

## NR603 Week 3 Collaboration Café- Lyme Disease and MS

- a. Compare and contrast your assigned client's presentation for each assigned diagnosis. Consider factors such as demographics, onset of symptoms, history of present illness (HPI), and associated risk factors. Include specific factors that contribute to the client's complexity.

This client's presentation aligns with a diagnosis of Lyme disease for many reasons. The first aspect of the client's history that caught my attention when thinking about Lyme disease is that she recently was on a long biking trip through wooded trails. The patient could have sustained a tick bite during this biking trip, even if she does not recall seeing or feeling a tick bite. It is possible that patients develop Lyme disease from a tick bite, even without ever being symptomatic from the bite itself (Loscalzo et al., 2022). The onset of her symptoms also aligns with Lyme disease considering she has had an acute onset of symptoms that began after her biking trip. Symptoms of multiple sclerosis (MS) come on more gradually versus an acute onset.

There are also factors that could point towards a diagnosis of MS, including the patient's age. MS typically presents in young adults between the ages of 20 to 30 years old, is more common in women, and can present with symptoms such as fatigue and blurry vision (McGinley et al., 2021). However, a first demyelinating event with MS typically lacks a headache.

- b. Consider the client's primary diagnosis alongside their HPI and physical exam findings. How does the client's medical history complicate and guide the diagnostic process, and what strategies should the FNP use to avoid diagnostic errors? Explain your rationale.

Even though we already know the client's primary diagnosis is Lyme disease, factors from the patient's HPI that could complicate the diagnostic process include having a recent illness last month and reporting no unusual rashes or skin changes. The recent illness a month ago may be concerning for post-infection neurological issues. The absence of a noticeable tick bite and associated rash may lead the clinician to dismiss Lyme disease, even though a noticeable rash is not necessary for a Lyme disease diagnosis. The FNP should still consider all the other symptoms such as an acute onset of fatigue, blurry vision, headache, stiff neck, and exposure to wooded areas in Northern Michigan which is a Lyme-endemic region (Lantos et al., 2020). With these symptoms in mind, the FNP should still complete serologic testing for Lyme disease even in the absence of a rash.

- c. Compare and contrast the management of each assigned diagnosis, including similarities and differences in pharmacologic and non-pharmacologic treatment, client education, referral, and follow-up care. Consider how the client's unique past medical history and social history impact care decisions.