## **SNAPPS WRITTEN ASSIGNMENT TEMPLATE**

What is the self-directed learning issue that was identified in your oral presentation?

How can one accurately differentiate between various types of headaches and causes of dizziness to eliminate differential diagnoses, especially when a patient presents with a wide range of potentially similar conditions?"

Research the self-directed learning issue and provide a summary of your findings which is fully supported by appropriate, scholarly, EBM references.

Dizziness and giddiness are usually the clients' complaints; which fall under various diseases, such as Meniere's Disease; Vestibular Neuritis; Labyrinthitis; Acoustic Neuroma; Stroke or TIA; Orthostatic Hypotension; Central vertigo; Migraines vertigo; head trauma; medications side effects causing tinnitus and vertigo, (Smith and Jones, 2021). Similarly, a client's complaint of headache can fall under various differential diagnoses: Tension headache; migraine headache; cluster headache; and medication overuse may cause headache (Goadsby and Tfelt-Hansen, 2023).

Firstly, familiarizing oneself with potential other differential diagnosis and their signs and symptoms; once the signs and symptoms are identified, then they can be categorized under each differential diagnosis. During this process of elimination, a thorough interview with the client is essential where the subjective and objective, or key findings are obtained.

Secondly, while interviewing and physical assessment; it is important to do a focused assessment; in this case; dizziness can be caused by an ear infection; which could be viral or bacterial; side effects of medications, such as ototoxic antibiotics; and orthostatic hypotension. In this case, Orthostatic BP is obtained; HEENT assessments were conducted to rule out ear infections, which may have caused ear disbalance; Neuro-muscular assessment was assessed for dizziness when moving head and neck; and when walking if losing balance with arms up; to rule out gait disbalance that may be caused by vestibular imbalance.

Furthermore, Benign Paroxysmal Positional Vertigo (BPPV) is a common disorder of the inner ear causing an intense sense of spinning while moving in a specific way; in this case, when the patient turned her head suddenly right to left, she felt dizzy. Thus, the clinical examinations for BPPV would be to exhibit dizziness when turning the head or rolling out of the bed.

In severe cases, the diagnostic tests would be CT/MRI to rule out lesions in the head; and blood test to rule out systemic infections, especially in the ear causing vestibular damage; low sodium levels can also cause vestibular issues. Orthostatic hypotension can also cause dizziness and lightheadedness when changing positions. This case was not severe enough to conduct diagnostic tests as above, if there was pleural effusion, or bacterial infections in the ears, then the above have been conducted. The patient had no history of seizures, so giving MRI/ CT of a head scan was a referral to rule out brain lesions (Bhattacharyya al., 2021).