

ATI CAPSTONE COMBO ASSESSMENT A:B Updated 2020 All Answers Are Correct.

written by

Congratulations



**Did you know a seller earns an
average of \$103 per month selling
their notes?**



Scan the QR-code and learn how you can also turn your class notes, study guides and exam solutions into real cash today.

www.stuvia.com

1. what is montelukast (singular) for?
 - a. a leukotriene modifier, and is taken on a regular basis, once a day, and not prn, and is not used for exercise induced asthma
2. what does advance directives contain?
 - a. written instructions regarding end of life care
3. what is the greatest risk to a pt receiving hemodialysis?
 - a. disequilibrium syndrome as a result of rapid loss of fluids and decrease bun
4. what is the clinical manifestation of disequilibrium?
 - a. restlessness and decreased level of consciousness
5. what are expected findings in hemodialysis?
 - a. elevated temp
weight loss
decreased bp
6. what should the nurse do when a pt feels lightheaded and begins to fall?
 - a. spread feet apart and extend one leg for the pt to slide down while lowering the pt to the floor
7. what are the characteristics of a pt with dependent personality disorder?
 - a. they have problems making everyday decision without input from others
8. a pregnant pt who is bleeding is always?
 - a. priority
9. what should a pregnant pt with urgency and frequent urination do?
 - a. should perform kegel exercises
10. what should a pregnant pt with odorless vaginal mucus do?
 - a. practice good hygiene, use perineal pads
11. a pregnant pt with edema of the ankles do?
12. avoid prolonged standing, to wear support hose, and rest through out the day with legs/hip elevated
13. when should a colostomy bag be changed?
14. when is 1/3 -1/2 full
15. how large should the opening of the stoma pouch be?
16. no larger than 1/4 inch
17. what should the pt with a colostomy avoid?
18. the use of moisturizers, which will decrease the adherence of the pouch to the skin
19. what should the pt do with the pouch removing it?
20. they should empty the pouch to avoid spilling the effluent on to the skin
21. where should drops be instill into?
22. into the conjunctival sac
23. what is a positive way of dealing with a terminal illness?
24. "remembering things they used to do together"
25. what are normal findings after a colonoscopy?
26. abd cramping
fatigue
passage of liquid stools
27. what are unexpected finding after a colonoscopy?

28. guarding- can indicate bowel perforation
29. what do you do if an order is questioned?
30. the nurse should record seeking clarification from the provider
31. what should pt with gastritis eat?
32. a well balanced diet, they should keep a record of foods that cause discomfort, pts can modify their diet accordingly
33. what is the cause autonomic dysreflexia?
34. bladder distention
35. what are s/s of icp?
36. restlessness
change in LOC
37. what is late s/s of ICP?
38. widening pulse
decerebrate posturing
39. when can a child with varicella(chickenpox) return school?
40. the child can return to school when the blisters are dry and no longer drained (scabbed over)
41. what is an appropriate behavior of a pt with hx of violence?
42. pt will avoid violence provoking situations
43. what is a skin cancer prevention?
44. pts should use sunscreen that protects against uva and uvb
45. what is the first thing you should do with excessive lochial discharge?
46. perform a fundal massage
47. what is the nurse responsibility of the nurse when witnessing the pts signature on an informed consent?
48. that the pt is fully informed and understands the procedure before signing the consent form
49. who are at greater risk for std?
50. females because of increased vascularity to the vagina
51. does trichomonas vaginalis increase the risk for cervical cancer?
52. NO
53. Gonorrhea can lead to?
54. pelvic inflammatory disease and tubal scarring and can result in infertility
55. what should you do with postmortem care?
56. always check about religious practices prior to body preparation in order to honor fam wishes
57. what can you not give to a pt with thickened liquids?
58. no ice chips
no water
no icepops
59. what can a pt with thickened liquids have?
60. oatmeal
61. what should a pt do with incentive spirometer?
62. they should elevate the cylinder by inhaling deeply
assume semi fowlers or high fowlers position
63. in order to maintain sterile technique what should the nurse do?

64. should open all sterile packages prior to donning sterile gloves
65. what is psycho-motor learning?
66. have the pt demonstrate back the procedure
67. what places a newborn at risk for respiratory depression?
68. administration of an opioid analgesic
exa: fentanyl (sublimaze)
69. what is an effective method of bowel retraining?
70. anal stimulation with a gloved finger after the evening meal, it will help stimulate the gastrocolic reflex
71. when inserting an NG tube?
72. the nurse should insert the tube into the airway that is patent and has greater airflow
73. what technique should be NG tube insertion?
74. clean technique
75. if NG tube meets resistance?
76. the nurse should rotate the tube without forcing it past the area of resistance
77. what kind of lubricant should be used during NG tube insertion?
78. water- based lubricant NOT petroleum jelly
79. what is pediculosis capitis management?
80. store child's clothing in a separate cubicle at school
boil brushes and combs in water for 10 mins
dry bed lines and clothing in a hot dryer for at least 20 mins
81. what can visual disturbances indicate?
82. preeclampsia
83. what is expected 24 hrs after surgery?
84. hypo active bowel sounds
pain
85. what is an abnormal finding 24 hrs after surgery?
86. low HGB
87. what must be done in bucks traction?
88. the pt must be in proper alignment
boots are secured by 3 straps, around pt leg
weights must hang freely
footplate is resting 15.24 cm (6inches) from the footboard
89. what does pts with delirium demonstrate?
90. a fluctuating LOC often at night or in am
91. pt with dementia demonstrate?
92. difficulty finding correct words to use
93. pt with anxiety disorders demonstrate?
94. obsessive behavior
95. how would the nurse determine progression of ascites?
96. abdominal girth should be measured daily
97. what is a food high in potassium?
98. cantaloupe
99. what is an indication of peripheral venous disease?
100. brown pigmentation around ankles

101. what is indication of peripheral arterial disease?
102. intermittent, leg muscle pain
103. what is some skin care for pts on radiation therapy?
104. pat area when drying
use hand to wash
do not use sunscreen
105. what can hydromorpone cause?
106. urinary retention
107. what does bethanechol (urecholine) causes?
108. it stimulates urinary out put
109. how is nystatin best absorb?
110. if given 1 hour before or after a feeding
111. what is a sign that a newborn has finished eating?
112. a slowed suck/swallow pattern is a sign that the newborn is
finished eating
113. what not to do when breastfeeding?
114. is not necessary for the entire areola be in the mouth
each feeding should start at the opposite breast
do not push back of newborns head-toward the nipple
115. what should be included in a stool specimen?
116. visible blood, pus, or mucus
117. what is the first action in an infiltrated IV?
118. to d/c the saline lock
119. what is the first action when preparing to do a dressing
change?
120. to determine the pts level of pain
121. what should a with hemonymous hemionopsia with right visual
field, what will help pt eat better?
122. the pt should turn head to the right to see all food on tray
123. what are some side effect for theophylline (theo-dur)?
124. is used to prevent wheezing,sob, chest tightness in asthma
irregular pulse and dysrhythmias
seizures
anxiety
urinary frequency
anorexia
n/v
diarrhea
125. what should you do when given enoxaparin (lovenox)?
126. it should be injected SUBQ
do not aspirate
do not massage
do not inject in same area
127. what is the babinski reflex?
128. stroke sole of the foot upward, toward the great toe
129. what is the moro reflex?

130. startle the infant by clapping hands`
131. what is the stepping reflex?
132. hold infant upright and allow one foot to touch tables surface
133. what is the palmer grasp reflex?
134. place an object in the palm of infant hand
135. what should you do when catheterizing a male pt?
136. pt should be place in supine position
penis should be at 90 degree angle
retract the foreskin and clean the glans prior to catheterization
137. what color is the meconium?
138. it is the first stool passed and it is dark green and viscous
139. what is an inportant thing to ask when pt having cardiac catheterization?
140. if pt allergic to iodine
141. what should be done with nitroglycerin (nitrostat)?
142. if pt continues to have pain after taking 1 tab, they should call 911 and take a second tab
143. what is normal after taking a nitroglycerin (nitrostat) tab?
144. h/a
change positions slowly
it should be kept in original, dark colored bottle to avoid light exposure
145. what to do for restrains use?
146. observe skin condition before applying restrains
use a quick release knot to secure the restraints
belt restrains should be placed over pts waist
able to insert two fingers under restraints
do not use all four side of rails to restrain pt
147. what would indicate an active peristalsis?
148. the presence of vowel sounds
149. what does pt with COPD have?
150. increased metabolism due to work of labored breathing
they have dry mouth/thick mucus
constipation
decreased peristalsis
151. how to use a cane?
152. pt should hold cane on the stronger side of the body
place it forward 6-10 inches and move his weaker leg forward to the cane
distributing his weight between the cane and the stronger leg
then he should move the stronger leg forward beyond the cane and distribute his weight between the cane and weaker leg
153. what does the use of cardiac catheterization required?
154. that the pt have normal renal functions for excretion of the dye
155. how should drops be apply?
156. the nurse should apply gently pressure to the inner canthus of the eye for 30-60 seconds
157. what are hyperthyroidism findings?

- 158. tachycardia
- 159. what are hypothyroidism findings?
- 160. cold intolerance
 - constipation
 - brittle hair
- 161. how much should infants grow?
- 162. 1 inch per month, during the first 6 months
 - they should be able to double their birth weight between 4-6 months of age and gain approximately 150-210 (about 5-7oz) per week
- 163. what should you do when evaluating an infant?
- 164. the nurse should measure ht/wt separately, and not combine
- 165. what can reduce the anti hypertensive effect of anti hypertensives?
- 166. ibuprofen (advil) or any NSAIDS
- 167. what is the first action when IV pump alarm is beeping?
- 168. to observe the iv site for infiltration or phlebitis
- 169. how are normal bowel sounds?
- 170. high pitched, irregular gurgles that occur every 5-15 seconds,
 - in a range of 5-30 per/min
- 171. what is hypoactive?
- 172. infrequent less than 5/min
- 173. what is hyperactive?
- 174. every 3 seconds or greater
- 175. what is actinic keratosis?
- 176. a pre-malignant lesion
 - flat, scaly area with red edges
- 177. what are cherry angiomas?
- 178. bright red, raised spots (expected skin changes with aging)
- 179. what does a change in color mole indicate?
- 180. indicates skin cancer
- 181. what happens in passive ROM?
- 182. the pt does not actively participates
 - the nurse should support the pts extremities distal and proximal to the joints to facilitate passive ROM
- 183. what do you do when inserting a urinary catheter, and urine is seen in the tubing?
- 184. the catheter should be advance another 2.5-5 cm to ensure that the balloon is inflated in the bladder
- 185. what to do when addressing pt dilemma?
- 186. determine the facts related to dilemma
 - identify possible solutions
 - consider clients wishes
- 187. what should a pt with peripheral vascular disease do?
- 188. walk until feel pain, rest for 3 min and continue until tired
 - should sit with legs in a dependent position
- 189. what are s/s of a detached retina?

- 190. photopsia= bright flashes of light
- 191. what are s/s of macular degeneration?
- 192. loss of peripheral vision
- 193. what is a normal s/s of aging?
- 194. presbyopia= difficulty focusing on close objects
- 195. what should a pt with DM and influenza report?
- 196. temp higher than 101.5 or greater for 24 hours
- 197. what should be done with pts with closed head injury?
- 198. should be log roll
 - only suction on prn basis
 - maintain HOB at least 30 degrees
 - do not use an incentive spirometer ICP might go up
- 199. what should a pt with cardiac catheterization experience?
- 200. they should drink adequate fluids
 - may need to cough during test
 - may experience a feeling of heat "hot flash"
 - only need bed rest for 4-6 hours
- 201. what should pt with COPD do?
- 202. should perform pursed- lip breathing
 - alternate activities with rest
 - eat high protein snacks
 - practice relaxation techniques
- 203. turp care?
- 204. monitor pt for fluid volume overload
 - remind pt that they will feel urge while catheter is in place
 - calculate urinary output every 2 hours
 - measure pain level every 2-3 hours
 - pt should get up to a chair asap, risk for dvt
- 205. how to administer ear drops to children under 3 yrs?
- 206. pull pinna down and back
- 207. how will ventricular fibrillation look on ekg?
- 208. irregular rate without P waves, bizarre and variable QRS
- 209. what are sinus tachycardia look on EKG?
- 210. regular rate greater than 100/min normal P and QRS waves
- 211. atrial ventricular (AV) block look on EKG?
- 212. regular rate between 60-100/min with extended PR intervals
- 213. premature atrial contractions look on EKG?
- 214. irregular rate with ectopic atrial beats earlier than expected
- 215. what are s/s of febrile transfusion reaction?
- 216. chills
- 217. what are s/s of circulatory overload transfusion reaction?
- 218. bounding pulse and hypertension
- 219. what are s/s of hemolytic transfusion reaction?
- 220. lower back pain
- 221. what foods are rich in iron?
- 222. red meats, liver

223. what to look for in HCTZ (Hydrodiuril)?
224. fluctuation in weight
encourage increase of potassium
should be taken with food or right after a meal
225. what are s/s of anaphalictic reactions?
226. increased respiratory effort
hypotension
bronchoconstriction (laryngeal stridor)
227. what does benzodiazepines (lorazepam/ativan) causes?
228. lethargic and somnolent
229. what are pt with preclampsia at risk for?
230. seizures
231. how should the formula be to prevent gastric cramping in an
enteral feeding?
232. administer the formula at room temp
233. what is a s/s of bulemia nervosa?
234. hemoptysis
235. what is a s/s of anorexia nervosa?
236. amenorrhea
acrocynosis
237. what are interventions for a salem sump tube?
238. the most common ng tube it is a double lumen (two-channeled)
it irrigates the stomach and removes fluid and gas from stomach.
-pt should be reposition every 2 hours to promote emptying of stomach content
-set suction 80-100
-never clamp air vent
pt should be NPO
239. what might cause dry skin in older adults?
240. a decrease in elasticity of the skin which is an expected change
associated with aging
241. what is a bronchoscope?
242. a tube that allows the doctor to see in the lungs and airways
and remove objects
243. what are nursing interventions for pts with dementias?
244. should encourage verbal praise
do not exceed 20 mins in tub
may not be able to follow direction
they should not disrobe until right before entering the bath to prevent chilling
245. what to do with ankle sprain?
246. check for pedal edema
wrap with a compression dressing
apply ice
elevate
247. what promotes venous return?
248. using sequential compression device
249. what is an expected PR interval?

250. should be 0.12 to 0.20 seconds
it should be one P wave prior to each QRS complex
an expected QRS duration is 0.04 to 0.10 second
an expected ventricular rate of 60 to 100/min
251. what are s/s of atorvastatin (lipitor) side effects?
252. muscle weakness which can lead to rhabdomyolysis, report
muscle cramps, pain or tenderness
253. when should keflex (cephalexin) not be given?
254. if pt has PCN allergy
255. what will facilitate understanding in a pt with anxiety?
256. the use of short, concise sentences because they have
difficulty concentrating
257. what should be done to pts with expressive aphasia?
258. give them a picture board, or pen and paper, because pt
cannot verbally express needs or wants
should use simple statements
and speak normal voice
259. what are risk factors for colorectal cancer?
260. obesity
high consumption of alcohol
cigaret smoking
high protein diet
older pt
fam hx of colon cancer/ polyps
hx of gastrectomy and inflammatory bowel disease
261. what is given for long term alcohol abuse?
262. disulfiram (antabuse), which is an aversion therapy
263. what is a bladder scan?
264. it is a non invasive procedure, and pt should not experience
discomfort
not a sterile procedure
no consent necessary
265. how would the nurse explain a procedure to a school age
child?
266. using simple diagram
267. what does concave shape nails indicate?
268. emphysema, prolonged hypoxemia
269. how many grams of protein does peanut butter contains?
270. 7g
271. what do you do with a boggy uterus?
272. promote involution of the uterus, massaging the fundus
because of hemorrhage
273. what position is best for COPD pt?
274. orthopnea position because it increases lung expansion
275. phototherapy risks?

276. dehydration
report decreased urine output
infant may sleep longer
should be kept on a regular feeding schedule of every 3-4 hrs
may have loose green stool
277. what to teach with hepatitis B?
278. pt should use own utensils and dishes
avoid tylenol (acetaminophen)
279. what should you teach a pt about exercising?
280. they should warm up for atleast 5 mins first
281. what should the nurse avoid when placing ekg lodes?
282. avoid scar tissue
283. post bronchoscopy care?
284. pt should not eat until gag reflex is checked
blood in sputum is expected
have a ride home
report harseness or wheezing
285. what to do with a stage 5 alzheimers diasease pt?
286. increase stress level, provide a variety of foods that the pt is
able to eat by himself to maintain independence
287. what does metoprolol affect?
288. heart rate is a beta adrenergic antagonist
289. car seat?
290. should be secure with a seat belt
291. where do we do blood draws?
292. in the antecubital fossa
293. crutch teaching?
294. instruct pt to hold crutches on the side opposite the injured leg,
when sitting to improve balance and prevent falls
295. antidepressants (elavil) amitriptyline?
296. pt may not feel better for 7 to 28 days and may not experience
full effect for 6 to 8 weeks
297. what should pt with leukemia not have in the room?
298. fresh flowers
299. what is an indication of hydration status?
300. mucus membranes
301. what is a low sodium food?
302. canned peaches
303. what is high sodium foods?
304. wheat crackers
lean ham
cottage cheese
305. how often is a tetanus booster?
306. every ten years
307. what are some risk for fall findings?

- 308. the pt walks barefoot
medications stored on top shelf
- 309. what is the greatest risk for a thyroidectomy?
- 310. hypocalcemia with tingling around the mouth
- 311. what are strategies for teaching toddlers?
- 312. picture books and simple words
- 313. what are strategies for teaching preschoolers?
- 314. role playing/ short stories
- 315. what are strategies for teaching school age children?
- 316. discussing and participating in hands on demonstration
- 317. what are strategies for teaching adolescents?
- 318. collaborative process/ problem solving
- 319. what is priority in palliative care?
- 320. pharmacological pain management
- 321. what should peritoneal fluid in dialyses look like?
- 322. bloody, clear, straw color
- 323. what color should peritoneal fluid not look like?
- 324. cloudy or opaque, this might mean infections
- 325. what is the glasgow coma scale?
- 326. motor response
- 327. what are s/s of IV infiltration?
- 328. pallor surrounding the infusion site
- 329. what is a s/s of phlebitis?
- 330. redness along the vein
- 331. what is a s/s of an extravasation?
- 332. tissue sloughing
- 333. what to do with a child with rotavirus?
- 334. the diaper should fit snugly
avoid using a rectal thermometer
apply skin barrier
they are NOT contagious
- 335. where should the chest tube be placed?
- 336. below the level of the pts chest
- 337. what should be done with a pen rose drain?
- 338. a safety pin is placed at the distal end of the drain
- 339. what to do with a colonoscopy?
- 340. should not take NSAIDS 1 week prior
should be NPO 6-8 hours before
- 341. what to report with albuterol (proventil)?
- 342. tremors
- 343. what should the nurse do when removing a pt IV catheter?
- 344. the nurse should maintain the catheter parallel to the vein to
reduce the risk of trauma to the vein
- 345. what will the child need prior to an IV urography (IVP)?
- 346. the child will need to have a soap suds enema administered
before the procedure to assist in visualization of the kidneys, ureters, and bladder

347. what diet should the child with nephrotic syndrome be in?
348. low sodium diet to assist with diuresis of extracellular fluid
349. what is normal findings in a turp?
350. yellow urine with red sediment
351. what is abnormal finding in a TURP?
352. LOWER ABD CRAMPING
BLOODY URINE WITH LARGE CLOTS
INCREASED BLADDER SPASMS
353. what pt should not take cephalexin (Keflex)?
354. pts with PCN allergy
355. what should be used to clean the inner cannula of a tracheostomy?
356. sterile hydrogen peroxide
357. what should the nurse consider when using an interpreter?
358. the nurse should ensure that the interpreter and the pt speak the same dialect and share similar cultural norms and practices
359. what should a pt with leukemia and stomatitis eat?
360. a cold, soft, bland, and liquid foods to prevent further irritation to the oral mucosa
exa: oatmeal and applesauce
361. what should the nurse do after a pt has have a ECT electroconvulsive therapy?
362. the pt should be reoriented frequently
363. nursing interventions for pts in hypovolemic shock?
364. place pt in trendelengurg position
elevate legs to promote venous return to heart
increase IV fluids
keep pt warm
365. nursing interventions for pts with vein ligation and stripping?
366. elevate feet (recliner is appropriate)
perform ROM
walk 5 to 10 min/hr while awake for first 24 hrs
the nurse should wrap legs with an elastic bandage for prevention of clots
367. when would a pt on antidepressant (amitriptyline) feel the effect?
368. 10-14 days and experience full effect for 4-8 weeks
369. how is mono (infectious mononucleosis) acquired?
370. direct contact with droplets of saliva of an infected person
371. how long after giving insulin should a nurse check for hypoglycemia?
372. 4-14 after administration of NPH (novolin N) insulin
373. what should the pt do after taking iron preparation?
374. pt should rinse mouth immediately after taking med
375. in respiratory acidosis what is elevated?
376. the Paco2 is elevated greater than 45
377. what is the first thing a pt with prosthesis do?

- 378. applied immediately the prosthesis after waking
- 379. what should a pt on suicide precautions be told to do?
- 380. sign a no harm contract aka no suicide contract
- 381. what to avoid with theophylline (theochron)?
- 382. avoid caffeine due to tachycardia
- 383. what would you see with dehydration?
- 384. low potassium levels
- 385. how can hep B be contracted?
- 386. blood transfusion
 - sexual contact
 - sharing IV drug needles
- 387. what are the risks for colorectal cancer?
- 388. obesity
 - high consumption of alcohol
 - cigarette smoking
 - high protein diet (red meat)
 - fam hx of colon cancer
 - hx of gastrectomy and IBS
- 389. what are right sided heart failure s/s?
- 390. edema
 - ascites
 - anorexia
- 391. what are left sided heart failure s/s?
- 392. dizziness
- 393. following rupture of the membranes what is the greatest risk?
- 394. fecal cord compression of prolapse, which is a medical emergency and obtaining a fetal heart tone is priority
- 395. what should be done to a pt with anxiety?
- 396. they will have trouble concentrating therefore the nurse should speak to the pt using simple sentences
- 397. what is a manifestation of type 2 DM?
- 398. infection and poor wound healing
- 399. what to monitor with timolol (Timoptic)?
- 400. a decreased in BP
- 401. what is inhibit with spinal cord damage at T1 and T2?
- 402. it inhibits function below the waist
- 403. wheel chair precautions?
- 404. use a gell- filled seat cushion
 - limit time to 2 hours at a time
 - avoid donut-shaped pads
 - shift weight every 15 minutes
- 405. what kind of mask should pt with COPD use?
- 406. a venturi mask
- 407. what is priority in a child with sickle cell crisis?
- 408. oxygenation
- 409. what should be avoided with a mastectomy?

410. avoid raising elbow above the shoulder until drain are removed
 avoid abduction
 return to work in 4 to 6 wks
 resume driving in 7 to 10 days
411. during the initial tx of acute diverticulitis what is done?
412. the pt receives parenteral nutrition and should be kept NPO
413. what do do for a child with juvenile idiopathic arthritis?
414. use heat therapy prior to physical activities because it
 promotes exercise
 they should attend school as much as possible
 promote exercise
 eat a well balanced diet
415. how often is a tetanus booster recommended?
416. every ten years
417. what to give prior to an NST?
418. administer 4 oz (120 ML) of orange juice to stimulate fetal
 movement
419. where should a cane be placed?
420. held in the hand of the stronger side of body
421. what is priority in a pt with anorexia nervosa?
422. record amount of food pt consumes
 weight daily
 restrict exercising
423. nitroglycerin (nitrostat)?
424. take up to 3 tabs during single episode
 place under tongue
 store in original container
 discard on expiration date
425. how should epoiten alfa be given?
426. sub Q
427. how should IM injections be given?
428. z tract method
429. what promotes drainage of stomach content in tubes/pumps?
430. turning pt every two hours
431. what should pt with cystic fibrosis eat?
432. a diet high in calories
433. what can long term use of corticosteroids induced?
434. osteoporosis
435. what should be priority when a pt with ketoacidosis come to
 hospital?
436. administer a 0.9 % sodium chloride because it replaces
 sodium losses
437. what is the greatest risk with a thyroidectomy?
438. hypocalcemia leading to tetany by s/s of tingling around mouth
439. what is a s/s of circulatory over load?
440. crackles, sob, jugular vein distention, cough

441. when taking care of a pt with meningitis what should the nurse wear?
442. a surgical mask within 3 feet of the pt to prevent exposure
443. where would a pt with acute cholecystitis feel pain?
444. RUQ radiating to back
445. what to do first when IV pump is alarming?
446. observe the IV site for phlebitis
447. what should pt avoid before a colonoscopy?
448. NSAIDs because it increases risk for bleeding
449. when should a newborn repeat the hearing test if they fail the first time?
450. in 3 months
451. what helps pt with acute manic?
452. step by step direction
453. what is scleroderma?
454. is a chronic disease with skin changes causes thickening, hardening, or tightening of the skin, blood vessels, and internal organs
455. what is s/s of herpes zoster (shingles)?
456. results from reactivation of a dormant varicella virus, inflammation of the dorsal root ganglion.
localized vesicular lesions unilateral localized, nodular skin lesions
457. genital herpes s/s?
458. fluid-filled vesicular rash in genital region
459. hepatitis A?
460. fecal-oral route, uncooked food
461. what is raynaud disease?
462. a disorder of the blood vessel that supply blood to the skin and causes the distal extremities and the tip of nose and ear to feel numb/cool in response to cold temps or stress s/s: tingling, swelling, painful throbbing attacks may last mins to hours

the pt should not smoke
463. IGA?
464. associated with autoimmune diseases or chronic infections
465. IGE?
466. allergic manifestations, anaphylaxis, and asthma
467. IGM?
468. antibodies against ABO blood groups
469. IgG?
470. antibodies to all types of infections
471. what should the pt with SLE skin lesions do?
472. it affects any organ in the body is a chronic autoimmune disorder, pt should monitor body temp and report any elevations promptly apply moisturizer after bathing the lesions with warm water
473. what reduces exposure to allergens?

474. use a dehumidifier/ NOT humidifier
no carpet
bed linens should be washed weekly in hot water
dont apply repellent to skin
475. what is pcp (pneumocystis carinii pneumonia?)
476. it exist as part of the normal flora of the lungs, the infection
results from an impaired immune system
pt may need a bronchoscopy with biopsy of lung tissue
477. eosinophils?
478. usually with asthma
479. monocytes?
480. infection and several collagen disorders
481. lymphocytes?
482. cancers and malnourished pts
483. neutrophils?
484. infection, stress, and inflammation
485. RA s/s?
486. bilateral pain and swelling in fingers and joints with stiffness in
morning, finger joints are erythematous and warm to touch
487. how to handle of an infant with HIV?
488. use disposable diapers, and discard in separate plastic bags
use bleach solution and gloves to clean up blood spills
hand washing is important
anyone changing babies diaper should wear gloves
489. what should the pt with a desentization injection do?
490. must remain in clinic atleast 30 minutes
491. what are early manifestations of aids?
492. persistent fever
swollen glands
diarrhea
weight loss
fatigue
493. what does an elevated GFR indicate?
494. an acute inflammatory process
pt will need thermal interventions (heat or cold)
495. what is an initial s/s of wound infection?
496. erythema (redness) at incision site
497. what is karposi sarcoma KS?
498. associated with aids it looks like hyperpigmented multicentric
lesions that can be firm, flat, or nodular
499. what does histamine release causes?
500. increases mucus secretions
bronchospasms
bronchial constriction
501. what should a pt with active TB been transported wear?
502. a mask

503. what is early lyme disease characterized by?
504. fever
influenza like manifestation
erythema migrans
distinct progressive circular rash (or bulls eye rash)
505. can pts with hepatitis a donate blood?
506. no
507. what does serum amylase has to do with?
508. pancreatitis
509. stoma care?
510. use mild soap
apply skin sealant
cut it 1/8 to 1/16 larger than the size
measure it at least once a week
511. what is a early s/s of hepatitis A?
512. anorexia
513. what is a late s/s of hepatitis A?
514. pale feces
dark urine
jaundice
515. what to eat with peptic ulcer?
516. no soda
eat as normal as possible
eat 5-6 small meals a day
517. what foods to avoid with diverticulitis?
518. corn, strawberries, whole grain bread
519. what to do with splenectomy?
520. promoting lung aeration is important
521. what is the position for an enema?
522. left lateral
523. TPN?
524. withdrawal look out for hypoglycemia (shakiness and diaphoresis)
525. SIADH?
526. is caused by excessive release of an antidiuretic hormone (ADH) as a result pt retains water creating a dilutional hyponatremia
527. what are dm type 2 manifestations of hyperglycemia?
528. increased urination and thirst
529. what are dm type 2 manifestations of hypoglycemia?
530. tremors
cold, clammy skin
531. graves disease s/s?
532. difficulty sleeping, diarrhea, increased appetite, heat intolerance
533. what does ketoacidosis causes?
534. dehydration by s/s of n/v

535. what are early s/s of hypoglycemia?
536. drowsiness
clammy skin
diaphoresis
blurred vision
537. what are early s/s of hyperglycemia?
538. anorexia
dry mouth
urinary frequency
539. what are s/s of diabetes insipidus?
540. polydipsia
polyuria
541. what does parathyroid hormone regulates?
542. calcium
543. what is the common cause of hyperthyroidism?
544. graves disease
545. what are s/s of thyroid storm?
546. fever
hypertension
pain
tachycardia
547. what are s/s of diabetic ketoacidosis?
548. increased blood glucose levels
positive urine acetone
a low bicarbonate levels
549. what causes acromegaly?
550. excessive production of somatropin (growth hormone) after
closing of the epiphyses
551. what is addisons disease?
552. hormone deficiency caused by damage to the outer layer of the
adrenal gland
they need diet high in salt, carbs, and protein
low in potassium
553. what is primary therapy for a pt with JRA?
554. preservation of joint function
555. what is splitting?
556. a primitive ego defense mechanism that places people in good/
bad categories
557. what is displacement?
558. transfer of feelings to a less threatening person
559. what is intellectualization?
560. a logical aproach
561. what is projection?
562. attribute her faults to others
563. what is the play mode in toddlers?
564. parallel play with each child performing similar activities

565. when are liver enzymes elevated?
566. in pts with HELLP
567. what to do with magnesium toxicity?
568. give calcium gluconate
s/s of toxicity: loss of deep tendon reflex
respiratory depression
oliguria
if left untreated can lead to cardiac and respiratory arrest
569. when taking iron supplement what would counteract with
constipation?
570. eating raw fruit and vegetables
571. s/s of coarctation of the aorta?
572. unequal upper and lower extremity pulses
573. SSRI Side effects
574. Side effects of SSRIs may include, among others:

Nausea
Nervousness, agitation or restlessness
Dizziness
Reduced sexual desire or difficulty reaching orgasm or inability to maintain an
erection (erectile dysfunction)
Drowsiness
Insomnia
Weight gain or loss
Headache
Dry mouth
Vomiting
Diarrhea

575. MAOI Side effects
576. The most common side effects of MAOIs include:

Dry mouth
Nausea, diarrhea or constipation
Headache
Drowsiness
Insomnia
Skin reaction at the patch site
Dizziness or lightheadedness
Other possible side effects include:

Involuntary muscle jerks
Low blood pressure
Reduced sexual desire or difficulty reaching orgasm
Sleep disturbances
Weight gain
Difficulty starting a urine flow

Muscle aches

Prickling or tingling sensation in the skin (paresthesia)

577. Opioid

578. Other side effects of opioid analgesics include:

Euphoria, dysphoria, agitation, seizures, hallucinations

Lowered blood pressure and heart rate

Muscular rigidity and contractions

Nausea and vomiting

Non-allergic itching

Pupil constriction

Sexual dysfunction

Urinary retention

579. Do not delegate

580. What you can EAT E-evaluate A-assess T-teach

581. Addison's & Cushings

582. Addison's = down down down up down

Cushings= up up up down up

hypo/hyponatremia, hypo/hypertension, blood volume, hypo/hyperkalemia,

hypo/hyperglycemia

583. Better peripheral perfusion?

584. Elevate Veins, DAngle Arteries

585. APGAR

586. Appearance (all pink, pink and blue, blue (pale)

Pulse (>100, <100, absent)

Grimace (cough, grimace, no response)

Activity (flexed, flaccid, limp)

Respirations (strong cry, weak cry, absent)

587. Airborne precautions

588. My chicken hez tb (measles, chickenpox (varicella) Herpes
zoster/shingles TB

589. Airborne precautions protective equip

590. private room, neg pressure with 6-12 air exchanges/hr mask

N95 for TB

591. Droplet precautions

592. spiderman! sepsis, scarlet fever, streptococcal pharyngitis,

parvovirus, pneumonia, pertussis,

influenza,

diphtheria,

epiglottitis,

rubella,

mumps, meningitis, mycoplasma or meningeal pneumonia, adeNovirus (Private
room or cohort mask!)

593. Contact precaution

594. MRS WEE

Multidrug resistant organism

- Rresiratory infection
- Skin infection
- Wound infection
- Enteric infection (C diff)
- Eye infection (conjunctivitis)
- 595. Skin infection
- 596. VCHIPS
- Varicella zoster
- Cutaneous diptheria
- Herpes simplez
- Impetigo
- Peduculosis
- Scabies
- 597. Air or Pulmonary Embolism
- 598. S/S chest pain, dyspnea, tachycardia, pale/cyanotic, sense of impending doom. (turn pt to LEFT side and LOWER the head of bed.)
- 599. Woman in labor (un-reassuring FHR)
- 600. (late decels, decreased variability, fetal bradycardia, etc) Turn pt on Left side, give O2, stop pitocin, Increase IV fluids!
- 601. Tube feeding with decreased LOC
- 602. Pt on Right side (promotes emptying of the stomach) Head of bed elevated (prevent aspiration)
- 603. After lumbar puncture and oil based myelogram
- 604. pt is flat SUPINE (prevent headache and leaking of CSF)
- 605. Pt with heat stroke
- 606. flat with legs elevated
- 607. during Continuous Bladder Irrigation (CBI)
- 608. catheter is taped to the thigh. leg must be kept straight.
- 609. After Myringotomy
- 610. position on the side of AFFECTED ear, allows drainage.
- 611. After Cateract surgery
- 612. pt sleep on UNAFFECTED side with a night shield for 1-4 weeks
- 613. after Thyroidectomy
- 614. low or semi-fowler's position, support head, neck and shoulders.
- 615. Infant with Spina Bifida
- 616. Prone so that sac does not rupture
- 617. Buck's Traction (skin)
- 618. elevate foot of bed for counter traction
- 619. After total hip replacement
- 620. don't sleep on side of surgery, don't flex hip more than 45-60 degrees, don't elevate Head Of Bed more than 45 degrees. Maintain hip abduction by separating thighs with pillows.
- 621. Prolapsed cord

622. Knee to chest or Trendelenburg
oxygen 8 to 10 L
623. Cleft Lip
624. position on back or in infant seat to prevent trauma to the
suture line. while feeding hold in upright position.
625. To prevent dumping syndrome
626. (post operative ulcer/stomach surgeries) eat in reclining
position. Lie down after meals for 20-30 min. also restrict fluids during meals, low
CHO and fiber diet. small, frequent meals.
627. AKA (above knee amputation)
628. elevate for first 24 hours on pillow. position prone daily to
maintain hip extension.
629. BKA (below knee amputation)
630. foot of bed elevated for first 24 hours. position prone to provide
hip extension.
631. detached retina
632. area of detachment should be in the dependent position
633. administration of enema
634. pt should be left side lying (Sim's) with knee flexed.
635. After supratentorial surgery
636. (incision behind hairline on forehead) elevate HOB 30-40
degrees
637. After infratentorial surgery
638. (incision at the nape of neck) position pt flat and lateral on
either side.
639. During internal radiation
640. on bed rest while implant in place
641. Autonomic Dysreflexia/Hyperreflexia
642. S/S pounding headache, profuse sweating, nasal congestion,
chills, bradycardia, hypertension. Place client in sitting position (elevate HOB)
FIRST!
643. Shock
644. bedrest with extremities elevated 20 degrees. knees straight,
head slightly elevated (modified Trendelenburg)
645. Head Injury
646. elevate HOB 30 degrees to decrease ICP
647. Peritoneal Dialysis (when outflow is inadequate)
648. turn pt from side to side BEFORE checking for kinks in tubing
649. Lumbar Puncture
650. After the procedure, the pt should be supine for 4-12 hours as
prescribed.
651. Myasthenia Gravis
652. worsens with exercise and improves with rest
653. Myasthenia Gravis
654. a positive reaction to Tensilon---will improve symptoms
655. Cholinergic Crisis

656. Caused by excessive medication ---stop giving Tensilon...will make it worse.
657. Liver biopsy (prior)
658. must have lab results for prothrombin time
659. Myxedema/ hypothyroidism
660. slowed physical and mental function, sensitivity to cold, dry skin and hair.
661. Grave's Disease/ hyperthyroidism
662. accelerated physical and mental function. Sensitivity to heat. Fine/soft hair.
663. Thyroid storm
664. increased temp, pulse and HTN
665. Post-Thyroidectomy
666. semi-fowler's. Prevent neck flexion/hyperextension. Trach at bedside
667. Hypo-parathyroid
668. CATS---Convulsions, Arrhythmias, Tetany, Spasms, Stridor. (decreased calcium) give high calcium, low phosphorus diet
669. Hyper-parathyroid
670. fatigue, muscle weakness, renal calculi, back and joint pain (increased calcium) give a low calcium high phosphorous diet
671. Hypovolemia
672. increased temp, rapid/weak pulse, increase respiration, hypotension, anxiety. Urine specific gravity >1.030
673. Hypervolemia
674. bounding pulse, SOB, dyspnea, rales/crackles, peripheral edema, HTN, urine specific gravity <1.010. semi fowler's
675. Diabetes insipidus (decreased ADH)
676. excessive urine output and thirst, dehydration, weakness, administer Pitressin
677. SIADH (increased ADH)
678. change in LOC, decreased deep tendon reflexes, tachycardia. N/V HA administer Declomycin, diuretics
679. hypokalemia
680. muscle weakness, dysrhythmias, increase K (rasins bananas apricots, oranges, beans, potatoes, carrots, celery)
681. Hyperkalemia
682. MURDER Muscle weakness, Urine (olig, anuria) Resp depression, decreased cardiac contractility, ECG changes, reflexes
683. Hyponatremia
684. nausea, muscle cramps, increased ICP, muscular twitching, convulsions. give osmotic diuretics (Mannitol) and fluids
685. Hypernatremia
686. increased temp, weakness, disorientation, dilutions, hypotension, tachycardia. give hypotonic solution.
687. Hypocalcemia

688. CATS Convulsions, Arrhythmias, Tetany, spasms and stridor
689. Hypercalcemia
690. muscle weakness, lack of coordination, abdominal pain, confusion, absent tendon reflexes, shallow respirations, emergency!
691. Hypo Mg
692. Tremors, tetany, seizures, dysthythmias, depression, confusion, dysphagia, (dig toxicity)
693. Hyper Mg
694. depresses the CNS. Hypotension, facial flushing, muscle weakness, absent deep tendon reflexes, shallow respirations. EMERGENCY
695. Addison's
696. Hypo Na, Hyper K, Hypoglycemia, dark pigmentation, decreased resistance to stress fx, alopecia, weight loss. GI stress.
697. Cushings
698. Hyper Na, Hypo K, hyperglycemia, prone to infection, muscle wasting, weakness, edema, HTN, hirsutism, moonface/buffalo hump
699. Addesonian crisis
700. N/V confusion, abdominal pain, extreme weakness, hypoglycemia, dehydration, decreased BP
701. Pheochromocytoma
702. hypersecretion of epi/norepi. persistent HTN, increased HR, hyperglycemia, diaphoresis, tremor, pounding HA; avoid stress, frequent bathing and rest breaks, avoid cold and stimulating foods (surgery to remove tumor)
703. Tetralogy of Fallot
704. DROP (Defect, septal, Right ventricular hypertrophy, Overriding aortas, Pulmonary stenosis)
705. Autonomic Dysreflexia
706. (potentially life threatening emergency!) HOB elevate 90 degrees, loosen constrictive clothing, assess for full bladder or bowel impaction, (trigger) administer antihypertensives (may cause stroke, MI, seizure)
707. FHR patterns for OB
708. Think VEAL CHOP!
V-variable decels; C- cord compression caused
E-early decels; H- head compression caused
A-accel; O-okay, no problem
L- late decels; P- placental insufficiency, can't fill
709. what to check with pregnancy
710. Never check the monitor or machine as a first action. Always assess the patient first. Ex.. listen to fetal heart tones with stethoscope.
711. Position of the baby by fetal heart sounds
712. Posterior --heard at sides
Anterior---midline by umbilicus and side
Breech- high up in the fundus near umbilicus
Vertex- by the symphysis pubis.
713. Ventilatory alarms

714. HOLD
High alarm--Obstruction due to secretions, kink, pt cough etc
Low alarm--Disconnection, leak, etc
715. ICP and Shock
716. ICP- Increased BP, decreased pulse, decreased resp
Shock--Decreased BP, increased pulse, increased resp
717. Cor pulmonale
718. Right sided heart failure caused by left ventricular failure
(edema, jugular vein distention)
719. Heroin withdrawal neonate
720. irritable, poor sucking
721. brachial pulse
722. pulse area on an infant
723. lead poisoning
724. test at 12 months of age
725. Before starting IV antibiotics
726. obtain cultures!
727. pt with leukemia may have
728. epistaxis due to low platelets
729. when a pt comes in and is in active labor
730. first action of nurse is to listen to fetal heart tones/rate
731. for phobias
732. use systematic desensitization
733. NCLEX answer tips
734. choose assessment first! (assess, collect, auscultate, monitor, palpate) only choose intervention in an emergency or stress situation. If the answer has an absolute, discard it. Give priority to the answers that deal with the patient's body, not machines, or equipment.
735. ARDS and DIC
736. are always secondary to another disease or trauma
737. In an emergency
738. patients with a greater chance to live are treated first
739. Cardinal sign of ARDS
740. hypoxemia
741. Edema is located
742. in the interstitial space, not the cardiovascular space (outside of the circulatory system)
743. the best indicator of dehydration?
744. weight---and skin turgor
745. heat/cold
746. hot for chronic pain; cold for acute pain (sprain etc)
747. When pt is in distress....medication administration
748. is rarely a good choice
749. pneumonia
750. fever and chills are usually present. For the elderly confusion is often present.

751. before IV antibiotics?
752. check allergies (esp. penicillin) make sure cultures and sensitivity has been done before first dose.
753. COPD and O₂
754. with COPD baroreceptors that detect CO₂ level are destroyed, therefore, O₂ must be low because high O₂ concentration takes away the pt's stimulation to breathe.
755. Prednisone toxicity
756. Cushings (buffalo hump, moon face, high blood sugar, HTN)
757. Neutropenic pts
758. no fresh fruits or flowers
759. Chest tubes are placed
760. in the pleural space
761. Preload/Afterload
762. Preload affects the amount of blood going into Right ventricle. Afterload is the systemic resistance after leaving the heart.
763. CABG
764. Great Saphenous vein in leg is taken and turned inside out (because of valves inside) . Used for bypass surgery of the heart.
765. Unstable Angina
766. not relieved by nitro
767. PVC's
768. can turn into V fib.
769. 1 tsp
770. 5 mL
771. 1 oz
772. 30 mL
773. 1 cup
774. 8 oz
775. 1 quart
776. 2 pints
777. 1 pint
778. 2 cups
779. 1 g (gram)
780. 1000 mg
781. 1 kg
782. 2.2 lbs
783. 1 lb
784. 16 oz
785. centigrade to Fahrenheit conversion
786. $F = C + 40$ multiply $\frac{5}{9}$ and subtract 40
 $C = F + 40$ multiply $\frac{9}{5}$ and subtract 40
787. Angiotensin II
788. In the lungs...potent vasodilator, aldosterone attracts sodium.
789. Iron toxicity reversal
790. deferoxamine

791. S3 sound
792. normal in CHF. Not normal in MI
793. After endoscopy
794. check gag reflex
795. TPN given in
796. subclavian line
797. pain with diverticulitis
798. located in LLQ
799. appendicitis pain
800. located in RLQ
801. Trousseau and Chvostek's signs observed in
802. Hypocalcemia
803. never give K⁺ in
804. IV push
805. DKA is rare
806. in DM II (there is enough insulin to prevent fat breakdown)
807. Glaucoma patients lose
808. peripheral vision.
809. Autonomic dysreflexia
810. patients with spinal cord injuries are at risk for developing
autonomic dyreflexia (T-7 or above)
811. Spinal shock occurs
812. immediately after injury
813. multiple sclerosis
814. myelin sheath destruction. disruptions in nerve impulse
conduction
815. Myasthenia gravis
816. decrease in receptor sites for acetylcholine. weakness
observed in muscles, eyes mastication and pharyngeal muscles. watch for
aspiration.
817. Gullian -Barre syndrome
818. ascending paralysis. watch for respiratory problems.
819. TIA
820. transient ischemic attack....mini stroke, no dead tissue.
821. CVA
822. cerebrovascular accident. brain tissue dies.
823. Hodgkin's disease
824. cancer of the lymph. very curable in early stages
825. burns rule of Nines
826. head and neck 9%
each upper ext 9%
each lower ext 9%
front trunk 18%
back trunk 18%
genitalia 1%
827. birth weight

828. doubles by 6 months
triples by 1 year
829. if HR is <100 (children)
830. Hold Dig
831. early sign of cystic fibrosis
832. meconium in ileus at birth
833. Meningitis--check for
834. Kernig's/ brudinski's signs
835. wilm's tumor
836. encapsulated above kidneys...causes flank pain
837. hemophilia is x linked
838. passed from mother to son
839. when phenylalanine increases
840. brain problems occur
841. buck's traction
842. knee immobility
843. russell traction
844. femur or lower leg
845. dunlap traction
846. skeletal or skin
847. bryant's traction
848. children <3 y <35 lbs with femur fx
849. eclampsia is
850. a seizure
851. perform amniocentesis
852. before 20 weeks to check for cardiac and pulmonary abnormalities
853. Rh mothers receive Rhogam
854. to protect next baby
855. anterior fontanelle closes by...posterior by..
856. 18 months, 6-8 weeks
857. caput succedaneum
858. diffuse edema of the fetal scalp that crosses the suture lines.
reabsorbes within 1 to 3 days
859. pathological jaundice occurs:
physiological jaundice occurs:
860. before 24 hours (lasts 7 days)
after 24 hours
861. placenta previa s/s
placental abruption s/s
862. there is no pain, but there is bleeding
there is pain, but no bleeding (board like abd)
863. bethamethasone (celestone)
864. surfactant. premature babies
865. milieu therapy
866. taking care of pt and environmental therapy

- 867. cognitive therapy
- 868. counseling
- 869. five interventions for psych patients
- 870. safety
 - setting limits
 - establish trusting relationship
 - meds
 - least restrictive methods/environment
- 871. SSRI's
- 872. take about 3 weeks to work
- 873. patients with hallucinations
 - patients with delusions
- 874. redirect them
 - distract them
- 875. Thorazine and Haldol
- 876. can cause EPS
- 877. Alzheimer's
- 878. 60% of all dementias, chronic, progressive degenerative
 - cognitive disorder.
- 879. draw up regular and NHP?
- 880. Air into NHP, air into Regular. Draw regular, then NHP
- 881. Cranial nerves
- 882. S=sensory M=motor B=both
 - Oh (Olfactory I) Some
 - Oh (Optic II) Say
 - Oh (Oculomotor III) Marry
 - To (trochlear IV) Money
 - Touch (trigeminal V) But
 - And (Abducens VI) My
 - Feel (facial VII) Brother
 - A (auditory VIII) Says
 - Girl's (glossopharyngeal IX) Big
 - Vagina (vagus X) Bras
 - And (accessory XI) Matter
 - Hymen (Hypoglossal XII) More
- 883. Hypernatremia
- 884. S (Skin flushed)
 - A (agitation)
 - L (low grade fever)
 - T (thirst)
- 885. Developmental
- 886. 2-3 months: turns head side to side
 - 4-5 months: grasps, switch and roll
 - 6-7 months: sit at 6 and waves bye bye
 - 8-9 months: stands straight at 8

- 10-11 months: belly to butt
 12-13 months: 12 and up, drink from a cup
887. Hepatitis A
 888. Ends in a vowel, comes from the bowel
 889. Hepatitis b
 890. B= blood and body fluids (hep c is the same)
 891. Apgar measures
 892. HR RR Muscle tone, reflexes, skin color.
 Each 0-2 points. 8-10 ok, 0-3 resuscitate
 893. Glasgow coma scale
 894. eyes, verbal, motor
 Max- 15 pts, below 8= coma
 895. Addison's disease:
 Cushing's syndrome:
 896. "add" hormone
 have extra "cushion" of hormone
 897. Dumping syndrome
 898. increase fat and protein, small frequent meals, lie down after
 meal to decrease peristalsis. Wait 1 hr after meals to drink
 899. Disseminated herpes zoster
 localized herpes zoster
 900. Disseminated herpes=airborne precautions
 Localized herpes= contact precautions. A nurse with localized may take care of
 patients as long as pts are not immunosuppressed and the lesions must be
 covered!
 901. Isoniazid
 902. causes peripheral neuritis
 903. Weighted NI (naso intestinal tubes)
 904. Must float from stomach to intestine. Don't tape right away after
 placement. May leave coiled next to pt on HOB. Position pt on RIGHT to facilitate
 movement through pylorus
 905. Cushing's ulcers
 906. r/t brain injury
 907. Cushing's triad
 908. r/t ICP (HTN, bradycardia, irritability, sleep, widening pulse
 pressure)
 909. Thyroid storm
 910. HOT (hyperthermia)
 911. Myxedema coma
 912. COLD (hypothermia)
 913. Glaucoma
 914. No atropine
 915. Non Dairy calcium
 916. Rhubarb sardines collard greens
 917. Koplick's spots

918. prodromal stage of measles. Red spots with blue center, in the mouth--think Koplik in the mouth
919. INH can cause peripheral neuritis
920. Take vitamin B6 to prevent. Hepatotoxic
921. pancreatitis pts
922. put them in fetal position, NPO, gut rest, Prepare antecubital site for PICC, they are probably going to get TPN/Lipids
923. Murphy's sign
924. Pain with palpation of gall bladder (seen with cholecystitis)
925. Cullen's sign
926. ecchymosis in umbilical area, seen with pancreatitis
927. Turner's sign
928. Flank--greyish blue. (turn around to see your flanks) Seen with pancreatitis
929. McBurney's point
930. Pain in RLQ with appendicitis
931. LLQ
932. Diverticulitis
933. RLQ
934. appendicitis watch for peritonitis
935. Guthrie test
936. Tests for PKU. Baby should have eaten protein first
937. shilling test
938. Test for pernicious anemia
939. Peritoneal dialysis
940. Its ok to have abd cramps, blood tinged outflow and leaking around site if the cath (tenckoff) was placed in the last 1-2 weeks. Cloudy outflow is never ok
941. Hyper reflexes
absent reflexes
942. upper motor neuron issue (your reflexes are over the top)
Lower motor neuron issue
943. Latex allergies
944. assess for allergies to bananas, apricots, cherries, grapes, kiwis, passion fruit, avocados, chestnuts, tomatoes and peaches
945. Tensilon
946. used in myasthenia gravis to confirm diagnosis
947. ALS
948. (amyotrophic lateral sclerosis) degeneration of motor neurons in both upper and lower motor neuron systems
949. Transesophageal fistula
950. esophagus doesn't fully develop. This is a surgical emergency (3 signs in newborn: choking, coughing, cyanosis)
951. MMR
952. is given SQ not IM
953. codes for pt care

954. Red- unstable, ie.. occluded airway, actively bleeding...see first
Yellow--stable, can wait up to an hour for treatment
Green--stable can wait even longer to be seen---walking wounded
Black--unstable, probably will not make it, need comfort care
DOA--dead on arrival
955. Contraindication for Hep B vaccine
956. anaphylactic reaction to baker's yeast
957. what to ask before flu shot
958. allergy to eggs
959. what to ask before MMR
960. allergy to eggs or neomycin
961. when on nitroprusside monitor:
962. cyanide. normal value should be 1.
963. William's position
964. semi Fowler's with knees flexed to reduce low back pain
965. S/S of hip fx
966. External rotation, shortening adduction
967. Fat embolism
968. blood tinged sputum r/t inflammations. Increase ESR,
respiratory alkalosis. Hypocalcemia, increased serum lipids.
969. complications of mechanical ventilation
970. pneumothorax, ulcers
971. Paget's disease
972. tinnitus, bone pain, enlargement of bone, thick bones
973. with allopurinol
974. no vitamin C or warfarin!
975. IVP requires
976. bowel prep so bladder can be visualized
977. acid ash diet
978. cheese, corn, cranberries, plums, prunes, meat, poultry, pastry,
bread
979. alk ash diet
980. milk, veggies, rhubarb, salmon
981. orange tag in psych
982. is emergent psych
983. thyroid med side effects
984. insomnia. body metabolism increases
985. Tidal volume is
986. 7-10 ml/kg
987. COPD patients and O2
988. 2LNC or less. They are chronic CO2 retainers expect sats to
be 90% or less
989. Kidney glucose threshold
990. 180
991. Stranger anxiety is greatest at what age?
992. 7-9 months..separation anxiety peaks in toddlerhood

993. when drawing an ABG
994. put in heparinized tube. Ice immediately, be sure there are no bubbles and label if pt was on O2
995. Munchausen syndrome vs munchausen by proxy
996. Munchausen will self inflict injury or illness to fabricate symptoms of physical or mental illness to receive medical care or hospitalization. by proxy mother or other care taker fabricates illness in child
997. multiple sclerosis
998. motor s/s limb weakness, paralysis, slow speech. sensory s/s numbness, tingling, tinnitus cerebral s/s nystagmus, ataxia, dysphagia, dysarthria
999. hungtington's
1000. 50% genetic autosomal dominant disorder.. s/s uncontrolled muscle movements of face, limbs and body. no cure
1001. WBC left shift
1002. pt with pyelo. neutrophils kick in to fight infections
1003. pancreatic enzymes are taken
1004. with each meal!
1005. infants IM site
1006. Vastus lateralis
1007. Toddler 18 months+ IM site
1008. Ventrogluteal
1009. IM site for children
1010. deltoid and gluteus maximus
1011. Thoracentesis:
1012. position pt on side or over bed table. no more than 1000 cc removed at a time. Listen for bilateral breath sounds, V.S, check leakage, sterile dressing
1013. Cardiac cath
1014. NPO 8-12 hours. empty bladder, pulses, tell pt may feel heat, palpitations or desire to cough with injection of dye. Post: V.S.--keep leg straight. bedrest for 6-8 hr
1015. Cerebral angio prep
1016. well hydrated, lie flat, site shaved, pulses marked. Post--keep flat for 12-14 hr. check site, pulses, force fluids.
1017. lumbar puncture
1018. fetal position. post-neuro assess q15-30 until stable. flat 2-3 hour. encourage fluids, oral analgesics for headache.
1019. ECG
1020. no sleep the night before, meals allowed, no stimulants/tranquilizers for 24-48 hours before. may be asked to hyperventilate 3-4 min and watch a bright flashing light. watch for seizures after the procedure.
1021. Myelogram
1022. NPO for 4-6 hours. allergy hx phenothiazines, cns depressants and stimulants withheld 48 hours prior. Table moved to various positions during test. Post--neuro assessment q2-4 hours, water soluble HOB UP. oil soluble

HOB down. oral analgesics for HA. No po fluids. assess for distended bladder.

Inspect site

1023. Liver biopsy
1024. administer Vitamin K, NPO morning of exam 6 hrs. Give sedative. Teach pt to expect to be asked to hold breath for 5-10 sec. supine position, lateral with upper arms elevated. Post--position on RIGHT side. frequent VS. report severe ab pain STAT. no heavy lifting 1 wk
1025. Paracentesis
1026. semi fowler's or upright on edge of bed. Empty bladder. post VS--report elevated temp. watch for hypovolemia
1027. laparoscopy
1028. CO2 used to enhance visual. general anesthesia. foley. post--ambulate to decrease CO2 buildup
1029. PTB
1030. low grade afternoon fever
1031. pneumonia
1032. rusty sputum
1033. asthma
1034. wheezing on expiration
1035. emphysema
1036. barrel chest
1037. kawasaki syndrome
1038. strawberry tongue
1039. pernicious anemia
1040. red beefy tongue
1041. downs syndrome
1042. protruding tongue
1043. cholera
1044. rice watery stool
1045. malaria
1046. stepladder like fever--with chills
1047. typhoid
1048. rose spots on the abdomen
1049. diptheria
1050. pseudo membrane formation
1051. measles
1052. koplick's spots
1053. sle (systemic lupus)
1054. butterfly rash
1055. pyloric stenosis
1056. olive like mass
1057. Addison's
1058. bronze like skin pigmentation
1059. Cushing's
1060. moon face, buffalo hump
1061. hyperthyroidism/ grave's disease

1062. exophthalmos
1063. myasthenia gravis
1064. descending muscle weakness
1065. gullian-barre syndrome
1066. ascending muscle weakness
1067. angina
1068. crushing, stabbing chest pain relieved by nitro
1069. MI
1070. crushing stabbing chest pain unrelieved by nitro
1071. cystic fibrosis
1072. salty skin
1073. DM
1074. polyuria, polydipsia, polyphagia
1075. DKA
1076. kussmal's breathing (deep rapid)
1077. Bladder CA
1078. painless hematuria
1079. BPH
1080. reduced size and force of urine
1081. retinal detachment
1082. floaters and flashes of light. curtain vision
1083. glaucoma
1084. painful vision loss. tunnel vision. halo
1085. retino blastoma
1086. cat's eye reflex
1087. increased ICP
1088. hypertension, bradypnea,, bradycardia (cushing's triad)
1089. shock
1090. Hypotension, tachypnea, tachycardia
1091. Lymes disease
1092. bullseye rash
1093. intraosseous infusion
1094. often used in peds when venous access can't be obtained.
hand drilled through tibia where crytalloids, colloids, blood products and meds
are administered into the marrow. one med that CANNOT be administered IO is
isoproterenol, a beta agonist.
1095. sickle cell crisis
1096. two interventions to prioritize: fluids and pain relief.
1097. glomulonephritis
1098. the most important assessment is blood pressure
1099. children 5 and up
1100. should have an explanation of what will happen a week before
surgery
1101. Kawasaki disease
1102. (inflammation of blood vessles, hence the strawberry tongue)
causes coronary artery aneurysms.

1103. ventriculoperitoneal shunt
1104. watch for abdominal distention. watch for s/s of ICP such as high pitch cry, irritability and bulging fontanel. In a toddler watch for loss of appetite and headache. After shunt is placed bed position is FLAT so fluid doesn't reduce too rapidly. If presenting s/s of ICP then raise the HOB 15-30 degrees
1105. 3-4 cups of milk a day for a child?
1106. NO too much milk can reduce the intake of other nutrients especially iron. Watch for ANEMIA
1107. MMR and varicella immunizations
1108. after 15 months!
1109. cryptorchidism
1110. undescended testicles! risk factor for testicular cancer later in life. Teach self exam for boys around age 12--most cases occur in adolescence
1111. CSF meningitis
1112. HIGH protein LOW glucose
1113. Head injury or skull fx
1114. no nasotracheal suctioning
1115. otitis media
1116. feed upright to avoid otitis media!
1117. positioning for pneumonia
1118. lay on affected side, this will splint and reduce pain. However, if you are trying to reduce congestion, the sick lung goes up! (like when you have a stuffy nose and you lay with that side up, it clears!)
1119. for neutropenic pts
1120. no fresh flowers, fresh fruits or veggies and no milk
1121. antiplatelet drug hypersensitivity
1122. bronchospasm
1123. bowel obstruction
1124. more important to maintain fluid balance than to establish a normal bowel pattern (they cant take in oral fluids)
1125. Basophils release histamine
1126. during an allergic response
1127. iatrogenic
1128. means it was caused by treatment, procedure or medication
1129. Tamoxifen
1130. watch for visual changes--indicates toxicity
1131. post spelectomy
1132. pneumovax 23 is administered to prevent pneumococcal sepsis
1133. Alkalosis/ Acidosis and K+
1134. ALKalosis=al K= low sis. Acidosis (K+ high)
1135. No phenylalanine
1136. to a kid with PKU. No meat, dairy or aspartame
1137. never give potassium
1138. to a pt who has low urine output!

1139. nephrotic syndrome
1140. characterized by massive proteinuria caused by glomerular damage. corticosteroids are the mainstay
1141. the first sign of ARDS
1142. increased respirations! followed by dyspnea and tachypnea
1143. normal PCWC (pulmonary capillary wedge pressure)
1144. is 8-13 readings 18-20 are considered high
1145. first sign of PE
1146. sudden chest pain followed by dyspnea and tachypnea
1147. Digitalis
1148. increases ventricular irritability ----could convert a rhythm to v-fib following cardioversion
1149. Cold stress and the newborn
1150. biggest concern resp. distress
1151. Parathyroid relies on
1152. vitamin D to work
1153. Glucagon increases the effects of?
1154. anticoagulants
1155. Sucking stab wound
1156. cover wound and tape on 3 sides to allow air to escape. If you cover and occlude it--it could turn into a closed pneumo or tension pneumo!
1157. chest tube pulled out?
1158. occlusive dressing
1159. PE
1160. Needs O2!
1161. DKA
1162. acetone and ketones increase! once treated expect postassium to drop! have K+ ready
1163. Hirschprung's
1164. diagnosed with rectal biopsy. S/S infant-failure to pass meconium and later the classic ribbon-like/foul smelling stools
1165. Intussusception
1166. Common in kids with CF. Obstruction may cause fecal emesis, current jelly stools. enema---resolution=bowel movements
1167. laboring mom's water breaks?
1168. first thing--worry about prolapsed cord!
1169. Toddlers need to express
1170. independence!
1171. Addison's
1172. causes severe hypotension!
1173. pancreatitis
1174. first pain relief, second cough and deep breathe
1175. CF chief concern?
1176. Respiratory problems
1177. a nurse makes a mistake?
1178. take it to him/her first then take up the chain

1179. nitrazine paper
1180. turns blue with alkaline amniotic fluid. turns pink with other fluids
1181. up stairs with crutches?
1182. crutches first followed by good leg
1183. dumping syndrome?
1184. use low fowler's to avoid. limit fluids
1185. TB drugs are
1186. hepatotoxic!
1187. clozapine, Clozaril
1188. antipsychotic
- anticholinergic
1189. clozapine s/e
1190. weight gain, hypotension, hyperglycemia, agranulocytosis
1191. dehydration
1192. -hypovolemia
- elevated urine specific gravity
1193. flumazenil, Romazicon
1194. benzo overdose
1195. umbilical cord compression
1196. reposition side to side or knee-chest
1197. short cord
1198. discontinue pictocin
1199. Discontinue oxypocin
1200. Discontinue oxytocin if uterine hyperstimulation occurs.
- Symptoms of uterine hyperstimulation include:
- ☐ Contraction frequency more often than every 2 min.
 - ☐ Contraction duration longer than 90 seconds.
 - ☐ Contraction intensity that results in pressures greater than 90 mm Hg as shown by IUPC.
 - ☐ Uterine resting tone greater than 20 mm Hg between contractions.
 - ☐ No relaxation of uterus between contractions
1201. Airborne Precautions
1202. My - Measles
- Chicken - Chicken Pox/Varicella
- Hez - Herpes Zoster/Shingles
- TB
1203. Droplet
1204. think of SPIDERMAN!
- S - sepsis
- S - scarlet fever
- S - streptococcal pharyngitis
- P - parvovirus B19
- P - pneumonia
- P - pertussis

- I - influenza
- D - diphtheria (pharyngeal)
- E - epiglottitis
- R - rubella
- M - mumps
- M - meningitis
- M - mycoplasma or meningeal pneumonia
- An - Adenovirus
- Private Room or cohort
- Mask
- 1205. Contact
- 1206. MRS.WEE
 - M - multidrug resistant organism
 - R - respiratory infection
 - S - skin infections *
 - W - wound infxn
 - E - enteric infxn - clostridium difficile
 - E - eye infxn - conjunctivitis
- 1207. Hypokalemia
- 1208. muscle weakness, dysrhythmias, increase K (raisins, bananas, apricots, oranges, beans, potatoes, carrots, celery)
- 1209. Hyperkalemia
- 1210. muscle weakness, urine (oliguria/anuria), respiratory depression, decreased cardiac contractility, ECG changes, reflexes
- 1211. Hyponatremia
- 1212. nausea, muscle cramps, increased ICP, muscular twitching, convulsion; osmotic diuretics, fluids
- 1213. Hypernatremia
- 1214. increased temp, weakness, disorientation/delusions, hypotension, tachycardia; hypotonic solution
- 1215. MAOI
- 1216. pirates say arrrr, so think; pirates take MAOI's when they're depressed.
 - explanation; MAOI's used for depression all have an arrr sound in the middle (Parnate, Marplan, Nardil)
- 1217. FHR patterns
- 1218. V = variable decels; C = cord compression caused
 - E = early decels; H = head compression caused
 - A = accels; O = okay, not a problem!
 - L = late decels = placental insufficiency, can't fill
- 1219. Cord Compression

1220. place the mother in the TRENDELENBERG position because this removes pressure of the presenting part off the cord. (If her head is down, the baby is no longer being pulled out of the body by gravity)
If the cord is prolapsed, cover it with sterile saline gauze to prevent drying of the cord and to minimize infection.
1221. Late decelerations
1222. turn the mother to her left side, to allow more blood flow to the placenta
1223. ICP
1224. increased BP, decreased pulse, decreased resp
1225. shock
1226. decreased BP, increased pulse, increased resp
1227. Conversions
1228. 1 t (teaspoon)= 5 ml
1 T (tablespoon)= 3 t = 15 ml
1 oz= 30 ml
1 cup= 8 oz
1 quart= 2 pints
1 pint= 2 cups
1 gr (grain)= 60 mg
1 g (gram)= 1000 mg
1 kg= 2.2 lbs
1 lb= 16 oz
1229. Antidotes
1230. heparin= protamine sulfate
coumadin= vitamin k
ammonia= lactulose
acetaminophen= n-Acetylcysteine.
Iron= deferoxamine
Digitoxin, digoxin= digibind.
Alcohol withdraw= Librium.
1231. Developmental
1232. 2-3 months: turns head side to side
4-5 months: grasps, switch & roll
6-7 months: sit at 6 and waves bye-bye
8-9 months: stands straight at eight
10-11 months: belly to butt (phrase has 10 letters)
12-13 months: twelve and up, drink from a cup
1233. Hepatitis
1234. Hepatitis: -ends in a VOWEL, comes from the BOWEL (Hep A)
Hepatitis B=Blood and Bodily fluids
Hepatitis C is just like B

1235. Give NSAIDS, Corticosteroids, drugs for Bipolar, Cephalosporins, and Sulfanomides
1236. with food
1237. Valium is treatment of
1238. status epilepticus (Ativan may be used also)
1239. Allopurinol
1240. Push fluids.
- Avoid purines
- Avoid Vit C and Warfarin
1241. Rifampin
1242. Red orange tears and urine, also contraceptives don't work as well
1243. LLQ
1244. diverticulitis , low residue, no seeds, nuts, peas
1245. Kayexalate
1246. Don't use with hypoactive bowel sounds
1247. Anticholinergic effects
1248. dry mouth==can't spit
urinary retention=can't ****
constipated =can't ****
blurred vision=can't see
1249. TCA end in mine, pine or line
1250. ● Therapeutic Uses
- ☐ Depression
 - ☐ Depressive episodes of bipolar disorders
-
- Side effects:
- Orthostatic hypotension, Anticholinergic effects, Sedation, sweating, increased chance of seizure
-
- Avoid use of MAOI and TCA
- Avoid TCA and anti-histamines
1251. SSRI (ends in pram, tine, line)
1252. ● Therapeutic Uses
- ☐ Major depression
 - ☐ Obsessive compulsive disorder
 - ☐ Bulimia nervosa
 - ☐ Premenstrual dysphoric disorders
 - ☐ Panic disorders
 - ☐ Posttraumatic disorder
-
- Decreased sex libido
- CNS stimulation (inability to sleep, anxiety)
- Weight loss / gain
- Serotonin syndrome
- Hyponatremia

GI bleeding
Bruxism (report to provider)

Do not use St. Johns Wort
MAOI must be discontinued for 14 days

May increase warfarin levels or NSAID levels

1253. MAOI (zine, zid, mine, line)

1254. • Therapeutic Uses

- ☐ Atypical depression
- ☐ Bulimia nervosa
- ☐ Obsessive compulsive disorder

Side effects

CNS stimulation, orthostatic hypotension, hypertensive crisis (with tyramine)

added effects with anti-hypertensives

1255. Welbutrin

1256. • Therapeutic Uses

- ☐ Treatment of depression
- ☐ Alternative to SSRIs for clients unable to tolerate the sexual dysfunction side effects
- ☐ Aid to quit smoking
- ☐ Prevention of seasonal affective disorder

Weight loss, sz, headache dry mouth