometimes knobby joints (Heberden Nodes)

Asymmetrical Joint Pain Stiffness

Deformities: Medial joint: bowlegged (varus)



# Rheumatoid arthritis

**Pathophysiology:** Chronic, <sup>lifelong</sup> systemic autoimmune  
Cause: genetics & environmental factors

\* **Body attacks own collagen + connective tissue**

**Nursing diagnosis:** activity intolerance

Self-care deficits R/t deformities

**interventions:** Powerlessness

1. Assess patient's ability to perform ADLs

2. Consult occupational therapy
3. administer analgesic

Heat in morning  
Frequent naps

**Exacerbation care**

Steroids Heat / ~~cold~~ therapy rest, BR, Neutral position

Methotrexate

Naps

Splinting

## Symptoms

Sjogren's

Dry eyes  
Cataracts  
Vision loss

↑ Sed Rate  
BUN/CR  
CBC

Can't grasp small objects

Nodules  
Painful joints  
Stiffness

inactivity  
anorexia  
weight loss

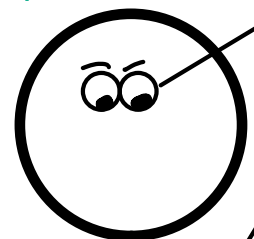
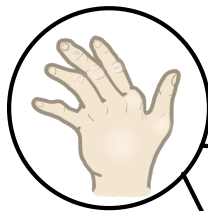
Splenomegaly

edema

Neuropathy

Symmetrical  
Stiffness, Pain,  
warmth

Deformities



# Gout

**Pathophysiology:** elevation of uric acid R/+ inability to excrete OR too much being produced

**Defect in purine**  
• Men > women

**Nursing diagnosis:** Risk for pain R/+ inflamed joints **acute pain**

**interventions:**

1. provide pain relief ± hot/cold therapy
2. teach patient to eat foods ± ↓ Purine content
3. Monitor uric acid levels

↑ Fluids.

**Exacerbation**

**care: Steroids**

**Colchicine - for attack - Effective when pain is ↓**

**Allopurinol: Maintenance**

**Diagnostics:**  
Synovial Fluid asp.  
Uric acid: > 6mg/dL

**Secondary: Drugs, chemo, Thiazides (HTZ) Can cause gout**

**Symptoms:**

**NO purines**

Joints appear dusty or cyanotic

**Tophi:** white, hard nodules caused by deposits of urate crystals **on arm**

joint deformities

**Podagra:** Inflammation of big toe

**Uric Acid**  
Kidney Stones

# Systemic Lupus erythematosus

**Pathophysiology:** Multisystem inflammatory autoimmune disorder

**Nursing Dx:** Impaired skin integrity R/+ inflammation abd rashes, ulcers  
**Knowledge deficit**

**Interventions**

- Repositioning
- Skin care - topical tx
- Discuss ± pt skin protection methods

• Assess **kidney function: BUN/CR**

• Stay out of sun

• NSAIDs

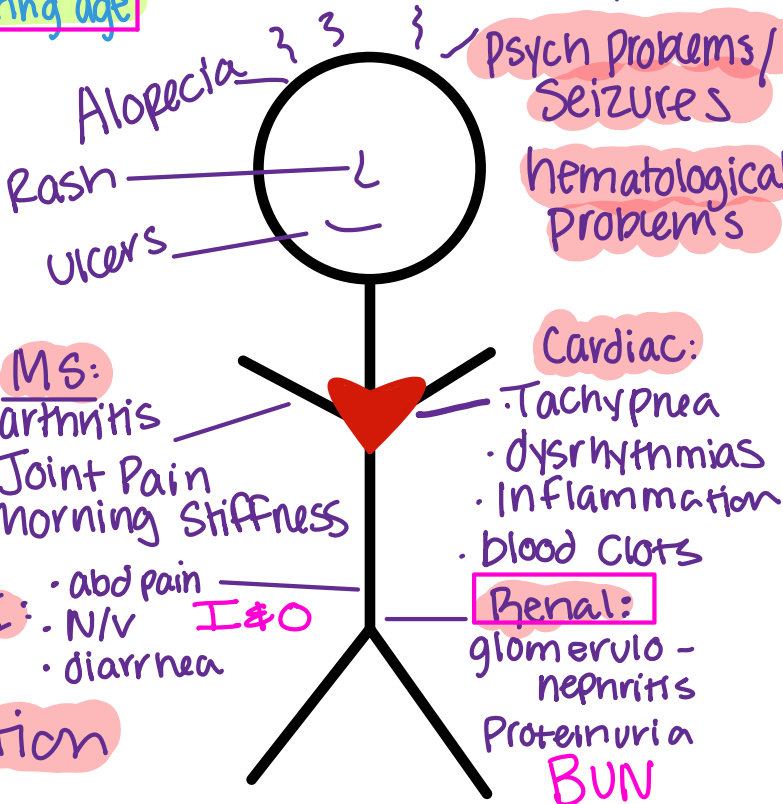
• Manage stress

**Exacerbation:**

**Steroids / hydrochloroquine**

**Protein in blood**

**Women of childbearing age**



Bouchard's nodes  
(Proximal)

Heberden's nodes  
(distal)

