

1. Disease Process & Brief Pathophysiology

Fungal meningitis can be a subacute or chronic process that can develop after a fungus spreads from somewhere in the body to the brain or spinal cord. Most fungi are aerosolized and inhaled, with subsequent involvement of the CNS. The yeasts cause a diffuse process with the base of the brain being affected. Bacteria enters the cerebrospinal fluid (CSF) and the growth leads to inflammation within the CSF.

2. Factors for the Development of the Disease/Acute Illness

Immunosuppressed – P ; Individuals on long course of antibiotics ; Organ or bone marrow transplant recipients ; Newborns ;

3. Signs and Symptoms

Fever ; headache - p ; stiff neck ; Nausea – p ; altered mental status

4. Diagnostic Tests Pertinent or confirming of diagnosis

Blood cultures ; CT scan ; spinal tap – p

5. Lab values that may be affected

WBC – p ; glucose ; protein

6. Current Treatment

Drug therapy - Antifungal medications (amphotericin b liposome and flucytosine)

7. Focused Nursing Diagnosis:

Rejection of medications

8. Related to (r/t):

Belief that medications aren't working

9. As evidenced by (aeb):

Patient speaks Spanish, but verbalizes to partner that he does not think some medication is working

10. Desired Patient Outcome:

Patient will be willing to work with HCP on medications he would prefer to take or offer any ideas on what might be better for him than the medications he's refused by 1/20/21

11. Nursing Interventions related to Nursing Diagnosis in #7:

1. Assess for history of medications pt has taken that worked

Evidence Based Practice:

Pt would feel more comfortable taking a medication they've had before

2. Talking with pt about medications they've taken that has worked and has not

Evidence Based Practice:

Communicating with the pt about their care may encourage them to be more involved and result in better care

3. Explore other possible reasons pt could have rejected medications

Evidence Based Practice:

Understanding why pt refused treatment (financial concerns, misinformation, beliefs) can help with a better solution or different approach

12. Patient Teaching:

1. Ensure patient knows the pros and cons of a medication

2. Teach-back method in which patient can explain their understanding of the medication if they still choose to not take it

3. Making sure patient understands the advantages and disadvantages of other options

13. Discharge Planning/Community Resources:

1. Follow-up examination to check if pt needs to be readmitted

2. Case management to see if pt needs home health

3. Checking medication schedule and verifying any changes made

Treseler, C. B., & Sugar, A. M. (1990). Fungal meningitis. *Infectious disease clinics of North America*, 4(4), 789–808.

Meningitis. (2019, August 06). Retrieved January 18, 2021, from <https://www.cdc.gov/meningitis/fungal.html>

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Paulsen, E., & Paulsen, E. (n.d.). When Patients Refuse Treatment. Retrieved January 18, 2021, from <https://physicians.dukehealth.org/articles/when-patients-refuse-treatment>