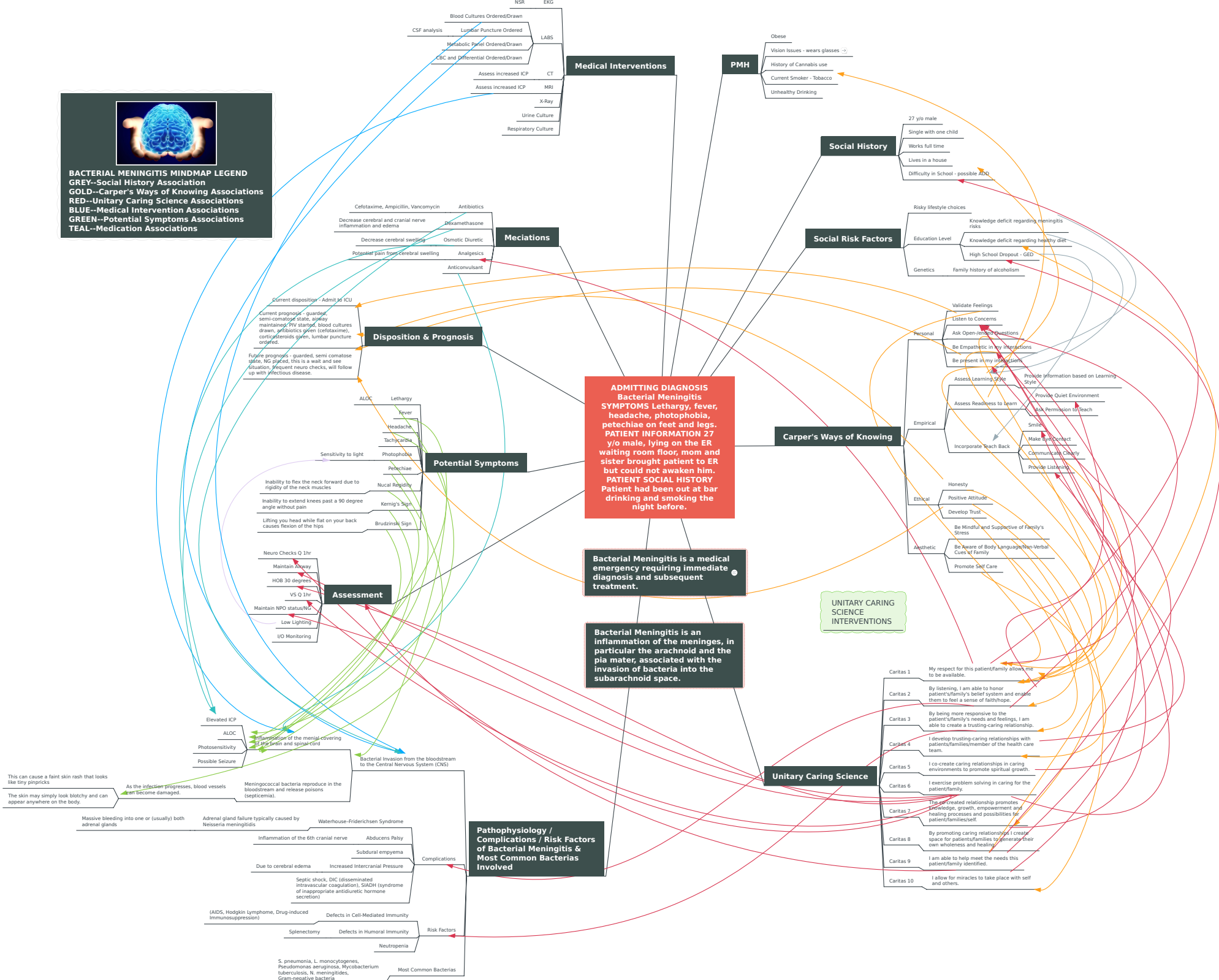


BACTERIAL MENINGITIS MINDMAP LEGEND
GREY--Social History Association
GOLD--Carper's Ways of Knowing Associations
RED--Unitary Caring Science Associations
BLUE--Medical Intervention Associations
GREEN--Potential Symptoms Associations
TEAL--Medication Associations



ADMITTING DIAGNOSIS Bacterial Meningitis **SYMPTOMS** Lethargy, fever, headache, photophobia, petechiae on feet and legs. **PATIENT INFORMATION** 27 y/o male, lying on the ER waiting room floor, mom and sister brought patient to ER but could not awaken him. **PATIENT SOCIAL HISTORY** Patient had been out at bar drinking and smoking the night before.

1. PMH

1.1. Obese

1.2. Vision Issues - wears glasses

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1.3. History of Cannabis use

1.4. Current Smoker - Tobacco

1.5. Unhealthy Drinking

2. Social History

2.1. 27 y/o male

2.2. Single with one child

2.3. Works full time

2.4. Lives in a house

2.5. Difficulty in School - possible ADD

3. Social Risk Factors

3.1. Risky lifestyle choices

3.2. Education Level

3.2.1. Knowledge deficit regarding meningitis risks

3.2.2. Knowledge deficit regarding healthy diet

3.2.3. High School Dropout - GED

3.3. Genetics

3.3.1. Family history of alcoholism

4. Carper's Ways of Knowing

4.1. Personal

4.1.1. Validate Feelings

4.1.2. Listen to Concerns

4.1.3. Ask Open-/ended Questions

4.1.4. Be Empathetic in my interactions

4.1.5. Be present in my interactions

4.2. Empirical

4.2.1. Assess Learning Style

4.2.1.1. Provide Information based on Learning Style

4.2.2. Assess Readiness to Learn

4.2.2.1. Provide Quiet Environment

4.2.2.2. Ask Permission to Teach

4.2.3. Incorporate Teach Back

4.2.3.1. Smile

4.2.3.2. Make Eye Contact

4.2.3.3. Communicate Clearly

4.2.3.4. Provide Listening

4.3. Ethical

4.3.1. Honesty

4.3.2. Positive Attitude

4.3.3. Develop Trust

4.4. Aesthetic

4.4.1. Be Mindful and Supportive of Family's Stress

4.4.2. Be Aware of Body Language/Non-Verbal Cues of Family

4.4.3. Promote Self Care

5. UNITARY CARING SCIENCE INTERVENTIONS

6. Unitary Caring Science

6.1. Caritas 1

6.1.1. My respect for this patient/family allows me to be available.

6.2. Caritas 2

6.2.1. By listening, I am able to honor patient's/family's belief system and enable them to feel a sense of faith/hope.

6.3. Caritas 3

6.3.1. By being more responsive to the patient's/family's needs and feelings, I am able to create a trusting-caring relationship.

6.4. Caritas 4

6.4.1. I develop trusting-caring relationships with patients/families/member of the health care team.

6.5. Caritas 5

6.5.1. I co-create caring relationships in caring environments to promote spiritual growth.

6.6. Caritas 6

6.6.1. I exercise problem solving in caring for the patient/family.

6.7. Caritas 7

6.7.1. The co-created relationship promotes knowledge, growth, empowerment and healing processes and possibilities for patient/families/self.

6.8. Caritas 8

6.8.1. By promoting caring relationships I create space for patients/families to generate their own wholeness and healing.

6.9. Caritas 9

6.9.1. I am able to help meet the needs this patient/family identified.

6.10. Caritas 10

6.10.1. I allow for miracles to take place with self and others.

7. Bacterial Meningitis is an inflammation of the meninges, in particular the arachnoid and the pia mater, associated with the invasion of bacteria into the subarachnoid space.

8. Pathophysiology / Complications / Risk Factors of Bacterial Meningitis & Most Common Bacterias Involved

8.1. Bacterial Invasion from the bloodstream to the Central Nervous System (CNS)

8.1.1. Inflammation of the menial covering of the brain and spinal cord

8.1.1.1. Elevated ICP

8.1.1.2. ALOC

8.1.1.3. Photosensitivity

8.1.1.4. Possible Seizure

8.1.2. Meningococcal bacteria reproduce in the bloodstream and release poisons (septicemia).

8.1.2.1. As the infection progresses, blood vessels can become damaged.

8.1.2.1.1. This can cause a faint skin rash that looks like tiny pinpricks

8.1.2.1.2. The skin may simply look blotchy and can appear anywhere on the body.

8.2. Complications

8.2.1. Waterhouse–Friderichsen Syndrome

8.2.1.1. Adrenal gland failure typically caused by Neisseria meningitidis

8.2.1.1.1. Massive bleeding into one or (usually) both adrenal glands

8.2.2. Abducens Palsy

8.2.2.1. Inflammation of the 6th cranial nerve

8.2.3. Subdural empyema

8.2.4. Increased Intracranial Pressure

8.2.4.1. Due to cerebral edema

8.2.5. Septic shock, DIC (disseminated intravascular coagulation), SIADH (syndrome of inappropriate antidiuretic hormone secretion)

8.3. Risk Factors

8.3.1. Defects in Cell-Mediated Immunity

8.3.1.1. (AIDS, Hodgkin Lymphoma, Drug-induced Immunosuppression)

8.3.2. Defects in Humoral Immunity

8.3.2.1. Splenectomy

8.3.3. Neutropenia

8.4. Most Common Bacteria

8.4.1. *S. pneumoniae*, *L. monocytogenes*, *Pseudomonas aeruginosa*, *Mycobacterium tuberculosis*, *N. meningitidis*, Gram-negative bacteria

9. Bacterial Meningitis is a medical emergency requiring immediate diagnosis and subsequent treatment.

10. Assessment

10.1. Neuro Checks Q 1hr

- 10.2. Maintain Airway
- 10.3. HOB 30 degrees
- 10.4. VS Q 1hr
- 10.5. Maintain NPO status/NG
- 10.6. Low Lighting
- 10.7. I/O Monitoring

11. Potential Symptoms

- 11.1. Lethargy
 - 11.1.1. ALOC
- 11.2. Fever
- 11.3. Headache
- 11.4. Tachycardia
- 11.5. Photophobia
 - 11.5.1. Sensitivity to light
- 11.6. Petechiae
- 11.7. Nuchal Rigidity
 - 11.7.1. Inability to flex the neck forward due to rigidity of the neck muscles
- 11.8. Kernig's Sign
 - 11.8.1. Inability to extend knees past a 90 degree angle without pain
- 11.9. Brudzinski Sign

11.9.1. Lifting you head while flat on your back causes flexion of the hips

12. Disposition & Prognosis

12.1. Current disposition - Admit to ICU

12.2. Current prognosis - guarded, semi-comatose state, airway maintained, PIV started, blood cultures drawn, antibiotics given (cefotaxime), corticosteroids given, lumbar puncture ordered.

12.3. Future prognosis - guarded, semi comatose state, NG placed, this is a wait and see situation, frequent neuro checks, will follow up with infectious disease.

13. BACTERIAL MENINGITIS MINDMAP LEGEND GREY--Social History Association GOLD--Carper's Ways of Knowing Associations RED--Unitary Caring Science Associations BLUE--Medical Intervention Associations GREEN--Potential Symptoms Associations TEAL--Medication Associations

14. Meciations

14.1. Antibiotics

14.1.1. Cefotaxime, Ampicillin, Vancomycin

14.2. Dexamethasone

14.2.1. Decrease cerebral and cranial nerve inflammation and edema

14.3. Osmotic Diuretic

14.3.1. Decrease cerebral swelling

14.4. Analgesics

14.4.1. Potential pain from cerebral swelling

14.5. Anticonvulsant

15. Medical Interventions

15.1. EKG

15.1.1. NSR

15.2. LABS

15.2.1. Blood Cultures Ordered/Drawn

15.2.2. Lumbar Puncture Ordered

15.2.2.1. CSF analysis

15.2.3. Metabolic Panel Ordered/Drawn

15.2.4. CBC and Differential Ordered/Drawn

15.3. CT

15.3.1. Assess increased ICP

15.4. MRI

15.4.1. Assess increased ICP

15.5. X-Ray

15.6. Urine Culture

15.7. Respiratory Culture