

RHEUMATOLOGY NURSING

The nursing role in Rheumatology.

A multidisciplinary care approach for the rheumatic patient, in which each health professional has a defined and integrate role, has demonstrated better outcomes in terms of patient function conservation and productivity. [1, 2]

The Spanish Rheumatology Society (SER) do recommend to have nursing clinics in each rheumatology outpatient unit, or at least one nursing for every three rheumatology clinics [3]. Furthermore, they do recommend that nurses actively participate since the early beginning, in patient education, untimely adverse events identification, assessment of patient disease activity, and co-morbidity management [4].

Target therapies have modified the implications of rheumatology nursing because of the necessity of well trained nursing not only for the administration, management, and control of these drugs but also for the rheumatology patient physical assessment and drug monitoring for the control of adverse events [5].

The nursing role in Rheumatology nursing would include several tasks in the rheumatology department and being a liaison health professional:

- **In the Rheumatology Department:** taking into account not only the disease itself but also the psycho-social distress related, the family burden and the work disability, a holistic care might be given.
- **As a liaison health professional:** nurses could detect problems related with the disease processes and, so then, refer to the appropriate health care professional. Another important role is to inform about patients support groups and other organizations with the aim to help the chronic patient.

ADVANTAGES IN THE INCLUSION OF NURSES IN THE MULTIDISCIPLINARY TEAM.

For the Rheumatologist

- Nursing clinics could be a complementary aid in the periodical follow-up of the rheumatology patient: drug monitoring, physical assessment, questionnaires administration, telephone helplines to resolve patient questions and listening their fears and expectations are some of the most important roles. In addition, nursing clinics could avoid the medical clinic agenda saturation [3, 6].
- The specialized nurse could:

- Perform joint assessments and evaluate other clinical outcomes necessary for a rheumatology clinical and systematic appraisal.
- Administer disease specific and general questionnaires.
- Drug adverse events monitoring (including DMARD's and target therapies).
- Actively collaborate in the realization of techniques such as joint aspiration, joint puncture, the Schirmer test, capillaroscopy, etc.

For the patient

- o Considering not only the disease clinical features but also the disability and family and friends lack of support, the specialized nurse could provide a holistic care resulting in a more effective health care assistance, [7].
- o The specialized nurse could provide not only information, but also health education based on the patient disease and situation [8].

For the policy makers

- o The inclusion of well trained nurses could be associated with an important direct and indirect costs reduction, taking into consideration the costs related with the disease, drugs and work leaves [9, 10].

NURSING INTERVENTIONS

Educational interventions

- o Patient education (PE) include all structured activities for increasing patient knowledge about the disease process and designed for the improvement of behavioural health habits and self-management. The aim of the PE is not only an increase in knowledge but also to have the tools for knowing what to do in some circumstances [4]. There are several PE options to look at: individual, group interventions for patients, patients and family members or only family member and community interventions in different community settings (patient associations, community health centres, social centres for the elderly, etc.) [11].
- o Nurses most important issues to take into account in a PE programme are:
 - **Information and education about the disease and treatment:** drug monitoring, adverse event control and education about drug self-administration
 - **Exercise:** individualizing and under supervision exercises activities considering the patient characteristics.
 - **Pain control:** giving information about pharmacological and no-pharmacological techniques for pain management.
 - **Joint protection:** giving information about joint protection, explaining technical devices benefit and joint ergonomics for increasing independence [12].

Organizational activities

- Although is not a generalized practice, some rheumatology outpatient department has nursing clinics with and independent agenda in which nursing techniques and clinics could be included, notified and quantified in terms of work burden and time spent with in the patient care [8].
- Nurses are pivotal in the patient care continuity, because:
 - Some tests ordered by the rheumatologist are seen and assessed by the nurse, and depending of the results, appointments could be bring forward or refer to another member of the multidisciplinary team, if necessary.
- Maintain contact with the community nurse and liaison nurse in required patient [13].
- In those patient with necessity of continuous care, nursing advice could be valuable for assisting patients in obtaining disability benefits [14].

Therapeutics

- Performing joint assessment and evaluating all the parameters needed for the patient physical assessment.
- Vital signs assessment (Blood pressure, temperature, etc)
- Telephone advice line for patient questions about their disease and medication.
- Administer questionnaires and monitoring adverse event in DMARD's and target therapies [4].
- Other procedures: salivary glands biopsy, intramuscular injections.

NURSING CLINICS ACTIVITIES

Nursing clinics activities are design for any patient for rheumatic disease. The most frequent diseases seen in the clinic are: Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, osteoporosis, systemic lupus erythematosus, back pain, gout and fibromyalgia [5].

The aim of nursing activities are:

- To promote health and wellbeing by patient education programmes.
- To improve health care quality.
- To improve the follow-up of rheumatological conditions.
- Teaching patients how to administer their treatments.
- To organize and assess blood tests controls in order to early detect adverse events
- To improve drug compliance.
- To perform joint indices and functional assessments. [8]

ASSESSMENT	PATIENT EDUCATION	TREATMENT
- Physical Assessment	- Disease information	- Adverse events

INFLAMMATORY DISEASE	<ul style="list-style-type: none"> - Disease Activity - Functional assessment - Quality of life - Pain 	<ul style="list-style-type: none"> - Joint protection - Pain management - Exercise - Technical devices - Splints 	<ul style="list-style-type: none"> control. - Day hospital treatment monitoring - Drug administration: IV, IM and SC - Teaching how to administer SC drugs
OSTEOPOROSIS	<ul style="list-style-type: none"> - Risk factors - Bone Scan Densitometry - Blood test 	<ul style="list-style-type: none"> - Disease information - Avoid sedentarism - Diet - Falling prevention 	<ul style="list-style-type: none"> - To assess treatment adherence . - Teaching how to administer SC drugs
OSTEOARTHRITIS		<ul style="list-style-type: none"> - Disease information - Joint protection - Smooth mobilization 	<ul style="list-style-type: none"> - Appropriate weight maintenance.
PROCEDURES:			
<ul style="list-style-type: none"> - Mantoux and Booster - Venopuction for blood test - Drug administration - Helping others in: joint aspiration, joint punction, and capillaroscopy - Morphometric parameters measurement - Schrimmer test and salivary flow 			

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