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

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**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

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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

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

All correspondence to QMC Emergency Department via Dr Joanna Varcoe (joanna.varcoe@nuh.nhs.uk)