

## A Client with Rheumatoid Arthritis



Janice James is a 42-year-old high school science teacher who began noticing vague joint pain, fatigue, poor appetite, and general malaise, which she initially attributed to a case of the flu. However, her symptoms continued, and she reports feeling very stiff in the mornings, often taking until 10:00 or 11:00 A.M. to begin to feel “normal.” She has begun to call this her “morning sickness.” She then began to notice aching in her hands and wrists, which she attributed to the quilting she loves to do in the evenings. She made an appointment with her family physician when she noticed that her knuckles and finger joints are not just achy but also swollen and hot. Noting that Mrs. James has lost 10 lb since her last visit and has mild anemia and a significantly elevated sedimentation rate (ESR), the physician refers her to the rheumatology clinic for further evaluation. Following examination, laboratory, and radiologic testing, the rheumatologist establishes a diagnosis of rheumatoid arthritis and initiates a multidisciplinary team conference to plan the management of Mrs. James’s rheumatoid arthritis.

### ASSESSMENT

Cathy Greenstein, RN, completes a nursing assessment of Mrs. James. She notes that Mrs. James is well groomed and answers questions readily but appears fatigued and ill. Mrs. James relates that her job has been extremely stressful because teacher layoffs have resulted in larger class sizes and fewer teaching assistants. Despite symptoms, she continues to teach full time, but says she feels unable to keep up with all her responsibilities due to her fatigue.

Mrs. James states that she is allergic to penicillin. Her past medical history reveals only the usual childhood diseases and three uncomplicated pregnancies, resulting in the births of her children, ages 14, 11, and 9. Physical assessment findings include: BP 124/78, P 82 regular, R 18, T 100.2°F (37.8°C) PO. Hands: swelling of the proximal interphalangeal (PIP) and metacarpophalangeal (MCP) joints of both hands; second and third PIP and second MCP joints on right hand are red, shiny, hot, spongy, and tender to palpation; able to extend fingers to 180 degrees but cannot make a complete fist with either hand, with flexion limited to less than 90 degrees; grip strength is weak bilaterally; wrist ROM is limited in all directions. Knees are swollen, and flexion is slightly limited; positive bulge sign in the right knee. Diagnostic findings are an ESR of 52 mm/hr, a hematocrit of 30%, and positive for rheumatoid factor. Few changes other than soft-tissue swelling are evident on hand and wrist X-rays.

### DIAGNOSIS

- *Chronic pain*, related to joint inflammation
- *Impaired home maintenance*, related to fatigue
- *Activity intolerance*, related to the effects of inflammation
- *Deficient knowledge: Therapeutic regimen*

### EXPECTED OUTCOMES

- Verbalize effective pain management strategies.

- Use assistive devices to minimize joint stress with ADLs.
- Verbalize a plan to reduce responsibilities for home maintenance.
- Express a willingness to plan rest breaks during the day.
- Demonstrate understanding of the prescribed therapeutic regimen and its importance for both short- and long-term benefit.

### PLANNING AND IMPLEMENTATION

- Teach techniques for relieving pain and morning stiffness, including:
  - Scheduling NSAIDs at equal intervals throughout the day
  - Taking morning NSAID dose with milk and crackers approximately 30 minutes before rising
  - Performing ROM exercises in shower or bathtub
  - Applying local heat with paraffin dip or compress; using cold packs as needed
- Teach techniques to minimize joint stress while performing ADLs.
- Provide Arthritis Foundation literature and information.
- Discuss ways to delegate household tasks to other family members.
- Explore ways to incorporate 30-minute rest breaks into Mrs. James’s work schedule.
- Provide information about the disease process and its manifestations, prescribed medications with desired and adverse effects, and the importance of balancing rest and activity.

### EVALUATION

The initial treatment regimen of aspirin, rest, exercise, and physical therapy succeeded in partially relieving the acute manifestations of rheumatoid arthritis in Mrs. James. Her “morning sickness” now lasts only about 45 minutes. However, complete remission has not been achieved. She has had difficulty scheduling rest periods at work and has had to struggle to delegate household tasks. “I don’t look sick to the kids, and they seem to think housecleaning is a terrible imposition on their time. It’s often easier to just do it myself than to fight about it. Besides, that way it gets done right.” Mrs. James has faithfully followed the prescribed medication regimen and exercise routines, and she has kept her scheduled appointments and maintained contact with the treatment team.

### Critical Thinking in the Nursing Process

1. Mrs. James is 42 years old. Would your nursing interventions differ if she were 72 years old? If so, how.
2. Rheumatoid arthritis is a chronic illness. What are the physical, emotional, and economic implications of a chronic illness that results in chronic pain and deformity?
3. Develop a nursing care plan for Mrs. James using the nursing diagnosis, *Ineffective role performance*.

See Evaluating Your Response in Appendix C.