Review of Contemporary Philosophy
ISSN: 1841-5261, e-ISSN: 2471-089X
Vol 22 (1), 2023
pp. 4055 - 4063

An In-Depth Examination of Mononucleosis: Nursing Assessment, Management, And Care Strategies for Optimal Patient Outcomes.

[1]-Hibah Ibrahim Mohammed Albariqi,[2]-Nawaf Fahad Alsharif ,[3]-Ghadeerhamzahalkhaibari,[4]-Ashwag Nasser Othman Albishi,[5]- Mariam Siddiq Mohamed Kholi,[6]-Ibrahim Mohammed Mousa Hamzi,[7]-Nora Yahya Hussain Humedi,[8]-Ahlam Mohammed Baishi Faqehi

[1] KSA, Ministry Of Health, Asir Health Section - Ahad Rafidah Sector
[2] KSA, Ministry Of Health, Lmam Abdulrahman Alfaisal Hospital
[3] KSA, Ministry Of Health, Healthcenteral-Faisaliah
[4] KSA, Ministry Of Health, Erada Hospital And Mental Health
[5] KSA, Ministry Of Health
[6] KSA, Ministry Of Health, Erada Hospital And Mental Health
[7] KSA, Ministry Of Health, Eradah Hospital For Mentaly Health
[8] KSA, Ministry Of Health, Erada Hospital And Mental Health

Abstract:

Background: Infectious mononucleosis, commonly known as mono, is a viral illness primarily caused by the Epstein-Barr virus (EBV). It predominantly affects adolescents and young adults, presenting with symptoms such as fever, sore throat, lymphadenopathy, and fatigue. It is transmitted through saliva and is colloquially known as the "kissing disease." Although EBV is the primary cause, other viruses like cytomegalovirus (CMV) can also cause similar symptoms. Accurate diagnosis and timely management are critical to prevent complications such as splenic rupture.

Aim: The aim of this study is to explore the nursing assessment, management, and care strategies for individuals diagnosed with mononucleosis to ensure optimal patient outcomes. This includes understanding key diagnostic features, nursing interventions, and preventive measures.

Methods: A comprehensive review of current literature and clinical guidelines was conducted to evaluate the pathophysiology, risk factors, diagnostic tests, and management strategies for mononucleosis. Emphasis was placed on the role of nurses in the assessment and care of patients, as well as the prevention of complications through education and monitoring.

Results: Mononucleosis is typically diagnosed through clinical presentation and laboratory tests such as the monospot test. The condition is largely self-limiting, with recovery expected within 2 to 4 weeks. Nurses play a crucial role in symptom management, providing patient education on avoiding transmission, recognizing warning signs of complications like splenic rupture, and promoting hydration and rest.

Conclusion: Infectious mononucleosis, though self-limiting, requires careful nursing management to mitigate complications and promote recovery. Nurses must be vigilant in monitoring for signs of splenic rupture, educate patients on managing symptoms, and provide supportive care. Early diagnosis and effective patient education are essential for preventing complications and ensuring optimal outcomes.

Keywords: Mononucleosis, Epstein-Barr virus, Nursing management, Splenic rupture, Patient education, Symptom management, Infectious diseases.

Received: 10 october 2023 **Revised:** 24 November 2023 **Accepted**: 08 December 2023

Introduction:

Mononucleosis, or infectious mononucleosis, is a viral illness characterized by fever, lymphadenopathy, and tonsillar pharyngitis. The term "infectious mononucleosis" was introduced in the 1920s to describe a group of individuals, particularly students, who presented with similar pharyngeal illness and laboratory findings that included lymphocytosis and atypical mononuclear cells. Over time, Epstein-Barr virus (EBV) was identified as the causative agent, particularly after an exposed healthcare worker developed a positive heterophile test, confirming its role in the disease. EBV is a member of the herpesvirus family and remains the most common cause of mononucleosis worldwide. The infection is spread through the exchange of salivary secretions, making it most commonly transmitted via kissing, hence the nickname "kissing disease." Although EBV is the primary pathogen, other viruses, such as cytomegalovirus (CMV), can also cause a similar syndrome. Typically, mononucleosis affects adolescents and young adults, with the disease often manifesting in those between the ages of 15 and 24. Despite its predominance in younger populations, mononucleosis can occur in adults, though it is less frequent and generally less symptomatic. Clinical manifestations of the disease, which can last for several weeks, include fever, sore throat, swollen tonsils, lymph node enlargement, fatigue, and general malaise. The symptoms of mononucleosis can be confused with other illnesses, such as streptococcal throat infections, necessitating accurate diagnostic testing, which often includes the monospot test. The role of healthcare providers in managing mononucleosis involves a thorough assessment, accurate diagnosis, and appropriate interventions to prevent complications such as splenic rupture and chronic fatigue [1][2].

Nursing Diagnosis

When assessing a patient with mononucleosis, nurses should consider several critical diagnostic factors, including the presence of fatigue, fever, swollen tonsils, sore throat, headache, rash, and general malaise. Fatigue is particularly noteworthy, as it can persist for months in some individuals, significantly impairing daily activities and overall well-being. Fever and sore throat are the initial and most common symptoms, often accompanied by swelling of the lymph nodes, especially in the posterior cervical region. This lymphadenopathy is a hallmark finding in mononucleosis and should be carefully monitored throughout the course of the disease. The classic triad of fever, pharyngitis, and lymphadenopathy is a key diagnostic indicator of mononucleosis. However, other symptoms may also manifest, including headache, general malaise, poor appetite, and occasional difficulty swallowing due to swollen tonsils. Tonsillar exudates may be visible, adding to the diagnostic clarity. Petechial lesions on the palate, though rare, can occasionally be seen and may help differentiate mononucleosis from other viral or bacterial infections. Splenomegaly, the enlargement of the spleen, is a crucial physical finding that occurs in up to half of the patients diagnosed with mononucleosis. Nurses should be particularly vigilant about this, as an enlarged spleen can be at risk of rupture, particularly in patients who are engaged in contact sports. A thorough history and physical examination, along with laboratory tests such as the monospot (heterophile antibody) test and blood smear showing atypical lymphocytosis, are essential components of the diagnostic process. Other differential diagnoses, such as streptococcal throat infections, should also be ruled out through appropriate testing to ensure an accurate diagnosis and proper treatment plan [5][6][7].

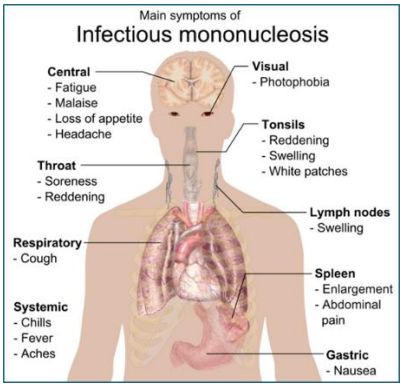

Figure 1: Mononucleosis.

Causes

The primary etiology of mononucleosis is infection with the Epstein-Barr virus (EBV), a member of the herpesvirus family. EBV is one of the most common viruses affecting humans worldwide, with an estimated 95% of adults eventually becoming seropositive for the virus. It is primarily transmitted through the exchange of saliva, which is why mononucleosis is often referred to as the "kissing disease." However, transmission can also occur through other forms of close contact, such as sharing drinks, utensils, or through respiratory droplets. EBV is unique in that it is capable of establishing a lifelong latent infection in the host, with periods of asymptomatic viral shedding. Although EBV transmission is generally person-to-person, it is not considered highly contagious when compared to other viral illnesses like influenza. The period of oral viral shedding can last for several months, with median levels of shedding remaining high for up to six months after the onset of symptoms. The virus typically enters the body through mucosal surfaces in the oropharynx, where it infects B lymphocytes, leading to the hallmark features of mononucleosis, including lymphocytosis and atypical mononuclear cells. The immune response to the virus results in the production of heterophile antibodies, which are detected through diagnostic testing such as the monospot test. Although EBV is the primary cause of mononucleosis, other viruses, such as cytomegalovirus (CMV), can also result in a similar clinical presentation, but these are less common. The understanding of EBV's role in mononucleosis has expanded over the years, with research revealing its ability to cause various other conditions, including certain types of cancers, such as Burkitt lymphoma and nasopharyngeal carcinoma, particularly in immunocompromised individuals. However, in the context of mononucleosis, the virus predominantly causes a self-limited illness that resolves with supportive care [3].

Risk Factors

Mononucleosis, caused by Epstein-Barr virus (EBV), affects a broad demographic, though certain groups are more predisposed to symptomatic infection. The virus is highly prevalent globally, and it is estimated that nearly 95% of adults have been exposed to EBV at some point in their lives, making the virus widely disseminated across various population groups. Despite this, the peak incidence of symptomatic mononucleosis occurs in adolescents and young adults, particularly those between the ages of 15 and 24 years. This age group is most susceptible to the symptomatic manifestations of the virus, which often include fever, sore throat, lymphadenopathy, and fatigue. It is in this age range that mononucleosis is most commonly diagnosed, leading to its colloquial name, the "kissing disease," due to its transmission via salivary exchange. While mononucleosis is most common in teenagers and young adults, the disease is relatively rare in adults, who are generally protected from clinical illness due to prior exposure to EBV. In fact, only about 2% of all pharyngeal diseases in adults can be attributed to mononucleosis. In adults, EBV infection typically results in either asymptomatic or mild illness. One notable observation is that EBV infection appears to be more common in white individuals compared to black individuals in the United States, with clinical infections occurring at rates approximately 30 times higher in whites. This disparity is likely due to differences in age at first exposure; in black populations, EBV is often acquired during childhood and frequently presents as an asymptomatic or subclinical infection, leading to a lower incidence of symptomatic disease in adulthood. In contrast, white individuals are more likely to acquire EBV later in life, which increases their risk of developing symptomatic mononucleosis. As such, EBV exposure at a younger age seems to confer some protection against the symptomatic manifestations of the virus later in life, further emphasizing the role of early exposure in determining the course of the disease [1][4].

Medical Management

The treatment of mononucleosis is typically supportive, as the condition is self-limiting. Symptomatic relief is the primary focus, with antipyretics and anti-inflammatory medications prescribed to alleviate fever, sore throat, and the accompanying fatigue. Adequate hydration, sufficient rest, and a balanced nutritional intake are essential components of the management strategy. While corticosteroids are generally not recommended due to concerns regarding immune suppression, they may be indicated in cases where airway obstruction occurs. In such instances, corticosteroid therapy, coupled with appropriate airway management and potentially an otolaryngology consultation, is warranted. It is crucial to note that

the inappropriate use of antibiotics in patients with mononucleosis can lead to the development of a generalized maculopapular rash, commonly following the administration of amoxicillin, though this can also occur with other antibiotics. As part of the management plan, all athletes should refrain from participating in sports for the initial three weeks of illness due to the risk of splenic rupture. Splenomegaly is observed in approximately 50% of mononucleosis patients, and the associated risk of splenic rupture necessitates careful monitoring and avoidance of physical exertion during this critical period [8][9].

Nursing Management

Nurses play a pivotal role in the management of mononucleosis by performing a comprehensive assessment and providing essential patient education. A thorough history of potential exposure to Epstein-Barr virus (EBV) is critical to determining the likelihood of mononucleosis. Vital signs should be closely monitored, with particular attention to the presence of fever, which is a common symptom of the condition. Patients should be advised against sharing food or personal care items to prevent further transmission of the virus. Additionally, it is essential to educate patients on the importance of refraining from kissing, as this is a primary mode of transmission. Athletes should be instructed to avoid participating in sports for a minimum of six weeks to reduce the risk of complications such as splenic rupture. Encouraging adequate hydration is another key component of nursing care, as fluid intake can help alleviate symptoms of fatigue and discomfort. Nurses should inform patients that the use of penicillin-like antibiotics should be avoided, as these medications may precipitate a rash in individuals with mononucleosis. For pain management, patients may take acetaminophen to alleviate headaches and general discomfort. Furthermore, patients should be advised to refrain from attending school or work until their symptoms subside to minimize the risk of transmission to others and promote recovery [8][9].

When to Seek Help

Patients diagnosed with mononucleosis should be instructed to seek medical attention promptly if they experience certain red flags that may indicate complications. Abdominal pain, particularly in the left upper quadrant, could be indicative of splenic enlargement or, more concerning, a potential splenic rupture. Another alarming symptom is shoulder tip pain, which may be a sign of a ruptured spleen, requiring immediate medical intervention. In addition to abdominal and shoulder pain, the onset of hypotension, particularly when associated with symptoms like dizziness or lightheadedness, is a serious sign of a ruptured spleen. Hypotension, in this context, may indicate internal bleeding and warrants urgent evaluation and treatment. Patients should be educated on these critical symptoms to ensure timely intervention and avoid life-threatening complications. The early recognition of such warning signs can significantly improve outcomes for individuals with mononucleosis by ensuring prompt and appropriate medical care [8][9].

Outcome Identification

The prognosis for the majority of individuals diagnosed with mononucleosis is excellent, as the condition is typically self-limiting and resolves within 2 to 4 weeks. Recovery is common, and most individuals experience a full recovery without long-term consequences. However, a small percentage of patients may experience severe complications, with splenic rupture being one of the most serious outcomes. Despite the potential for splenic rupture, modern medical management allows for conservative treatment of these cases, provided that the patient remains hemodynamically stable. Conservative management generally includes close monitoring and avoidance of physical activity, especially contact sports, until the patient has fully recovered. With appropriate care, including supportive treatment and regular monitoring, the vast majority of individuals with mononucleosis recover without experiencing any life-threatening complications. It is important to reassure patients and their families that, while rare, serious complications such as splenic rupture can be managed effectively with prompt medical intervention, ensuring a positive overall outcome [10][11].

Coordination of Care

Upon diagnosis of infectious mononucleosis, it is imperative for healthcare providers, including nurses and primary care physicians, to offer comprehensive education regarding potential complications and the expected course of the illness. Patients should be strongly advised to refrain from engaging in any physical activities for a minimum of 4 to 6 weeks in order to reduce the risk of splenic rupture. It is essential that patients are thoroughly informed about the signs and symptoms indicative of splenic rupture and understand when it is necessary to seek immediate medical attention. Continuous follow-up is necessary to monitor the progression of symptoms, and patients must be informed that they are not to resume physical activities until they have received explicit clearance. Such educational interventions are critical in ensuring that patients are fully aware of the risks associated with their condition and the necessary precautions they must take to ensure a safe recovery [12][13].

Outcomes

The prognosis for the vast majority of individuals diagnosed with infectious mononucleosis is favorable, as the condition is typically self-limiting, with recovery expected within 2 to 4 weeks. In most cases, patients experience complete resolution of symptoms without any long-term complications. Although rare, a small proportion of individuals may develop splenic rupture, which remains one of the most serious potential outcomes. Despite its rarity, these cases can now be effectively managed with a conservative approach, provided that the patient remains hemodynamically stable. Conservative management includes close monitoring, supportive care, and avoiding physical activities that may exacerbate the condition. With appropriate medical management, including timely recognition and intervention, even patients with complications such as splenic rupture can recover without life-threatening consequences [10][11].

Health Teaching and Health Promotion

Following the diagnosis of infectious mononucleosis, healthcare providers, including nurse practitioners and primary care physicians, must collaborate to deliver coordinated education to both the patient and their family regarding the potential complications and overall progression of the illness. The importance of avoiding physical activity for at least 4 to 6 weeks must be emphasized to mitigate the risk of splenic rupture. Patients should be informed about the warning signs of splenic rupture and educated on when to seek immediate medical attention. Additionally, the patient should be advised to continue follow-up visits until symptoms resolve and they are granted clearance to resume physical activity. Pharmacists play a critical role in educating patients about the necessity of supportive care, especially maintaining adequate hydration to support recovery. It is equally essential for all clinicians involved in the care of mononucleosis patients to remain vigilant for potential complications, ensuring that timely referrals are made to specialists when symptoms indicate the need for advanced care [12][13].

Other Issues

The heterophile antibody (monospot) test is considered the diagnostic test of choice for mononucleosis, though it can sometimes yield false-negative results in the early stages of the illness. Consequently, repeat testing may be necessary later in the course of the disease to confirm the diagnosis. One of the key differential diagnoses to consider is primary HIV infection, which can present with symptoms that overlap with those of mononucleosis. It is essential to differentiate between these two conditions to ensure appropriate treatment. Although splenic rupture is a rare complication of mononucleosis, it remains a potentially life-threatening condition that requires prompt diagnosis and intervention. In patients presenting with classic mononucleosis symptoms, such as fever and sore throat, in conjunction with abdominal pain and anemia, splenic rupture should be included in the differential diagnosis. Another rare but critical complication is airway obstruction, which necessitates immediate recognition and intervention to secure the patient's airway and ensure appropriate management [14-15].

Nursing Interventions Plan For Long Term Care:

Mononucleosis, primarily caused by the Epstein-Barr virus (EBV), often leads to prolonged fatigue, fever, sore throat, and swollen lymph nodes. The condition is typically self-limited, but nursing interventions are critical in managing symptoms, preventing complications, and promoting recovery. A comprehensive nursing care plan for patients with mononucleosis focuses on providing supportive care, ensuring comfort, educating patients and families, and monitoring for potential complications, particularly splenic rupture or airway obstruction.

1. Symptom Management and Comfort

Nurses should prioritize symptom management and patient comfort during the acute phase of mononucleosis. The most common symptoms include fever, sore throat, fatigue, and swollen lymph nodes. Appropriate interventions include:

- **Fever Management:** Administer antipyretic medications such as acetaminophen or ibuprofen to reduce fever and associated discomfort. Ensure the patient is adequately hydrated to manage the effects of fever. Regularly assess temperature and adjust medications as necessary. Educate patients and families on the importance of not using aspirin due to the risk of Reye's syndrome.
- **Sore Throat Relief:** Encourage the use of throat lozenges, warm saline gargles, and hydration to soothe a sore throat. Cold compresses or ice packs may also be applied to the throat area for relief.
- **Fatigue and Rest:** Fatigue is one of the hallmark symptoms of mononucleosis, and patients should be encouraged to rest as much as possible. Help the patient establish a rest routine and manage daily activities to prevent overexertion. Encourage frequent breaks and naps, especially in the early phases of the illness.
- **Hydration and Nutrition:** Encourage the patient to maintain adequate hydration and nutritional intake. Offer fluids frequently, even if the patient experiences a reduced appetite. Nutritional support should focus on easily digestible foods that provide energy and vital nutrients to support the healing process.

2. Infection Prevention and Isolation

Mononucleosis is highly contagious, and nursing interventions should focus on preventing the spread of the virus to others, particularly in a healthcare setting.

- **Patient Education:** Educate the patient and their family about the importance of limiting exposure to others, especially avoiding sharing food, drinks, or personal items. Advise the patient to refrain from kissing or close contact with others until fully recovered.
- **Isolation Protocols:** Implement appropriate isolation precautions in a healthcare setting, particularly for the early stages of the illness, to reduce the risk of transmission to other patients and healthcare workers.
- **Hygiene Practices:** Encourage frequent handwashing and the use of tissues to cover sneezes or coughs. Provide alcohol-based hand sanitizers for patient and caregiver use.

3. Monitoring for Complications

Nurses must vigilantly monitor for potential complications associated with mononucleosis, such as splenic rupture or airway obstruction. Early recognition and intervention can prevent life-threatening outcomes.

- **Splenic Rupture:** Splenic enlargement is common in patients with mononucleosis, and in rare cases, it can lead to a rupture. Nurses should monitor for signs of splenic rupture, including sudden severe abdominal pain, left upper quadrant pain, shoulder tip pain (referred pain), and dizziness. If these symptoms occur, immediate medical attention should be sought. The patient should be

educated about these warning signs and advised to avoid strenuous physical activity to reduce the risk of injury.

- **Airway Obstruction:** In severe cases, mononucleosis can cause significant tonsillar enlargement, potentially leading to airway obstruction. Nurses should monitor for signs of difficulty breathing, excessive drooling, or changes in the patient's voice, which could indicate airway compromise. Early intervention may include corticosteroid administration to reduce inflammation, and in extreme cases, surgical consultation may be necessary.

4. Education and Health Promotion

A critical aspect of nursing care is patient education. Providing thorough, clear instructions helps patients manage their condition effectively and promote recovery.

- **Rest and Physical Activity:** Patients should be instructed to avoid physical exertion for at least 4-6 weeks to minimize the risk of complications like splenic rupture. Educate patients and families about the signs of improvement and the gradual return to normal activities after the recovery phase.
- **Symptom Recognition and Management:** Nurses should educate patients about recognizing early symptoms of complications such as splenic rupture or airway obstruction and advise them on when to seek medical help. In addition, patients should be educated on the expected duration of symptoms and the typical course of recovery, including the possibility of persistent fatigue.
- **Follow-Up Care:** It is essential for patients with mononucleosis to have regular follow-up appointments to assess their progress, particularly for monitoring recovery from fatigue, the resolution of fever, and lymphadenopathy. Nurses should ensure that patients understand the importance of adhering to follow-up care and encourage them to report any new or worsening symptoms promptly.

5. Psychosocial Support and Coping

The emotional and psychosocial aspects of long-term illness management are often overlooked but are crucial in providing holistic care. Nurses should offer support to help patients cope with the emotional challenges of mononucleosis, particularly given the prolonged recovery time and fatigue that often accompanies the illness.

- **Emotional Support:** Provide a listening ear to patients who may feel frustrated by the duration of their illness. Encourage them to express their concerns and feelings, and offer reassurance about the typical course of recovery.
- **Coping Strategies:** Help patients develop coping strategies for managing fatigue and emotional distress. Encourage the patient to engage in light activities that can boost mood, such as reading, listening to music, or participating in hobbies that do not require strenuous effort.
- **Family Involvement:** Involve family members in the care process, particularly in helping patients manage their daily activities, ensuring hydration, and maintaining rest periods. Families can play a supportive role in reducing feelings of isolation or frustration during the illness. Nursing interventions for mononucleosis focus on providing supportive care, managing symptoms, preventing complications, and promoting long-term recovery. Effective patient education, vigilant monitoring, and the coordination of care among the healthcare team are essential to ensure positive patient outcomes. By addressing both the physical and emotional needs of the patient, nurses can play a pivotal role in helping individuals recover from mononucleosis while minimizing the risk of complications.

Conclusion:

Mononucleosis, caused primarily by Epstein-Barr virus (EBV), is a viral infection that commonly affects adolescents and young adults. Despite its widespread nature, the disease typically resolves within 2 to 4 weeks with supportive care, although complications can arise, notably splenic rupture, which requires immediate medical attention. Nurses play a critical role in managing patients with mononucleosis by conducting thorough assessments, educating patients, and ensuring timely interventions to mitigate risks. The nursing assessment of a patient with mononucleosis involves recognizing key symptoms such as fever, sore throat, lymphadenopathy, and fatigue. A detailed medical history, including potential exposure to EBV, is crucial in the diagnostic process. Diagnostic tests, such as the monospot test and blood smears, help confirm the diagnosis and rule out other conditions, such as streptococcal throat infections. In some cases, nurses should be aware of secondary complications, such as splenomegaly, which increases the risk of splenic rupture, especially during physical activity. In terms of management, nurses are integral in providing symptomatic relief, including the use of antipyretics, adequate hydration, and rest. Patient education is essential, particularly regarding the transmission of EBV, as the disease is spread through saliva. Patients should be advised not to share food or drinks and to avoid physical activities, especially sports, to prevent splenic rupture. Furthermore, nurses must educate patients on the importance of avoiding antibiotics like amoxicillin, which can cause a rash in those with mononucleosis. The prognosis for mononucleosis is generally favorable, with most patients recovering without significant long-term effects. However, healthcare providers must remain vigilant for severe complications such as splenic rupture, which may require surgical intervention. Therefore, the coordination of care between healthcare professionals is vital to ensure comprehensive management of the disease. This includes follow-up assessments to monitor for any complications and ongoing patient education to ensure that recovery is achieved without the occurrence of serious health issues. In conclusion, while mononucleosis is usually self-limiting, appropriate nursing care, including effective assessment, symptom management, patient education, and prevention of complications, is crucial for optimizing patient outcomes. By addressing these areas, healthcare providers can help reduce the risk of complications, promote a swift recovery, and ensure the overall well-being of patients diagnosed with mononucleosis.

References:

[1] Smatti MK, Al-Sadeq DW, Ali NH, Pintus G, Abou-Saleh H, Nasrallah GK. Epstein-Barr Virus Epidemiology, Serology, and Genetic Variability of LMP-1 Oncogene Among Healthy Population: An Update. Front Oncol. 2018;8:211.

[2] Stemberger M, Jung C, Bogner JR. [Mononucleosis: a disease with three different etiologies]. MMW Fortschr Med. 2018 May;160(10):44-48.

[3] Correia S, Bridges R, Wegner F, Venturini C, Palser A, Middeldorp JM, Cohen JI, Lorenzetti MA, Bassano I, White RE, Kellam P, Breuer J, Farrell PJ. Sequence Variation of Epstein-Barr Virus: Viral Types, Geography, Codon Usage, and Diseases. J Virol. 2018 Nov 15;92(22)

[4] Downham C, Visser E, Vickers M, Counsell C. Season of infectious mononucleosis as a risk factor for multiple sclerosis: A UK primary care case-control study. Mult Scler Relat Disord. 2017 Oct;17:103-106.

[5] Burnard S, Lechner-Scott J, Scott RJ. EBV and MS: Major cause, minor contribution or red-herring? Mult Scler Relat Disord. 2017 Aug;16:24-30.

[6] Womack J, Jimenez M. Common questions about infectious mononucleosis. Am Fam Physician. 2015 Mar 15;91(6):372-6.

[7] Koester TM, Meece JK, Fritsche TR, Frost HM. Infectious Mononucleosis and Lyme Disease as Confounding Diagnoses: A Report of 2 Cases. Clin Med Res. 2018 Dec;16(3-4):66-68.

[8] Kolesnik Y, Zharkova T, Rzhevskaya O, Kvaratskheliya T, Sorokina O. [CLINICAL AND IMMUNOLOGICAL CRITERIA FOR THE ADVERSE COURSE OF INFECTIOUS MONONUCLEOSIS IN CHILDREN]. Georgian Med News. 2018 May;(278):132-138.

[9] Li Y, George A, Arnaout S, Wang JP, Abraham GM. Splenic Infarction: An Under-recognized Complication of Infectious Mononucleosis? Open Forum Infect Dis. 2018 Mar;5(3):ofy041.

[10] Vogler K, Schmidt LS. [Clinical manifestations of Epstein-Barr virus infection in children and adolescents]. Ugeskr Laeger. 2018 May 14;180(20)
[11] Dunmire SK, Verghese PS, Balfour HH. Primary Epstein-Barr virus infection. J Clin Virol. 2018 May;102:84-92.
[12] Olympia RP. School Nurses on the Front Lines of Medicine: A Student With Fever and Sore Throat. NASN Sch Nurse. 2016 May;31(3):150-2.
[13] Grimes RM, Hardwicke RL, Grimes DE, DeGarmo DS. When to consider acute HIV infection in the differential diagnosis. Nurse Pract. 2016 Jan 16;41(1)
[14] Aslan N, Watkin LB, Gil A, Mishra R, Clark FG, Welsh RM, Ghersi D, Luzuriaga K, Selin LK. Severity of Acute Infectious Mononucleosis Correlates with Cross-Reactive Influenza CD8 T-Cell Receptor Repertoires. mBio. 2017 Dec 05;8(6)
[15] De Paor M, O'Brien K, Fahey T, Smith SM. Antiviral agents for infectious mononucleosis (glandular fever). Cochrane Database Syst Rev. 2016 Dec 08;12(12):CD011487.

فحص شامل للداء الوحيد: تقييم التمريض، الإدارة، واستراتيجيات الرعاية لتحقيق أفضل نتائج للمريض.

الملخص:

الخلفية: الداء الوحيد المعدي، المعروف بشكل شائع بال "مونو"، هو مرض فيروسي يسببه بشكل رئيسي فيروس إبشتاين-بار .(EBV) يؤثر بشكل رئيسي على المراهقين والشباب، ويظهر بأعراض مثل الحمى، التهاب الحلق، تضخم العقد اللمفاوية، والتعب. ينتقل عن طريق اللعاب ويعرف شعبياً بـ "مرض التقبيل". رغم أن فيروس EBV هو السبب الرئيسي، فإن فيروسات أخرى مثل الفيروس المضخم للخلايا (CMV) قد تسبب أعراضاً مشابهة. التشخيص الدقيق والإدارة الفورية أمران حاسمان للوقاية من المضاعفات مثل تمزق الطحال.

الهدف: الهدف من هذه الدراسة هو استكشاف تقييم التمريض، والإدارة، واستراتيجيات الرعاية للأفراد الذين تم تشخيصهم بالداء الوحيد لضمان أفضل نتائج للمريض. يتضمن ذلك فهم الخصائص التشخيصية الرئيسية، والتدخلات التمريضية، والإجراءات الوقائية.

الطرق: تم إجراء مراجعة شاملة للأدبيات الحالية والإرشادات السريرية لتقييم الفسيولوجيا المرضية، وعوامل الخطر، والاختبارات التشخيصية، واستراتيجيات الإدارة للداء الوحيد. تم التركيز على دور الممرضين في تقييم ورعاية المرضى، بالإضافة إلى الوقاية من المضاعفات من خلال التعليم والمراقبة.

النتائج: يتم تشخيص الداء الوحيد عادة من خلال العرض السريري والاختبارات المخبرية مثل اختبار المونو سبوت. الحالة عادة ما تكون محدودة ذاتياً، مع توقع التعافي خلال 2 إلى 4 أسابيع. يلعب الممرضون دوراً حاسماً في إدارة الأعراض، وتقديم التعليم للمرضى حول كيفية تجنب العدوى، والتعرف على علامات التحذير من المضاعفات مثل تمزق الطحال، وتعزيز الترطيب والراحة.

الخاتمة: الداء الوحيد المعدي، على الرغم من كونه محدوداً ذاتياً، يتطلب إدارة تمريضية دقيقة للحد من المضاعفات وتعزيز التعافي. يجب أن يكون الممرضون يقظين في مراقبة علامات تمزق الطحال، وتعليم المرضى كيفية إدارة الأعراض، وتقديم الرعاية الداعمة. التشخيص المبكر والتعليم الفعال للمرضى أمران أساسيان للوقاية من المضاعفات وضمان أفضل النتائج .

الكلمات المفتاحية: الداء الوحيد، فيروس إبشتاين-بار، إدارة التمريض، تمزق الطحال، تعليم المرضى، إدارة الأعراض، الأمراض المعدية.