

NOTES FOR NR 667 Week 5 ihuman

T.G. is a 57-year-old male who presents with acute, non-traumatic, increasing left knee pain x2 days, like a prior incident one year ago. Reports pain 6-8/10, throbbing, non-weight bearing, and limping. PMH includes hypertension recently started on HCTZ 25 mg PO daily and osteoarthritis relieved by ibuprofen. Ibuprofen is not alleviating his current knee pain. Reports high-purine diet and episodic left first metatarsophalangeal inflammation. Denies asthma, chest pain, palpitations, numbness, fever, chills, gastrointestinal (GI)/genitourinary symptoms (GU), recent illness, sick contacts, or travel. Afebrile, cardiac, respiratory, GI, and GU exams are unremarkable. Positive findings include limping gait, left knee erythematous, warm, edema, limited range of motion with pain, and a tophus on the left big toe. Pertinent history includes maternal rheumatoid arthritis, obesity, and NSAID overuse.

Management plan

Diagnostic Test:

CRP- 10 ug/mL elevated

CBC normal with

differential CMP-normal

ESR- 32mm/hr elevated

Synovial/joint fluid analysis- abnormal synovial fluid

Xray- abnormal left & right knee

Medications (Fernando et al., 2024)

Initial management of pain with NSAIDs:

Naproxen 500 mg PO BID

Meloxicam 7.5 to 15 mg /day

Diclofenac 75mg 2-3 topical BID

Ibuprofen 800mg q8h

If monotherapy is not alleviating the flare in conjunction with NSAIDs add:

Corticosteroids PO 15 to 20 mg/day for 5 days or Corticosteroid injection (referral to orthopedic consult).

If gout attack is less than 36 hours of onset will order Colchicine (Chandran et al., 2025).

Colchicine 0.5mg PO TID, not to exceed 1.8mg on day 1, 1.2mg for the first dose followed by 0.6mg an hour later or 0.6 mg 3 times on the first day, then after take colchicine taken once or twice daily until the gout flare reduces. Then after low dose colchicine based on tolerance and urate level may be 0.6 mg once or twice daily for prophylaxis for 6 months (Fernando et al., 2024).

Take 1.0mg of colchicine initially.

One hour after the first dose, take another 0.5 to 0.6 mg.

After 12 hours start taking 0.5 to 0.6 mg every 8 hours (three times a day).

The patient should not take more than 6 mg of colchicine during one treatment course.

Wait at least 3 days before starting another course of treatment.

- For gout flare prophylaxis: After resolution of the flare, use low-dose colchicine (0.6 mg) once or twice daily for up to 6 months.

Will adjust dosage every 2-6 weeks to bring patients serum urate levels below 6 mg/dl or 5mg/dl depending on the presence of tophi (Fernando et al., 2024).

Modify blood pressure medication from hydrochlorothiazide to losartan (FitzGerald et al., 2020).

Maintenance is allupronin

Discontinue HCTZ 25mg.

Begin Losartan 50mg po daily, for high blood pressure as it contains uricosuric properties.

Over the counter:

Due to the patient over use of ibuprofen and to reduce the adverse effects of the patient GI effects. Suggest using acetaminophen (Fernando et al., 2024). Acetaminophen (Tylenol) tablet by mouth, reduces fever and relieves minor aches & pains.

Recommended adult dose 325 to 1000 mg, every 4 to 6 hours. Do not exceed 4000 mg in a 24-hour period (Rosenthal & Burchum, 2021).

Ibuprofen 800 mg 3 times a day and not to exceed

Suggested Consults/Referrals: