

FLARE RESCUE PROTOCOL

WHAT TO DO IN THE FIRST 6 HOURS OF A VICIOUS GOUT ATTACK

(And the Next 72 Hours)



Stop a flare in its tracks – my proven 6-hour + 72-hour protocol

dailygoutplan.com



IMPORTANT: Please read carefully before using this protocol.

This guide is for educational and informational purposes only and is not intended to replace professional medical advice, diagnosis, or treatment. I am a rheumatology nurse sharing protocols commonly used in clinical practice, but I am not your doctor.

Before following any medication recommendations in this guide:

- Consult with your physician or rheumatologist
- Ensure you have been properly diagnosed with gout
- Discuss appropriate medications and dosages for YOUR specific situation
- Review your medical history, allergies, and current medications
- Understand potential drug interactions and contraindications

Medication Safety: All medication names, dosages, and timing mentioned in this guide are examples based on common clinical protocols. Your doctor may prescribe different medications or dosages based on your:

- Age, weight, and overall health
- Kidney and liver function
- Other medical conditions

- Current medications
- Previous response to gout treatments

When to Seek Emergency Care: If you experience severe symptoms, signs of infection, or any concerning changes, seek immediate medical attention. See page 17 for specific red flags.

No Doctor-Patient Relationship: Using this guide does not create a doctor-patient or nurse-patient relationship. Always work with your own healthcare provider for personalized medical care.

By using this protocol, you acknowledge that you understand these limitations and will



READ THIS WHEN YOU'RE IN PAIN RIGHT NOW



— FIRST 30 MINUTES ACTION PLAN

1 STOP MOVING

Get off your feet immediately. Sit or lie down. Do NOT try to "walk it off" – movement makes it worse.

2 ICE IT NOW

Apply ice pack wrapped in thin towel to affected joint. 20 minutes on, 20 minutes off. Start immediately.

3 ELEVATE

Prop the affected joint ABOVE heart level. Use pillows. This reduces blood flow and swelling.

4 TAKE YOUR MEDICATION

If prescribed by your doctor:

- ✓ **Colchicine:** 1.2mg immediately, then 0.6mg one hour later
- OR
- ✓ **NSAID (if approved):** Indomethacin 50mg or Naproxen 500mg
- ✓ **Prednisone:** 30-40mg (if prescribed)

5 DRINK WATER

Drink 16-20 oz (2-3 glasses) of water immediately. Then continue drinking throughout the day.

⚠️ AVOID THESE

- ✗ Alcohol
- ✗ Red meat, organ meats, shellfish
- ✗ Sugary drinks
- ✗ Aspirin (can worsen gout)

⏰ The next 6 hours are CRITICAL. Keep reading for the complete hour-by-hour protocol.



THE SCIENCE: WHY THE FIRST 6 HOURS ARE CRITICAL

— UNDERSTANDING THE URIC ACID CRYSTAL EXPLOSION

When you feel that first twinge of pain, something dramatic is happening inside your joint. Here's what's going on – explained simply.

• ⚡ WHAT TRIGGERS A GOUT ATTACK?

Your blood contains uric acid – a waste product from breaking down purines (found in many foods and naturally in your body). When uric acid levels get too high, it can form needle-sharp crystals that deposit in your joints.

Think of it like this: Imagine sugar dissolving in iced tea. When the tea is cold and you add too much sugar, it can't all dissolve – crystals form at the bottom. The same thing happens in your joints when uric acid levels are too high.

• 🔥 THE INFLAMMATORY CASCADE (0-6 HOURS)

Once crystals form in your joint, your immune system detects them as foreign invaders and launches an all-out attack:

HOUR 0-1

INITIAL CRYSTAL DETECTION

White blood cells (neutrophils) rush to the joint and try to "eat" the crystals. When they do, the crystals puncture the cell membranes, causing the cells to release inflammatory chemicals.

HOUR 1-3

INFLAMMATORY AMPLIFICATION

Those inflammatory chemicals (cytokines, prostaglandins, interleukins) signal MORE white blood cells to join the fight. This creates a vicious cycle – more cells = more inflammation = more pain and swelling.

HOUR 3-6

PEAK INFLAMMATION

The inflammatory response reaches its peak. Your joint becomes hot, red, swollen, and excruciatingly painful. The area may be so sensitive that even a bedsheet touching it causes agony.



WHY SPEED MATTERS: THE 6-HOUR WINDOW



• THE GOLDEN WINDOW OF INTERVENTION

Research shows that treating a gout flare within the first 6 hours can:

- Reduce pain intensity by 50-70%
- Shorten flare duration from 7-10 days to 3-5 days
- Prevent the inflammatory cascade from reaching full intensity
- Reduce the risk of joint damage from prolonged inflammation

• HOW OUR PROTOCOL INTERRUPTS THE ATTACK

1. Ice & Elevation (Mechanical Intervention)

Ice: Constricts blood vessels, reducing blood flow to the area. Fewer blood cells = less inflammation. Cold also numbs pain receptors.

Elevation: Uses gravity to reduce blood pooling in the joint, decreasing pressure and swelling.

2. Anti-Inflammatory Medications (Chemical Intervention)

Colchicine: Stops white blood cells from migrating to the joint and prevents them from releasing inflammatory chemicals. Most effective when taken early.

NSAIDs: Block the production of prostaglandins (inflammatory chemicals) and reduce pain signaling.

Corticosteroids: Suppress the entire immune response, dramatically reducing inflammation.

excretion. This can help prevent new crystals from forming and may help dissolve existing ones.

4. Rest (Preventing Mechanical Stress)

Movement and pressure on the joint can physically disturb crystals, triggering more inflammation. Complete rest prevents this mechanical aggravation.



WHAT HAPPENS IF YOU WAIT?



Understanding what happens when you delay treatment can motivate you to act fast next time.

● DELAYED TREATMENT (6-24 HOURS)

The inflammatory cascade is fully established. Medications are less effective because:

- More white blood cells have already released inflammatory chemicals
- Tissue swelling creates a barrier to medication absorption
- Pain pathways are fully activated and harder to calm down

Result: Flare lasts 7-10 days instead of 3-5 days

● VERY DELAYED TREATMENT (24+ HOURS)

Peak inflammation has occurred. You're now treating the aftermath rather than preventing the attack.

- Medications mainly provide pain relief rather than stopping the flare
- Higher doses may be needed, increasing side effect risk
- Joint damage from prolonged inflammation becomes more likely

Result: Flare may last 10-14 days with more severe symptoms

● ⚪ THE BOTTOM LINE

Every hour you wait, the inflammatory cascade gets stronger and

plan for those critical first 6 hours.



Key Takeaway

Gout flares are like fires: Easy to put out when they're small, but once they're raging, they're much harder to control. Your goal is to catch it in the first spark.



HOUR-BY-HOUR EMERGENCY PROTOCOL

— MINUTES 0-30: IMMEDIATE ACTION

You've just felt that unmistakable pain. Here's exactly what to do RIGHT NOW.

● MINUTE 0-5: STOP & POSITION

Action: Stop whatever you're doing immediately. Do not try to finish your task, walk to another room, or "push through."

- Sit or lie down in the most comfortable position
- Remove any tight shoes, socks, or clothing around the affected joint
- Prop the affected joint on pillows ABOVE heart level
- **If it's your big toe:** lie down and stack 2-3 pillows under your foot
- **If it's your ankle or knee:** recline and elevate with pillows

● MINUTE 5-10: ICE APPLICATION

Action: Apply ice immediately – this is one of your most powerful tools.

- Wrap ice pack or bag of frozen peas in a thin towel (never apply ice directly to skin)
- Place gently on the affected joint
- Set a timer for 20 minutes
- The cold will feel uncomfortable at first, but it's working to reduce inflammation

Ice Schedule: 20 minutes ON, 20 minutes OFF, repeat continuously for the first 6 hours

● MINUTE 10-15: MEDICATION (IF PRESCRIBED)

Action: Take your prescribed gout medication NOW. Do not wait to see if it gets better.

Option 1 - Colchicine (Most Common First-Line):

- ✓ Take 1.2mg (usually two 0.6mg tablets) immediately
- ✓ Set alarm for 1 hour from now to take another 0.6mg

Option 2 - NSAID (If Colchicine Not Suitable):

- ✓ **Indomethacin:** 50mg
- ✓ **Naproxen:** 500mg
- ✓ **Ibuprofen:** 800mg

Option 3 - Corticosteroid (If NSAIDs Contraindicated):

- ✓ **Prednisone:** 30-40mg

⚠️ IMPORTANT: Only take medications prescribed by YOUR doctor. Do not combine colchicine with NSAIDs unless specifically instructed. Take with food if possible to reduce stomach upset.

● MINUTE 15-20: HYDRATION BEGINS

Action: Start aggressive hydration immediately.

- Drink 16-20 oz (2-3 glasses) of water right now
- Keep a large water bottle next to you
- Set hourly reminders to drink more

Hydration Goal: 12-16 glasses (3-4 liters) of water over the next 24 hours

● MINUTE 20-30: SETUP & PREPARE

Action: Get everything you need within arm's reach for the next few hours.

- Water bottle (large, 32+ oz)
- Medications and pill organizer
- Phone/tablet for entertainment and alarms
- Extra ice packs (rotate while one is in use)
- Pillows for elevation and comfort
- Light blanket (avoid heavy covers on affected joint)
- This protocol printed or on your device
- Pain tracking sheet (page 16)

— HOUR 1-2: MAINTAIN & MONITOR

● CONTINUE ICE CYCLES

Keep up the 20 minutes on, 20 minutes off ice schedule. During the "off" periods, keep the joint elevated and still.

● SECOND COLCHICINE DOSE (IF APPLICABLE)

If you took colchicine initially, take your second dose of 0.6mg at the 1-hour mark.

⚠️ Do NOT exceed 1.8mg total in the first 24 hours unless directed by your doctor. More is not better with colchicine – it increases side effects without improving effectiveness.

● HYDRATION CHECK

You should have consumed at least 32-40 oz (4-5 glasses) of water by the 2-hour mark. Urine check: Your urine should be pale yellow or clear. If it's dark, drink more.

● FIRST FOOD (IF HUNGRY)

Safe options for hours 1-2:

- Plain crackers or toast
- Banana
- Oatmeal with berries
- Plain rice
- Vegetable broth

AVOID: Red meat, organ meats, shellfish, alcohol, sugary foods, high-purine foods

● PAIN ASSESSMENT

Rate your pain on a scale of 1-10 and record it on your pain tracker (page 16).

What to expect: You may not feel improvement yet – that's normal. Medications take 2-4 hours to start working.

— HOUR 2-4: EARLY INTERVENTION PHASE

● CONTINUE CORE PROTOCOL

- **Ice:** 20 on, 20 off (you should be on your 4th-6th cycle by now)
- **Elevation:** Keep joint above heart level
- **Rest:** Absolutely no weight-bearing or movement
- **Hydration:** Drink 8-12 oz every hour

● MEDICATION CHECK

- **If taking NSAIDs:** You may take a second dose at the 4-6 hour mark if prescribed by your doctor.
- **If taking Prednisone:** One dose is usually sufficient for the first day.
- **If taking Colchicine:** No additional doses needed yet (you've had your loading dose).

● ADD CHERRY JUICE

Action: If you have tart cherry juice (100% pure, no added sugar), drink 8 oz now.

Why cherries? Tart cherries contain anthocyanins, which have anti-inflammatory properties. Studies show they can reduce gout flare frequency and intensity.

Schedule: 8 oz of tart cherry juice, 2-3 times daily during the flare

● LIGHT MEAL (IF TOLERATED)

Anti-inflammatory meal options:

- Vegetable soup with rice
- Quinoa bowl with steamed vegetables
- Oatmeal with berries and walnuts
- **Smoothie:** spinach, banana, berries, almond milk
- Whole grain toast with avocado

Keep portions moderate – you don't want digestive stress on top of the flare.

● PAIN RE-ASSESSMENT

Rate your pain again and record it. By hour 3-4, you should start noticing:

- Slight reduction in pain intensity (maybe 1-2 points on the scale)
- Less throbbing or pulsing sensation
- Reduced sensitivity to touch

 If pain is WORSE or you have fever, chills, or spreading redness: Call your doctor or go to urgent care. This could indicate infection or another serious condition.

● MENTAL BREAK

Distraction helps with pain management. Consider:

- Watching a favorite show or movie
- Listening to calming music or a podcast
- Gentle breathing exercises (4 counts in, 6 counts out)
- Calling a friend or family member for support

Avoid: Stressful news, work emails, or anything that raises your stress level (stress can worsen inflammation)

— HOUR 4-6: STABILIZATION PHASE

You're approaching the end of the critical window. Your medications should be reaching peak effectiveness.

● CONTINUE CORE PROTOCOL

Don't let up now – consistency is key:

- **Ice cycles:** Continue 20 on, 20 off
- **Elevation:** Maintain position above heart level
- **Rest:** Still no weight-bearing
- **Hydration:** You should be at 60-80 oz total by now

● MEDICATION TIMING

- **NSAID users:** If 6+ hours since first dose, you may take another dose per your prescription
- **Colchicine users:** No additional dose needed (wait until tomorrow)
- **Prednisone users:** One daily dose is typical (usually taken in morning)

● NUTRITIONAL SUPPORT

Add these anti-inflammatory foods:

- **Fresh cherries:** 10-15 cherries (if available)
- **Celery:** 2-3 stalks with hummus
- **Ginger tea:** Fresh ginger steeped in hot water
- **Turmeric:** Add to food or make golden milk (turmeric + warm almond milk + honey)
- **Omega-3 rich foods:** Walnuts, flaxseeds, chia seeds

● PROGRESS CHECK

Rate your pain again. By hour 6, you should notice:

- Pain reduced by 20-40% from initial level
- Swelling stabilized or slightly decreased

- Redness less intense
- Able to tolerate light sheet or blanket over joint

 **Remember:** You won't be pain-free yet, but you should see improvement. If you're not seeing ANY improvement by hour 6, contact your doctor.

● EVENING MEAL

Low-purine, anti-inflammatory dinner options:

- Grilled chicken breast (skinless) with steamed broccoli and quinoa
- Baked salmon with roasted vegetables and brown rice
- Lentil soup with whole grain bread
- Vegetable stir-fry with tofu and rice noodles
- Egg white omelet with spinach, tomatoes, and whole grain toast

Portion size: Moderate – about the size of your palm for protein, 1 cup of grains, unlimited vegetables

● PREPARE FOR SLEEP

Getting good sleep is crucial for healing. Set yourself up for success:

- Take evening medications as prescribed
- Arrange pillows to keep joint elevated while sleeping
- Use a bed cradle or box to keep sheets off the affected joint
- Keep water, medications, and ice packs within reach
- Set a gentle alarm if you need to take medication during the night

● FINAL HYDRATION PUSH

Drink another 16-20 oz of water before bed. Yes, you'll need to get up to use the bathroom, but hydration is critical.

Day 1 Hydration Goal: 12-16 glasses (96-128 oz / 3-4 liters) total

You've Made It Through the Critical 6 Hours!

By acting fast and following this protocol, you've given yourself the best chance of stopping this flare quickly. The next 72 hours are about maintaining this momentum and supporting your body's healing process.

Continue to the next section for your Day 1-3 Recovery Protocol →



DAY 1-3 RECOVERY PROTOCOL

— SUPPORTING YOUR BODY'S HEALING PROCESS

You've made it through the critical first 6 hours. Now it's time to support your body's natural healing while preventing the flare from rebounding.

— DAY 1 (HOURS 6-24)

• ICE & ELEVATION

Continue but reduce frequency:

- **Ice:** 20 minutes on, 40 minutes off (instead of 20/20)
- Aim for 6-8 ice sessions throughout the day
- Keep joint elevated whenever sitting or lying down

• MEDICATIONS

- **Colchicine:** 0.6mg twice daily (morning and evening)
- **NSAIDs:** Continue prescribed dose (typically 2-3 times daily)
- **Prednisone:** Continue prescribed dose (usually once daily in morning)

Take with food to minimize stomach upset. Set phone reminders so you don't miss doses.

• HYDRATION SCHEDULE

Mid-morning: 16 oz

Lunch: 16 oz

Afternoon: 16 oz

Dinner: 16 oz

Evening: 16 oz

Before bed: 8 oz

• CHERRY PROTOCOL

Morning: 8 oz tart cherry juice OR 15-20 fresh/frozen cherries

Afternoon: 8 oz tart cherry juice OR 15-20 cherries

Evening: 8 oz tart cherry juice OR 15-20 cherries

Note: Use 100% tart cherry juice with no added sugar. Montmorency cherries are the most studied variety.

• ANTI-INFLAMMATORY MEAL PLAN - DAY 1

BREAKFAST

- Oatmeal with berries, walnuts, and ground flaxseed
- Green tea or ginger tea
- 8 oz tart cherry juice

MID-MORNING SNACK

- Celery sticks with almond butter
- Apple slices
- Water with lemon

LUNCH

- Large salad with mixed greens, cherry tomatoes, cucumber, bell peppers

- Grilled chicken breast or chickpeas
- Olive oil and lemon dressing
- Quinoa or brown rice (1 cup)
- 8 oz tart cherry juice

AFTERNOON SNACK

- Fresh cherries (15-20)
- Handful of walnuts or almonds
- Herbal tea

Steamed broccoli and carrots

Sweet potato

Side salad

8 oz tart cherry juice

EVENING SNACK (IF NEEDED)

- Banana with almond butter
- Chamomile tea

• FOODS TO AVOID DURING RECOVERY

- Red meat (beef, lamb, pork)
- Organ meats (liver, kidney, sweetbreads)
- Shellfish (shrimp, lobster, crab, mussels)
- Certain fish (anchovies, sardines, mackerel, herring)
- Alcohol (especially beer)
- Sugary drinks and foods
- High-fructose corn syrup
- Processed foods
- Yeast extracts

— DAY 2-3: CONTINUED RECOVERY

• WHAT TO EXPECT

By Day 2-3, you should notice:

- Pain reduced by 50-70% from initial level
- Swelling noticeably decreased
- Redness fading
- Able to tolerate gentle touch
- Improved sleep quality

• ICE & REST

- **Ice:** Reduce to 3-4 times daily, 20 minutes each
- **Elevation:** Continue when resting, but less critical
- **Movement:** You can start gentle, non-weight-bearing movement (ankle circles, toe wiggles) but NO walking yet

• MEDICATIONS

Continue your prescribed medication schedule. Do NOT stop early even if you're feeling better – this is a common mistake that leads to rebound flares.

Typical duration:

- **NSAIDs:** 5-7 days
- **Prednisone:** 5-7 days (may taper dose)

• HYDRATION & NUTRITION

Continue the same hydration and cherry protocol from Day 1. Maintain anti-inflammatory diet. You can add:

- Low-fat dairy (studies show it may be protective)
- Coffee (1-2 cups – may reduce gout risk)
- Vitamin C supplement (500mg daily – helps lower uric acid)

● GRADUAL RETURN TO ACTIVITY

Day 2: Gentle non-weight-bearing movement only

Day 3: If pain is minimal, try standing briefly with support

Day 4+: Gradual return to walking with supportive shoes

 Don't rush this! Returning to activity too soon can trigger a rebound flare. Listen to your body.

Celery Seed Extract

Some patients find celery seed extract helpful for reducing uric acid. If interested, discuss with your doctor. Typical dose: 500mg twice daily.

PAIN SCALE TRACKER

Track your pain level every few hours to monitor your progress. This helps you see improvement and provides valuable information for your doctor.

— PAIN SCALE REFERENCE

0: No pain **1-2:** Mild, barely noticeable

3-4: Moderate, distracting **5-6:** Severe, interferes with activities

7-8: Very severe, hard to think **9-10:** Worst imaginable pain

— TRACK YOUR PAIN

TIME	PAIN LEVEL (0-10)	NOTES
HOUR 0 (FLARE START)		
HOUR 2		
HOUR 4		

TIME	PAIN LEVEL (0-10)	NOTES
HOUR 6		
HOUR 12		
DAY 1 EVENING		
DAY 2 MORNING		
DAY 3 MORNING		
DAY 3 EVENING		



Tip: Take a photo of this page or keep it with you. Bring it to your doctor appointment to show your flare progression.



WHEN TO CALL THE DOCTOR / GO TO ER

RED FLAGS THAT REQUIRE IMMEDIATE MEDICAL ATTENTION

- **GO TO EMERGENCY ROOM IF:**

- Fever over 101°F (38.3°C) – Could indicate joint infection (septic arthritis)
- Severe, spreading redness – Especially if warm to touch and expanding rapidly
- Red streaks extending from the joint up your limb
- Joint feels hot and you have chills – Signs of possible infection
- Unable to move the joint at all – Complete immobility

- Numbness or tingling in the affected limb
- Severe pain that doesn't improve at all after 6 hours of treatment
- Chest pain, shortness of breath, or severe headache – Could be medication side effect or unrelated emergency

-  **CALL YOUR DOCTOR WITHIN 24 HOURS IF:**

- Pain is not improving at all by 12-24 hours
- Swelling is getting worse instead of better
- You're having severe medication side effects (severe diarrhea, vomiting, stomach pain)
- You develop a new joint flare while treating the first one

This is your first gout attack and you haven't been formally diagnosed

You have diabetes and notice any skin changes or wounds

-  **SCHEDULE FOLLOW-UP APPOINTMENT IF:**

- This is your second or third flare in a short time period
- You're not on long-term uric acid-lowering medication (allopurinol, febuxostat)
- You want to discuss prevention strategies
- You need a medication refill or prescription update
- You're experiencing frequent flares (more than 2 per year)

Important Distinction: Gout vs. Infection

Gout typically:

- Affects one joint (often big toe)
- Comes on suddenly (often overnight)
- No fever or only low-grade fever
- You've had similar attacks before

Infection (septic arthritis) typically:

- High fever (over 101°F)
- Severe, constant pain
- Joint is extremely hot to touch
- Recent injury, surgery, or injection to the joint
- You feel generally very ill

When in doubt, get it checked out. Septic arthritis is a medical emergency that can cause



MY PERSONAL "FLARE KIT" CHECKLIST

— WHAT I KEEP IN THE FRIDGE & MEDICINE CABINET

Being prepared can save you precious time when a flare hits. Here's what to keep on hand so you're ready to act immediately.

● IN THE FREEZER

- 2-3 gel ice packs(so you can rotate while one is in use)
- Bag of frozen peas or corn(molds to joint shape nicely)

● IN THE REFRIGERATOR

- 100% tart cherry juice(no added sugar) – at least 2 bottles
- Fresh cherries(when in season) or frozen cherries
- Celery sticks(pre-washed and cut)
- Lemons(for lemon water)
- Low-purine proteins(chicken breast, eggs, tofu)
- Fresh vegetables(broccoli, spinach, bell peppers, carrots)

Colchicine(prescription) – check expiration date

NSAID(prescription or OTC) – indomethacin, naproxen, or ibuprofen

Prednisone(if prescribed for flares)

Pill organizer(to track doses during flare)

● IN THE PANTRY

- Oatmeal(quick-cooking for easy meals)
- Quinoa and brown rice
- Canned beans(chickpeas, black beans, lentils)
- Nuts(walnuts, almonds – unsalted)
- Herbal teas(ginger, chamomile, green tea)
- Fresh ginger root
- Turmeric(ground or fresh)



PRINTABLE MEDICATION & PAIN LOG

Use this log to track your medications and symptoms during the flare. Bring it to your doctor appointment.

— FLARE INFORMATION

Date flare started: _____

Time flare started: _____

Joint affected: _____

Possible trigger (if known): _____

— MEDICATION LOG

DATE/TIME	MEDICATION	DOSE	NOTES/SIDE EFFECTS

— SYMPTOM TRACKING

DATE/TIME	PAIN (0-10)	SWELLING	REDNESS	OTHER SYMPTOMS
		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

DATE/TIME	PAIN (0-10)	SWELLING	REDNESS	OTHER SYMPTOMS
		<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

— QUESTIONS FOR MY DOCTOR



YOU'VE GOT THIS!

Gout flares are incredibly painful, but they don't have to control your life. By acting fast and following this protocol, you've taken powerful steps to stop this flare in its tracks.

- **REMEMBER THESE KEY POINTS:**

- Speed is everything – The first 6 hours are critical
- Ice, elevate, rest – These are your best friends
- Take medications early – Don't wait to see if it gets better
- Hydrate aggressively – Water helps flush uric acid
- Don't stop treatment early – Complete the full course even when feeling better
- Prevention is key – Work with your doctor on long-term management

• NEXT STEPS FOR LONG-TERM SUCCESS

Once this flare is under control, it's time to focus on prevention:

- Schedule a follow-up with your rheumatologist
- Discuss uric acid-lowering medication (allopurinol, febuxostat)
- **Get your uric acid level tested (goal: below 6 mg/dL)**

"The pain of gout is temporary, but the knowledge of how to fight it is permanent. You now have the tools to take control."

Wishing you quick healing and pain-free days ahead! 

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