
Children's Special Health Internal Policy/Statement Juvenile Idiopathic Arthritis (JIA)

Description

- JIA, also known previously as Juvenile Rheumatoid Arthritis (JRA), is the most common arthritis in children and is an autoimmune disease
- JIA is defined as persistent arthritis in one (1) or more joints for at least six (6) weeks with an onset of symptoms at less than sixteen (16) years of age, after excluding other possible causes
- JIA is categorized into five (5) main types based on the number of joints involved during the first six (6) months of disease and the involvement of other organs
 - Subtypes:
 - Oligoarthritis, accounts for approximately 50% of JIA and is defined as involvement of fewer than five (5) joints. This type often includes uveitis (inflammation of the eyes)
 - Polyarthritis, accounts for approximately 10-20% of JIA and is characterized by high fevers, rash, and inflammation of other organs in addition to arthritis
 - Enthesitis-related arthritis, often effects the spine, hips, and entheses (attachment joint of tendons to bones) and occurs mainly in boys older than eight (8) years of age
 - Psoriatric arthritis, includes children who have arthritis with the rash of psoriasis

Diagnostic Criteria

- There is no single test to diagnosis JIA, diagnosis is usually based upon:
 - Complete medical history
 - Complete medical examination
 - Evaluation by a specialist (Pediatric Rheumatologist/Rheumatologist is often required)
 - Laboratory studies such as:
 - Urine and blood tests to measure inflammation and to detect antinuclear antibodies
 - Rheumatoid factor or HLA-B27 to assist in diagnosing
 - Images studies such as:
 - X-Rays or Magnetic Resonance Imaging (MRI) to check for signs of joint or organ involvement

CSH Coverage

- Only **providers** listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
 - Methotrexate
- Equipment/Supplies
 - None

Contact CSH for questions regarding additional medications and/or equipment/supplies

Minimum Standards of Care/Care Coordination

Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment

- Perform **Nursing Assessment** with detailed focus on the following:
 - Development screening as appropriate, due to growth retardation
 - Muscular-skeletal system
 - Pain, swelling, joints with limited ROM/functional abilities
 - Gastrointestinal system (i.e. nausea, inflammation/nutritional support)
 - Central Nervous system (CNS) (i.e. headache, dizziness, disorientation due to medication)
 - Current medications/any side effects or reactions

7/2006 Juvenile Idiopath

- Known food and/or drug allergies
- Height and weight, plot on growth curve
- Encourage testing as recommended by the American Academy of Pediatrics (AAP)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

Contact CSH if family is Non-Compliant (i.e. repeated missed appointments, failure to follow healthcare plan)

• **Referrals** that may be recommended (CSH prefers Pediatric Specialists, if possible)

Visits to Providers may be limited due to budget

- Rheumatologist
- Ophthalmologist/Optometrist
- Orthodontist
- Mental Health
- Physical/Occupation therapy

Link the child and family with appropriate and needed services

Specialists may or may not be covered by CSH Program

Well Child Checks

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

• Emergency Preparedness Plan

- Medic Alert ID bracelet/necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. adverse reaction to medication)
- Discuss self-management of the disease
- Encourage the family to speak with the child's school in regards to the school's policy on JIA and emergency plan (i.e. inflammation, joint pain)

Health Record

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
 - Medication administration:
 - Type
 - Dosage/Frequency, any side effects or response to medication
 - Pain/Pain management
 - List of providers and contact information, if available

Transition

Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care

Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)

7/2006 Juvenile Idiopath