Dizziness

A/P

Differential includes: BPPV, Labyrinthitis, otosclerosis, electrolyte abnormality, medication side effect, syncope/presyncope, orthostasis, focal seizures, neuropathy

{\_}Common causes of episodic Dizziness: BPPV, Orthostasis, Meniere's, Vestibular migraine, psychiatric condition {\_}

{\_}Common causes of continuous dizziness: medications, vestibular neuritis, stroke/TIA {\_}

The above differential was considered and patient likely has: {\_}

No syncopal component

No chest pain or palpitations with reported episodes

Treatment was discussed with patient.

No bacterial infection suspected based on history and physical so plan on holding off on any antibiotics at this time.

I suspect that this patient likely has BPPV vs orthostasis, {\_} but given the symptoms we will work them up as below

-Pt was started on Meclizine

-Pt given printed material regarding home exercises for BPPV.

-Drink adequate fluids (recommend atleast 60oz daily), increase salt in diet (if no history of CHF or CKD)

-We discussed standing slowly to allow blood vessels to redistribute fluids adequately to avoid orthostasis

-Follow up in three days if symptoms have not improved and follow up immediately for any respiratory distress, other neurologic symptoms, side effects, new symptoms, other concerns or worsening.

-Alternative diagnoses discussed. Pt instructed to go to ER if increasing, changing, worsening symptoms.

-Will plan on treating for BPPV while we begin workup for other causes such as cardiac, neurological, and otosclerosis

Information and guidelines from the AAFP were used, this can be found at this link: https://www.aafp.org/pubs/afp/issues/2017/0201/p154.html