Jeopardy

Paperwork/Computer Details

100 – Name of form that is used to certify mental health patients deemed unsafe, or at risk for harming self or others.

200 – Tool used to determine whether patients are at risk for slipping, tripping, losing balance, unsteady gait, etc.

300 – Form to be completed when patient presents with 2 or more SIRS criteria

400 – Required documentation on this program for health care errors and general screw-ups

500- This on-line screening gets completed before one does the electronic patient report.

Emergency Drugs:

100- First drug given in a cardiopulmonary arrest

200 – First drug of choice for patients presenting with acute coronary syndrome

300 – Proton pump inhibitor prescribed to patients with GI bleeds.

400 – Given during anaphylaxis to block H2 receptors.

500 – Drug used to reverse benzodiazepine overdose.

Assessments:

100- For a patient triaged as urgent, a reassessment is done this often prior to MD assessment.

200 – For patients presenting to the ED with cardiac issues, the nurse typically gets this completed upon arrival/presentation.

300 - With restless, nonverbal patients with abd. distention, one might consider further assessment using this ED tool.

400- For a pt. with dec. LOC, complete vitals, neuro assessment and do this.

500- List 5 “P”s completed in a neurovascular assessment of extremity.

Common ED Presentations

100-The monitor might suggest a ventricular rate of 80; however, with this condition, the atria are typically quivering at 3-4x that rate.

200-When a pt. states he/she has not been able to breathe lying flat for the last few days, consider this possibility.

300-When an elderly female presents with fever and confusion, put this on your radar.

400-While a hemorrhagic event might be immediately visible on CT, this more common presentation might not.

500- Most common reasons for this inflammatory condition are gallstones and alcohol.

Where do I find?

100 – a restraint stretcher

200 – the BVM on an arrest cart

300 - how to determine sizes of instruments and drug dosages for infants & children

400 – drugs and info associated with treat poisons or even venoms

500 – where do I find standard IV drug concentrations for emergency drugs such as epinephrine, levophed, etc?

Who do I ask?

100 – if I’m concerned about a geriatric pt. going home?

200 – if I need to support family in crisis

300 – if there are several MDs giving conflicting orders in a trauma and I’m not sure what to do?

400 – if an admitted pt. is deteriorating and the team is not answering their pages

500 – if an admitted pt. still in the ED goes into v. fib.

Double Jeopardy

Resuscitation Room:

200 – Who do I call first when I know a resuscitative pt. with SOB/respiratory compromise is coming?

400 – What is my first responsibility in an arrest, if I’m standing by the monitor and the RT is there along with someone doing compressions?

600 – What should I use if I’m to give high volumes of warm IV fluid?

800 – What might be inserted for purposes of accurate continuous BP monitoring?

1,000 – What do I use to keep an arresting baby warm?

ACS Treatment

200 – A common beta blocker frequently given IV when someone is in rapid a fib. (metoprolol)

400 – A medication given IV to protect the hearts of significantly hyperkalemic patients (calcium gluconate)

600 - antiarrhythmic: if you’re alive you get 150, if you’re not, 300 mg (amiodarone)

800 – Recently becoming popular again, this antiarrhythmic works to chemically cardiovert a. fib (procainamide)

1,000- treatment entailing a central line inserted in the R subclavian, but no sedation; for patients with sick sinus treatment or third degree heart block (Transvenous pacemaker)

“holy smokes” treatment

200 – for a collapsed lung

400 – for patients with GI bleeds requiring tamponing

600 – for patients requiring immediate decrease of ICP

800 – for post-arrest patients with return of spontaneous circulation providing to improve neurologic outcomes

1,000 – for patients requiring immediate internal cardiac massage

Numbers & Concentrations:

200- mg/kg of acetaminophen prescribed for child after first dose

400- an appropriately sized BP cuff should cover this amount of an arm

600- amount of mL/kg recommended for pediatric fluid resuscitation

800- minimal amount of desired hourly urine output in adult with healthy kidneys

1,000 –minimal amount of desired hourly urine output/kg in neonate

Wonky Lab values:

200 – a lactate exceeding this value is considered a SIRS inclusion criterion (> 4.0)

400 – a pH of 7.33 and pCO2 of 66 is this type of acid base imbalance (resp. acidosis)

600 – medication frequently prescribed when one has excessive ammonia levels with associated encephalopathy. (lactulose)

800 – with this illness, the glucose in the CSF is typically decreased, the protein is increased, the culture is positive and there are lots of WBCs (Bacterial meningitis)

1,000 - – term used when one has low WBC, hemoglobin and platelets. (pantocytopenia)