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NCLEX Review

YELLOW BOOK

If you found any of my resources other than Nurse June: Your Nursing Space pages, please report that to me at yournursingspace@gmail.com

[NOTICE]

Yellow notes are synchronized with each lecture.

I recommend hiding the answer section with another piece of paper as you go through each question as you listen to the lectures :)

Lecture 1: Acid and Base Imbalances

1. Rule of the B's: If the _____ and the _____ are _____ in the same direction then it is meta_____

 pH, Bicarb, Both, Bolic

2. pH 7.30_____ HCO₃ 20_____

 ↓= acidosis; ↓= metabolic



3. pH 7.58_____ HCO₃ 32_____

 ↑= alkalosis; ↑= metabolic

4. pH 7.22_____ HCO₃ 30_____

 ↓= acidosis; ↑= respiratory

5. You are providing care to a client with the following blood gas results: pH 7.32, CO₂ 49, HCO₃ 29, PO₂ 80, and SaO₂ 90%. Based on these results, the client is experiencing:

 ↓= acidosis; ↑= respiratory

6. MACKussmaul?

 The only acid base to cause Kussmaul respirations is Metabolic ACidosis.

7. As the _____ goes, so goes _____ except for _____

 pH, my patient, Potassium

8. Up

 hypokalemia, alkalosis, HTN, Tachycardia, Tachypnea, Seizures, Irritability, Spastic, Diarrhea, Borborygme, hyperreflexia, etc

9. Down



 hyperkalemia, acidosis, htn, bradycardia, constipation, absent bowel sounds, flaccid, bradypnea

10. Causes of acid-base imbalances: First ask yourself, "Is it _____?" If yes, then it's _____. Then ask yourself: "Are they _____ or _____. If _____, pick _____. If _____, pick _____

 lung, respiratory, overventilating, underventilating, overventilating, alkalosis, underventilating, acidosis

11. Causes of acid-base imbalances: If it's not lung, then it's _____. If the patient has _____ vomiting or suction, pick _____. For everything else that isn't lung, pick _____. When you don't know what to pick, choose _____

 metabolic, prolonged gastric, alkalosis, metabolic acidosis, metabolic acidosis

12. High pressure alarms are triggered by _____ resistance to air flow.

 Increased

13. High pressure alarms are triggered by increased resistance to airflow and can be caused by obstructions of three types:

- 1) _____
- 2) _____
- 3) _____

 (kinked tube) unkink, (water in tube) empty, (mucus in airway) cough and deep breathe

14. Low pressure alarms are triggered by _____ resistance to airflow.

 Decreased

15. Low pressure alarms are triggered by decreased resistance to airflow and can be caused by disconnections of the _____ or _____



 tubing (reconnect it), oxygen sensor tube (reconnect it UNLESS tube is on the floor- bag them and call RT if this happens)

16. Respiratory alkalosis means ventilator settings may be too _____

 High

17. Respiratory acidosis means ventilator settings may be too _____

 Low

18. What does "wean" mean?

 gradually decrease with the goal of getting off altogether

Lecture 2: Alcoholism & Aminoglycosides

19. What is Maslow's highest priority to lowest priority?



1. Physiological
 2. Safety
 3. Comfort
 4. Psychological (problems within the person)
 5. Social (problems with other people)
 6. Spiritual
-



20. Arrange from highest to lowest priority using Maslow's:

- Spiritual Distress**
Pain in Elbow
Denial
Fall Risk
Pathological Family Dynamics
Electrolyte Imbalance



- Electrolyte Imbalance (Physiological)
Fall Risk (Safety)
Pain in Elbow (Comfort)
Denial (Psychological)
Pathological Family Dynamics (Social)
Spiritual Distress (Spiritual)
-

21. What are the 5 stages of grief?



- Denial

Anger
Bargain
Depression
Acceptance

22. The #1 problem in abuse is _____



Denial

23. Denial is the _____ to accept the _____ of their problem



refusal, reality

24. Treating denial: _____ it by pointing out to the person the difference between what they _____ and what they _____. In contrast, _____ the denial of loss and grief



confront, say, do, support

25. Dependency: When the _____ gets the Significant Other to do things for them or make decisions for them



Abuser

26. Codependency: When the _____ derives positive _____ from doing things for or making decisions for the _____



Significant Other, self-esteem, abuser

27. When treating dependency/codependency: Set _____ and _____ them. Agree in advance on what requests are allowed, then enforce the agreement



limits, enforce

28. When treating dependency/codependency: Work on the _____ of the codependent person



self-esteem

29. Manipulation: when the _____ gets the _____ to do things for him/her that are not in the _____ of the _____. The nature of the act is _____ or _____ to the _____



abuser, significant other, interest, significant other, harmful, dangerous, significant other

30. Treating manipulation: set _____ and _____



limits, enforce

31. Wernicke's (Korsakoff's) Syndrome: _____ induced by Vitamin _____(thiamine) deficiency



Psychosis, B1

32. Primary symptoms of Wernicke's (Korsakoff's) Syndrome: _____ with _____



amnesia (memory loss), confabulation (makeup stuff)

33. 3 Characteristics of Wernicke's (Korsakoff's) Syndrome



preventable (take vitamin)
arrestable (take vitamin)
irreversible (kills brain cells)

34. Antabuse/Revia is aka _____ Therapy



Aversion



35. Onset and duration of effectiveness of Antabuse/Revia: _____



2 weeks

36. Patient teaching with Antabuse/Revia: Avoid _____ forms of _____ to avoid

_____, _____, _____



all, alcohol, nausea, vomiting, death

37. What are examples of products that contain alcohol?



mouth wash, cologne, perfume, aftershave, elixir, most OTC liquid medicines, insect repellent, vanilla extract, vinagerettes, hand sanitizer

38. First thing you ask in overdose question:



Is it an UPPER or a DOWNER?

39. What about laxative abuse in the elderly?



It is neither an upper or a downer

40. What are upper drugs?



Caffeine
Cocaine
PCP/LSD (psychedelics/ hallucinogens)
Methamphetamines
Adderall



41. What are signs and symptoms of upper drugs?



Euphoria, seizures, restlessness, irritability, hyperreflexia (3+,4+), tachycardia, increased bowels (borborygmi), diarrhea

42. What are signs and symptoms of downer drugs?



Lethargic, respiratory depression/arrest, constipated, etc

43. What are downer drugs?



Drugs that are not listed on the upper drugs are all downers

44. What is the highest nursing priority that you can anticipate in an upper?



suctioning (due to seizures)

45. What is the highest nursing priority that you can anticipate in a downer?



intubation/ventilation (due to respiratory arrest)



46. What is the trend of the signs and symptoms of overdose of uppers?



Too much (+)

47. What is the trend of the signs and symptoms of withdrawal of downers?



Too little (-)

48. Always assume _____ at birth, in a newborn less than 24 hrs after birth.



Intoxication (+)

49. 24 hrs or more after birth, you should assume the newborn is in _____



50. Every alcoholic goes through _____. Only a minority get _____



Alcohol Withdrawal Syndrome, Delirium Tremens

51. _____ is not life-threatening. _____ can kill you



Alcohol Withdrawal Syndrome, Delirium Tremens

52. Patients with _____ are not a danger to themselves or others. Patients with _____ are dangerous to self and others



Alcohol Withdrawal Syndrome, Delirium Tremens

53. AWS or DT: semi private room, any location



AWS

54. AWS or DT: private room near the nurse's station



DT

55. AWS or DT: Regular diet



AWS

56. AWS or DT: Clear liquid or NPO diet (risk for aspiration)



DT

57. AWS or DT: Up at liberty



AWS

58. AWS or DT: Restricted to bedrest with no bathroom privileges



DT



59. AWS or DT: No restraints



AWS

60. AWS or DT: Usually restrained with either vest or 2 point (1 arm and 1 leg)



DT

61. AWS or DT: Give anti-HTN medication



Both

62. AWS or DT: Give tranquilizer



Both

63. AWS or DT: Give multivitamin to prevent Wernicke's



Both

64. For Aminoglycosides, think " _____ "



a mean old mycin



65. When are antibiotics/aminoglycosides used?



to treat serious, life-threatening, resistant infections

66. All aminoglycosides end in _____, but not all drugs that end in _____ are aminoglycosides .



mycin, mycin

67. What are some examples of wannabe mycins?



Azithromycin, Clarithromycin, Erythromycin

68. What are some examples of aminoglycosides?



Streptomycin, Cleomycin, Tobramycin, Gentamycin, Vancomycin, Clindamycin

69. When remembering toxic effects of mycin's think _____



mice= ears

70. What is the toxic effect of aminoglycosides and what must you monitor?



ototoxicity; monitor hearing, balance, and tinnitus



71. The human ear is shaped like a _____ so another toxic effect of aminoglycosides is _____ so monitor _____



kidney, nephrotoxicity, creatinine

72. The number "___" drawn inside the ear reminds you of cranial nerve ___ and frequency of administration ___



8, 8, Q8H

73. Do not give aminoglycosides PO except in these 2 cases:

- 1) _____ (due to high _____ level)
- 2) Pre-op _____ surgery



hepatic encephalopathy (liver coma, ammonia-induces encephalopathy), ammonia, bowel

74. Who can sterilize my bowel?



Neo- Kan

75. What is the reason for drawing Trough and Peak levels?



Narrow therapeutic level



76. When do you ALWAYS draw the Trough?



30 minutes before next dose

77. When do you draw the Peak level of Sublingual medications?



5-10 minutes after drug dissolves

78. When do you draw the Peak level of IV medications?



15-30 minutes after medication is finished

79. When do you draw the Peak level of IM medications?



30-60 minutes after injecting it

80. When do you draw the Peak level of SQ medications?



Depends on type of insulin

81. When do you draw the Peak level of PO medications?



Not necessary; not tested

Lecture 3. Calcium Channel Blocker (CCB) / Chest Tube/ CHD/ Infections and Precautions



82. Calcium Channel Blockers: they are like _____ for your heart. What does that mean?



Valium. It relaxes the heart

83. Calcium Channel Blockers: _____ inotropic, chronotropic, dromotropic



Negative

84. Inotropic means



strength of heart

85. Positive Inotropic means



strong heartbeat

86. Negative Inotropic means



weak heartbeat

87. Chronotropic means



rate of heartbeat



88. Positive Chronotropic means



fast heartbeat

89. Negative Chronotropic means



slow heartbeat

90. Dromotropic means



conductivity of heart

91. Positive Dromotropic means



excitable heart

92. Negative Dromotropic means



blocks/slow conduction

93. Positive Inotropic, Chronotropic, and Dromotropic is seen with which medications?



atropine, epinephrine, and norepinephrine



94. Negative Inotropic, Chronotropic, and Dromotropic is seen with which medications?



Calcium Channel Blockers and Beta Blockers

95. What do Calcium Channel Blockers treat? (3 indications)



Antihypertensives (decrease BP)
Anti Angina (imbalance between O₂ supply and demand)
Anti Atrial Arrhythmic (Atrial flutter and Atrial fibrillation)

96. What are some of the side effects of Calcium Channel Blockers (2) ?



Headache, hypotension

97. Names of Calcium Channel Blockers can be remembered by saying....



I sop zem dipine in the Calcium Channel ("zem", "dipine", "verapamil/isoptin")

98. "QRS depolarization" always refers to _____



Ventricular (not atrial, junctional or nodal).

99. "P wave" refers to _____



Atrial



100. What is Asystole?



a lack of QRS depolarizations (flat line)

101. Atrial Flutter?



rapid P-wave depolarizations in a saw-tooth pattern (flutter)

102. Atrial Fibrillation?



chaotic P-wave depolarizations

103. Ventricular Tachycardia?



wide bizarre QRS's

104. Premature Ventricular Contractions (PVC)?



Periodic wide, bizarre QRS's

105. Be concerned about PVC's if:



- More than 6 per minute
 - 6 in a row
 - PVC falls on T-wave of previous beat
-



106. What are the lethal arrhythmias?



asystole and ventricular fibrillation

107. What are the potentially life-threatening arrhythmias?



1. v-tach, 2. a-fib, 3. a-flutter

108. When dealing with an IV push drug if you don't know go _____ except _____!



slow, adenocard

109. What is the treatment for PVC's?



lidocaine and amiodarone

110. What is the treatment for V Tach?



lidocaine and amiodarone

111. What are the treatments for supraventricular arrhythmias?



ABCD

Adenocard/adenosine

Betablocker (end in lol)

Calcium Channel Blocker

Digitalis/Digoxin (lanoxin)



112. What is the treatment for V-fib?

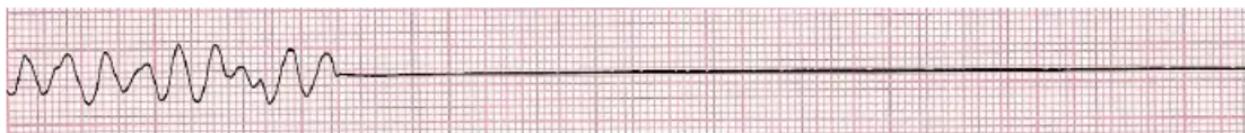


you defib

113. What is the treatment for Asystole?



Give Epi first then Atropine



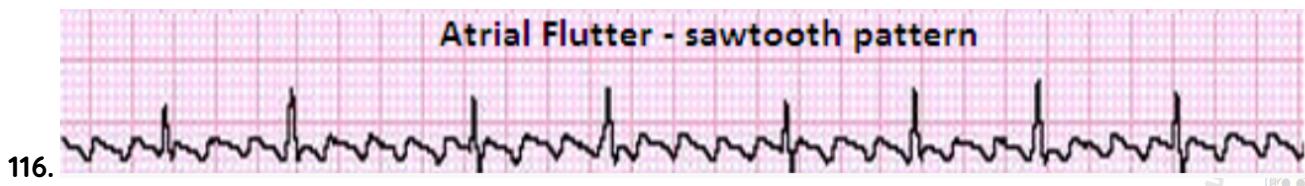
114.



Asystole



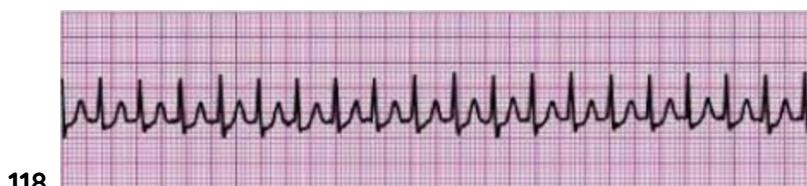
atrial fibrillation



atrial flutter



Normal Sinus Rhythm





Supraventricular tachycardia

119.



ventricular fibrillation

120.



ventricular tachycardia



121. The purpose for chest tubes is to re-establish _____ pressure in the pleural space.



negative

122. In the pneumothorax, the chest tube removes _____



Air

123. In the hemothorax, the chest tube removes _____



Blood

124. In the pneumothorax, the chest tube removes ___ and _____.



air and blood

125. When the chest tube is _____ (____) for ___. aka ____



Apical (high), air, apex

126. When the chest tube is _____ (____) for _____ aka ____



Basilar (low), blood, base (bottom of lung)



127. How many chest tubes and where for unilateral pneumothorax?



2; apical and basilar on side of pneumo

128. How many chest tubes and where for bilateral pneumothorax?



2; apical for both

129. How many chest tubes and where for post-op chest surgery/chest trauma?



assume unilateral pneumothorax- 2; apical and basilar on side of pneumo

130. In routine _____ clamp chest tube. In emergency _____ the chest tube



NEVER; CLAMP

131. What do you do if you kick over the collection bottle?



Set it back up (not an emergency)

132. What do you do if the water seal breaks? (First thing to do vs. Best thing to do)



First - clamp it, cut tube away from device

Best - submerge the tube under water, then unclamp



133. What do you do if the chest tube comes out?



First- cover with a gloved hand

Best- cover the hole with Vaseline gauze, put a dry sterile dressing on top, tape on 3 sides

134. If there's bubbling in the water seal intermittently it is...



Good

135. If there's bubbling in the water seal and it's continuous it is...



Bad

136. If there's bubbling in the suction control chamber intermittently it is...



Bad

137. If there's bubbling in the suction control chamber continuously it is...



Good

138. Rules for clamping the tube: never clamp longer than _____ without Dr's order
use _____



15 seconds, rubber tipped double clamps



139. Every congenital heart defect is either _____ or _____



TRouBLE, No TRouBLE

140. R-L



Right to Left shunt

141. "B"



Blue

142. "T"



Diseases that starts with the letter "T"

143. What are some examples of "TRouBLE" congenital heart defects?



Trunkus arteriosis, Trans. position of great vessels, Tetrology of Fallot, Tricuspid stenosis, TAPZ, Left ventricular hyperplasmic syndrome

144. What are some examples of "No TRouBLE" congenital heart defects?



Patent fore. ov., ventricular septal defect, pulmonary stenosis

145. A CHD kids will have 2 things in common, whether TRouBLE or No TRouBLE...



1. Murmurs
 2. Echocardiogram
-

146. Four defects present in Tetralogy of Fallot are...



VarieD
PictureS
Of A
Ranch
Ventricular Defect
Pulmonary Stenosis

Overriding Aorta
Right Hypertrophy

147. What are 4 transmission-based precautions?



Standard / universal, Contact, Droplet, Airborne

148. What are infectious disease examples of contact precaution?

Anything **enteric** (GI/ fecal/ oral) – **c.diff, hepatitis A, E. coli, cholera, dysentery**

- **Staph**
 - **RSV (droplets)** fall onto object then pt touches object or put it in mouth; do not cohort 2 RSV pts unless culture and symptoms say that have the same disease)
 - **Herpes**
-



149. PPE for contact precaution?



- Private room
 - Can be in the same room if **cohort based on culture and NOT symptoms**
 - Hand wash → gown → gloves
 - Disposable supply (gloves, paper plates, plastic utensils)
 - Dedicated equipment (stetho, BP cuff) and toys stay in the room
-

150. What are infectious disease examples of droplet precaution?



For bugs traveling on large particles through coughing, sneezing to less than 3 feet

- **Meningitis**
 - **H. influenza b** (e.g., epiglottitis – nothing in the throat)
-

151. PPE for droplet precaution?



- Private room

- Can be in the same room if cohort based on culture AND symptoms
 - Hand wash → mask → goggle or face shield → gloves
 - Disposable supply
 - Dedicated equipment
-

152. What are infectious disease examples of airborne precaution?



“MTV”

- MMR
 - TB
 - Varicella (chickenpox)
-

153. PPE for airborne precaution?



- Private room
 - Can be in the same room if cohort based on culture AND symptoms
 - Hand wash → goggle or face shield → gloves
 - Wear mask when leaving the room
 - Keep door closed
 - Disposable supply (not essential)
 - Dedicated equipment (not essential)
 - Negative pressure airflow
-



154. What is the donning order?



- Gown
 - Mask
 - Goggle
 - Gloves
-

155. What is the doffing order?



- Gloves
- Goggle

- Gown
 - Mask
-

156. The proper place for donning PPE is _____ the room and doffing PPE is _____ the room



outside, inside

157. Know these math problems for the NCLEX!



- Dosage calculation
 - IV drip rates = volume x drop factor / time
 - Micro/mini = 60 drops/ml
 - Macro = 10 drops/ml
 - Pediatric dose (2.2lbs = 1kg)
-



Lecture 4: Crutches, Canes, Walkers & psychiatry

158. How do you measure crutches for a person?



2-3 finger widths below anterior axillary fold to a point lateral and slightly in front of foot

159. When the handgrip is properly placed, the angle of elbow flexion will be _____ degrees



30

160. 2 point gait steps and indication?



- 1) Move one crutch and opposite foot together

- 2) Move other crutch and other foot together (remember 2 points together for a 2 point gait)
-> Used for minor weakness on both legs
-

161.3 point gait - steps?



- 1) Move two crutches and bad leg together
 - 2) Move good foot
- > (Remember 3 point is called 3 point because 3 points touch down at once)
-

162. 4 point gait - steps?



- 1) one crutch
 - 2) opposite foot
 - 3) other crutch
 - 4) other foot
- > nothing moves together and everything is really weak



163. Swing through indication:



for two braced extremities (Amputees)

164. Use the _____ numbered gaits when weakness is _____ distributed. ___ point for mild problems and ___ point for severe



even, evenly, 2, 4

165. Use the ___ numbered gait when one leg is _____



166. Stairs: which foot leads when going up and down stairs on crutches? _____ with the _____ and _____ with the _____. The crutches always move with the ____ leg



up, good, down, bad, bad

167. Cane: Hold cane on the _____ side. Advance cane with the _____ side for a wide base of support



unaffected side, opposite



168. What is the correct way to use a walker?



pick it up, set it down, and walk to it

169. What is a big NO when it comes to walkers?



Do not tie belongings to the front of the walker

170. What is the correct way to get up from a chair using a walker?



Hold on to chair, stand up, then grab walker

171.What is the difference between a non-psychotic person and a psychotic person?



a non-psychotic person has insight (know they're sick and that it's messing them up) and is reality based (they see reality the same way as you) and a psychotic person has no insight and is not reality-based.

172. Delusion



a false, fixed belief or idea or thought. There is no sensory component

173. What are the 3 types of delusions?



Paranoid/Persecutory, Grandiose, & Somatic



174. Paranoid or Persecutory Delusion



false, fixed belief that people are out to harm you

175. Grandiose delusion



False, fixed belief that you are superior

176. Somatic delusion



False, fixed belief about a body part

177. Hallucination



a false, fixed sensory experience

178. What are the 5 types of hallucinations?



auditory (hearing), tactile (feeling), visual (seeing), gustatory (tasting), and olfactory (smelling)

179. Illusion



a misinterpretation of reality. It is a sensory experience



180. What is the difference between illusions and hallucinations?



With illusions there is a referent in reality (something to which they can refer to)

181. When dealing with a patient experiencing delusions, hallucinations or illusions, first ask yourself, "What is their problem?" (what are the different problems that could be going on?)



functional psychosis, psychosis of dementia, and psychotic delirium

182. What are the different types of functional psychosis?



schizophrenia, schizoaffective (mood disorder thought process), major depression, and mania

183. With a functional psychosis the patient has the potential to learn reality. How can you teach reality to a functional psychotic?



1. acknowledge feelings
 2. present reality
 - a. positive- what is reality
 - b. negative- what is not reality
 3. set a limit
 4. enforce the limit
-

184. Psychosis of dementia



People with Alzheimer's, Wernicke's, Organic Brain Syndrome, and dementia. This patient has a brain destruction problem and cannot learn reality



185. How do you deal with a person with Psychosis of Dementia?



1. Acknowledge feeling
 2. Redirect- get them to express the fixation that they are expressing inappropriately to appropriately
-

186. Psychotic Delirium



Temporary episodic secondary dramatic sudden onset of loss of reality due to chemical imbalance (UTI, thyroid imbalance, electrolyte imbalance)

187. How do you deal with a patient with Psychotic Delirium?



1. Acknowledge feeling

2. Reassure them of safety and temporariness

188. What are the different types of loosening of association?



Flight of ideas, word salad, neologisms

189. Flight of ideas



Stringing phrases together (loosely associated phrases; tangentiality)

190. Word salad



Throw words together



191. Neologisms



Making up new words

192. Narrowed self-concept



When a PSYCHOTIC refuses to change their clothes or leave the room. *don't make a psychotic do something they don't want to do

193. Ideas of reference



You think everyone is talking about you

194. Dementia hallmarks



Memory loss, inability to learn.

*Functional scan teach, dementias cannot

195. Always acknowledge _____



Feeling

196. What are the 3 "Re's"?



Reassure

Redirect

Reality



Lecture 5: diabetes

197. Diabetes mellitus



An error of glucose metabolism

198. Diabetes insipidus



Dehydration, polyuria, polydipsia

199. Type I Diabetes Mellitus



Insulin dependent (not producing insulin) Juvenile onset
Ketosis prone

200. Type II Diabetes Mellitus



Non insulin dependent (body resisting insulin)
Adult onset
Non ketosis prone



201. Signs and symptoms of diabetes mellitus



Polyuria (pee a lot)
Polydipsia (drink a lot)
Polyphagia (eat/swallow a lot)

202. Treatment for Type I Diabetes Mellitus



3. Diet (calories from carbs)
1. Insulin
2. Exercise

203. Treatment for Type II Diabetes Mellitus



1. Diet

3. Oral hypoglycemics

2. Activity

204. Diet of Diabetics



Calorie (carbs) restriction

Need to eat 6x per day--> smaller more frequent meals

205. Insulin acts to _____ blood sugar



Lower



206. Insulin Type: R



R= Regular, Rapid, Run (IV)

Onset: 1hr

Peak: 2hr

Duration: 4hr

207. Insulin Type: N



N= NPH, Not in the bag, Not so fast, Not clear (cloudy)

Onset: 6hr

Peak: 8-10hr

Duration: 12 hr

208. Insulin Type: Humalog



Insulin Lispro

Fastest

Onset: 15min

Peak: 30min

Duration: 3hrs

209. Insulin Type: Lantus



Long acting

Slow absorption

No peak

Duration: 12-24hr

210. With insulin, remember:



Check expiration date

Refrigerate but once open no refrigeration



211. Exercise _____ insulin: if more exercise, need _____ insulin. If less exercise, need _____ insulin



Potentiates, less, more

212. Sick day rules for insulin



Take insulin

Take sips of water

Stay active as possible

213. Low blood sugar in Type I Diabetes Mellitus (insulin shock) is caused by:



- Not enough food
 - Too much insulin
 - Too much exercise
-

214. Why is low blood sugar in Type I Diabetes Mellitus (insulin shock) dangerous?



- Permanent brain damage
-

215. Signs and symptoms of low blood sugar in Type I Diabetes Mellitus (insulin shock):



- Cerebral impairment, vasomotor collapse, cold, clammy, slow reaction time, "drink shock"
-



216. Treatment for low blood sugar in Type I Diabetes Mellitus (insulin shock):



- Administer rapidly metabolizable carbohydrate (candy, honey)
 - Ideal combination: sugar and protein
 - If unconscious IV D50 IM glucagon
-

217. High Blood Sugar in Type I Diabetes Mellitus/ DKA/ Diabetic Coma is caused by:



- Too much food
 - Not enough insulin
 - Not enough exercise
 - #1 cause is acute viral upper respiratory infection within the last 10 days
-

218. Signs and symptoms of High Blood Sugar in Type I Diabetes Mellitus/ DKA/Diabetic Coma



Dehydration

Ketones, Kussmaul Breathing, high K+

Acidosis, Acetone breath, Anorexia

219. Treatment for High Blood Sugar in Type I Diabetes Mellitus/ DKA/ Diabetic Coma



Insulin IV (R)

IV rate flow 200mg/hr

220. Treatment for low blood sugar in Type II Diabetes Mellitus:



Administer rapidly metabolizable carbohydrate (candy, honey)

Ideal combination: sugar and protein

If unconscious IV D50 IM glucagon



221. High Blood Sugar in Type II Diabetes Mellitus



Called HHNK or HHNC- Hyperosmolar, Hyperglycemic, Non-Ketotic Coma

This is severe dehydration

222. Signs and symptoms of High Blood Sugar in Type II Diabetes Mellitus



Hot, dry, increased HR, decreased skin turgor

223. Treatment for High Blood Sugar in Type II Diabetes Mellitus



Rehydration

224. Long term complications of HHNC are related to



Poor tissue perfusion
Peripheral neuropathy

Lecture 6: drug toxicity, hiatal hernia, dumping syndrome, electrolyte



225. Which lab test is the best indicator of long-term blood glucose control (compliance/effectiveness/adherence)?



Ha1c (average blood sugar over last 90 days)

226.

Cold and clammy - _____.

Hot and dry - _____



Get some candy
Sugar's high

227. What are the therapeutic and toxic levels for Lithium?



therapeutic level: 0.6-1.2
toxic level: ≥ 2

228. What are the therapeutic and toxic levels for Lanoxin (Digoxin)?



therapeutic level: 1-2

toxic level: >2

229. What are the therapeutic and toxic levels for Aminophylline?



therapeutic level: 10-20

toxic level: ≥ 20

230. What are the therapeutic and toxic levels for Bilirubin?



therapeutic level (elevated level): 10-20

toxic level: >20

231. Kernicterus =



bilirubin in the CSF

232. Opisthotonus =



position of slight extension in neck seen in patients with Kernicterus. (Bad sign)

233. Dumping Syndrome =



Post-Op gastric surgery complication in which gastric contents dump too quickly into the duodenum

234. Hiatal Hernia =



Regurgitation of acid into esophagus, because upper stomach herniates upward through the diaphragm

**235. Hiatal Hernia or Dumping Syndrome:
Gastric contents move in the right direction at the wrong rate**



Dumping Syndrome



**236. Hiatal Hernia or Dumping Syndrome:
Gastric contents move in the wrong direction at the right rate**



Hiatal Hernia

**237. Hiatal Hernia or Dumping Syndrome:
GERD like symptoms when supine and after eating**



Hiatal Hernia

238. ADS (Acute Dumping Syndrome) S&S



Abdominal distress (cramping, N/V, hyperactive BS(borborygmi))

Drunk- cerebral impairment

Shock (vasomotor collapse, rapid thready HR)

239. Treatment for Hiatal Hernia



HOB during & 1hr after meals- high
Amount of fluids with meals- high
Carbohydrate content of meals- high
goal: get an empty stomach

240. Treatment for Dumping Syndrome



HOB during & 1hr after meals- low
Amount of fluids with meals- low
Carbohydrate content of meals- low
goal: get a full stomach



241. Kalemias do the _____ as the prefix except for _____ and _____

Hyperkalemia =

Hypokalemia =



same; heart rate; urine output
Hyperkalemia= ↑; HR ↓, Urine Output ↓
Hypokalemia= ↓; HR ↑, Urine Output ↑

242. Calcemias do the _____ of the prefix. No exceptions.

Hypercalcemia =

Hypocalcemia =



opposite
Hyper=↓
Hypo=↑

243. Two signs of neuromuscular irritability associated with _____:

1. _____
2. _____



Hypocalcemia

1. Chvostek's Sign= cheek tap→ facial spasm
 2. Trousseau's Sign= BP cuff→ carpal spasm
-

244. Magnesemias do the _____ of the prefix.

Hypermagnesemia =

Hypomagnesemia =



opposite

Hyper= ↓

Hypo= ↑



245. If symptoms involve nerve or skeletal muscle, pick _____. For any other symptom, pick _____ (generally anything effecting _____)



Calcium, Potassium, blood pressure

246. HypErnatermia =



dHydration (dry skin, thready pulse, rapid HR)

247. hypOnatremia =



Overload (crackles, distended neck veins)

248. The earliest sign of any electrolyte disorder is _____ & _____



numbness, tingling (paresthesias)

249. The universal sign-symptom of electrolyte imbalance is _____



muscle weakness (paresis)

250. Never push _____ IV



Potassium



251. Not more than _____ of K+ per liter of IV fluid



40mEq

252. Give _____ & _____ to decrease K+



D5W, insulin (not permanent)

253. Kayexalate



K+- exists- late (not as quick, more of a permanent solution)

254. In a patient with hypercalcemia, which monitor pattern would be the most likely threat?



- A. Paroxysmal atrial tachycardia with decreased ST segments
 - B. Bradycardia with 2nd degree Mobitz Type II Block & elevated ST segment
 - C. Frequent PAC's with multifocal coupling of PVC's and tall T-waves
 - D. First degree heart block with decreased ST segment and inverted T-waves
 - D. First degree heart block with decreased ST segment and inverted T-waves
-

Lecture 7: endocrine system

255. Hyperthyroidism =



Hyper- metabolism (high metabolic rate)



256. Signs and Symptoms of Hyperthyroidism



weight loss, diarrhea, ↑HR, hot, heat intolerance, HTN, exophthalmos (bulging eyes- Don Knopps)

257. Hyperthyroidism is also known as _____. So remember _____ yourself into the _____



Grave's Disease; Run; Grave

258. The problem is hyperthyroidism. Treatment options:



Radioactive iodine, propylthiouracil, surgical removal

259. What is the big risk with radioactive iodine?



radiation risk in urine- double flush, need private bathroom

260. What does PTU do?



propylthiouracil knocks out WBC

261. What is the most common treatment for hyperthyroidism?



surgical removal



262. Total thyroidectomy: need lifelong _____ replacement. At risk for _____



hormone; hypocalcemia (difficult to spare parathyroid)

263. What are you at risk for with a subtotal thyroidectomy?



thyroid storm

264. What are signs and symptoms of thyroid storm?



extremely high vital signs, extremely high fever, psychotically delirious. This is a medical emergency

265. What is the treatment for thyroid storm?



oxygen and lower body temperature

266. Total= T_____

Subtotal= S_____



Tetany; Storm

267. Post operation risks for total and subtotal thyroidectomy in first 12 hrs



airway/breathing, bleeding



268. Post operation risks for total thyroidectomy in 12-48 hrs



tetany (r/t ↓Ca)

269. Post operation risks for sub-total thyroidectomy in 12-48 hrs



thyroid storm

270. Hypothyroidism = hypo-_____



Metabolism

271. Signs and Symptoms of hypothyroidism



weight gain, htn, constipation, lethargy, cold-intolerance, "slow"

272. Hypothyroidism is also known as _____



Myxedema

273. What are the 3 reasons for accu-checks (blood sugar check)?



diabetes, TPN, steroids



274. Treatment for hypothyroidism



thyroid replacement (s/e: hyperthyroidism)

275. Caution: with hypothyroidism treatment DO NOT _____



sedate (they are already sedated)

276. Surgical implications for the hypothyroid patient



Anesthesia is very high risk and do not hold thyroid pills when NPO

277. Adrenal Cortex Diseases start with letters ___ or ___



A, C

278. Addison's Disease is _____ of the adrenal cortex



Under-secretion

279. Signs and Symptoms of Addison's Disease



hyperpigmented (darker), doesn't respond to stress well (JFK)



280. Treatment for Addison's Disease



steroids (need to wear a med alert bracelet)

281. Addison's =



Add-a-sone (add a sone drug for treatment)

282. Cushing's Syndrome is _____ of the adrenal cortex



Over-secretion (cushy= more)

283. Signs and Symptoms of Cushing's Syndrome (same as steroids)



moon face, hirsutism (\uparrow body hair), water retention, gynecomastia (man boobs), buffalo hump, central obesity (small skinny limbs), \downarrow bone density, easy bruising, irritability, immunosuppression

284. Treatment for Cushing's Syndrome



adrenalectomy → replacement therapy → steroids)

285. What are the 3 principles to consider when choosing appropriate toys for kids?



1. is it safe
 2. is it age-appropriate
 3. is it feasible (can you actually do it? - specific to child's situation)
-



286. What are some safety considerations when it comes to kids toys?



1. size of toy (no small toys for children under 4)
 2. no metal toys if oxygen is in use (spark things)
 3. beware of fomites (non living object that harbors microorganisms) -worst: plush toys/ stuffed animals; least- plastic toys that can be disinfected
-

287. What is the BEST toy for 0-6 months old (sensorimotor)?



musical mobile

288. What is the 2nd BEST toy for 0-6 months old (sensorimotor)?



large and soft

289. What is the BEST toy for 6-9 months old (object permanence)?



cover/uncover toy (jack in the box)

290. What is the 2nd BEST toy for 6-9 months old (object permanence)?



firm but large (wood/ hard plastic allowed)

291. What is the BEST toy for 9-12 months old?



verbal toy (tickle me Elmo)



292. Remember with 9-12 months old _____ activity with _____



purposeful, objects

293. Avoid answers with the following words in them for children 9 months and younger:



build, sort, stack, make, & construct

294. What is the best toy for toddlers (1-3 years)?



push/pull toy (wagon)

295. What skill is being worked on when toddlers play?



gross motor skill

296. What type of play do toddlers do?



parallel play (play alongside but not with)

297. What types of toys should be avoided with toddlers?



toys that require good finger control/dexterity



298. Preschoolers need toys that work on:



fine motor skills (fingers) and balance (dance, ice skating and tumbling)

299. Preschoolers play is characterized by



cooperative play (play with each other)

300. Preschoolers like to play _____.



Pretend

301. School age (7-11 years) aka _____ are characterized by the 3 C's:

- 1: _____
- 2: _____
- 3: _____



Concrete

1. created/creative (give blank paper; get them involved)
 2. competitive (winners and losers)
 3. collective (baseball cards and barbies)
-

302. Adolescents (12-18 years)- their "play" is _____ . Allow adolescents to be in each others' rooms unless one of them is :

- 1: _____
- 2: _____
- 3: _____



peer group association (hang out in groups)

1. fresh post-op (less than 12 hours)
 2. immunosuppressed
 3. contagious
-



303. When given a variety of ages to choose from always go _____ because children _____ when sick and you want to give them



younger, regress, as much time to grow

304. Laminectomy =



"Ectomy"= removal of
"lamina"= vertebral spinous processes

305. What is the reason for a laminectomy?



to treat nerve root compression

306. What are the 3 signs and symptoms of nerve root compression?



Pain

Paresthesia (numbness & tingling)

Paresis (muscle weakness)



307. What are the different locations for a laminectomy?



cervical (neck)

thoracic (upper back)

lumbar (lower back)

308. What is the most important assessment in a pre-op cervical laminectomy?



function of Upper extremities and breathing

309. What is the most important assessment in a pre-op thoracic laminectomy?



cough (tests abdominal muscles) and bowel sounds

310. What is the most important assessment in a pre-op lumbar laminectomy?



urine output and legs

311. What is the #1 post-op answer on NCLEX?



always log roll your patient

312. What is the specific "activity"/mobilization strategy post-op?



1. do not dangle/sit on side of bed
 2. allowed to walk, sit, stand and lie down
 3. limit sitting 20-30 min at a time
-



313. Post-op complication for cervical laminectomy



watch for pneumonia

314. Post-op complication for thoracic laminectomy



watch for pneumonia and paralytic ileus

315. Post-op complication for lumbar laminectomy



watch for urinary retention

316. Laminectomy with fusion involves taking a _____ from the _____. Of the two incisions, which site has the most:

- Pain?
- Bleeding/Drainage?
- Risk for infection?
- Risk for rejection?



bone graft, iliac crest (hip)

hip

hip

hip/spine

spine

317. Surgeons are using cadaver bone from bone banks. Why?



Because it gets rid of 2nd incision and cuts recovery time in half



318. What are some temporary restrictions (6 wks) with discharge teaching?



1. Don't sit for longer than 30 min
2. Lie flat and log roll for 6 wks
3. Lifting restrictions: do not lift more than 5lbs

319. What are some permanent restrictions for laminectomy patients?



1. Laminectomy patients will never be allowed to lift by bending at the waist (use their needs)
2. Cervical laminectomy patients will never be allowed to lift objects above their heads
3. No horseback riding, off-trail biking, jerky amusement park rides, etc.

Lecture 8: lab values

320. Creatinine?



Best indicator of kidney function

321. Creatinine lab values



0.6-1.2 → If elevated it's abnormal but not too worrisome (just means kidneys are failing)

322. INR (International Normalized ratio)?



Monitors Coumadin (Warfarin) therapy (Coumadin and War Fare make you bleed)



323. What is the therapeutic range for INR?



2-3

↑INR= bleed risk

≥4 is critical

324. What do you do when INR is ≥ 4?



Hold all Coumadin

Assess bleeding

Prepare to give Vitamin K

Call the Dr

325. What is the therapeutic range for Potassium (K+)?



3.5-5.0

326. What do you do if Potassium is low?



Critical

Assess heart

Prepare to give Potassium

Call the Dr

327. What do you do if Potassium is 5.4-5.9?



Critical (high but still in the 5's)

Hold all Potassium

Assess heart

Prepare Kayexalate/D5W

Call the Dr



328. What do you do if Potassium is ≥ 6 ?



Deadly Dangerous

Do all of the following at once: Hold Potassium, assess heart, prepare Kayexalate/D5W, Call Dr (will need a team to address this)

329. What is the therapeutic range of pH?



7.35-7.45

330. What do you do if pH is in the 6's?



Deadly Dangerous. Get vitals and call Dr
(most important when asked in question)

331. What is the therapeutic range for BUN (blood urea nitrogen)?



8-30 (8 buns in a pack)

332. What do you do when a patient has an elevated BUN?



Be concerned
Check for dehydration



333. What is the therapeutic range for Hgb (hemoglobin)?



12-18 (teenage years)

334. What do you do when a patient has a 8-11 hgb?



Be concerned. Monitor the patient

335. What do you do if a patient has a hgb of <8?



Critical. Assess bleeding, prepare for transfusion, call Dr

336. What is the therapeutic range for HCO3?



22-26.

If out of range it is abnormal but not worrisome

337. What is the therapeutic range for CO2?



35-45

338. What do you do if CO2 is in the 50's?



Critical (sign of respiratory insufficiency)

Assess respirations

Do pursed lip breathing (blow out candle and exhale for longer periods)

Don't give O2 (it will increase CO2)

This does not apply to COPD (this is their "normal")



339. What do you do if CO2 is in the 60's?



Deadly Dangerous

Sign of respiratory failure

Assess respirations

Do pursed lip breathing (to ↓ anxiety)

Prepare to intubate and ventilate

Call respiratory therapy

Call Dr

340. What is the therapeutic range for Hct?



36-54.

(If abnormal be concerned)

341. What is the therapeutic range for PO2?



80-100

342. What do you do if PO2 is 70-77?



Critical

Sign of respiratory insufficiency

Assess respirations

Give Oxygen



343. What do you do when PO2 is ≤60's?



Deadly Dangerous

Sign of respiratory failure

Assess Respirations

Give Oxygen

Prepare intubate and ventilate

Call respiratory therapy.

Call Dr

344. What is the therapeutic range for O2 saturation?



93-100

345. What do you do if O2 saturation is less than 95?



Assess respirations and give oxygen

346. BNP?



Good indicator of CHF

347. What is the therapeutic range for BNP?



<100

348. What do you do if BNP is elevated?



Be concerned and continue to monitor patient



349. What is the therapeutic range for Sodium?



135-145

350. What do you do if Sodium is abnormal in a patient?



Be concerned until there's a change in the LOC (then it becomes critical)

351. What is the therapeutic range for WBC's?



352. What is the therapeutic range for ANC?



500 (want above 200)

353. What is the therapeutic range for CD4 count?



<200= AIDS

354. What is another name for high WBC count?



Leukocytosis



355. What are some other names for low WBC count?



Leukopenia
Neutropenia
Agranulocytosis
Immunosuppression
Bone Marrow Suppression

356. What do you do when WBC is <5,000



Critical- immunosuppressed
Neutropenic precautions

357. What do you do if ANC is < 500?



Critical-immunosuppressed
Neutropenic precautions

358. What do you do if CD4 <200?



Critical- immunosuppressed
Neutropenic precautions

359. What are neutropenic precautions?



aka Reverse/Protective Isolation
Strict hand washing
Shower BID with antimicrobial soap
Avoid crowds
Private Room
Limit number of staff entering room
Limit visitors to healthy adults
No fresh flowers or potted plants
Low bacteria diet: no raw fruits, veggies, salads or undercooked meat Do not drink water that has been standing for longer than 15 minutes
Vital signs (temp) every 4 hours
Check WBC (ANC) daily
Avoid use of indwelling catheter
Do not re-use cups... must wash between uses
Use disposable plates, cups, straws, utensils
Dedicated items in room: stethoscope, BP cuff, Thermometer, gloves



360. What is the therapeutic range for platelets?



150,000-400,000

361. What do you do if platelets are <90,000?



Critical

Assess for bleeding

Bleeding Precautions

362. What do you do if platelets are <40,000?



Deadly Dangerous (can spontaneously bleed to death)

Assess for bleeding

Bleeding Precautions



363. What are bleeding precautions?



No unnecessary venipuncture- injection or IV. Use small gauge Handle patient gently (use drawsheet)

Use electric razor

No toothbrushing or flossing

No hard foods

Well-fitting dentures

Blow nose gently

No rectal temp, enema, or suppository

No aspirin

No contact sports

No walking in bare feet

No tight clothing or shoes

Use stool softener. No straining

Notify MD of blood in urine, stool

364. What is the therapeutic range for RBC's?



4-6 (If abnormal be concerned)

365. What are the 5 D's?



(remember the 6's)

1. K⁺ ≥ 6
 2. pH in the 6's
 3. CO₂ in the 60's
 4. pO₂ ≤ 60's
 5. Platelets < 40,000
-

366. When should you call a Rapid Response Team?



When lab values are Critical or Deadly Dangerous or if bad symptoms during assessment



Lecture 9: psychotropic drugs

367. All psych drugs cause....



Hypotension, weight changes, and primary weight gain

368. Phenothiazines



All end in "zine"

Ex: Thorazine, Compazine

Actions: large doses- antipsychotic, small doses- antiemetic, major-tranquilizers

369. Side Effects of Phenothiazines



Remember ABCDEFG...

- A= anticholinergic (dry mouth)
 - B= blurred vision and bladder retention
 - C= constipation
 - D= drowsiness
 - E= EPS (tremors, parkinsonian)
 - F= "f"otosensitivity (skin burns)
 - G= aGranulocytosis (low WBC count- immunosupressed)
- > Teach patient to report sore throat and signs and symptoms of infection to doctor
> Never stop the zine
-

370. Nursing care for Phenothiazines



Treat side effects. Number one diagnosis is safety



371. Decanoate or "D"



Long acting IM form of Phenothiazine given to non compliant patients

372. Tricyclic Antidepressants



"Mood elevators" to treat depression
Ex) Elavil, Trofranil, Aventyl, Desyrel

373. Side effects of Tricyclic Antidepressants



(Elavil starts with "E" so this group goes to "E")

A= anticholinergic (dry mouth)

B= blurred vision

C= constipation

D= drowsiness

E= euphoria (happy)

> Must take med for 2-4 weeks before beneficial effects

374. Benzodiazepines



Antianxiety meds (considered minor tranquilizers)

Always have "Pam"/"lam" in name

Prototype: Valium

Indications: induction of anesthetic, muscle relaxant, alcohol withdrawal, seizures (especially status epilepticus),

facilitates mechanical ventilation

Tranquilizers work quickly. MUST NOT take for more than 6 weeks- 3 months. Keep on Valium until

Elavil kicks in

Number one nursing diagnosis is safety



375. Side effects of BenzoDiazepines



A= anticholinergic

B= blurred vision

C= constipation

D= drowsiness

376. Monoamine Oxidase (MAO) Inhibitors



Antidepressants

Depression is thought to be caused by deficiency of norepinephrine, dopamine, and serotonin in the brain. Monoamine

oxidase is the enzyme responsible for breaking down norepinephrine, dopamine, and serotonin. MAO Inhibitors prevent

the breakdown of these neurotransmitter a and thus restore more normal levels and decrease depression

Drug names: MARplan, NARdil, PARnate

377. Side effects of MAO inhibitors



A= anticholinergic

B= blurred vision

C= constipation

D= drowsiness



378. Interactions/ patient teaching for MAO Inhibitors



To prevent sever, acute, sometimes fatal hypertensive crisis, the patient MUST avoid all foods containing tyramine

Foods containing tyramine:

Fruits and veggies- remember salad "BAR"→ avoid Bananas, Avacados, Raisins (any dried fruits);

Grains: ll okay except things made from active yeast

Meats: no organ meats- liver, kidney, tripe, heart, etc. no preserved meats- smoked, dried, cured, pickled, hot dogs

Dairy: no cheese except mozzarella and cottage cheese (no aged cheese) Other: no alcohol, elixirs, tinctures

(iodine/betadine), caffeine, chocolate, licorice, soy sauce

379. Lithium



An electrolyte (notice "ium" ending as in potassium etc)

Used for treating bipolar disorder (manic-depression)→ it decreases the mania

380. Side effects of Lithium



The three "P's":

Peeing (polyuria)

Pooping (diarrhea)

Paresthesia (tingling/numbness)

Medically inducing a lithium/electrolyte imbalance

Toxic: tremors, metallic taste, severe diarrhea, and any other neuro sign

number one intervention: good fluid hydration. If sweating, give sodium (or other electrolyte) as well as fluids.

Don't give water. Drink Gatorade or other electrolyte solution. Monitor sodium levels

381. Prozac



SSRI (Selective Serotonin Reuptake Inhibitor)

Similar to Elavil

Antidepressant- mood elevator



382. Side effects of Prozac



A= anticholinergic

B= blurred vision

C= constipation

D= drowsiness

> Causes insomnia, so give before 12 noon. If BID, give at 6am and 12 noon

> When changing the dose of Prozac for an adolescent or young adult, watch for suicide

383. Haldol (Haloperidol)



Tranquilizer

Also has a decanoate form

Long acting IM form given to non compliant patients

384. Side effects of Haldol



A= anticholinergic

B= blurred vision

C= constipation

D= drowsiness

E= EPS

F= photosensitivity

G= agranulocytosis

> Elderly patients may develop NMS from overdose. NMS is Neuroleptic Malignant Syndrome- a potentially fatal

hyperplasia (fever) with temp of 104.0. Dose for elderly patient should be half of usual adult dose.

Safety concerns r/t side effects



385. Clozaril (clozapine)



Atypical antipsychotic

Used to treat severe schizophrenia

Advantage: it does not have side effects A-F

Do not confuse with Klonopin (clonazepam)

386. Side effects of Clozaril



Agranulocytosis (worse than cancer drugs)

Can only be prescribe for 7 days then get WBC drawn for 4 weeks, then once a month for 6 months then every 6 months

387. Zoloft (Sertraline)



Another SSRI like Prozac

Antidepressant

Also causes insomnia but can be given in evening

Watch for interaction with St John's Wort (serotonin syndrome), and warfarin (watch for bleeding)

388. Side effects of Zoloft



SAD Head
Sweating
Apprehensive
Dizzy
Headache

Lecture 10: maternity and newborn 1



389. Naegle's Rule (Calculating due date)



Take the first day of the last menstrual period (LMP) Add 7 days. Subtract 3 months

390. Total weight gain during pregnancy



25-31 lbs

391. 1st trimester weight gain



1 lb per month (3 lbs total for first trimester)

392. 2nd/3rd trimester weight gain



1 lb per week

393. Fundus (top of uterus) in not palpable until week _____



12

394. Fundus typically reaches the umbilical (navel) level at week _____



20-22

395. What are 4 positive signs of pregnancy?



1. fetal skeleton on an x-ray
 2. fetal presence on ultrasound
 3. auscultation of the fetal heart (doppler)
 4. examiner palpates fetal movement/outline
-



396. What are some probably/presumptive signs of pregnancy?



1. all urine and blood pregnancy tests
 2. Chadwick's sign (color change of the cervix to cyanosis)
 3. Goodell's sign (cervical softening)
 4. Hegar's sign (uterine softening)
-

397. Morning sickness: Which trimester and what treatment?



1st trimester

eat dry carbs, cracker before out of bed, and avoid empty stomach

398. Urinary incontinence: Which trimester and what treatment?



1st/3rd
void Q2H

399. Dyspnea: Which trimester and what treatment?



tripod position (lean forward with hands on knees)

400. Back pain: Which trimester and what treatment?



2nd/3rd
pelvic tilt exercises
(put foot on stool then back again)



401. What is the truest, most valid sign of labor?



onset of regular contractions

402. Dilation



opening of cervix (0-10 cm)

403. Effacement



thinning of cervix (thick-100%)

404. Station



relationship of fetal presenting part to mom's ischial spine (tightest squeeze for baby head)
negative= above spine
positive= below spine

405. Engagement



station "0" at ischial spines

406. Lie



Relationship between spine of baby and spine of mom



407. Presentation



part of baby that enters birth canal first

408. What is stage 1 of labor and delivery?



Onset of labor
3 phase of labor- latent, active, transitional

409. What is stage 2 of labor and delivery?



delivery of baby

410. What is stage 3 of labor and delivery?



delivery of placenta

411. What is stage 4 of labor and delivery?



recovery- first 2 hours to stop bleeding

412. Transverse lie and station that won't go positive=



c-section



413. Latent:

CM dilated?

CXN freq?

Duration?

Intensity?



0-4cm

5-30 min

15-30 sec

mild

414. Active:

CM dilated?

CXN freq?

Duration?

Intensity?



5-7 cm

3-5 min

30-60 sec

Moderate

- 415.** **Transition:**
CM dilated?
CXN freq?
Duration?
Intensity?



8-10 cm

2-3 min

60-90 sec

Strong

- 416.** **Contractions should not be longer than _____ seconds or closer than every _____ minutes.**



90; 2

- 417.** **Assessment of contractions: Frequency**



beginning of one contraction to the beginning of the next contraction



Beginning to end of one contraction

- 418.** **Assessment of contractions: Duration**

419. Assessment of contractions: Intensity



strength of contraction. Palpate with fingers of one hand over the fundus

420. What complication of labor is indicated if the mom is having painful back pain?



Baby turned around backwards.

Low priority

Position knee-chest then put on her back



421. What should you do with a prolapsed cord?



Push head back in off cord and position in knee-chest or Trendelenburg (hips up, shoulders down). Prep for c-section

422. Interventions for all other complications of labor and birth



Left side/ Lateral

IV increase

Oxygen

Notify

stop Pit if in crisis

423. Do not administer a SYSTEMIC pain medication to a woman in labor IF the baby is likely to be _____ when the _____ is _____



born, pain, peaking (respiratory depression)

Lecture 11: labor and delivery

424. What do you do with a low fetal heart rate?



It's bad

You do - "LION pit"

425. What do you do with FHR Accelerations?



Not a crisis

426. What do you do with low baseline variability?



bad

LION pit



427. What do you do with high baseline variability?



record it

428. What do you do with late decelerations?



bad

Do "LION pit"

429. What do you do with early decelerations?



HR ↓

430. What do you do with variable decelerations?



can be very bad

Indicative of prolapsed cord

431. Second stage of labor and delivery- what do you do?



1. deliver the head (stop pushing)
2. suction mouth and nose
3. check for nuchal cord (cord around neck)
4. deliver shoulders and body
5. make sure baby has ID band



432. What do you check for with the delivery of the placenta?



3 vessels (2 arteries and 1 vein) "AVA"

433. During the ___ stage (recovery stage) (first 2 hours after delivery) what __ things do you do ___ times an hour



4th, 4, 4

1. vital signs (assess for signs and symptoms shock)
2. check fundus (if boggy, massage. if displaced, void/cath)
3. check pads (excessive lochia= pad sat in 15 min)
4. roll on to side (check for bleeding under patient)

434. What is the tone, height and location of the uterus postpartum?



tone: firm not boggy

height: right after delivery it is by pubis by 24 hours it is at navel. 2 cm for every PP day

location: midline (if displaced from R/L if means catheterize)

435. What is the color of lochia in the first days?



Rubra

436. What is the color of lochia after a week or so of postpartum?



Serosa



437. What is a moderate amount of lochia?



4-6 in on pad in one hour

438. What is an excessive amount of lochia?



Saturate pad in 15 min

439. What do you assess for in the postpartum assessment?



Uterus, lochia, extremities (pulses, edema, S/S thrombophlebitis)

440. Distended sebaceous glands which appear as tiny white spots on baby's face



Milia

441. Small, white epithelial cysts on baby's gums



Epstein's pearls

442. Bluish-black macules appearing over the buttox and/or thighs of darker-skinned neonates



Mongolian spots



443. Red papular rash on baby's torso which is benign and disappears after a few days



erythema toxicum neonatorum

444. benign tumor of capillaries



hemangiomas

445. Swelling caused by bleeding between the ostium and periosteum of the skull. This swelling does not cross suture lines



Cephalohematoma

446. Edematous swelling on the scalp caused by pressure during birth. This swelling may cross suture lines. It usually disappears in a few days



caput succedaneum

447. Normal, physiologic jaundice appears after 24 hours of age and disappears at about one week of age



Hyperbilirubinemia

448. Whitish, cheese-like substance which appears intermittently over the first 7-10 days



vernix caseosa (caseus= cheese)



449. Normal cyanosis of baby's hands and feet which appears intermittently over the first 7-10 days



acrocyanosis

450. Generic term for birthmark



1. nonblanchable port wine stain
 2. blanchable pink "stork bites"
-

451. nevus/nevi



1. nevus flammeus
 2. telangiectatic nevi
-

452. Tocolytics (stop contractions)



Terbutaline (Brethine)
S/E- tachycardia (don't give with cardiac disease) Nifedipine
S/E- headache/hypotension (can give with cardiac disease)



453. Oxytocics- stimulate labor



Pitocin (Oxytocin)
S/E- uterine hyperstimulation
Cervidil (Prostaglandin)- dilates cervix
S/E- uterine hyperstimulation

454. Fetal/ Neonatal Lung Meds



Betamethasone (steroid)- give to mother IM; give before baby after viability. can repeat
S/E- ↑BS
Survanta- give to baby after baby is born (transtracheal)

455. Steps of drawing up insulin



1. draw up the total dose in air
 2. pressurize the "N" vial (put air in)
 3. pressurize the "R" vial
 4. draw up "R" dose
 5. draw up "N" dose
- (Nichole Richie, RN) "NRRN"

456. IM- length and gauge



1 in both the gauge and length (I looks like 1)

457. SQ- length and gauge



5 in both parts (S looks like a 5)

458. Heparin



- works immediately
 - can only take for 21 days
 - antidote: -Protamin sulfate (heParin)
 - labs: PTT and all clotting and bleeding times -[http--> Ptt Heparin](http://Ptt Heparin)
 - can use in pregnancy
 - pregnancy class C
-



459. Coumadin



- takes days
 - can take for
 - entire life
 - PO only
 - antidote: vitamin K -labs: PT, INR
 - can't use if pregnant -class x pregnancy
-

460. Baclofen (Lioresal)



Muscle relaxant

1. cause fatigue
2. cause paresis (muscle weak)
3. do not drink alcohol
4. do not drive a car
5. do not watch kids under age 12

> When you are on Baclofen you are on your back "loafin"

461. Sensorimotor



Age: 0-2y/o

Characteristics: totally present-oriented. Only think about what they are sense or are doing right now

Teaching Guidelines:

When: as it happens

What: you are doing now

How: tell them what you're doing as you're doing it



462. Pre-Operational



Age: 3-6y/o (preschoolers)

Characteristics: Fantasy oriented. illogical. no rules. (can teach ahead of time but not too far)

Teaching Guidelines:

When: slightly ahead of time (morning of...)

What: you will do

How: play, toys, stories

463. Concrete Operations



Age: 7-11y/o

Characteristics: Rule-oriented. Live and die by the rules! Cannot abstract

Teaching Guidelines:

When: days ahead of time

What: you're gonna do and skills

How: age appropriate reading and A/V material, role play is ok

464. Formal Operations



Age: 12-14 y/o

Characteristics: able to think abstractly. Understand cause-effect. Thinking like adults emotionally but physically not

there but they can think like one

Teaching Guidelines:

When: like an adult

What: like an adult

How: like an adult

Lecture 12: prioritization, management, & delegation



465. _____ beats _____



acute, chronic

466. _____ beats _____ or _____



fresh post op, medical, other surgical

467. _____ beats _____



unstable, stable

468. What makes a patient stable?



1. use of the word stable
2. chronic illness
3. post op > 12 hrs
4. local or regional anesthesia
5. unchanged assessment
6. phrase: "To be discharged"
7. lab values A/B

Stable patients are experiencing the expected typical signs and symptoms of the disease with which they have been diagnosed and for which they are receiving treatment

469. What makes a patient unstable?



1. Use of the word unstable
 2. acute illness
 3. post op <12 hours
 4. general anesthesia
 5. changing assessment
 6. phrase: "newly admitted" or "newly diagnosed"
 7. lab values C/D
- > Unstable patients are experiencing unexpected atypical signs and symptoms, complications



470. What 4 patients are always unstable?



1. hemorrhage
 2. hypoglycemia
 3. fever ≥104
 4. pulselessness or breathlessness
-

471. The more _____ the _____, the higher the priority



vital, organ

> Most vital → brain → lungs → heart → liver → kidney → pancreas

472. What responsibilities would you not delegate to an LPN?



- Starting an IV
 - Hanging or mixing IV meds
 - Evaluating an IV site
 - Giving an IV push/PB meds
 - Giving a blood transfusion
 - Performing assessments that require inferences/judgments (can gather data) - can make observations about stable people but cannot make assumptions
 - Plan of care
 - Developing or performing teaching (can reinforce and review)
 - Taking verbal orders from MD or transcribing orders
-

473. What would you not delegate to a UAP?



- cannot chart but may document what they did
 - assessments- except for VS and accucheck
 - meds and IVs- may apply otc topical lotions and creams
 - treatments- except for SSE. Not fleets
- You may delegate baths, beds, and ADLs
-



474. Do not delegate to _____: _____ responsibilities. They can only do what you _____ them to do.



family, safety, teach

475. How do you intervene with inappropriate behavior of staff? (4 options)



1. tell the supervisor
2. intervene immediately
3. counsel them later on

4. ignore it. Just let it go (never the right answer)

476. What questions should you ask when dealing with inappropriate behavior from staff?



1. Is what they're doing illegal? (if yes tell the supervisor)
 2. Is the patient or staff member in immediate danger of physical or psychological harm? (if yes intervene immediately)
 3. Is this behavior legal, not harmful, but simply inappropriate? (if yes counsel them later on)
-

477. Pre-interaction phase



purpose: for the nurse to explore his/her feelings. to prevent judgmental, intolerant reactions
length: begins when you learn you are going to be caring for someone and ends when you meet them
correct answer: "the nurse will explore his/her feelings about..."



478. Introductory phase (orientation phase)



purpose: to establish and explore/assess
length: begins when you first meet the patient and ends when a mutually agree-upon care plan is in place
correct answer: Should be very tolerant, accepting, explorative, probing, "nosy". Be warm and fuzzy

479. Working phase (therapeutic phase)



purpose: to implement the plan of care
length: from the finished care plan until discharge
correct answer: should be focused, directive, "tough". in some ways these answers will seem stern and slightly unfriendly. set limits. enforce proper communication

480. When does the termination phase begin?



on admission

481. Psych Treatment Protocol for depression



Whenever a patient displays any notion of suicide or harm you MUST inquire about it
Must get a safety contract
*activities with other people that doesn't require interaction

482. Psych Treatment Protocol for schizophrenia



If pacing Psych→ reduce stimulation (clear the room), make observation, offer presence
*need reality based activities but not competitive; should be with other people



483. Psych Treatment Protocol for Bipolar



Mania's can't go to work or maintain family order whereas a hypo manic can
-finger foods are best; especially ↑ calorie
-8hrs of sleep. Encourage naps
*exercise the gross motor that is non competitive

484. Psych Treatment Protocol for Anxiety Disorder



Phobia- irrational fear that limits daily life
tx: desensitization: gradually expose
1. Talk about it
2. Show pics
3. Be around

4. Interact

> When you move to next step, make sure not anxious

485. Restraint protocol



In psych: need to be evaluated within 1 hr. Must be constantly observed Not psych: observe every 15 min. No evaluation. Need Dr order Q24h

486. Psych Treatment Protocol for Violent Clients



It takes 5 people to control a violent client. One for each limb and head. Only one person talks. The person is given a few seconds to de escalate



EXTRA TOPICS (Not covered in lectures but still important to know! *)

487. What are Biological Agents in Category A?



STAPH B

Small Pox

Tularemia

Anthrax

Plague

Hemorrhagic illness

Botulism

488. What are Biological Agents in Category B?



All others

489. What are Biological Agents in Category C



Nipah Virus; Hanta Virus

490. When it comes to Biological Agents: Category __ is _____, Then Category ___, Then Category ___



A, the worst, B, C



491. Smallpox



Inhaled transmission/ on airborne precautions dies from septicemia- no treatment

rash starts around mouth first

Category A

492. Tularemia



chest symptoms

dies from respiratory failure treat with streptomycin Category A

493. Anthrax



spread by inhalation

looks like the flu

dies from respiratory failure

494. Plague



spread by inhalation

has the 3 H's: Hemoptysis (coughing up blood), Hematemesis (vomiting up blood), Hematochezia (blood in stool)

dies from respiratory failure and DIC (bleed to death)

treat with Doxycycline and Mycins

no longer communicable after 48 hours of treatment

Category A

495. Hemorrhagic illnesses



primary symptoms are petechiae (pinpoint spots) and ecchymoses (bruising)

high % fatal

Category A



496. Botulism



it is ingested

has 3 major symptoms: descending paralysis, fever, but is alert dies from respiratory arrest

Category A

497. What are some examples of chemical agents that cause bioterrorism?



Mustard gas

Cyanide

Phosgene chlorine

Sarin

498. What is the primary symptom of Mustard Gas?



Blisters (vesicant)

499. What is the primary symptom of Cyanide and how do you treat it?



Respiratory arrest. Treat with Sodium Thiosulfate IV

500. What is the primary symptom of Phosgene Chlorine?



Choking



501. What are the symptoms of Sarin (hint it's a nerve agent)?



BB SLUDGE- just remember every secretion in your body is being excreted excessively
Bronchospasm
Bronchorrhea
Salivating
Lacrimating (tears)
Urination
Diaphoresis/ Diarrhea
G.I upset
Emesis

502. What do you use when cleansing patients exposed to chemical agents?



All chemical agents require only soap and water cleansing except Sarin, which requires bleach.

503. Which agents do you isolate the patient for?



Biological Agents

504. Which agents do you decontaminate for?



Chemical Agents

505. How does decontamination work?



Gather exposed people

Take to decontamination center where people remove clothing, shower, dress in non-contaminated clothes, then

release to other services

Put contaminated clothing in special bag and throw away (be sure not to touch it)



506. In airborne and droplet precautions only, the mask is removed _____ the room and the patient removes the mask _____ the room.



outside, inside

507. Hand-washing or Scrubbing: position hands below elbows



hand-washing

508. Hand-washing or Scrubbing: position elbows below hands



Scrubbing

509. Hand-washing or Scrubbing: length seconds



hand-washing

510. Hand-washing or Scrubbing: length minutes



Scrubbing



511. Hand-washing or Scrubbing: can touch handles



hand-washing

512. Hand-washing or Scrubbing: not allowed to touch handles



Scrubbing

513. Hand-washing or Scrubbing: use when entering/leaving room, before/after glove use, whenever hands get soiled



hand-washing

514. **Hand-washing or Scrubbing: use when patient is immunosuppressed (beginning of stuff)**



Scrubbing

515. **Hand-washing or Scrubbing: soap and water**



hand-washing

516. **Hand-washing or Scrubbing: use "chlor---**



Scrubbing



517. **When can you use an Alcohol-based solution?**



Only substitute for handwashing, enter/leave room, before/after gloves, NEVER substitute after soiling hands

518. **Can you use an alcohol-based solution after using the restroom?**



No! (Soiling hands)

519. **Dry hands from _____ to _____. Turn water off with _____ paper towel**



cleanest, dirtiest, new

520. Sterile Gloving:



glove _____ hand first
grasp _____ of cuff
touch only the _____ of glove surface
do not _____ cuff
fingers _____ second glove cuff
keep thumb _____
only touch _____ surface of glove
dominant
outside
inside
roll
inside
abducted
outside



521. Skin touches _____ of glove



Inside

522. OUTside of glove only touches _____ of glove



OUTside

523. Remove _____ to _____; _____ to _____



glove, glove, skin, skin

524. What patients do NOT need interdisciplinary care?



People who have multiple problems in the same division of care Ex: COPD, arthritis, cancer of bowel (all medical problems)

525. What are the major criteria for interdisciplinary care?



1. Patients with multidimensional needs (physical, intellectual, emotional, social, spiritual) - Ex COPD, homelessness, & schizophrenia (need medical, SW, and psychiatrist)
 2. Patients who need rehabilitation (PT, SW, OT, Speech will be affected)
-

526. What is the minor criteria for interdisciplinary care?



- a patient whose current treatment is ineffective
 - a patient who is preparing for discharge
- 
-

527. Skin still intact, non blanching, erythema (redness)



Stage 1 Pressure Sore



Stage 2

529. Yellow subcutaneous (fat)



Stage 3

530. Red-white (muscle and bone)



Stage 4

