

Septic arthritis

Rare but can be limb & life threatening, so requires prompt diagnosis and treatment

- **Non-traumatic painful, hot, swollen joint with severely restricted movement**
- Limb joints are commonly involved (e.g. wrist, knee) but any joint can be involved (including vertebrae, sacroiliac joints)
- Usually in 1 joint but it can occur in several joints (e.g. in rheumatoid arthritis)
- In deep joints (e.g. hip, sacroiliac) obvious signs of inflammation & swelling may not occur

If any of the RED FLAG presentations:

- **Signs of sepsis (see severe sepsis IAT)**
- **IVDU**
- **Diabetic, HIV, steroids (immunosuppressed)**
- **Rheumatoid arthritis**
- **Joint replacement**
- **Recent joint surgery/exploration**
- **>65 years old**



**Alert senior doctor/
nurse practitioner**

(Need prompt referral to orthos
& early joint washout under GA)

- 1) Fully expose the area (enabling examination of the whole limb / affected body part) and apply a **wrist band**
- 2) Record vital signs: **BP, HR, RR, SpO₂, Temp, GCS, BM**
Commence Obs Chart and perform Early Warning Score - follow ED Escalation Plan
- 3) Perform **pain score** and **give analgesia** as needed
- 4) Apply appropriate **splinting** to the limb e.g. futura splint, broad arm sling
- 5) Take bloods: **FBC, UE, CRP, ESR**
If signs of severe sepsis are present add **cultures, clotting, VBG, LFT**
- 6) **Cannulate** and complete **VIPS** if signs of sepsis or severe sepsis (see sepsis IAT)
- 7) Seek support to request an **x-ray** of the affected joint

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS