RIE ED guideline for management of patients with a nontraumatic painful, swollen or red joint

Patient with non-traumatic painful, swollen or red joint

Possible Septic arthritis

Signs:

- Reduced ROM
- Joint effusion
- Febrile
- Systemically unwell

Management:

- Plain x-ray
- Measure Blood sugar
- Baseline FBC,CRP, uric acid and ESR
- If prosthetic or post-operative then refer to ortho
- EARLY sterile aspiration in ED by or supervised by senior ED physician PRIOR to ortho referral
- Urgent microscopy of sample for organisms and cells
- 9am-5pm phone microbiology reception 26021 prior to sending
- 5pm to 9am bleep microbiology tech on call through switch (or bleep 2900)

High clinical suspicion despite normal microscopy or crystal arthropathy (esp: immunosuppressed and previous antiobiotics)

REFER ORTHO FOR ADMISSION & BOOK BED

Possible bursitis

Signs:

- Full ROM
- No joint effusion
- Systemically well
- Swelling and erythema over bursa

Management:

- Measure Blood sugar Consider NSAIDS +/- oral antibiotics and planned ED or GP review in 48 hours if:
- Well
- No systemic upset
- Not rapidly progressive
- Likely to keep followup

Otherwise:

Admit for IV antibiotics to orthopaedics unless any concern re: septic arthritis, severe tissue infection e.g. necrotising fasciitis, or collection requiring drainage

Low clinical suspicion of Septic arthritis and normal microscopy or crystal arthropathy

NSAIDs, advice letter and GP review +/physiotherapy (Consider WGH Rheum review if reactive arthritis or ED review clinic in 48 hours if other concerns)

Discharge with

Possible cellulitis

Consider DVT

Management:

- Measure Blood sugar
- Draw around area with surgical indelible pen

Consider oral antibiotics and planned ED or GP review in 48 hours if:

- Well
- No systemic upset
- Not rapidly progressive
- Likely to keep followup

Otherwise:

Consider PAA or OPAT cellulitis ambulatory care pathway or admission for IV antibiotics to medics

If concerns re: severe tissue infection e.g. necrotising fasciitis then contact ED senior/Senior surgeon and microbiology ASAP

Discuss with senior ED physician EARLY





Non-traumatic hot swollen joint Patient Discharge Information Sheet

You have attended the Emergency Department today because of a painful joint. The most important condition that may cause this is Septic Arthritis, which is an infection in a joint. Symptoms can include pain and tenderness over a joint, pain on moving the joint, and feeling unwell. It is an uncommon problem, but is however serious as without urgent treatment, permanent joint damage can occur. The Emergency Department team have asked you some questions about what has happened, examined your joint and have run some tests and feel that the diagnosis of Septic Arthritis is not likely.

We are therefore happy that you can be discharged from the Emergency Department today. We may have arranged for you to be seen again in the Emergency Department review clinic in 2-3 days time to ensure you are improving. If in the meantime you develop any of the following you should re-attend the Emergency Department prior to your planned appointment for further review.

Worsening general symptoms

Feeling generally unwell with a fever (high temperature)

Worsening pain from the affected joint.

In septic arthritis, the pain tends to be severe and any movement of the joint is usually very painful

Worsening swelling from the affected joint.

In septic arthritis, swelling usually develops over the affected joint, which is usually very tender

Worsening redness over the affected joint

In septic arthritis, redness of the overlying skin is typical