A Challenging Speciality for Nurses

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RHEUMATOLOGY is that branch of medicine concerned with diseases and syndromes in which joint disorder is the main pathological feature, even though system affection may or may not manifest. Since it sometime overlaps with other branches of medicine, a Rheumatologist is trained basically in Internal Medicine with special aptitude in Rheumatic diseases.

Some important diseases that are included in Rheumatic diseases and may affect multisystems are Rheumatoid Arthritis, Rheumatic Fever, Ankylosing Spondylitis, Degenerative Joint Diseases, Systemic Lupus Erythamatosus, Progressive Systemic Sclerosis, Polyarteritis Nodosa, Polymyositis, Deramatomyositis, Sjogran's Syndrome, Gouty Arthritis, etc.

Rheumatic disorders are extremely common and nearly every one who reaches the age of 75 is likely to have had suffered from some form of Rheumatic complaints in his life time. This may vary from mild soft tissue Rheumatism to crippling disease like Rheumatoid Arthritis, Ankylosing Spondylitis etc.

The fact that Rheumatic diseases are often chronic and frequently lead to disability demands a different approach in treatment from the medical and surgical conditions where little co-operation is needed from the patient and the cure or death is usually quickly decided and permanent disability is rare. In chronic illness like Rheumatoid arthritis patients and knowledge regarding disease is very important. Depending upon the person affected all the other family members' routine life style is threatened in one way or other. Early recognition of this kind of diseases is of great importance to avoid the waste of human and financial resources in future. Many persons have to give up their job due to the effect of these dreadful diseases and become dependent on the family and thereby on the society. They may need help or become fully dependent on the family even for their activities of daily living.

The Rheumatologist therefore cannot confine himself to the traditional role of hospital specialist but must also concern with the consequences for his patient's deformity and disability. He must think of his patient's life style and social environment and should make use of Hospital Nurse, Physiotherapist, Occupational Therapist, Social Worker and Community Nurse. He and his team must know the special needs of their patients during his long-term stay in the hospital and to readjust his house and office environment after discharge. It is very essential that each team member must know not only their role but also the role of other team members and should have mutual confidence.

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Role of the Nurse

Current research into rheumatic disease has thrown new light for the medical and Nursing management on a worldwide scale. There is more awareness that the Nursing of rheumatic patients is a specialised task requiring anticipation and understanding. The introduction of separate rheumatology units in the larger teaching hospitals in Western countries confirms the fact that the Nursing of Rheumatic patients is becoming a specialised field. The complexity of Rheumatic diseases and the various problems of patients and their families demand the nurse to be present constantly to support and educate the patient. Thus she must provide an atmosphere of trust where the patient is free to discuss problems and anxieties. In a vast country like India where Rheumatic problems are equal to Western countries, though not more, the problems are not felt because of lack of facilities to treat chronic diseases, the existence of joint family systems where the crippled patient is being looked after by other family members and ignorance of public regarding the facilities available to treat the disease and to correct the diformity.

Still the rheumatic problems are being dealt with by general Physicians and Orthopaedic Surgeons. It is only in the Government General Hospital and Madras Medical College, Madras that there is a separate 30-bedded Inpatient service available to treat exclusively Rheumatic subjects. The Rheumatology team here consists of Rheumatologist, Orthopaedic Surgeon, Nursing Tutor, Staff Nurses, Physiotherapist and Social Worker.

The Nursing management in Rheumatic diseases may be based on the following principles: 1. General Care, 2. Diet, 3. Alleviation of pain, 4. Nursing observation, 5. Prevention of deformity, 6. Patient's moral, 7. Special Procedures, 8. Patient and Family Teaching, 9. Rehabilitation, 10. Community Care.

General Care

The patient should be nursed in a flat cot with firm matteress. Bed craddle may be used to take away the weight of the linen or cut the tender in-

flammed joints. Measured quantity of bed rest keeping in mind that too much exercises will worsen the condition and too little movement will stiffen the joint and also to aviod complication such as contracture, wasting of muscles, pressure sores, etc. Careful attention should be paid to the skin and pressure areas specially when the patient is on long-term steroid therapy who may have fragile skin. The patient should be encouraged for self-help for all his/her Activities of Daily Living (ADL) as far as possible and assistance to be given only whenever necessary. Patients with cervical spine involvement should be handled carefully to prevent subluxation which may cause pressure on spinal cord resulting in quadriplegia.

Diet

Though dietary restrictions may not be necessary for all Rheumatic diseases, the patients with Gout should have low purine diet and should avoid alcohol. Diet for weight reduction in an obese patient is essential to reduce damage to the weight bearing joints. A well balanced diet should be planned for patients specially in cases of Rheumatoid Arthritis where anaemia is part of the disease. Appropriate dietary restrictuion are necessary where renal involvement occurs as in SIE and in Rheumatic diseases associated with Diabetes Mellitus.

Alleviation of Pain

This can be achieved by rest and drugs. A period of bed rest for the patient with acute Rheumatoid Arthritis, Osteoarthrosis of weight bearing joints, or prolapsed intervertebral disc may be beneficial. Compulsory rest may be given by the use of P.O.P. splints and maintaining good body alignment may also be helpful to reduce pain. The drugs that are commonly used for Rheumatic conditions are Analgesics, anti-Inflammatory Drugs, Non-Steroidal Anti-Inflammatory Drugs, Muscle Relaxants, Anti Depressive Drugs, Haematinics, Carticosteroids, Anti-Malarial Drugs, Gold, D. Penicillamine, Immuno-Suppressive Drugs, etc. The nurse should possess basic knowledge regarding the action and reaction of the drugs.

Nursing Observation

The patient in the acute phase of arthritis requires careful observation. Vital signs should be recorded four-hourly, especially in Rheumatic fever where pulse rate is the indication of cardiac complications, increased pain and tenderness or involvement of other joints and duration of morning stiffness should be observed and reported to all other team members. The Nurse should pay careful attention to the skin for rashes, lesions, pressure sores, splint sores, etc. Patients should be observed for ability for general locomation and ability for self care for A.D.L. and watch should be kept on weight of the patient in cases where renal involvement is expected and when the patient is on steroid therapy. Urine testing is of particular importance when Gold or Penicillamine are given. Albuminuria is a contra indication for the use of these drugs and glycosuria may develop if the patient is on long-term steroids. Major responsibility of the nurse is to observe the effectiveness of the drugs and any untoward effect of the drugs should be watched and reported. She should look for any signs of plaster tightness, colour changes in limbs that are distal to the plaster and act accordingly. Observation to note altered behaviour in cases of S.L.E. where the patient may develop steroid psychosis, or due to disease *per se* and careful watch should be there for any signs of Haematuria, Haematemesis due to drugs. In a nutshell, by her close observation the nurse should act as a liaison between the patient and other team members.

Patient's Morale

As the disease is chronic in nature and the patient has to undergo long-term treatment the patient will have anxiety and fear regarding crippling and future life. Timely assurance and encouragement by the nurses and other team members will be very useful to overcome this situation. The nurse must develop good rapport with the patient for better nurse-patient communication. She should apply comprehensive Nursing approach to attend all the areas of the patient's needs.

Special Procedures

In addition to the normal day-to-day care of the patient the nurse has to perform or assist in a number of procedures. This includes 24-hour urine collection where kidney involvement is expected and collection of specimen for culture by catheterisation of female patients which may be made more difficult by the restriction of joint movement in hips and knees. For careful administration of ACTH, Gold and Iron, special precautions like test dose, prior urine testing, etc, are essential. Preparations and assistance for the procedures like intraarticular cortisone injections, synovial fluid aspiration under aseptic precautions is the major responsibility of the nurse. She should be aware of the nature of investigations done for these patients and should properly collect the aspirated material and send to the respective departments for analysis. She is expected to prepare and assist the Medical Officer in the preparation of P.O.P. posterior resting splints and during serial application of full plaster cast for the correction of deformities.

Arthroscopy is a special procedure done to visualise the interior portions of the joint usually the knee and biopsy of synovium can be obtained under direct vision. Preparation of the Theatre, assistance during arthroscopy pre-and post-arthroscopy care are some of the major tasks for a Rheumatology nurse.

Patient and Family Teaching

It is the duty of the nurse to organise and implement patient teaching programmes for her patients and the other family members. She can use various methods such as oral individual and group teaching, use of pamphlets, booklets, charts and other visual aids. By her simple explanations the nurse should help the patients and family members to understand

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Nurse researchers and theorists are delving into newer methods and concepts with inbuilt quality assurance. Progressive Patient Care is one method in which there is reorganization of the complex system of health care delivery into systematic methods based on structure and function. Patients are grouped into units based on their needs and physical and manpower resources are arranged to meet these needs. Since patients in each unit will be in similar stages of illness and dysfunction it is easier to meet needs and develop outcome criteria.

The Nursing Process with its phases of assessment, planning, intervention and evaluation has quality assurance inbuilt within it. Primary Nursing Care is another method which is adopted to improve quality of the care given. But research and newer methods alone will not suffice without some basic changes. Nurses must fight for manpower without which it is impossible to give quality care. Professional organizations need to strengthen themselves and strive for improvement.

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the patient's role as a team member, nature of his illness, treatment schedule, complication expected, the need and the method of maintaining good body alignment for the prevention of deformities, use of improvised aids and the need and the preparation of the special procedures.

Rehabilitation

The Nurse should co-ordinate with the Physiotherapist and Occupational Therapist to help the patient live normal or near normal life with or without the use of aids. In the absence of the Occupational Therapist the nurse should encourage the patient to preserve finger movements by simple activities.

Community Care

The Community Nurse bridges the gap between home and hospital. She has a supportive role in times of stress, sometimes acting as a therapeutic listener or in some instances referring patients to agencies if there is need for change in occupation, changes in the house and office environment. She has to observe for adverse reaction of drugs and helping for urine analysis if the patient is on Gold or Pencillamine or steroid therapy. She has to continue the health education for the patient and family as and when required.

References

1. V. Wright, I. Haslock, and Champney, B. *Rheumatism for Nurses and Remedial Therapist*, William Heinemann Medical Rooks Ltd., London. 1977.

2. *Swinson, D.R. and Swinburn, W.R., Rheumatology*, Hodder and Stoughton, London, 1977.

3. *Robert, L. Swezey, Arthritis, Rational Therapy and Rehabilitation*, W.B. Saunders Company, Philadelphia, London 1978.

4. Sally Chesson, View Point : A New Direction for Rheumatology Nurse'. Ann. Rheum. Dis. 1981; 40: 628-629.

Nurses as a Social Force

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that it cannot possibly be questioned or denied as a goal of the greatest significance when priorities are being ordered.

The multiple sources of power available to nurses, when utilized together, can magnify impact. Allying yourselves with available technology and communications means it can help you to actualize power.

We acquire influence by demonstrating our capacity to act—by demonstrating our capacity to change policies—by demonstrating our capacity to establish new programms, by taking action. **Madam President, let's call for a new world health order; current and future generations deserve such a legacy.**

Bibliography

1. Nancy Milio, *Primary Care. The Public's Health*, Lexington, Mass., Lexington Books, 1983, p. 161.

2. Klaus M. Leisinger, *Health Policy; Using the Time Factor to Good Effect*. World Health Forum, Vol. 5, 1984,p. 249.

3. WHO UNICEF, *Primary Health Care*, Geneva, World Health Organization, 1978, p. 3.

4. Halfdan F. Mahler, *WHO Press*, Geneva, WHO, January 1985, p. 1.

5. Adolf A. Berle, *Power*, New York, Harcourt, Brace and World, 1969, p. 54.

6. John Kenneth Galbraith, *The Anatomy of Power*, Boston, Houghton Mifflin Company, 1985, p. 54.

7. D.C. Koroten and F. Alfonso, ED., *Bureaucracy and the Poor*, Manila, Asian Institute of Management 1981, p. 183.