

Beebe Healthcare
Margaret H. Rollins School of Nursing
N101 – Foundations of Nursing

	OA	RA
Patho	Gradual loss of articular cartilage, formation of osteophytes at joint margins, cartilage destruction, this is not a normal part of aging. Early stage includes stiffness and pain, inflammation and thickening of capsule Late stage includes increasing pain with bones rubbing together	Exact cause is unknown, autoimmune etiology, antigen triggers, and autoantibodies develop against the abnormal IgG Inflammation, joint changes to pannus, highly vascular tissues are inflamed, it erodes the articular cartilage, affects the tendons and ligaments
Risk Factors	Age, obesity, smoking, frequent kneeling, menopause, athletes	Age, weight, athletes, weight bearing status, smoking, gender, genetics, family histories
S&S	Pain and swelling, decreased ROM, stiffness at the joint, crepitation	Symptoms occur symmetrically, stiffness in the joints, increased pain, deformities in the joints
Dx	Bone scans, CT scans, MRIs, X rays	Positive RF, Anti-CCP, ANA, ESR, CRP Tissue Biopsy, synovial fluid analysis, X-ray
Tx	There is no cure, drug therapy to relieve pain and inflammation. Can work to prevent disabilities NSAIDS, DMOADS, intraarticular corticosteroid injections, supplements, hip and knee replacements	DMARDs, BRMs, corticosteroids, intraarticular injections, aspirin Total joint replacements, synovectomy for severe and chronic pain
NI	Apply heat for stiffness, ice to reduce swelling, therapeutic exercise, rest, ROM exercises, assist with ADLs if needed, encourage independence, administer order pain medication if needed..	Heat and cold therapy, resting and relaxation periods, encourage physical therapy, therapeutic exercises, encourage a balanced diet, create goals to achieve, support client and family..

