**Inflammatory mono-arthritis**

**Management**

Patient education, lifestyle moderation

Use of ice packs (PRICE)

Stop or change precipitating drug if appropriate

NSAID risk assessment GI/CV/Renal

Use high dose NSAID + gastro-protection if appropriate or step-wise analgesia

**Refer to A&E**

**If septic arthritis suspected**

**Refer to Consultant Rheumatologist**

**Urgent referral** for monoarthritisif first episode **and** symptoms are not responding to primary care intervention

**Investigations:**

FBC, urate, U&E,LFT, Bone profile, CRP, Blood cultures, ESR, RhF, HLA B27

Patient temperature

**No imaging necessary** (acute onset)

Acute phase: rapid onset; often at night or early morning

EMS > 30 minutes

Obvious painful swollen joint, may be red and/or hot

Rule out red flags and systemic symptoms i.e rashes, fever, risk factors family history, smoking

Consider differentials: Crystal arthritis, Septic arthritis, osteoarthritis, Inflammatory arthritis, haemarthrosis

Ask about enthesitis, STI, IBD, Uveitis, psoriasis, family history

**If gout suspected follow gout pathway**

Rule out

Red flags