Case Study: Rheumatoid Arthritis with Joint Arthroplasty

Suggested Uses: Medical-Surgical

Terry Barnes, a 35-year-old woman, visits the clinic with reports of increasing bilateral joint pain, increasing fatigue, and a weight loss of five pounds over the last two months. Terry's initial medical diagnosis is rheumatoid arthritis and she is scheduled for diagnostic evaluation. The nurse prepares Terry for her bone scan. When test results confirm the diagnosis of RA, the nurse notes risk factors and assesses Terry for a fever, in addition to her other symptoms.

Prescriptions include Buffered aspirin, auranofin (Ridaura), and methotrexate (Mexate). The nurse notes Terry's increased risk for infection and teaches her about signs of aspirin toxicity. Teaching about warm packs and joint splints is provided. Over time, Terry's pain worsens and she becomes wheelchair bound. The nurse responds therapeutically to Terry's feelings of depression.

Eventually, Terry decides to undergo bilateral knee arthroplasty. Postoperative nursing care includes managing the drainage device and PCA pump; regular neurovascular assessment; and delegating tasks to the UAP. After the PCA is discontinued, the nurse needs to clarify an incomplete analgesic prescription obtained from the PA. The next day, the nurse recognizes signs of sepsis and intervenes. After Terry's condition stabilizes, the nurse provides discharge teaching about crutch walking.