1. Name the five/six essential nutrients: carbs, fats, proteins, vitamins, minerals, water.

2. The major source of energy for the body is carbs.

3. Carbs provide _________ Kcalories per 1 gram: 4

4. Sucrose is a sugar found in _________ and _________: fruits, veggies.

5. Lactose is a sugar found in _________: milk.

6. What is glycogen?: It is a stored form of glucose/energy manufactured by the liver.

7. Is glycogen eaten in foods?: No! It is a stored form of glucose manufactured by the liver.

8. When the body does not receive enough carbs it burns _________ and _________: protein, fat.

9. The most concentrated source of energy for the body is _________: fats.

10. Fats provide _________ Kcalories per 1 gram: 9

11. Fats carry vitamins: A, D, E, K (Remember FADE!)

12. The nutrient needed most for growth and repair of tissues is _________: protein (second best is vitamin C).

13. Proteins provide _________ Kcalories per 1 gram: 4

14. Vitamins and minerals provide energy for the body. (T/F): False, they are necessary for a body's chemical reactions.

15. Water is present in ALL body tissues. (T/F): True (even bone).

16. Water accounts for _________ to _________% of an adult's total weight: 50 to 60%.

17. Name the four basic food groups: Milk & Cheese, Meat & Legumes, Veggies & Fruits, Bread & Cereal.

18. Water accounts for _________ to _________% of an infant's total weight: 70 to 75%.

19. An individual is overweight if they are _________% above the ideal weight: 10.

20. An individual is obese if they weigh _________% above the ideal weight: 20.

21. What solution and material are used to cleanse the eyes of an infant?: Pan water, cotton balls, wash cloths.

22. Can you use cotton swabs to clean the eyes, nose or ears of an infant?: No, this is dangerous.

23. Can you use the same cotton ball/washcloth edge for both eyes?: No, you would contaminate it.

24. Should you cover an unhealed umbilical site with the diaper?: No, it would prevent healing.

25. What temperature is appropriate for the water used to bathe an infant?: 100 to 105

26. What is the #1 purpose of a tepid sponge bath?: Lower body temperature during fever.

27. How should the temperature of the water be tested if no thermometer is available?: Drop water on your forearm.

28. With which body part do you begin when bathing an infant?: Eyes away.

29. When cleansing an infant's eye, cleanse from outer to inner canthus?: No, inner to outer.

30. Should you retract the foreskin of a 5-week-old male, uncircumcised infant to cleanse the area?: No, not until the foreskin naturally retracts.

31. When sponge-bathing with tepid water, the correct temp is _________: 98.6°F.

32. How long does it take for the umbilical stump to fall off?: 7 to 14 days.

33. The primary reason why an infant is drapped during the bath is to provide privacy. (T/F): False, the primary purpose of draping is to prevent changing.

34. You may use friction to remove vernix caseosa from an infant's skin. (T/F): False, it causes damage to the skin.

35. What solution is commonly used for care of umbilical cord?: 70% alcohol to promote dryness (tends toward soap and water).

36. What cranial nerve is affected in Bell's Palsy?: #7, facial nerve.

37. What is the #1 symptom of Bell's Palsy?: One side is drooping.

38. Complete recovery from paralysis of Bell's Palsy should occur in _________ to _________ months: 4 to 6.

39. In addition to the facial paralysis, the sense of _________ is also affected: taste.

40. Will the patient be able to close their eye on the affected side?: No.

41. Give three eye interventions for the client with Bell's Palsy: Dark glasses, artificial tears, cover eye at night.

42. As the prostate enlarges it compresses the urethra and causes urinary _________: Urethra, retention.

43. At what age does BPH occur?: Men over 50 years of age.

44. What does BPH stand for?: Benign Prostatic Hypertrophy.

45. In BPH the man has _________ frequency of urination: Increased.

46. In BPH the force of the urinary stream is _________: Decreased.

47. The man with BPH has a _________-stream of urine forked.

48. The man with BPH has hesitancy. What does this mean?: Difficulty starting or stopping.

49. Will the man with BPH have enuresis, nocturia, or hematuria?: Enuresis (no), Nocturia (yes), and Hematuria (maybe).

50. Enuresis: Nighttime control of the flow of urine and normal urinary function.

51. What is the best way to control the flow of urine and normal urinary function?: Data retention.

52. Should fluids be forced or restricted in BPH?: Forced.

53. What does TURP stand for?: Transurethral resection of the prostate.
The most radical prostate surgery is the _______ 
prostatectomy.: Per nea 

What type of diet is used in BPH?: Ac d Ash 

Acid Ash diet: Decrease pH (makes ur ne ac d) 
Chz, eggs, Meat, s h, oysters, pou try, Bread, Cerea , Who e 
Gra ns, Pstr es, Cranberr es, Prunes, Pums, Tomatoes, Peas, 
Corn, Legumes. 

What is the primary purpose of a 3 way continuous bladder 
irrigation (CBI) after TURP?: To keep the catheter c ear of 
cots and to dra n ur ne 

What solution is used for CBI?: Norm sa ne (0.9 NaC ) 

How fast do you run the CBI?: At whatever rate t takes to 
keep the ur ne f ow ng and free of cots 

What drug is used to treat bladder spasm?: B &O 
suppos tor es (B e adonna & Op ates) 

Should you take a rectal temp after prostatectomy?: Give 
stool softeners?: No recta temperatures, yes stool 
softeners. 

You should call the MD after TURP when you see 
_______ thick _______ clots, and 
_____ urine drainage on the dressing.: Brgh th ck 
b ood, pers stent cots, pers stent ur ne on dress ng (don’t ca 
MD for transory cots and free of cots 

If you see an increase in blood content of urine coming out 
of the catheter, you would first: Pu ca refu y 
on the catheter to app y o ca pressure on the prostate w th the 
F o ey ba oon. 

If you see clots in the tubing you would first: 
Increase the f ow-rate. 

What exercises should the post prostatectomy patient do 
upon discharge? Why?: Per nea exerc ses, start and stop 
stream of ur ne, because dr bb ng s a common but temporary 
prob em post op 

Will the post prostatectomy patient be impotent?: If TURP, no 
mpotence, f per nea prostatectomy, yes mpotence 

How often should the drainage bag be emptied? Every 8 
hours 

What is the most common problem due to catheterization? 
UTI 

What is the most common organism to cause UTI with 
catheterization?: E. co 

What is the most common route for organisms to enter the 
bladder when a catheterization is used?: Up through the 
ns de of the catheter n the days fo ow ng catheter zat on 

Name foods that make acid urine: Cranberry ju ce, app e ju ce 
avo d c trus ju ces- they make a ka ne ur ne 

What is important about the level of the urinary drainage 
bag?: Never have the bag at a h gher eve than the b adder. 

How is the catheter taped in a male client?: To the ater 
th gh or abdomen 

How is the catheter taped in a female client?: To the upper 
th gh 

What urinary pH prevents UTI?: Ac d ty, ow pH 

Should the drainage bag ever touch the floor?: No 

Is it ok to routinely irrigate indwelling catheters?: No 

What agents are best for catheter care?: Soap and water 

What is the most effective way to decrease UTI with 
catheters?: Keep the dra gage system cosed, do not 
d sconnect junct on of tub ng 

Give some signs of infection in a Foley catheter. C oudy 
ur ne, fou sme ng ur ne, hematur a 

Is urinary incontinence an indication for catheterization?: 
No 

Give three appropriate indications for bladder 
catheterization?: Ur nary retent on, to check for res dua , to 
mon for hour y output 

What are the top 2 diagnoses for a client with a catheter? 
Which is #1?: #1- Potent a f r nfect on; Potent a mpa ment of urethra tssue nte gty 

What is systole?: The MAXIMAL force of b ood on artery 
wa s 

What is diastole?: The LOWEST force of b ood on artery 
wa s 

Accurate blood pressure is obtained by using a cuff that has width of _______ of the arm.: Two-th rds 

Which artery is most commonly used to measure blood 
pressure?: Brach a 

Can the thigh EVER be used to obtain a blood pressure?: 
Yes, but th s s rare. 

When pressure is auscultated the first sound heard is the 
________ measurement.: Systo c 

The change in the character of the sounds is known as the 
_______: F rst d asto c sound 

The cessation of sounds is known as the_______; 
Second d asto c sound 

When 2 values are given in a blood pressure the first is the 
_______ measurement.: Systo c 

When 2 values are given in a blood pressure, the bottom 
number stands for the change in sounds or cessation of 
sounds?: Cessat on of sounds 

What is the normal adult blood pressure?: 120/80 

Abnormally high blood pressure is called: Hypertens on 

What is the pulse pressure?: The d fference between the 
systo c and the d asto c b ood pressure 

If you deflate a cuff TOO SLOWLY, the reading will be too 
high or low? Why?: H gh, venous conge st on makes the 
arter a pressure h gher (ncreases res stance) 

If you use too narrow a cuff the reading will be too high 
or low?: H gh 

Vasoconstriction will _______ blood pressure.: Increase 

Vasodilation will _______ blood pressure.: Decrease 

Shock will _______ blood pressure.: Decrease 

Increased intracranial pressure will _______ the pulse 
pressure.: Increase or W den 

If my blood pressure is 190/110, what is my pulse 
pressure?: 80 mmHg
What blood test must be done before a transfusion?: Type and cross match
What does a type and cross match indicate?: Whether the recipient's blood and donor blood are compatible.

What should the nurse measure before starting a transfusion?: Temperature
With what solution should blood be transfused?: 0.9% sodium chloride
How many nurses are required to check the blood? 2 nurses

What happens when blood is administered with Dextrose IVs?: The cells count together & don't flow well.
If a transfusion reaction occurs what should the nurse do first?: Stop the blood flow & start running saline.
How long can a unit of blood be on the unit before it must be started?: Less than 1/2 hour

What should the nurse do with the IV line if transfusion reaction is suspected?: Keep it open while saline.
If a transfusion reaction is suspected, what two samples are collected and sent to the lab?: Urine & blood
If a unit of blood is infused through a central line it must be: Heated.

Which of the following are signs of transfusion reaction?: Bradycardia, Fever, Hives, Wheezing, Increased Blood Pressure, Low Back Pain: Low back pain, wheezing, fever, hives.

What are three types of transfusion reactions that can occur?: Hemolytic, Allergic, Hemorrhagic.

What would you do first if you suspected transfusion reaction?: Stop the blood and start the saline.

What are the signs and symptoms of a hemolytic transfusion reaction?: Shivering, HA, low back pain, increased pulse & respirations, decreased BP, oliguria, hematuria.

What are the signs and symptoms of a febrile transfusion reaction?: Low back pain, shakiness, decreased temperature, confusion, hemoptysis.

What are the signs and symptoms of an allergic reaction to a transfusion?: Fever, urticaria, wheezing, pruritus, joint pain, anaphylaxis.

Give three reasons for a blood transfusion: Restore blood volume secondary to hemorrhage, maintain hemoglobin & respiratory status, replace specific blood component.

What does blood-typing mean?: Check for surface antigens on the red blood cells.

When does typing and cross matching need to be done?: Whenever a patient is to receive a blood product, it is done every 4 hours.

What does blood cross matching mean?: Mixing of the recipient's blood with the donor's blood to check for compatibility.

When are hemolytic transfusion reactions likely to occur?: In the first 10 to 15 minutes of transfusion.

When is a febrile reaction likely to occur?: Within 30 minutes of beginning the transfusion.

What test identifies Rh factor?: Coombs test detects antibodies to Rh.

What is the difference between whole blood and packed cells?: Packed cells don't have as much plasma or volume as whole blood.

What would you do if the client had an increasing temperature and was getting blood?: Call the MD because the patient's temperature is elevated.

How long should it take for one unit of blood to infuse?: From one hour to three hours.

How long should you stay with the patient after beginning a transfusion?: At least 15 to 30 minutes.

What blood type is the universal recipient?: AB

What blood type is the universal donor?: O

What is the routine for vital sign measurement with a transfusion?: Once before the client enters the unit and then at 15 x 2 after admission, 1 x 1 after transfusion has stopped.

What IV solution is hung with a blood transfusion?: 0.9% sodium chloride (No glucose).

What gauge needle is used with a blood transfusion?: Large gauge, 18 gauge.

What other things are appropriate after a reaction?: Call the MD, get the blood sample, measure vital signs, monitor the patient, send the blood to the lab.

Can blood be given immediately after removal from refrigeration?: No, it has to be warmed first for one to two hours.

What solution & when should a breastfeeding mother cleanse the areola?: Pau d water, before & after each feeding.

For a woman who doesn't have retracted nipples, is towel drying or air drying better?: A dry rag of the nipples is best.

The goal is for the infant to breastfeed for ________ minutes per side: 20.

How does the mother break the suction of the breastfeeding infant?: She squeezes her fingers onto the sides of the infant's mouth.

When should the breastfeeding infant be burped?: After each feeding from each breast.

Assuming no mastitis, on which side should the breastfeeding begin?: Begin nursing on the side that the baby first shed on the first feeding.

How long can breast milk be refrigerated?: 24 hours.

How long can breast milk be frozen?: 6 months.

In what type of container should breast milk be stored?: Seafood pasteurized bottles.

Can you microwave frozen breast milk in order to warm/thaw it?: Never.

Which two nutrients is breast milk lower in?: Fat and iron.
What should you tell a breastfeeding mother about her milk supply when she goes home from the hospital?: M k shou d come n postpartum day 3. Breastfeed every 2-3 hours to estab sh good m k supp y.

Can a woman on oral contraceptives breastfed?: Shou d not use OCP durng frst 6 weeks after b rh because the hormones may decrease m k supp y. Estrogen s not recommended. Non-hormonal methods are recommended. Remember, breastfeed ng s an unre ab e contracept ve.

What is another name for Buerger's disease?: Thromboang lts ob terans

Which extremities are affected by it?: Lower on y

Which sex does it affect the most often?: Ma es

The group with the highest incidence of Buerger's disease is __________: Smokers

Upon walking the patient with Buerger's experiences __________: Intermittent cold cat on

What is intermittent claudication?: Pa n ca f upon wa k ng

A first degree burn is pale or red?: Red

A first degree burn has vesicles (T/F)?: Fa se

A second-degree burn is pale or red?: Red

A second-degree burn is dull or shiny?: Sh ny

A second-degree burn has vesicles?: True

A Second-degree burn is wet or dry?: Wet

A third-degree burn is white or red?: Wh te

A third-degree burn is wet or dry?: Dry

A third degree burn is hard or soft?: Hard

Of first, second and third degree burns which has less pain? Why?: Th rd degree burns, nerve damage has occurred

For what purpose do you use the rule of nines? To est mate the percentage of body surface burned; s NOT used for ch dren.

In the rule of nines, the head and neck receive ______: each arm receives ______: 9%, 9%

In the rule of nines, the front trunk gets______, the posterior trunk gets______, each leg gets______, and the genitalia gets______: 18%, 18%, 18%, 1%

What is the only IM given to a burn patient?: Tetanus toxo d- they had a prevous ummun zat on; tetanus ant tox n- they have never been ummun zed before (or ummun e obu n)

In the emergent phase do you cover burns? (in the field): Yes, with anythng cean and dry.

Should you remove adhered clothing?: No

Name the 3 phases of burn: Shock, d uret c, recovery

Fluid moves from the ______ to the ______ in the SHOCK phase.: Bloodstream, interst t a space

The shock phase lasts for the first ______ to ______ hours after a burn.: 24 to 48 hours

During shock phase of a burn is potassium increased or decreased? Why?: Increased, because of a the ce s damaged- the K+ s re eased from damaged ce s.

What acid-base disorder is seen in the shock phase of a burn?: Metabo c Ac os s

What is the #1 therapy in the shock phase?: Fluid rep ace ment/resusc tat on

What is the simple formula for calculating fluid replacement needs in the first 24 hours?: 3cc X Kg X % burned per day

If the MD orders 2,800 cc of fluid in the first 24 hours after a burn, one____ of it must be infused in the first 8 hours.: Ha f (or 1,400 cc)

What blood value will dictate IV flow rate?: The hemator c t

How will you know the patient has entered the fluid mobilization or diuretic phase?: The urine output w crease

How long does the fluid mobilization or diuretic phase of a burn last?: 2 to 5 days

In the diuretic phase, K+ levels fall or rise?: Fa - remember d ure s a ways causes hypoka em a

If the nurse accidentally runs the IVs at the shock phase rate during the diuretic phase the patient will experience?: Pu monary edema

The burn patient will be on _______ urine output and daily __________: Hour y, we ght

Sulfamylon cream__________: Burns

Silver nitrate cream__________ the______: Stains, skin

Pain medications should be administered _______ before ______ care.: 30 m nutes, wound care

When using silver nitrate, the dressings must be kept ________: Wet

What is Curling's ulcer? Why is it a problem in burn patients? What drug prevents it?: It s a stress G lcer, you get these w th any severe phys ca stress. Tagamet, Zantac, Pepcd (any H2 receptor antagonist st), Proton x Pr osec

In Abruptio Placenta, the placenta ________ from the uterine wall __________: Separates, premature y

Abruptio Placenta usually occurs in (prima/multi) gravida over the age of __________: Mu t grav da, 35 (HTN, trauma, coca ne)

How is the bleeding of Abruptio Placenta different from that in placenta previa?: usua y pa n; b eed ng s more vo um nous n prev a

If you are the nurse starting the IV on the client with Abruptio Placenta, what gauge needle should you use?: 18 (n preparat on to g ve b ood f necessary)

How often should you measure the vital signs, vaginal bleeding, fetal heart rate during Abruptio Placenta?: Q5-15 m nutes for b eed ng and mater na VS, cont nucus feta mon tor ng, de ver at ear est s gn of feta d stress

How is an infant delivered when Abruptio Placenta is present?: Usua y C-sect on

Is there a higher or lower incidence of fetal death with Abruptio Placenta compared to Placenta Previa?: H ghter
In what trimester does Abruptio Placenta most commonly occur?: Th rd

At what age are accidental poisonings most common?: 2 years old

If a child swallows a potentially poisonous substance, what should be done first?: ca med ca he p

Should vomiting be induced after ingestion of gasoline?: No- not for gas or any other petro eum products

When taking a child to the ER after accidental poisoning has occurred what must accompany the child to the ER?: the suspected po son

An elderly client is a (high/low) risk for accidental poisoning? What about a school age child?: gh - due to poor eyesght, gh

What types of chemicals cause burns to oral mucosa when ingested?: Lye, caust c c eane rs

Children at highest risk for seizure activity after ingestion are those who have swallowed ____________ and ____________.: drugs, insect c des

Can impaired skin integrity ever be an appropriate nursing diagnosis when poisoning has occurred?: Yes, when ye or caust c agents have been ingested

What is the causative organism of acne?: P. acne (prop on bacter um acnes)

What structures are involved in acne vulgaris?: The sebaceous g ands

Name 3 drugs given for acne?: V tam n A, Ant b ot cs, Ret no ds

Dietary indiscretions and uncleanliness are causes of acne?: Fa se

What are the 3 causative factors in acne vulgaris?: Hered ty, Bacter a., Hormona

Uncleanliness is a cause of acne?: Fa se

What is the most common retinoid given to people with acne?: Accutane

Accutane is an analog of which vitamin?: V tam n A

What is the most common side effect of accutane? And what is most important in health teaching in administration?: Inf ammat on of the ps; Causes b th defects

What is the antibiotic most commonly given to clients with acne?: Tetracyc ne

How long will it take for the person to see results when acne is being treated?: 4 to 6 weeks

Does stress make acne worse?: yes

How often should the client with acne wash his face each day?: tw ce a day

What instructions do you give to a client taking tetracycline?: Take t on an empty stomach and avo d the sun ght (photosens t v ty)

What are comedones?: B ackheads and wh te heads

What virus causes AIDS?: HIV - Human mmunodef c enc vrus

The AIDS virus invades helper ____________: T- ymphocytes (or CD4 ce s)

AIDS is trasmissible through what four routes?: b ood, sexua contact, breast feed ng, across p acenta n utero

HIV is present in all body fluids?: Yes, but not transmted by a , on b ood, semen and breast m k

Name the 5 risk groups for AIDS: Homosexual men, IV drug users, hemoph acs, heterosexual partners of infected peop e, newborn ch dren of infected women

What is the first test for HIV antibodies?: ELISA

What test confirms the ELISA?: Western Bl ot

Which test is the best indicator of the progress of HIV disease?: CD4 count

A CD4 count of under _________ is associated with the onset of AIDS-related symptoms.: 500

A CD4 count of under _________ is associated with the onset of opportunistic infections.: 200

Give 6 symptoms of HIV disease: Anorex a, fatgue, weakness, nght sweats, fever, d arhea

Which 2 classes of drugs are given in combination for HIV se ro-positivity?: NRTI's (nuc e os de reverse transcr ple nh b tors) and PI's (pro tease nh b tors)

They prevent v ra rep cat on.

NRTI (nucleoside reverse transcriptase inhibitors): an ant v ra drug used aga ns HIV (s incorporated nto the DNA of the v rus and stops the bu d ng process; resu ts in ncom plete DNA that cannot create a new v rus; often used n comb nat on w th other drugs)

PI's (Pro tease inhibitors): most potent of ant v ra meds, nh b ce prote n synthe s that interferes w th v ra rep cat on, does not cure but s ows progress on of AIDS and pro ons fe, used pro phy act ca y, used n AIDS to decrease v ra oad and opportun st c infect ons

What do NRTI's and PI's do?: They prevent v ra rep cat on

What does the physician hope to achieve with NRTI's and PI's for HIV?: A de ayed onset of AIDS for as ong as poss b e (usu al y can de ay onset for 10-15 years)

What is the most common NRTI used?: AZT (z dovud ne)

What is the most challenging aspect of combination of drug therapy for HIV disease?: The number of p s that must be taken n 24 hours can be overwhelm ng. The frequ ency a so makes t hard to remember-an a arm wr swatch s used.

Clients with AIDS (gain/lose) weight?: ose

The typical pneumonia of AIDS is caused by ____________ ____________.: P neumocyst c car n

What type of oral/esophageal infections do AIDS patients get?: Cand da

What is the #1 cancer that AIDS patients get?: Kaposi's sarcoma

Kaposi's sarcoma is a cancer of the ____________.: sk n

T/F: AIDS patients get lymphomas?: True
What lab findings are present in AIDS?: Decreased RBC's, WBC's and platelets.

If the AIDS patient has leukopenia they will be on ______________ protect ve (reverse) so at on.

Define Leukopenia: decrease in WBC, neutrophils affect on.

Without leukopenia the AIDS patient will be on __________ precautions: Standard precautions or body fluid precautions.

When the AIDS patient has a low platelet count, what is indicated?: Bleeding, infected with a virus like a rhombic bug.

Does AIDS require a single room?: Yes - if WBC counts are low.

When do you need a gown with AIDS?: If you are going to get contaminated with secretions.

When do you need a mask with AIDS?: Not usually unless they have an infection caused by an a rhombic bug.

When do you need goggles with AIDS?: Suction, on central, after a procedure.

If an AIDS patient's blood contaminates a counter top, with what do you clean?: 1:10 so on b each and water.

Are all articles used by AIDS patients double bagged?: No, all of these infections are in the secretions.

Can AIDS patients leave the floor?: Yes, unless WBC's are very low.

Is dietary protein limited in AGN?: Not usually, however if severe azotemia then it may be restricted.

Define azotemia?: n trogenous wastes in the blood (increased creatinine, BUN).

What is the best indicator of renal function?: The serum creatinine.

Do people recover from AGN?: Yes, the vast majority of patients recover completely from transient.

How can AGN be prevented?: Be aware of sore throat and treat any strep infections.

What is the most important intervention in treating AGN?: Bedrest - they can walk or get up to ambulate, edema and hypertension are gone.

What is the most common dietary restriction for AGN?: Moderate sodium restriction. Fluid restriction on days #2 and edema is severe.

What are the urinary findings on AGN?: Hematuria, proteinuria +3 to +4, specific gravity up.

How long after strep infection does AGN develop?: 2 to 3 weeks after infection.

How do you assess fluid excess in the child with AGN?: Day weigh.

What organism causes acute glomerular nephritis?: Group A beta hemolytic strep.

What happens to the kidney in AGN?: It becomes c ogged with antigen body components which cause renal damage and loss of function.

How often are vital sign measurements taken in AGN?: Q4 hours with blood pressure.

Will the patient have hypo or hyper tension with AGN?: Why?: Hypertension on, because of fluid retention.

What are the first signs of AGN?: Puffiness of face, dark urine.

What are the three adult stages of development called?: Early adult, middle adult, late adult.

What is the age range for early adulthood?: 19 to 35 years of age.

What is the age range for middle adulthood?: 35 to 64 years of age.

What is the age range for late adulthood?: 64 years of age to death.

What is the developmental task for early adulthood?: Identity vs. Isolation.

What is the developmental task for middle adulthood?: Generativity vs. Stagnation.

Intimacy vs. Isolation: Erikson's stage in which we form deep personal relationships on ps, marry, begin families.

Generativity vs. Stagnation: Erikson's stage of soc dev opment in which we e dge on to devote more to one's potential and do not have children.

What is the developmental task for later adulthood?: Ego Integrity vs. Despair.

Ego Integrity vs. Despair: (Erikson) People engage in adulthood as a sense of integrity of the self by accepting age, they have done and are to do that the rest of their lives can be re ve red.

"Time is too short to start another life, though I wish I could," is an example of ______________: despair.

"If I had to do it over again, I'd life my life just about the same," is an example of ______________: Ego Integrity.

What does AKA mean?: Above the knee amputation.

What does BKA mean?: Below the knee amputation.

If the patient had an AKA they should lie _________ several times per day: prone (to prevent flexion contracture on contracture).

The #1 contracture problem in AKA is _________ of the _________ flexion on, h p.

What will prevent hip flexion contracture after AKA?: Lyng prone several times a day.

What is the #1 contracture problem after BKA?: Flexion on the knee.

How do you prevent flexion contracture of the knee after BKA?: Rem de the pat ent to s traighten the r knee constan tly when standing.

To prevent post-op swelling, the stump should be ________: elevated.
How long should the stump be elevated to prevent post op swelling?: 12-24 hours

How often should a stump be washed? daily

When a stump is wrapped, the bandage should be tightest __________ and loosest __________: distal y (far from the center), proximal y (nearest to the popliteal)

If after a right BKA, the client c/o pain in his right thigh, he is experiencing __________.: phantom limb sensation

When will phantom limb sensation subside?: n/a few months

Name ways to toughen a stump so it will not break down due to the wear of the prosthetic leg?: push the stump against the wall, hugging tights with a pow

An aneurysm is an abnormal __________ of the wall of a(n) artery: wdenng (tens so weaken ng)

What artery is widened in a thoracic aneurysm?: the aorta

An aneurysm can result from an __________ and from __________: infection, syphils

The most common symptom of abdominal aneurysm is a pulsating mass above the umbilicus

Which aneurysm is most likely to have no symptoms?: the abdominal's most often "s ent"

Which vital signs are most important to measure in clients with aneurysm?: The pulse and b ood pressure

An aneurysm will most affect which of the following, the blood pressure or the pulse?: the pulse (many times the aneurysm w rupture and much b ood w blast before the b ood pressure starts to change)

What activity order is the client with an aneurysm supposed to have?: Bedrest. do not get these people up

If the client with aneurysm is physically unstable, should you encourage turning, coughing and deep breathing?: no, bedrest until the client is stab e

What class of drugs is the client with an aneurysm most likely to be on?: Ant hypertension

What is the BIG danger with aneurysms of any type?: Rupture, leads to shock and death

If an aneurysm is ruptured how would you know it?: decreased LOC (restlessness), tachycardia, hypotension - a sign of shock

If an aneurysm ruptures what is the #1 priority?: Get them to the operating room ASAP

Is there anything that can be done for the client with a ruptured aneurysm before they get to the operating room?: Yes, fava ab ab you can get them into ant shock trousers but not if the causes a de ay n get ng them to the operating room

The post op thoracic aneurysm is most likely to have which type of tube?: Chest tube, because the chest was opened

The post op abdominal aneurysm repair client is most likely to have which type of tube?: NG tube for decompress on of bowels

If you care for a client who is post op for a repair of a femoral popliteal resection what assessment must you make every hour for the first 24 hours?: check the d sta extremity (far from center) for color, temperature, pulse and PULSE, all MUST document

What causes angina pectoris?: Decreased blood supply to myocardium, resulting in a and pain

Describe the pain of angina pectoris: crushing substernal chest pain that may radiate

What drug treats angina pectoris?: Nitrates ycer ne

How do you tell if a client has angina or an MI?: the pain of the two s so m ar, the way to be d fference s in tro and rest re ever the pa n. For angina, in tro and rest re ever the pa n, for MI, in tro and rest do not re ever the pa n

How many nitro tabs can you take before you call the doctor?: 3

How many minutes should lapse between the nitro pills you take?: 5 minutes - take one nitro tab every 5 minutes 3 times, no re ef, ca MD

By what route do you take nitro?: sub lingual

What is the action of nitro?: d ates coronary arteries to increase the blood supply of the coronary arteries and reduces pre ead

What are the top 2 side effects of nitro?: Headache and hypotension

What precaution must the nurse take when administering topical nitroglycerin paste?: wear gloves, nurse may get a dose of the med

Everyone with angina needs bypass surgery?: t/f False

Anorexics are usually _________ under the age of _______: female es, 25

The diagnosis is made when there is a weight loss of _______% or more of body weight: 15 (we gh s > 85% of norma body we gh), hosp ta ze f 30% we gh oss

A major mental/emotional nursing diagnosis seen in anorexia nervosa is _________: A tered body mage

The pulse rate of anorexics is tachycardic or Bradycardic:

Bradycardic

List the most common gynecologic symptom of anorexia nervosa: amenorrhea

What is found over the body of the client with anorexia nervosa?: anugo (soft downy hair)

What is the top priority in the care of the client with anorexia nervosa?: ntake of enough food to keep them a ve, have them gain weight

The best goal to evaluate the progress of the client with anorexia nervosa?: an adequate weight gain

What is the apgar scale?: quck object ve way to evaluate the ve fct ons of the newborn

When is apgar scoring performed on infants?: at one minute and age n at 5 minutes after the birth

Name the 5 criteria that are recorded on an apgar scale: Cardiac status, resp rate, effort, muscle tone, neuromuscular and reflexes, and co or
The total Apgar score can range from 0 to 10. The maximum score and infant can receive on any one of the criteria is 2.

A 10 on the Apgar means the baby is:

A 0 on the Apgar means the baby is: born

On heart rate or cardiac status, a 2 means that the HR is above ___ BPM: 100

On the HR criteria an infant scores a '1' if their HR is ___ than 0 and ___ greater, less than ___ 100: greater, less than ___

In order to score a 0 on HR the infant must have a rate of ___

A high score of 2 is given for respiratory effort if the newborn ___: Cres vygorous

An infant is given a score of 1 if their respirations are ___ or ___: Sow or regu ar

An infant is given a score of 0 for respiratory effort if ___:

In order to get a score of 2 on muscle tone the infant must ___:

To get a score of 1 on the APGAR for muscle tone the newborn must place their extremities in ___

A newborn receives a score of 0 on muscle tone when there is: No movement (nm)

To score the maximum of 2 points on neuromuscular reflex irritability the infant must ___:

If the neonate ___, they will score a 0 on neuromuscular irritability: Gr maces

To receive a 0 on reflex (neuromuscular) irritability the neonate must exhibit ___: No response

To score a maximum score of 2 on color the child must be ___:

If the child’s ___ are ___ and the trunk -face abdomen are ___ the child scores 1 on color: Extremes are bue (cyanot c), P nk

To get a 0 on color the infant is: Tota y bue, pa e

Acrocyanosis: Temporary cyanot c cond on, usua y n newborns resu ng n a b sh co or around the ps, hands and fngern s, feet and toena s. May ast for a few hours and d sappe wr th warm ng.

Apendicitis is an ___ of the appendix due to ___:

Apendicitis occurs most in what age group?: 15 to 35

What is the most common complication of appendicitis?: Per ton t s

Peritonitis: nf ammat on of the per toneum

What is the first sign of appendicitis?: rght upper quadrant pa n

What follows the RUQ abd pain of appendicitis?: N/V

Where does the pain of appendicitis finally end up?: RLQ

What is the name of the RLQ abd pain where appendicitis pain finally localizes?: McB mey’s pos t

What is present when rebound tenderness is present?: Per tonea nf ammat on

What is the highest that the temp will be in appendicitis?: 102 F

What blood count is elevated in appendicitis?: WBC

What is the name for an elevated WBC?: Leukocytes

What is the only treatment recommended for appendicitis?: surgery - appendectomy

Before the client with suspected appendicitis sees the physician what should be avoided?: pa n meds, enemas, axat ves, food! NPO

To lessen pain place the client in ___ position:

Fewer (a s t ng pos t on) (a so use post op)

Never apply ___ to the area of the appendix: heat (t causes rupture)

After appendectomy, document in the nurses notes the return of ___: Bowe sounds (per sta s s)

What is the primary dietary prescription for calcium nephrolithiasis?: Low ca cum d et

For the client with calcium nephrolithiasis the diet should be ___:

If the kidney stone is calcium phosphate the diet must be low in ___ too: Phosphorous

The primary diet treatment for uric acid nephrolithiasis is ___:

Low pru ne

The client with uric acid nephrolithiasis should have a diet low in ___:

Meth on ne

What is methionine?: The precursor of the am no ac d cyst ne (precursor = mater a out of wh ch someth ng s made)

Name two foods high in methionine: M k, eggs

Clients with cystine nephrolithiasis should have a (n) ___:

Ash diet: A ka ne

Increasing fluids to over 3000 cc per day is more effective in treating renal calculi (kidney stones) than any dietary modification. (T/F): True. It’s more important to flush the urinary tract than worry about what you’re eat ng.

Neoplasm refers to benign and malignant tumors. (T/F)

True

Which type of tumor is more malignant? Differentiated or undifferentiated?: Und ferent ated s worse to have (h gh y d fterent ated s better to have)

When cancer spreads to a distant site it is called?: Metastas s

The cause of cancer is known. (T/F): Fa se

A person should have a yearly work up exam for cancer detection over the age of ___:

40

In general, cancer drugs have side effects in which three body systems?: Gl Hemato og c (b ood)

Integumentary
What are the 3 most common chemotherapeutic GI side effects?: N/V, Diarhea, Stomatitis (oral sores) - F/T: False

Clients receiving chemotherapy must be NPO. (T/F): False

Is it permissible to give lidocaine viscous ac (before meals) if the patient has chemotherapeutic stomatitis? (T/F): True

With what solution should the client with chemotherapeutic stomatitis rinse pc (after meals)?: H2O2 - hydrogen peroxide

What lubricant can safely be applied to the cracked lips of chemotherapy stomatitis?: K-Y jelly

Name the 3 hematologic side effects of chemotherapy.: Thrombocytopenia, Leukopenia, Anemia

Which cells are low in thrombocytopenia?: Platelets

What drug should NOT be given to the patient with chemotherapeutic thrombocytopenia?: ASA (aspirin)

When should the nurse WITHOLD IM injections in the client on chemotherapy?: On y when the r PLATELET count s down.

What are the 3 objective/symptoms of thrombocytopenia? Hint: P.E.E.: Petechiae, Ecchymoses

What is epistaxis?: Nose bleed

What is ecchymosis?: Bruising

What is petechiae?: Small dot like punctate hemorrhages on the skin

What blood cell is low in leukopenia?: White blood cell

When the Absolute Neutrophil Count ANC is below ________, the person on chemotherapy will be placed on reverse isolation.: 500

What is the #1 integumentary side effect of chemotherapy?: Asepsis

What is alopecia?: Hair loss

The hair loss due to chemotherapy is usually temporary? (T/F): True

Can scalp tourniquets prevent chemotherapy alopecia?: In some cases, yes

Can ice packs to the scalp prevent chemotherapy alopecia?: In some cases, yes

CD ranks ________ among the leading cause of maternal death.: Fourth

What is the #1 cause of CD of pregnancy? Rheumatic heart disease

Pregnancy requires a ________ increase in the cardiac output.: 30-50%

What is the #1 cause of maternal death in CD of pregnancy?: Decompensation

What is meant by decompensation?: Failure of the heart to maintain adequate cardiac output.

What will you see when you observe the neck of a client with CD of pregnancy?: D sternal neck vein - JVD

What will you hear when you auscultate the heart of the client with CD of pregnancy?: Murmurs

What will you hear when you auscultate the lungs of the client with CD of pregnancy?: Crackles, Rales

If the client with CD of pregnancy experiences sudden heart failure what is the MOST common thing you will see?: Sudden onset of SOB (dyspnea)

What is the #1 treatment of CD during pregnancy? Rest

What are the three most common drugs given to women with CD in pregnancy?: Deuretcs, Heparin, Digoxin

Why are diuretics given to women with CD of pregnancy? To promote diuresis: - decrease preload

- decrease the amount of body fluid the heart pumps.

Why are anticoagulants (heparin only) given to women with CD of pregnancy?: To prevent thrombosis: Due to venous congestion, usually in the legs.

Why is digitalis given to women with CD of pregnancy? To increase the strength of the heart and to decrease the rate, rest the heart when more effective

Can a woman with CD of pregnancy be given analgesics during labor?: Yes, n fact they should be given analgesics, may get too anxious with chills, bad for the patient

Can morphine be given to a woman with CD during labor?: Yes, even though the patient is receiving the fetus, remember morphine decreases preload and pain which rest the heart.

What is the most common dietary modification for the woman with CD who shows signs of decompensation?: Decreased sodium, decreased water (restrict intake)

Is a C-section mandatory for delivery of a woman with CD of pregnancy?: No

Second to rest, what is very important treatment for CD of pregnancy?: Weigh control

How long must the woman with CD of pregnancy be on bed rest after delivery?: At least one week

What nutrients should be supplied in the diet of the pregnant woman with CD?: Iron, Folic acid

Prevent anemia (anemia of pregnancy makes the heart work more)

What are the two most common subjective complaints of the woman who is decompensating during labor?: SOB, Painful contractions

In addition to the things you assess for in every woman during labor, what additional assessment must you make for a woman with CD?: You must assess lungs sounds for frequent y
How often must you assess the lung sounds during the first stage of labor? During active labor? During transition labor?: Every 30 to 10 minutes
In which position should a woman with CD in labor be?: Sem. recumbent, HOB up
The nurse should limit the client’s efforts to ________ ________ during labor when CD is present.: Bear down
What is the big danger to staff when caring for a client with cesium implant?: Radat at on hazard
What are the three principles to protect yourself from radiation hazard?: Distance, Time, Shielding
Will the woman with a cesium implant have a Foley?: Yes
From where should the nurse provide care to the client with cesium implant?: The head of the bed
How can the woman with cesium implant move in bed?: On y from side to side
What four symptoms in a patient with a cesium implant should be reported to the physician?: Profuse vaginal discharge, Edema, Temperature, Nausea, Vomiting
(These nd cate nfect on and perfor on)
Should pregnant staff care for a client with a cesium implant?: No
Can the woman with a cesium implant have the HOB elevated?: Yes, on y 45 degrees max mum
From where should the nurse talk to the client?: The entrance to the room
Is bed rest necessary when a woman has cesium implant in place?: Yes, absolute bed rest
What type of diet is this woman with a cesium implant on?: Low residue (decrease bowel mot hy)
No nurse should attend the client with a cesium implant more than _______ per day.: 1/2 hour
What would you do if the cesium implant came out?: Pick it up with forceps on y - never touch with hand even if you are wearing gloves.
Should the nurse provide perineal care for the client with a cesium implant?: No, risk of rad at on hazard
What part of your hand do you use to handle a wet cast?: The palm
Upon what do you support a cast while it dries?: Pows (no past c covers)
How long does it take a cast to dry?: 24 hours
Should you cover a wet cast?: No
Should you use a heat lamp or hair dryer or fan to help dry a cast?: No heat amp and hair dryer
Yes fan
What signs or symptoms would you report if they were present after cast application?: Numbness, Ting ng, Burn ng, Pain or Unequa or absent pulses, Unequa coo ness
If there is inflammation under a cast, it will be evident in a ______ spot.: Hot
To prevent irritation of the skin near the edges of a cast the edges should be __________.: Peta ed
What type of cast causes cast syndrome?: A body cast
What causes cast syndrome?: Anxiety and stress, e.g., due to sympathoadrenal shut-down of the bowe
What is the #1 symptom of cast syndrome?: Nausea and vomiting due to bowel obstruction
What is the #1 treatment of cast syndrome?: NPO and NG tube for decompress on
A dry cast is gray or white?: White
A dry cast is dull or shiny?: Shiny
A dry cast is dull or resonant to percussion?: Resonant
Traction is used to _______ and _______ a fracture, relieve _______ and prevent _______?: Reduce and mmob ize, muscle spasm, deform it es
Can skin traction be removed for skin care?: Yes
Can the client be removed from skeletal traction?: No
Name 3 types of skin traction: Buck's, Bryant's, Peer's
Name 3 types of skeletal traction: Cran al tongs, Thomas sp nts with Pearson attachments, 90 degrees to 90 degrees
What type of traction is most commonly used for hip fracture in adults?: Bucks
What type of traction is most commonly used for hip fractures in children?: Bryant's
In what position should the bed be if the patient is in pelvic traction?: Semi-fow ers with knee gatch ed
To insure that Bryant's traction is working the child's hip/sacrum should be ________.: Off the bed enough to s p a hand between the sacrum and the bed.
What is the advantage of balanced counteraction?: You can eas y move the patient around n bed
Patients in Russell's traction are particularly prone to ________.: Thromboph eb t s
When a patient is in a Buck's traction they may turn to the _______ side.: Unaffected
Define cataract: Opacity of the crystalline lens
Is surgery done immediately upon diagnosis of cataract?: No, they usuall y wait until interferes w th ADLs.
What three most common visual defects occur with cataract?: Coudy ness
Dop op a (doub e v s on)
Photophob a (sens t v ty to ght)

What are the two common treatments of cataract?: Laser, surg ca remova . Surgery ca ed ntraoc ar or extraoc ar ens extract on

What does the eye look like when a client has cataracts?: Coudy, m ky-wh te pup

What will the client be wearing after cataract surgery? A protec ve patch/sh e d on the operat ve eye for 24 hours, then a meta sh e d (AT NIGHT on y) for 3 weeks

When the client asks about the use of glassess or contacts after cataract surgery what would you say?: If an nitroca ar ens s mp anted they w NOT need gasses. If no ens s mp anted, then contacts w be fitted for 3 months post-op, temporary th ck g asses g ven mmed ate y but w get a d feren prescr pt on n 2 to 3 month

What will be a high priority nursing diagnosis for a client post cataract surgery?: Safety

Should the client ambulate independently after cataract surgery?: No the pat ent shou d not ambu ate independen ty, depth percep on  on s a tered

What positions are to be avoided after cataract surgery?: Ly ng face down. A so, do not e on operat ve s de for a month.

What are the post-operative signs of hemorrhage into the eye?: Severe pa n Rest essness

What movements are to be avoided after cataract surgery?: Cough ng
Sneeze ng
Bend ng at the wa st
Str a ng at sto o
Rubb ng or touch ng eyes
Rap d head movements

What positions are okay after cataract surgery?: Do not e on operat ve s de; do not e on back

Should you use talcum powder with a post-operative cataract client?: No, t may cause sneez ng a so shou d avo d pepper.

What are the three signs of increased intracocular pressure?: Pa n (moderate to severe)
Rest essness
Increased pu se rate

What is the major objective in caring for a client after surgical cataract removal?: To prevent pressure n or on the eyes

When the lens is to be extracted for cataracts, what drugs are given preoperatively?: Mydr at cs
D ators
Ant b ot c drugs (gtts)

What three drugs are given post-operatively for surgical cataract removal?: Stoo softeners
Ant emet cs
Ana ges cs (m d to moderate)

Give five causes of cataracts?: Injury
Congen ta
Exposure to heat
Her ed ty
Age

Celiac's disease is a disease: Ma absorpt on

The client with celiac cannot tolerate: G uten

Gluten is a: Prote n

What does gluten do to the intestines of the client with celiac disease?: It destroys the ng of the nest ne

The stools of a client with celiac's disease are large

Greasy
Fou-sm ng

Clients with celiac's disease do not absorb what mineral?: Iron

Clients with celiac's disease don't absorb fats; therefore they don't absorb: Fat so ub e v tam ns

What are the four fat-soluble vitamins?: A,D,E,K

Malabsorption of which vitamin leads to bleeding disorder?: V tam n K, remember do not m x up potas um w th V tam n K

What will the abdomen of clients with celiac's disease look like?: D stended w th fatus

What is the #1 treatment of celiac's disease?: G uten-free d et

Veggies are allowed or not allowed in diet of client with Celiac's disease?: A owed

Fruits are allowed or not allowed?: A owed

Grains of all kinds are prohibited. (T/F) Fa se

What grains are allowed in a gluten-free diet?: R ce and corn

What grains are not allowed in a gluten-free diet?: Wheat

Oats
Rye
A fa fa
Bar ey

Are foods made with wheat, oat, or rye flour allowed?: No

Is milk allowed on a gluten-free diet?: Yes

Are meats allowed on a gluten-free diet?: Yes, but watch for breaded meats and hot dogs unch meat s may have gra n them and are not a owed

Are eggs allowed on a gluten-free diet?: Yes

Is commercial ice cream allowed on a gluten-free diet?: No, even though s a m k product, commerc a ce cream has GRAIN n t.

Are puddings allowed on a gluten-free diet?: No, for the same reason ce cream sm t.

Which soups are not allowed on a gluten free diet?: Creamed soups these often have four

The #1 problem with central lines infect on

How often should central line dressings be changed?: QOD- every other day
What type of dressing is applied to a central line insertion site?: Ster e occ us ve
Can drugs be piggybacked into central --TPN? No, use another umen.
When changing central line tubing the patient should be told to________?: Turn h s head away from the s te, ho d breath, and perform the Va sa va maneuver
If a central line is found accidentally open the patient should be positioned on his _______ _______?: Left s de
A CVA is a _______ of the brain cells due to decreased _______ and_______: Destruct on, b ood f ow and oxygen
Women have a (higher/lower) incidence of stroke than men?: Lower
Name the three types of CVA: Embo us Thrombus Hemorr hage
Use of oral contraceptives increases the risk of CVA (T/F): True
Chronic abuse of alcohol increases risk of CVA. (T/F) Fa se
Obesity increases risk of CVA (T/F) True
Smoking increases the risk of CVA. (T/F) True
Atrial fibrillation increases the risk of CVA (T/F) True, embo part cu ar y
What is a TIA?: Trans ent Ischem c Attack Warn ng s gn of mpend ng CVA (trans ent neuro og c def c ts of any k nd can ast 30 seconds to 24 hours)
Do patients experiencing a CVA have a headache?: Yes
The first sign of CVA is usually a__________: Change n LOC
The activity order in early management of CVA is __________: Abso te Bed Rast
The patient with a recent CVA is most likely to have fluids restricted or forced?: Restr cled
How far should the HOB be up after CVA?: 30 degrees
Can the stroke victim be turned side-to-side?: Yes
How often should the CVA patient be turned or repositioned?: Every 2 hours
The CVA patient should be turned onto his paralyzed side no longer than 2 hours. (T/F) Fa se, the pat ent shou d not be on the r para yzed s de for more than 20 m nutes.
ROM exercises should occur every 2 hours in CVA patients. (T/F): Fa se-- every 4 hours or 3 t mes a day s enough
To prevent urinary incontinence; the CVA patient should be catheterized. (T/F): Fa se-- remem ber ncont nence w never be a owed as a reason for catheter zation
Which type of paralysis is typical of CVA- paraplegia, hemi plegia or quadriplegia?: Hem p eg a
What anatomical fact accounts for the left side of the body being controlled by the right brain?: The motor-pyram da tracts cross over to the other s de (decussate n the medu a)
If the patient has right hemiplegia, he cannot move his _____ and_____ and the stroke was on the _______ side of the brain.: Rght arm and rght eg, eft
What is hemianopia?: Not be ng ab e to see one ha f of the f e d of v s on.
The client with hemianopia should be taught to ___________: Scan
What is scanning?: Mov ng the head from s de to s de to see the who e f e d of v s on.
If the client has right homonymous hemianopia, the food on the____ side of the tray may be ignored.: Rght
After meals, the nurse must always check _______ of the CVA client for ________: : Mouth (cheek), food
Should a CVA patient have all four sides rails up at all times? Should they be restrained?: S de ra s yes. Restra nts no, un ess they are a danger to themse ves or others
When a patient does not understand INCOMING language he is said to have _____ aphasia.: Recept ve
When the CVA client understands your question but can't respond verbally correctly, he is said to have _______ aphasia.: Expre ss ve
What is global aphasia?: Both recept ve and express ve
Aphasia is most common if the stroke occurred in the (dominant/non-dominant) hemisphere of the brain.: Dom nant
How do you tell which side of the person's brain is dominant?: It s the s de that contro s the r dom nant hand, e, a eft handed person has a dom nant rght hem sphere and convese y a rght hand person has a dom nant eft hem sphere
For which type of aphasia are slow, short, simple directions most useful?: Recept ve
For which type aphasia is careful listening and needs anticipation most useful?: Express ve
The loss of the ability to perform purposeful, skilled acts, ie brushing teeth, is called ________: Aprax a
Cytoxan cyclophosphamide: Hemorr hage cys t s
Cisplatin: Per phera neur opathy, const pat on, ototox c ty
Bleomycin: Pu monary f bros s
Adriamycin: Card c ty
Vincristine: Per phera neur opathy (foot drop, numbness and l ng ng, hoarseness, jaw pa n)
const pat on (adynam c due to neurotox c ty)
DTIC- dome: Fu- ke symptoms
Chemo-therapeut c Agent Tox c tes
Methotrexate: Tox c to just about every organ except to heart, tox c ty made worse w th a p
The infant fears _______ most when hospitalized.: Separat on from ov e object
The toddler fears _______ most when hospitalized.: Separat on from fam y
The preschooler fears separation as well as ________ when hospitalized. Mut at on- remember preschoolers have v v d mag nat ons...fantasy
The toddler and preschooler will think that illness is caused by ____________: Someth ng they d d wrong.
The school-aged hospitalized child is afraid of separation from ________: Age group
The school-aged child perceives the cause of illness to to be external or internal?: Externa, she knows that ness s not a resu t of bad behav or.
The adolescent who is hospitalized fears separation from ________ and loss of ________: Peers, ndependence
Preschoolers may require physical restraint during painful procedures. (T/F): True
Which age group engages in stalling tactics before painful procedures most?: Schoo -Age
Which age groups are most likely to physically resist the nurse during procedures?: Schoo-age, ado escents
Toddlers may require physical restraint for painful procedures. (T/F): True
The meats that are highest in cholesterol are ________ meats.: Organ meats
ver, heart, bra ns, k dneys
The meats that are second highest in cholesterol are the ________: She seafood- shr mp, crab, obster
Egg white is (high/low) in cholesterol?: Low
Egg yolk is (high/low) in cholesterol?: H gh
The three meats lowest in cholesterol are __________, __________, and __________: Ch cken, pork, mutton
Milk is (high/low) in cholesterol?: Low
Is cheese high in cholesterol?: On y moderate, not rea y that h gh
Which oils are high in cholesterol?: An ma os
Is cholesterol a triglyceride?: No
Do plant foods contain any cholesterol?: No, not many
What is otitis media?: Chron c nfct ous/ nf mmat ory d sea e of the m d e ear
Is otitis a disease of the adult or child?: Usua y the ch d
What part of the ear is involved in otitis media?: M d d e ear
What are the 2 common subjective signs of otitis media?: Hear ng oss
Fee ng of fu ness n the ear
What are the 2 common objective signs of otitis media?: Hyperpyrex a (fever)
Dra nage from ear
What commonly happens secondary to otitis media?: Perforat on of the ear drum
Do all the children with otitis media need tubes in their ears?: No
What are the two most common medical treatments for otitis media?: System c ant b ot cs
Ant b ot c ear drops
What is the most severe complication of otitis media?: Men ng t s or msto d t s
What is cholesteotoma?: An ep dem a c yst n the ear gh y assoc ated w th ot ts med a.
What are the restrictions to be followed when tubes are in a child's ear?: No sw mm ng, no shower ng, no d v ng
What is cleft lip?: The p s open to the nares
What is cleft palate?: The roof of the mouth s open to the nasopharynx.
Is it possible to have only one: cleft lip or cleft palate?: Yes, you can have one or the other or both
When will the cleft lip be repaired?: Between 10 weeks and 6 months
When is cleft palate repaired?: Between 1 and 5 years of age
Why is cleft lip repaired early?: Feed ng s eas er after repa r and appearance after repa r s more acceptab e to parents.
Describe the nipples on bottles used to feed babies with cleft lip?: Large-ho ed, soft n pp es
The infant with cleft lip/palate needs more frequent __________: Bubb ng, burp ng
Children with cleft lip/palate should be fed in what position?: An a most upght post on
What is the #1 complication of cleft lip/palate?: Asp rat on
Children with cleft lip and cleft palate have long-term problems ____, ____, and _____: hear ng speech
______ teeth
In how many surgeries is cleft palate repaired?: Two surger es one at 12 to 18 months the ast at 4 to 5 years
Why is final repair of the palate delayed until 4 to 5 years?: Ear er surgery wou d interfer e w th tooth de opment.
How are cleft lip and cleft palate primarily treated?: Surg ca repa r
Is the infant restrained BEFORE repair?: No, just AFTER repa r
Should children with cleft palate BEFORE surgery be allowed to cry? To breast-feed?: Yes, they can cry; may breast feed w th s mp e c eef p however pa ate interferes w th feed ng
AFTER repair of cleft lip is infant allowed to cry? To breast feed?: No, the infant shou d be he d to PREVENT CRYING; the infant s not a owed to breast-feed because su ng ng s not good after p repa r.
Afer clep lip repair, what device will the baby wear?: A Logan bow
What is the purpose of a Logan Bow?: To prevent stress on the sutur e ne
With what device will the infant be restrained?: E bow restra nts
How do you care for an infant with a Logan Bow?: Remove the gauze before feed ng and c eanse after feed ng w th perox de and sa ne.

Can cleft lip/palate babies sleep on their backs?: Yes

What position is contraindicated after cleft lip repair?: NEVER e on the r abdomen

What will be used to feed the infant after cleft lip repair? A dropper syr nge w th rubber t p to d scourage suck ng

What must the mother do after feeding the baby who has had cleft lip/palate repair?: R nse the n fant’s ch d’s mouth w th water

What is a colostomy?: A surg ca y created open ng of the co on ou t onto the abdomen wa.

Name the 3 most common reasons for a colostomy: Cancer

D vert cu ts

U cerat ve Co ts

What is meant by the term “temporary colostomy”? A co ostomy that s not en ted to be permanent— the bowe w be reconnected at a ete date and the c ent w de fic ate norma y

What is meant by the term “double barrel” colostomy?: A procedure where the co on s cut and both ends are brought out onto the abdomen.

Colostomies performed for cancer tend to be (temporary/permanent): Permanent

Colostomies performed for a gunshot are usually (temporary/permanent): Temporary

In a double-barrel colostomy, from which stoma (barrel) will the stool come out?: Prox ma

A fresh new stoma is __________, __________ and __________: Red, arge, no sy

When a client voices embarrassment over the noises that their colostomy makes on the first post-op day, what would you say?: The no se w go away n a few days to a week.

What behavior on the part of the client is the BEST indicator that they have accepted their stoma?: When they do the r own stoma care

By what day post-op should the client begin to take care of their own stoma?: By the 3rd to 4th day, they shou d be ook ng at t and ask ng quest ons by day 2.

The MORE colon is removed the more ________ the stool.: L qu d

What technique is used to remove feces and flatus from the bowel through a colostomy?: Co ostomy rr ga t on

How many times per day will the client irrigate his colostomy?: Once

Which solution is used to irrigate a colostomy?: Tap water

How warm should the irrigation solution be?: Warmer than body temperature, e.g., 99-100F

In what position should the client be when they irrigate their colostomy?: S tt ng

Illeostomy: qu d st oo

odor m d

st oo very damag ng to the sk n

cont nuous dra nge

h gh r sk for f u d/e ectro yte mba ances

ncont nent

never r r gate

Transverse Colostomy: soft st oo
typ ca st oo odor

st oo damages the sk n

empt es severa t mes per day

may or may not be at r sk for f u d/e ectro yte mba ances

may r r gate

Descending Colostomy: formed st oo
typ ca st oo odor

st oo doesn’t r r gate un ess d ar rhe a

pred etab l e 2 to 3 t mes per day empty ng

owest r sk for f u d/e ectro yte mba ances

cont nent

do r r gate

CHF can be right-sided, left sided or both-sided. (T/F): True- ef s ded usu y comes FIRST

What does right sided CHF mean?: Rght ventr c e has de compensat ed

Dependent Edema (egs and sacrum)
Jugu ar venous d st en on
Abdom na d st en on
Hepatome ga y
Sp enome ga y
Anore x a and nause a
W eght ga n
Nocturna d ures s
Sw ng of the f ngers and hands
Increased BP

What does left sided CHF mean?: Left ventr c e has de compensat ed

CHF can result from Mi. (T/F): True

When cardiac output fails, name three ways the heart will try to compensate.: Ventr c e hype rtrophy

D ate and heart rate w ncreas e

What is meant by “cardiac decompensation”?: It means that the compensatory mechans sm - hype rtrophy, d at on, tachycard a are not work ng and the heart has fa ed.

Name the three groups of drugs used to treat CHF?:

D uret cs
Vasod ators
D g ta s

What is the activity order for clients with CHF?: Bed Rest

What special item do clients with CHF have to wear to decrease venous stasis in the legs?: TED hose

How often should anti-embolism hose (TED) be removed? Da y

When during the day should TED hose be applied? Before the c ent gets out of bed
Is it okay to use powder with TED hose? Yes
Should you massage the calves of the client with CHF? Never
Before you give digitalis, what action must you take? Measure the apical pulse first.
If the adult client's apical pulse is below 60, what should you do?: Do not give
For a child don't give for a pulse under 70
For an infant don't give for a pulse under 90
What daily measurement best indicates the amount of fluid the client is retaining? Daily weight change.
Should clients with CHF have a Foley catheter? Yes, on demand and for fluid balance.
What complication is common in CHF?: Pulmonary edema
When the client is taking diuretics, what mineral is the CHF client most likely to lose?: Potassium
You should tell the client with CHF to immediately report to his/her doctor if he/she gains pounds in one week.: Three
Name the four most common toxic effects of digitalis: Anorexia, N&V, weakness, arrhythmia
Should hearing aids be removed before going for surgery?: Yes, but just before surgery
Hearing aids are more useful in sensory or conductive hearing loss?: Conductive
Some women experience discomfort when wearing contact lenses during pregnancy or menstrual periods. (T/F): True
Should a client sleep with the hearing aids in place?: No, a cent should not sleep with a hearing aid.
What are the two most common causes of whistling and squealing of a hearing aid?: Loose ear mold, low battery
What solution should be used to clean a hearing aid?: Soap and water
What solution is best to use if you intend to remove a client's contact lenses?: Sterile saline
Hearing aids make sounds more distinct and clear. (T/F): True, they can amplify sounds, but do not change them.
Can you use alcohol on the earmold of a hearing aid?: No, the mold will crack and tares.
The hearing aid connecting tube can be cleansed with?: A peroxide cleaner
What is the most common complication of malpositioned lenses in the comatose or confused patient?: Corneal ulceration

1 g: 1000 mg
1 L: 1000 cc
1 oz: 30 cc
1 kg: 2.2 lbs
1 tbsp: 15 cc
1 tsp: 3 tsp
1 gm: 15 gr
1 gr: 60 mg
Cushing's syndrome is secreted by the adrenal gland. Oversecretion of glucocorticoids, mineralocorticoids, androgens.
In Cushing's the blood sugar is (increased/decreased): Increased
In Cushing's the sodium level is (increased/decreased): Increased
In Cushing's syndrome, the client develops face.: Moon
In Cushing's syndrome, the trunk is and the extremities are.: Obese, thin
What is seen on the abdomen of the patient with Cushing's?: Striae, purpura, hyperpigmentation.
Men with Cushing's develop.: Gynecomastia
What is gynecomastia?: Female breast development
Women with Cushing's develop.: Hyperemesis gravidarum
What is hirsutism?: Hair growth where you don't want it
The Cushing's syndrome patient will have a on their upper back.: Buffalo hump
The patient with Cushing's Syndrome will have (increased/decreased) blood pressure.: Increased, remember raja ng water and sodium
The Cushing's syndrome patient will have elevated sodium, hyperkalemia and hyperglycemia.: Hyper; hypo; hyper
Cushing's clients will have (increased/decreased) resistance to infection.: Decreased
Chronic therapy imitates Cushing's: Steroid therapy
Cushing's Man aka Cush Man: moon face with infection on buffalo hump on back.
A S T T H E O S E S: The patient's ankle tastes potasuim
It keeps the muscle and fat.
Is CF hereditary?: Yes
What glands are affected in CF?: Exocrine glands
What is the appearance of the stool in a client with CF? Remember the 4 Fs: Fat, Frothy, Fou-smelling, Fat, Steatorrhea.

What are the top 2 nursing diagnoses for a client with CF? Decreased awareness, Ateat on nutrition or absorption.

What is the classic test for CF? Iontophoresis sweat test.

In which two systems/organ are the most problems in CF? Lungs, Pancreas.

How does the client evaluate the activity of their pancreas? Observe stools for steatorrhea.

What is the typical diet for CF client? High cal or eH gh prot e med fat.

The major problem in CF is increased viscosity of the secretions of exocrine glands leading to obstruction.

The most common intervention for the CF client with a diagnosis of decreased airway clearance is Postural drainage.

What vitamins need to be replaced in CF? Fat soluble vitamin A, D, E, K.

What do CF clients need to do (ingest) in hot weather? Take NaCl tablets.

The child with the diagnosis of CF probably had a history of bowel movements at birth. Meconium bowel obstruction due to thick stools of the stool.

Why is the child with CF receiving pancreas/viokase/pancreatin? They are enzymes which absorb on of nutrients.

When should the child with CF take his pancreas/viokase/pancreatin? With meals, so as to ensure the gut wall's food present, the hollow purpose to increase absorption on of ingested food.

Define Cystoscopy? Dye on the urethra and bladder through a cystoscope.

What would you do if the client had any of the following after cystoscopy: bladder spasm, burning, frequency? Record but no need to cal MD.

What would you do if the client's urine was pink tinged after cystoscopy? Record in the notes, need no cal MD.

Is the client NPO before cystoscopy? No, not unless a child with a general anesthetic. Fact is a last resort. You should encourage fluids.

Are enemas required before cystoscopy? No, but may be ordered.

Should you encourage fluids after cystoscopy? Yes. Is a signed informed consent required for cystoscopy? Yes.

What vital sign changes are most ominous after cystoscopy? A fall in blood pressure and increase in the pulse increases hemorrhage.

Is the client sedated for a cystoscopy? It's done under local anesthe s. Generally, anesthe s may be used for a child.

What drugs are most commonly given before cystoscopy? V a um or demerol.

Increasing dietary fiber lowers the risk of ________ of the ________ of cancer, colon.

Foods lose some or all of their fiber when they are processed, cooked, peeled, refined.

Whole grains and grain products are (high/low) in fiber: High.

Fruits are (high/low) in fiber: High.

Veggies are (high/low) in fiber: High.

Milk and milk products are (high/low) in fiber: Low.

Meats are (high/low) in fiber: Low.

Nuts, seeds, and legumes are (high/low) in fiber: Low.

Which has highest fiber? Grains, fruits, veggies, nuts: Grains, especially bran.

When a person increases fiber in the diet they should do so ________: Slowly.

Side effects of a high fiber diet include ________ and malabsorption of ________: Gas (flatulence), m neras.

Of milled bread, enriched bread, fortified bread and whole grain bread; which is highest in fiber? Which one? The bran.

What structures in the brain are most affected in Parkinson's? Basal ganglia.

The neurotransmitter imbalance that causes Parkinson's is a ______ in ______: Decrease, dopamine lack.

What drugs can cause a Parkinson-like syndrome? Ha do, major tranquilizers -- drugs that end in -azine.

What is the classic motor manifestation of Parkinson's? P - ro ng and tremors.

What type of rigidity is typical of Parkinson's? Cogwheel.

Parkinson's patients move fast or slow? Slow.

What type of gait is seen in Parkinson's? Shuffling slow ga t.

Client's with Parkinson's have ______ speech: Monotone.

Patients with Parkinson's tend to have constipation or diarrhea? Constipation.

Name four drugs used to treat Parkinson's: Levodopa, Symmetrel, Cogentin, Artane, Par o de.

In what type of chair should Parkinson's patients sit? F rm, hard-back.

What time of day can be particularly dangerous for the Parkinson's patient? M ea s, due to chok ng.

When a patient is taking Levodopa he should have assistance getting out of bed because: Of orthostatic hypotension.
What vitamin should patients on Levodopa avoid?: B6 pyridoxine
Levodopa should be given with or without food?: Yes
What might Levodopa do to patients urine?: Make it very dark
The tremors of Parkinson’s will get better or worse when they purposefully move or perform a task?: Better, they tremor more when not performing an act on
The client on a PCA pump is less likely to have postoperative complications than the client without a PCA pump. (T/F): True, because the comfort level of the patient moves around more and s e e k y to get thrombophlebitis, pulmonary embolism, fatigue, e us and pneumon a
Clients with COPD are not good candidates for PCA pumps. (T/F): True, due to the effects of narcotics on central respiratory control
Name the three most common uses of PCA techniques: P o s t-operat ve p a n, cancer p a n, s c k e-e c e or s s p a n
PCA pumps allow a more constant level of serum drug than conventional analgesia. (T/F): True
A major disadvantage of PCA pumps is that the client can t a k e too much medication. (T/F): False, they do not possess the amount of medication to overdose due to the c o k -out feature
Clients on PCA pumps use more medication than those receiving IM injections. (T/F): False, they use less
A disadvantage of PCA pumps is that the client does not ambulate as early due to the machine. (T/F): False, PCA clients ambulate at the same time and they put the machine on them.
When discontinuing a PCA infusion it is acceptable to discard the drug cartridge. (T/F): False, the who e ca r tage sy stem must be returned to the pharmacy due to federal narcotic control laws.
Comfort range or relative humidity is:... 30-60%
Which patients should be forbidden to smoke? Smoke alone?: Those with oxygen need, confused, s e e p y, drugged c e n t s
When applying restraints remember to: Avo d b r u s n g sk n, c u t t ng off c r c u at on, acc e n te nta ng ng
List ways to ensure privacy: Use drapes and screens during care n semi-prvate rooms
Plastic pillow cases are necessary. (Disadvantages) Hot and s p p e r y
When using restraints with clients who object, don’t forget about: F a s e m pr sonment
Individuals who are ill are _______ sensitive to noise than individuals who are well: more
When you are not at the bedside the bed should always be: In the lowest position
Can nurses be held liable for an accident resulting from a client not being told how to use the call light?: Yes
Dangers associated with drafts are: C r c u at on of m c re-organ sm s on a r c u rrents
The first thing a nurse should do when a client objects to side rails is:... Exp a n w y they are being used
The comfort range of temperature is: 68 to 74 degrees
Is the client verbally identifying himself considered adequate safety?: No, on y dent f cat on bands are acceptable.
Bed side rails should be up for the following individuals: Elderly cents, unconscious, bab es, young ch dren, rest ess, confused
The symptoms of sensory overload and sensory deprivation are: Fear, p a c e, d e press o n, n a b ty to concentrate, restlessness, ag t at on
If a family member asks to have the side rails down while they are in the room you should:... Remember that you are responsible for the client’s safety—not h a s s y, t m ght be unw s e to p e rmit th s
Pillows are sterilized between uses. (T/F): False
What is the common name for pediculosis?: Lice
What is the common finding with pediculosis pubis?: Reddish-brown dust n the underwear
What common household solution is used to remove nits?: V negar. N ts are the eggs of t h at adhere to the hair shaft
What shampoo is used for lice?: K w e
Where are head lice most commonly found?: At the back of the head and behind the ears
On what do lice feed?: B ood
After treatment how long do you have to inspect for lice?: I nspec t for 2 weeks to be sure they are g o n e
What is the most common symptom of lice?: I t c h ing
What is the most dangerous toxicity of Kwell?: CNS toxic c t y
What is the typical of the lesions of pemphigus?: F o - s n g ng, b s t er s break e a y, seen n t h e d e r m, cause unknown
What is the characteristic lesion of pemphigus?: L a r g e v es cu a r b u ae
What are bullae?: Large b s t er s
What chemical is added to the bath water of a client with pemphigus?: Potassium permanganate
What precaution must be taken with potassium permanganate?: Be careful that no undissolved crystals touch the c e n t; t m b urn the sk n
What is the typical skin care of pemphigus?: C o o wet dress ng
What unusual nursing diagnosis is high priority in pemphigus?: A tera t on n f d g and e c t r o y ea nce
What are the top three nursing interventions in pemphigus?: O r a c e, p r o t e c t o n from n fect on, enc our a ng ng h g h f u d n t ake
What kinds of fluids will clients with pemphigus drink best?: Co d f u d
What drugs are most commonly used?: Steroids
Should steroids be given with meals?: A ways

What is the #1 cause of death in pemphigus? Overwhel m ng infect ion

Pemphigus: An acute or chron dc sease of adu ts, character zed by occurence of success ve crops of bu as that appear sudden y or apparent y norma sk n and d sap pear, eav ng p gmented spots. It may be attended by tch ng and burn ng and const t ona d sturbance. The d sease f untreated usua y fata. A character st c f nd ng s a pos t ve N ko sky s gn: When pressure s app ed tangent a to the surface of affected sk n, the outer a yer of ep derm s w detach from the ower a yer. (Probab y a um mune)

Peritoneal Dialysis (PD): The remova of wastes, e ectro ytes and fuds from the body us ng per toneum as d a ys s membrane

When PD is being used the client must be on heparin. (T/F): Fa se, you do not need to be hepar n zed for per tonea , but you do need to be hepar n zed for hemod a ys s

How long does one episode/course of PD last?: Cou d be 10 hours

With PD there is a high/low risk of peritonitis?: H gh

When fluid accumulates in the abdomen during PD what problem does the client experience first?: Dyspnea - SOB or d ff cu t ry breath ng, due to the nabo ty of the daphr gm to desecnd

What nutrient is lost in highest amounts during PD?: Prote n

Can a client who had recent bowel surgery get PD?: No

Should a client who is having breathing problems receive PD?: No

What body surface must be punctured to administer PD?: The abdomen

The solution introduced into the peritoneum during PD is called:... D a yate

Before allowing the dialysate to flow into the peritoneal cavity it must be ______ to ______ temperature.: Warmed, body

Before PD it is important the client be:... We ghed, to assess water oss or ga n

What force is used to introduce the dialysate into the peritoneum?: Grav ty on y, no pumps

How fast does the dialysate usually flow into the peritoneum?: In 10 m nutes

How long is the dialysate allowed to remain in the peritoneum before it is drained out?: 15-30 m nutes

How long does it usually take for the dialysate to drain out of the peritoneum?: 10 m nutes: (10 m nutes f ow n, 30 m nutes n abdom na cav ty, 10 m nutes f ow out = total of 50 m nutes)

If the dialysate does not drain out well, you would first:... Have them turn s de to s de

What color is the dialysate when it comes out? Straw- co red - c ear

Should you raise the HOB to increase drainage of the dialysate?: Yes

How often do you measure vital signs during PD? Every 15 m nutes dur ng the f rst cyc e and every hour thereafter

Can a client on PD: Sit in a chair? Eat? Urinate? Defecate?: Yes to a

If too much fluid is removed during PD, the client will experience: Decreased b ood pressure (hypotens on)

If the client absorbs too much of the dialysate the client will experience: Increased b ood pressure (c rou atory over oad)

If the client complains of dyspnea during PD you would first_______, then________.: S ow the f ow, e evate HOB

If the client complains of abdominal pain during PD you would first:... Encourage them to move about

Cloudy drainage in the dialysate commonly means: Per ton t s (Not good, ca MD)

What would you do if you noticed a small amount of blood come out in the first few bottles that were infused?: Noth ng, th s s norma : the b ood s due to the nta puncture of the abdomen

What precautions are important in the care of the client receiving PD?: Safety, because they get d zyz.

Is I&O important to record during PD? Yes

How high should the dialysate bag be when its infused? Shou der he ght

What factor do clients with pernicious anemia lack?: Intr ns c factor. It has no other name.

What vitamin is not absorbed in a patient with pernicious anemia?: V tam n B-12

What is another name for Vitamin B-12?: Extr ns c factor

Why isn't Vitamin B-12 absorbed in pernicious anemia?: Because these pat ents ack rtr ns c factor

What happens when patients with pernicious anemia don't absorb Vitamin B-12?: The r RBC's do not mature and they become ser ous y anem c.

What other disease can be confused with pernicious anemia?: Ang na pe cto r s

What are some classic and unique signs of pernicious anemia?: Beely red tongue Numbness and tng ng of the hands Sores n the mouth Chest pa n

What is the medical treatment for pernicious anemia?: IM ject ons of V tam n B-12

How long must the client receive this medical treatment? For the rest of fe

Can we cure pernicious anemia?: No, just treat the symptoms.

What unique urine test is done to diagnose pernicious anemia?: The Sch ng test
Is it okay to give B12 orally to a client with pernicious anemia?: No, it will never be absorbed due to a lack of intrinsic factor.

What neurologic test do they do for this anemia?: The Romberg test (a test for balance), n norma peop e this test is negative, n the cent with pernicious anemia this test becomes positive.

What is conservation? In what stage does it develop?: When the child realizes that number, we ght, vo ume remains the same even when outward appearances change; Concrete Operativa

What is the age range of formal operation thinking?: 12-15

What is the sensori-motor stage of intellectual development?: It is the next stage of child from birth to 2 years.

What is the age range of concrete operational thinking?: 7-11

What is the age range of pre-operational thinking? Hint: Think of PRE-schoolers.: 3-6

What is the classic pattern in formal operational thinking?: Abstract reason ng

What is egocentricity? In what stage is it found?: The child views every object from his frame of reference, common n pre-operativa th ng

In Placenta Previa the placenta is implanted _____ than it should be and lays over the ________.: Lower, cervica os

What is the classic symptom of Placenta Previa? Pain ess 3rd tr mester b too ng (h nt: Pain ess P acena Preva)

In whom is Placenta Previa most likely to occur?: Primigravia's or multigravia's?: Mi t rav das

What is meant when the physician/nurse use the terms total (complete) or partial (incomplete) in reference to placenta previa?: Total or comp ete: p acena covers where cervica open ng Part a or incomplete: p acena covers on y part of the cervica open ng

What are the 3 complications of placenta previa?: Shock Materna death Feta death

What is the best and safest way to confirm placenta previa?: U trasound

Should a woman with placenta previa be hospitalized?: Yes, a ways f b too ng

If a surgeon delays doing a C-section for Placenta Previa it is due to: (reason for delay): Immaturity of the fetus (they want the child to mature)

As soon as Placenta Previa is diagnosed, most pregnancies will be terminated via C-section if the fetus is mature. (T/F): True

If a woman is admitted with active bleeding with Placenta Previa you should monitor fetal heart tones ______: Cont nuous y v a feta mon tor

It is not necessary to use electronic fetal monitoring when there is active bleeding in Placenta Previa. (T/F): False, must a ways b mon tore

Will a woman with active bleeding in Placenta Previa be given any systemic pain relief during labor?: No, they don't want to depress the fetus

If you were told to start the IV on the woman admitted for Placenta Previa, what gauge needle would you use?: 18 gauge, or any other large enough to aden ster b ood

Pneumonia is an ______ in the ______ of the ______.: Infect on, a ve , ungs

Pneumonia is only caused by bacteria. (T/F): False, it can be caused by v ruses and asp r on.

Which blood gas disorder is most common in pneumonia?: Respratory a ka os s, because the hypervent at on b oows off more CO2, than the cons d at on traps n the b ood

What is polycythemia vera?: A b ood d sease n wh ch there s an increase n erythrocytes, eukocytes and p ate ets

What is the typical complex of a client with polycythemia vera?: Ruddy red, a most purp e

What procedure is done to relieve symptoms in polycythemia vera?: Ph ebotomy

What is phlebotomy?: Dra n off 200-500 cc of b ood from body (o p ose of transfus on).

What type of diet will people with polycythemia vera be on?: Low ro

What are three signs of polycythemia vera?: Headache Weakness Itch ng

Is hemoglobin increased or decreased in this disease?: Increased

What oral problem will people with polycythemia vera have?: B eer ng mucus membranes

What organ will be enlarged in polycythemia vera?: The sp en, because t s destroy ng the excess ve RBC's.

Due to increased destruction of RBC's seen in polycythemia vera what blood level will be increased?: Ur eac d eve s w be h gh (remember - ur eac d eve s are a ways h gh when ce s are b ng destroyed as n hemo ys s, chemotherapy or rad at on therapy)

What drug is most commonly used in polycythemia vera?: My ean – (th s usua y used for bone marrow cancer)

How often should the client cough and deep breath post-operatively?: Every 2 hours

How often should the post-operative patient turn?: Every 2 hours

How often should the post-operative patient do leg exercises?: Every 2 hours
Diabetes and pregnancy: More than just the sum of the parts

What is the main cause of fetal demise in pregnancy? Hyperglycemia.

What are the main complications of pregnancy in women with diabetes? 
- Hypertension
- Macrosomia
- Fetal distress
- Gestational diabetes
- Pre-eclampsia

During pregnancy, increased insulin requirements:
- Incretins
- Glucagon-like peptide-1 (GLP-1)
- Gastric inhibitory polypeptide (GIP)

Oral hypoglycemics should never be used during pregnancy. (TF): True, except for metformin. (C)

The 3 main treatment methods in gestational diabetes:
- Diet control
- Oral hypoglycemics
- Insulin therapy

What are the two major causes of fetal demise in gestational diabetes? 
- Intrauterine growth restriction
- Congenital anomalies

Hormones of pregnancy work against insulin. (TF): True. The best way to prevent diabetes in pregnancy is with insulin. (TF): False

Type II diabetes is most likely to occur during pregnancy. (TF): True. The most common complication of deep vein thrombosis is pulmonary embolism. (TF): True

The typical post-operative in-hospital stay is 10 days. (TF): False. The most common complication of deep vein thrombosis is pulmonary embolism. (TF): True

If post-operative deep vein thrombosis (DVT) is found, treat with low-molecular-weight heparin. (TF): True. If post-operative DVT is found, treat with low-molecular-weight heparin. (TF): True

What is the main cause of fetal demise in pregnancy? Hyperglycemia.

If post-operative deep vein thrombosis (DVT) is found, treat with low-molecular-weight heparin. (TF): True

If post-operative deep vein thrombosis (DVT) is found, treat with low-molecular-weight heparin. (TF): True

If post-operative deep vein thrombosis (DVT) is found, treat with low-molecular-weight heparin. (TF): True
Why is hypoglycemia such a dangerous problem?: Blood glucose, brain damage.

(Multi/prima) gravid clients are most likely to get PIH:
Pregravid condition.

Which age group(s) are most likely to experience PIH?: Patients under age 18 and over age 35.

When does preeclampsia usually begin in pregnancy (week)?: After 20 weeks.

Name the three symptoms of PIH: Hypertension, weight gain, proteinuria.

If preeclampsia is mild, will the woman be hospitalized?: No, just rest at home.

What is the type of diet indicated for a woman with preeclampsia?: Increased protein, sodium, and fluid intake (no restriction on typical diet).

What measurement must the woman with preeclampsia make every day?: She must weigh herself.

What is the activity order for a woman with severe preeclampsia?: Left side, high protein intake.

What is the dietary order for a woman with severe preeclampsia?: Low sodium, high protein intake.

Are diuretics used for women with preeclampsia?: Yes.

When a woman is hospitalized for severe preeclampsia, the nurse should test...: Blood pressure, urine protein.

When preeclampsia gets worse, the deep tendon reflexes will be (hyper/hypo) reflexive: Hyper-reflexive.

Preeclampsia makes the neuromuscular system more or less irritable?: More irritable.

What vision problem do women with preeclampsia have?: Blurred vision.

What types of precautions will be in effect for a woman with severe preeclampsia?: Secure precautions.

Name 5 things included in seizure precautions: Suction on your mouth, no room, no oxygen, no room, no medication.

Padded rails are up X 4.

Must stay on unit.

Ambulance on, supervisory staff on staff.

No more than 1 patient.

When is preeclampsia called eclampsia?: Once convulsions have occurred.

In an eclamptic client, what ominous sign almost always precedes a seizure?: Severe epigastric pain.

What are the three major treatment objectives in preeclampsia?: Decrease blood pressure, control convulsions, decrease urines.

The urine output of the eclamptic client will (decrease/increase): Decrease.

How would you palpate the uterus to see if the eclamptic woman was having contractions?: Place the hand flat on the abdomen over the fundus with fingers apart and press gently.

Premature rupture of membranes (PROM) is a break in the amniotic sac, the amniotic fluid of contractions: Spontaneous, before onset.

Usually labor starts within Hours of rupture membranes: 24.

What is the danger with PROM?: Infection.

How would you tell if the woman with PROM had an infection?: Maternal fever, fetal tachycardia, foul smell vaginal discharge.

To test amniotic fluid, the nurse should check the ______ of the fluid: pH.

Amniotic fluid is (acidic/alkaline): Alkaline.

Being alkaline means have a high pH: 7.0.

Amniotic fluid turns nitrazine paper deep (color): Blue.

When PROM occurs, the age of the fetus must be determined. The best way to assess lung maturity is to check the ______ ratio: L/S (ether/sphngomyene) n.

An L/S ratio greater than ______ indicates lung maturity: 2.0.

If labor does not begin within ______ hours after PROM, labor will likely be induced: 24.

If PROM occurs before viability, what is the typical management?: Term not on of pregnancy.

If PROM occurs after viability but before 36 weeks, what is the typical management?: Hospitalize, watch for infection, try to gain weight, help fetus mature.

If there are any signs of infection after PROM, what must occur immediately?: Delivery of fetus.

PROM always occurs in a gush of fluid. (T/F): True.

The woman must avoid sexual intercourse if PROM has occurred. (T/F): True.

What does self-disclosure mean?: When the nurse tells the patient personal information about herself.

Is it always bad for the nurse to disclose? No, you can tell someone as long as you don't caustic and you are 100% sure the therapist.

If the nurse uses self-disclosure, it should be ______ and the conversation should be ______: Short, quickly refocused back on the patient.

Insight means the ability of the patient to ______ his problem: Understand.

During what phase should the nurse examine his/her own feelings?: Pre-interact on phase.

Flight of ideas is when the patient changes topics of conversation ______: Rapidly.

The basis for a therapeutic nurse/patient relationship begins with the ______, self ______, and ______: Nurse's awareness, self understanding.
What are the steps of the nurse/patient therapeutic relationship?:
- Pre-terminate phase
- Or entail on phase
- Working phase
- Terminating phase

Should the nurse self-disclose if the patient asks the nurse to?:
- No, not unless it's specific therapeutic.

The nurse should introduce information about the end of the nurse/patient relationship during the _____ phase.
- Or entail on

Termination phase begins in the ______ phase.
- Or entail on

Pulmonary edema is accumulation of ______ in the lung(s):
- Fud

Pulmonary edema is a common complication of ______ disorders:
- Cardiogenic

Pulmonary edema usually results from ______ failure:
- Left ventricular

What force causes the pulmonary edema in left ventricular failure?:
- Increased hydrostatic pressure

Can letting IVs run too fast cause pulmonary edema?:
- Yes, n the c ent w th poor cardiovascuar function

What are the four classic signs of pulmonary edema?
- Dyspnea on exertion, paroxysmal nocturnal dyspnea, orthopnea, coughing

What is meant by dyspnea on exertion?:
- Shortness of breath when active

What is meant by paroxysmal nocturnal dyspnea?:
- Sudden episodes of difficulty breathing

What is meant by orthopnea?:
- Shortness of breath when lying flat

Is heart rate fast or slow in pulmonary edema?:
- Fast, tachycardic

What will the nurse auscultate over the lungs when pulmonary edema occurs?:
- Crackles (ra es)

When pulmonary edema is severe what does the sputum look like?:
- Bloody and frothy

What drug is used in pulmonary edema to reduce fluid in the lungs?:
- Aldosterone (Lasix)

What drug is used to increase ventilation in patients with pulmonary edema?:
- Amnophyne (bronchodilator)

Is O2 given in pulmonary edema?:
- Yes

Since pulmonary edema is caused by left ventricular failure what drug is given?:
- Digoxin

Why is morphine given to patients with pulmonary edema?
- To decrease apprehension and decrease preload, thus resting the heart

If your client suddenly goes into pulmonary edema what would you do first?:
- Elevate the HOB, then increase O2, then call the MD

Pulmonary embolus is an obstruction of the pulmonary artery, by a dislodged thrombus.

Where do the emboli that cause pulmonary embolus usually come from?:
- The legs

Besides a thrombus what else can cause an embolus in the lung?:
- Air, fat, tumor cells

What treatment modality can lead to pulmonary embolus?:
- Bed rest

What class of drugs can lead to pulmonary embolus?:
- Or contraceptives

What heart problem can lead to pulmonary embolus?:
- Atrial fibrillation (RIGHT atrial fibrillation on cases pulmonary embolus; LEFT atrial fibrillation on causes cerebral embolus)

What genetic disorder can lead to pulmonary embolus?:
- Sickle cell anemia

What is the first sign of pulmonary embolus?:
- Dyspnea

The dyspnea of pulmonary embolus is accompanied by ________:
- Coughing

Does the heart rate increase or decrease in pulmonary embolus?:
- Increase

With severe pulmonary embolus the client will look as though they are ________:
- In shock

What are the two major treatments of pulmonary embolus?:
- O2, anticoagulants

Name the anticoagulant given for immediate anticoagulation by IV or SQ route: Heparin

A drug long term anticoagulation in an disorder would be?:
- Coumadin

What two lab tests monitor coumadin therapy?:
- Prothrombin time (PT) and the INR

When coumadin is therapeutic, the INR should be between ________ and ________:
- 2.0 and 3.0

What is lowevox?:
- It's a low-dose heparin used for anti-coagulation on post-op

PT: POST-OP THROMBOPHLEBITIS PREVENTION NOT USED FOR PULMONARY EMBOLUS

Heparin therapy is monitored by daily measurement of the ________:
- PTT (part a thromboplastic time)

Effective heparin therapy rises the PTT to approximately ________ times normal:
- 2.5

Clients on heparin should use an electric razor or safety razor?:
- Electric razor

What is the best way to prevent pulmonary embolus in post-operative patients?:
- Early ambulation

Is it appropriate to massage the legs of the client to prevent pulmonary embolus?:
- No, never

Heparin is used in the acute phase of pulmonary embolus. What drug is used for 6 months after pulmonary embolus?:
- Coumadin

Coumadin therapy is monitored by what daily test?:
- PT (prothrombin time)

What is pyelonephritis?:
- A bacterial infection of the kidney

Which organism causes pyelonephritis?:
- E. Coli
Name the symptoms that pyelonephritis and cystitis have in common?: Frequency, urgency, burn ng, coudy, Fou
sme ng ur ne

What medical intervention is necessary in pyelonephritis?: IV ant b ot cs for one to two weeks, must get ur ne cu ture 2 weeks after ant b ot c therapy s over

How does pyelonephritis differ from cystitis in meaning?: Cyst t s means b adder nfct ion; pye onephr t s means an nfct on of k dney pe v s

What causes or precedes pyelonephritis?: Cyst t s a ways does

Will the client with pyelonephritis have daily weights?: Yes, as wou d any c ent w th k dney prob em

Name the five signs/symptoms that pyelonephritis has that cystitis does not have?: Fever, fank pa n, ch s, increased WBC, ma a se

What is the BIG danger with pyelonephritis?: Permanent scan ng and k dney damage

How is pyelonephritis prevented?: By prevent ng or treat ng a cyst t s (UTPs)

Will the client with pyelonephritis have hematuria?: It s common but not a ways present

The patient with pyelonephritis will have (hypertension/hypotension?): Hypertens on

Where is the pyloric sphincter?: At the d sta (duodena) end of the stomach

What does stenosis mean?: Narrowed

What is done to correct pyloric stenosis?: Surgery (py oromyotomy)

In what position should the child with Pyloric Stenosis be during feeding?: H gh fow ers

The feedings for an infant with pyloric stenosis should be thick or thin?: Th ckened

What test is done to diagnose a pyelogenic stenosis?: Upper Gl ser es (bar um swa ow)

These infants are prone to develop ______ and failure to _______. Dehydrat on, thr ve

Why does the pyloric valve become stenosed in pyloric stenosis?: It hypertroph es

In what position should a child with pyloric stenosis be after a feeding?: Rght s de w th HOB up

The infant with pyloric stenosis appears ______ even after vomiting.: Hungry

What do you see during and after feeding?: Persta tc waves from eft to rght

Is vomiting projectile or non-projectile in patients with pyloric stenosis? Is the vomiting bile-stained or not bile-stained?: Project e, not b e-stained

What assessment finding is found under the right rib cage?: An o ve s zed bu ge (the hypertroph ed py orus)

The symptoms of pyloric stenosis mostly commonly appear at age ______ to _______. 4 to 6 weeks

Describe the typical child with pyloric stenosis.: F irstborn, fu term, wh te, boys

For what reason are Montgomery straps used?: Permit y to remove & rep ace dress ng s w thout us ng tape (protects the sk n)

Sutures in general are removed by the ___ day.: 7th

Leaving a wound open to air decease infection by eliminating what 3 environmental conditions?: Dark, warm, mo st

To remove tape always pull (toward/away) from the wound.: Toward (th s way you don't put pressure/pu on the suture ne.)

Define contusion.: Bru se (ntema)

Define debridement.: Remova of necrot c t issue from a wound.

What is the purpose of a wound drain?: Remove secret ons from the area so heal ng occurs.

To prevent germs from getting into or out of a wound you should use what type of dressing?: An occ us ve dress ng

What solution is put onto the skin to protect it from the irritating effects of the tape?: T nture of benzo n

With what is a round closed in first intention?: Sutures or st r -str ps, stap es

What is another name of second intention?: Granu at on

When swabbing an incision you would start at the incision or 1 inch away from the incision?: Start at the ncs on and move outward.

After you remove soiled dressings and before you put on the sterile dressing you must.... Wash your hands and put on ster e g oves

What is meant be the phrase "advance the drain 1 inch"?: You pu the dra n out 1 nch.

After advancing a Penrose drain you (should/should not) cut off the excess drain?: Shou d

When a dressing saturated, germs can enter the wound from the outside. (T/F): True, by a process ca ed cap ary act on

When is a bad time to change dressings?: Meat m e

Define laceration.: Cut

Scoliosis is a _______ curvature of the _______.: Latera , sp ne

Scoliosis is MOST common in the _______ and _______ sections of the spinal column.: Thorac c and umbar

Scoliosis in the thoracic spine is usually convex to the (left/right): Rght

Scoliosis in the lumbar spine is usually convex to the (left/right): Left (*H nt: curve Left n Lumbar)

With which other two spine deformities is scoliosis associated?: Kyphos s (humpback), Lordos s (swayback)

What is Kyphosis?: Humpback n the thorac c area

What is Lordosis?: Swayback n the umbar reg on (Lumbar, Lordos s)
What is the difference between structural and functional scoliosis?: Structure - you are born with; Functional - you get from bad posture.

What age group should be routinely screened for scoliosis?: Young teens.

What are the 3 subjective complaints of clients with scoliosis?: Back pain, dyspnea, fatigue.

What test/exam CONFIRMS the diagnosis of scoliosis?: X-rays of the spine.

What type of brace is most commonly used for scoliosis?: Milwaukee.

Name 4 exercises used to treat mild scoliosis.: Heel sits, sit-ups, hyperextends on one of the spine; breathing exercises.

What kind of treatment is done for severe scoliosis?: Surgical fusion on both sides.

What type of cast is used post-operatively?: Riser cast.

What kind of rod is used to "fix" curvature?: Harrington Rod.

Scoliosis most commonly affects _______ (type of client): Teenage females.

How many hours a day should the client wear a Milwaukee brace?: 23.

What solution should be used on the skin where the brace rubs?: Tincture of benzoin or a cohesive, non-sticky one of your choice to toughen the skin and not soften it.

Clients with a Milwaukee brace should avoid vigorous exercise. (T/F): True.

After corrective surgery how is the client turned?: Log rolled (n a body cast).

How often should the neurovascular status of the extremities of a client in a Risser cast be measured? Fresh post-operatively?: Every 2 hours.

What is a common complication of a client in a body cast (like a Risser cast)?: Cast syndrome.

What is cast syndrome?: Nausea, vomiting, and abdominal distention on that can result in nausea obstructing.

What group of people get cast syndrome?: ANYONE, n a body cast.

What is the treatment of for cast syndrome?: Removal of the cast, NG tube to decompress, NPO.

How would you, the nurse, assess for developing cast syndrome?: Ask the client if they are experiencing any abdominal symptoms - keep track of bowel movements and pass gas fat; if not having BM or pass gas fat, cast syndrome is suspected.

What causes cast syndrome, specifically in a Risser cast?: Hyperextends on the spine by a body cast; the hyperextends on interrupt the nerve & blood supply to the gut.

The inheritance pattern of sickle-cell anemia is _______.: Autosomal recessive.

What does heterozygous mean?: It means you have 1 defective gene from 1 parent.

People who are (hetero/homo) have sickle cell trait.: Heterozygous.

What does homozygous mean?: It means you have the defective gene from both parents.

People who are (hetero/homo) have sickle cell disease.: Homozygous.

People with sickle cell trait only carry the disease; they DO NOT have symptoms. (T/F): True-usually.

What are the #1 and #2 causes of sickle cell crisis?: Hypoxia, dehydration.

The most common type of crisis that occurs is a _________.: Vasovagal crisis.

In vasculo-circulatory crisis the vessels become occluded with ______. Abnormal RBC's.

The abnormal hemoglobin produced by people with sickle cell anemia is called Hgb ______.: Hgb S-t; "sickles".

What shape does Hgb S make the RBC's?: Crescent-shaped.

Why do the crescent-shaped RBC's cause occlusion of the vessels?: They clog together and create a sudge.

What are the top 3 priorities in care of the client with sickle-cell crisis?: Oxygenation, hydration, and pain control.

What activity order will the client with sickle cell CRISIS have?: Bed rest.

Or Tylenol, Morphine, Demoral, Aspirin which is NEVER given to a sickle-cell patient?: Aspirin can cause ac s s wh ch makes the cr s s and sck ng worse.

At what age is death most likely in sickle cell anemia?: Young adulthood.

Sickle-cell anemia symptoms do not appear before the age of months due to the presence of _______: 6; fetal hemoglobin.

Sickle cell anemia is most commonly seen in (blacks/whites): Backs.

Should a child in sickle-cell crisis wear tight clothes? No, it can occlude vessels even more.

Spinal cord injuries are more common in males. (T/F): True.

In what age range is spinal cord injury most common?: 15 to 25.

The #1 goal in emergency treatment of spinal cord injury is: Immobilization of the spine.

When halo traction is being used to immobilize the spinal cord the client is allowed to ______: Ambulate.

When the patient with spinal cord injury is in tongs or on a stryker frame or on a circulator electric bed they are on what?: Absolately bed rest.

The 2 most common surgeries used to treat spinal cord injury are ______ and ______: Lam neck and spine fusion.
What is spinal shock? It is a common occurrence in spinal cord injury, where the spinal cord becomes incapable of transmitting signals to the brain. When does spinal shock occur? Immediately after an injury to the spinal cord, the brain receives conflicting messages from damaged and undamaged segments of the spinal cord, resulting in a temporary loss of function. How long does spinal shock last? It can last from days to months, depending on the severity of the injury and the individual's recovery process.

When the spinal cord injury is at level T1 - C1, the patient will be a quadriplegic. Spinal shock can cause a temporary loss of sensation and movement in the limbs below the level of injury. Spinal shock can last for hours to days, and the severity of the symptoms can vary. Immediate medical intervention is necessary to address any underlying causes of spinal shock and to support the patient's recovery.

In what space is the needle inserted during a spinal tap? The needle is inserted into the subarachnoid space, which is the space between the arachnoid and pia mater membranes surrounding the spinal cord. Does the patient have to be NPO before a spinal tap? No, the patient does not need to be on a clear liquid diet before a spinal tap. Should CSF contain blood? No, CSF should not contain blood.

Can the client turn side-to-side after a spinal tap? Yes, the client can turn side-to-side after a spinal tap as long as they are monitored closely for any changes in their neurological status. Does the client have to be sealed before a spinal tap? Yes, the client has to be sealed before a spinal tap to prevent any leakage of cerebrospinal fluid (CSF). What is the normal color of cerebrospinal fluid (CSF)? Cerebrospinal fluid is typically clear or colorless.
Which hand should hold the suction catheter? Which should hold the connecting tube?: The dominant, the non-
dominant.

The nurse should use (medical/surgical) asepsis
during airway suction?: Suga ca as p s (ster e technque)

What kind of lubricant should be used on the suction
catheter?: Ster e water-so ub e

Should the suction be continuous or intermittent?:
Intermittent to prevent mucosa damage

For how long should suction be applied for any one entry of the catheter?: 10 seconds

How often should the nurse clear the tubing during
suctioning?: After each pass/entry/removal

Which way would you turn the client hear to suction
the right mainstem bronchus?: To the left, to the right

The best client position during airway suctioning is
Sem-Fowler

The suction should be delivered while
(inserting/removing) the catheter.: Wh e remov ng the catheter

What outcomes would indicate that suctioning was
effective?: C ear en u ng sounds, norma v t a s gns

How often should the client's airway be suctioned?: When t needs to be, for exampe m ost u ng sounds, tachycardia a,
restlessness (hypox a), neonate ve cough

The unconscious client should assume what position
during suctioning?: S de-y ng, fac ng nurse

If not contraindicated, what action by the nursing
before suctioning would most likely reduce hypoxia during
suctioning?: Adm ster a few breaths at 100% oxygen before beg nnng

What solution should be used to clear the tubing
during suctioning?: Ster p sa ne

With what size catheter should an adult's airway be
suctioned?: 12 to 16 French

How much suction should be used for an infant?: Less than 80 mm Hg

How much suction should be used for a child?: 80 to 100
mm Hg

How much suction should be used for an adult?: 120 to
150 mm Hg

Do you assess for suicide potential whenever a
patient makes any statement about wanting to die or kill
self?: Yes, fact whenever a patient makes a statement about
wshng or want ng to d e o k se f you must ALWAYS AND
FIRST assess for suic de pot ent a -stop evryth ng and assess for
su c de pat ent (except CPR, or course)

Children are at _____ risk for suicide.: Low

Adolescents are (low/high) risk for suicide.: Hgh

Young adults are (low/high) risk for suicide: Hgh to
moderate.

People between 25 and 50 years are (low/moderate
/high) risk for suicide.: Low to moderate

People over 50 year are (low/high) risk for suicide: Hgh

The patient who has a definite plan is (low/high) risk
for suicide.: Moderate to hgh, depends upon feas bly and
ease of p an

The use of pills makes the patient (low/moderate/high)
risk for suicide.: Moderate

The patient who has NO definite plan is (low/high) risk
for suicide.: Low

The use of ___, ____, and _____ to kill self, make high risk suicide.: Guns, ropes, kn ves

Who is at higher risk for suicide, a man or a woman?: Man

Of: married, divorced, and separated, which marital status
is highest risk for suicide? Lowest risk of suicide?:
H ghost-separated then d vored

Lowest-married

The goal of action while the suicidal patient is still of
the phone is to get _____ person ______ the _____:
Another person on the scene (then mmed ate y decreases r sk)
Remember: peop e who are a one are a ways hgh r sk

What are the four classic suicide precautions?: Search
person for o ng ngs for drugs & a hco , remove any sharp
objects, remove any devce for hang ng or strang ng; must be
on constant one-to-one observation (NEVER out of sght)

Once the patient is admitted for attempted suicide should
you ever discuss the attempt with them?: No, you shou d not
focus on the attempt, focus on the present and future.

-pathy: D sease, suffeer ng

-penia: Lack, def c ency of

-sect: To cut

-plast: P ast c surgery on a spec f ed part

-sclerosis: Harden ng of a tssue by: nf ammat on, depos t on
of mera sa t; an nf trat on of connect ve tssue f bers

-cesis: A perforat on or puncture

-genic: Produce, or g nate, become

-emia: B ood

-otomy: Butt ng

-psy: F xat on of someth ng

-atresia: Cond t on of occ us on

-desis: B nd ng, fus ng

-cele: Comb ng form mean ng a tumor or swe ng or a cay ty

-cis: Cut, k

-rhapy: -rhapy: Jo ng n a seam, suturat on

-scpe; -scopy: Instrument for observat on

-osis: Ind cates cond t on, process

-oma: Tumor

-ostomy: Surg ca open ng

-stasis: Stoppage

-itis: Inf ammat on

-ology: Study of, know edge, scence
- Ilysis: Breaking down
-ectomy: Surgical removal of
-tripsy: Crushing of something by a surgical instrument
-ase: Used to name enzymes
-gram: -graphy: Writing; record

Syphilis is sexually transmitted. (T/F): True

Syphilis first infects the _________: Mucous membranes

What are the stages of syphilis?: Primary, secondary, latent, tertiary

Syphilis is a fatal disease if untreated. (T/F): True

What organism causes syphilis?: Treponema pallidum

What is the lesion like in primary syphilis?: The chancre (pronounced shankar)

The canchres of syphilis are (painless/painful): Painless

Chancres disappear without treatment. (T/F): True

Late syphilis attacks which 3 body organs?: Lungs, heart, brain

What test CONFIRMS the presence of syphilis?: Dark-field examination of the treponema pallidum

What is the treatment of choice for syphilis?: Penicillin

Why is penicillin administered with Procaine? With Probenecid?: Proca ne makes the shot ess pa nuf; Probenecid blocks the excretion of penicillin

What is the most common sign of neurosyphilis?: Ataxia

 Gä ter prob ems

Mastitis and breast engorgement are more likely to occur in (primipara/multipara): Primipara

Where does the organism that causes mastitis come from?: The nipples or nose or mouth

Which organism most commonly causes mastitis?: Staphylococcus

Prolonged intervals between breast-feeding (decrease/increase) the incidence of mastitis.: Increase

Can too tight bras lead to mastitis?: Yes, prevent ng empty ng of ducts

Mastitis usually occurs at least ______ days after delivery.: 10

When mastitis is present the breasts are ________, ________, and ________: Hard, swollen, warm

Mastitis is accompanied by a fever over ________: 102 degrees

If mastitis is caused by an organism, what causes breast engorgement?: Temporary increase in vascular and lymphatic supply to the breast, preparation for milk production

If mastitis occurs 1+ weeks after delivery, when does breast engorgement occur?: 2 to 5 days after delivery

Does breast engorgement interfere with nursing?: Yes, the infant has a difficult to tuck and match ng on (getting nipples e n ts mouth)

What class of drugs is used to treat mastitis?: Antibiotics are used to treat breast engorgement. (T/F): False

Application of (warm H2O compress/ice packs) is the preferred treatment for breast engorgement.: Ice packs to decrease swelling

The mother with mastitis should stop breast feeding. (T/F): False, the mother must keep breast feeding. (Offer unaffected breast first)

If the mother has an open abscess on her breast, must not breast-feed. (T/F): True

For breast engorgement, the non-breastfeeding mother should be told to express breast milk. (T/F): No, that would increase milk production and would make the problem worse (warm compresses or warm shower to ease the best)

What is the best treatment for breast engorgement?: Breast-feeding - water and demand

What is mastoiditis?: Inflammation of infected mastoid process

What is the most common cause of mastoiditis?: Chronic otitis media

What are 4 signs and symptoms of mastoiditis?: Earache, fever, headache, and ear pain, tenderness over mastoid process

What unusual post-operative complication can result from mastoidectomy?: Fracture or damage during surgery (aw su t me)

What should you do to assess for facial nerve paralysis post-mastoidectomy?: Have the patient smile and wrinkle the forehead

What is the medical treatment for mastoiditis?: Systemic antibiotics

What is the surgery for mastoiditis called?: mastoidectomy

Will a simple mastoidectomy worsen hearing?: No, a mastoidectomy may worsen hearing

Should the nurse change the post-mastoidectomy dressing?: No, reinforce t. Physic can changes first post op dressing

What is a common side effect of mastoidectomy?: Dizziness (vertigo)

What is a major nursing diagnosis post-mastoidectomy?: Pain

In the chain of infection, hand washing breaks the mode of transmission:. Transmits on

The best way to decrease nosocomial infection is sterile technique. (T/F): False, hand washing is the best way

Sterile gloved hands must always be kept above the waist. (T/F): True

When putting on the second of a set of sterile gloves, you should grasp the cuff. (T/F): False, reach under the cuff with the tip of the glove fingers

When putting on the first glove of a set of sterile gloves, you should grasp the cuff. (T/F): True
When putting on the second glove of a set of sterile gloves, you must not use the thumb of the first hand. (T/F): True

Airborne microorganisms travel on ________ or ________ particles. : Dust or water

Another name for medical asepsis is...: Clean technique

Sensitivity (susceptibility) means...: The susceptibility of an organism to the action of a part of a agent

When unwrapping a sterile pack how should you unfold the top point?: Away from you

Virulence means...: Ability of an organism to produce disease

Another name for surgical asepsis is...: Sterile technique

What is the best location in a client's room to set up a sterile field?: On the over-bed table

Medical aseptic techniques are aimed at reducing the number of organisms (T/F): True, doesn't mention if just decreases the number

What does bacteriostatic mean?: Having the capability to stop growth of the bacterium

What does bactericidal mean?: Having the capability to kill bacteria

What does nosocomial infection mean?: Infection acquired through contact with contaminated on the hospital

When pouring liquid onto a sterile field you should pour from a height of ________ to ________ inches above sterile field.: 6 to 8

When you plan to use gloves for a procedure you do not need to wash hands before it. (T/F): False, a way to wash even if you plan to use gloves

Culture means...: Growing colony of organisms, usually for the purpose of identifying them

Surgical aseptic techniques render and keep articles free from all organisms. (T/F): True

You must never turn your back to a sterile field. (T/F): True

What must you do if you reach across a sterile field?: Consider the area contaminated and not use the articles in the area

Microorganisms grow best in a ________, ________, ________ place.: Warm, dark, moist

It is common practice to regard the edges of any sterile field as contaminated. (T/F): True, the outer 1 inch is considered contaminated. You must not touch the top of your gloves.

Immediately after opening a bottle of sterile water, can you pour it directly into a sterile basin?: No, you must pour a few cc's of the bottle into a waste container before you pour into the basin. (This is a ed "pp ng" the bottle)

Which is the best method for identifying clients accurately?: By ID name-band

An emulsion is a mixture of ________ and ________: Oil and H2O

Syrups and elixirs are of particular concern to diabetic clients because...: They contain sugars

Oral medications have a (faster/slower) onset of action that IM drugs.: Slower

Oral medications have a (shorter/longer) duration of action than IM medications.: Longer

How should drugs that stain teeth be administered?: By a straw

A drug given by a parenteral route acts outside the GI tract. (T/F): True

Name the four most common parenteral routes of administrations.: SQ, IM, IV, ID (intradermal)

When blood is administered by IV, the needle/catheter should be ________ gauge.: 18 gauge

You can administer up to ________ cc of a drug per site by IM injection in adults.: 3 cc

Children should receive no more than ________ cc per site by IM injection.: 2 cc

The preferred IM injection site for children under 3 is the ________: Vastus lateralis

Why is the dorsogluteal site not recommended for IM injection the children less than 3 years of age?: Because the muscle is not well developed yet.

Can 3 cc of fluid be administered per IM into the deltoide of an adult?: No, max mum of 1 cc

The #1 danger when using the dorsogluteal site for IM injection is________.: Damage to the sciatic nerve

The preferred angle of injection to be used for IM administration is________.: 90 degrees

The preferred length of needle to administer an IM injection is...: 1 to 2 inch

The preferred gauge of needle for IM injection is...: 21 to 22 gauge

Which type of medications are given by Z-track injection?: Irritating, standard

How long is the needle kept inserted during Z-track injection?: 10 seconds

What must be done to the equipment before injecting by Z-track method?: Change the needle

When giving a Z-track injection, the overlying skin is pulled (up/down/medially/laterally): Laterally

Subcutaneous injection must be given at 45 degrees. (T/F): True (for boards), fa-se- whatever angle gets it SQ with go ng IM

The preferred gauge of needle for injection for SQ injection________.: 25 gauge

The preferred length of needle for SQ injection is________.: 5/8 inch

The intradermal route is primarily used for ________: Skin test

Name the two sites used for intradermal injection.: Inner forearm, Upper back
In general, the nurse should wear gloves when applying skin preparations such as lotions. (T/F): True

After using nose drops, the client should remain ______ for ______ minutes.: Sup ne, 5

Strict aseptic techniques is required when administering a vaginal medication. (T/F): Fa se-- on y "c ean" tech que or med ca aseps s s necessary

Before administering vaginal medications the client is more comfortable if you ask them to ______.: Vo d

After administration of a vaginal drug the client should remain ______ for ______ minutes.: Sup ne, 10

Rectal suppositories with an oil base should be kept refrigerated. (T/F): True

Strict sterile technique is required when administering a drug per rectum. (T/F): Fa se, c ean or med ca aseps s

The best way to ensure effectiveness of a rectal suppository is to... Push the suppository aga nst the wa of the rectum

A rectal suppository is inserted ______ inches in an adult and ______ inches in a child.: 4,2

The client should remain supine for 5 minutes after having received a rectal suppository. (T/F): Fa se-- they should be y ng on the r s de for 5 m nutes, not sup ne

A suppository given rectally must be lubricated with a water soluble lubricant. (T/F): True, ubr cant f ngers a so

Eye medications can be given directly over the cornea. (T/F): Fa se, nto the conjunct va sac, never the cornea; ho d the dropper 1/2 nch above the sac

Eye drops should be placed directly into the ______ ______.: Conjunct va sac

To prevent eye medications from getting into the systemic circulation you apply pressure to the_______ for ______ seconds.: Naso acr ma sac, 10 (press between the inner canthus and the br dge of the nose)

The eye should be irrigated so that the solution flows from outer to inner canthus. (T/F): Fa se, t must f ow from inner canthus to outer (e phabet ca : I to O)

If ear medications are not given at room temperature the client may experience...: Dzz ness, nausea

To straighten the ear canal in the ADULT, the nurse should pull the pinna ______ and ______.: Up and back

To straighten the ear canal in the young CHILD under 3 the pinna should be pulled ______ and ______.: Down and back

After receiving ear drops the client should remain in ______ position for ______ minutes.: S de y ng, 5

How far above the ear canal should you hold the dropper while administering ear drops?: 1/2 nch

Liquid doses of medications should be prepared at ______ level.: Eye

Liquid drugs should be poured out of the side (opposite of the same as) the label.: Opposte

It is safe practice to administer drugs prepared by another nurse. (T/F): Fa se

In order to leave drugs at the bedside you must have a physician’s order. (T/F): True

Young infants accept medication best when given with a ______.: Dropper

It is safe practice to recap needles after injection. (T/F): Fa se, Never re-cap

What do you do if you get blood in the syringe upon aspiration?: Remove the syr ng e mm d ate y and app y pressure; you must d scard the syr ng e and redw med cat on a new syr ng e

Tagamet: G ve w th mea s, remember Zantac does not have to be g ven w th mea s

Capoten: G ve on empty stomach, one hour before mea s (ant hypertens ve)

Apresoline: G ven w th mea s (ant hypertens ve)

Iron with nausea: G ve w th mea s

Sulfonamides: Take w th LOTS OF WATER regard ess of whether you g ve t at mea t me or not -- Bac tr m, Septra, Gnr tr c n, e, used to treat UTI

Codeine: Take w th ots of water regard ess of mea s -- to prevent const pat on

Antacids: G ve on empty stomach 1 hour ac and hs

Ipecac: G ve w th 200-300 cc water-- not re ated to mea t me - - th s s an emet c (to make you vom t after ngest on of po s ons -- don't g ve f the po s ons were caust c, or petro eum based)

Rifampin: G ve on empty stomach (ant-tubercu os s) remember R famp c causes red ur ne

Non-steroidal anti-inflammatory drugs: G ve w th food (for arthros s)

Aldactone: G ve w th mea s (K--spar ng d uret c)

Iron (without nausea): G ve on empty stomach w th orange ju ce to increase absor pt on

Penicillin: G ve on empty stomach

Erythromycin: G ve on empty stomach (ant b ot cs)

Stool Softeners: Take w th ots of water regard ess of mea l m

Griseofulvin: G ve w th mea s-- espec a y h gh fat mea s (ant-funga )

Tetracycline: Do not g ve w th m k products, do not g ve to pregnant women or ch dren before age 8 or damage to tooth ename occurs

Theophylline derivative: G ve w th mea s, e, Am nophy ne, Thedur (ant-asthm c bronchad ator)

Steroids: G ve w th mea s-- remember taper the pat ent off these drugs s ow y

Pancreas theasmin isozyme: G ve w th mea s these are ora enzymes used w th ch dren w th cyst c f bros s to increa the absor pt on of the food they eat

Para-amino salicylate sodium (PAS): G ve w th mea s/food--ant tubercu os s
Colchicine: Get with mea s -- ant gout, remember f d arrhe de ops, stop the drug.

Thorazine: Take with LOTS OF WATER regard ess of mea s to prevent const paton.

A drugs that end n "z-ne" are major tranquizers that a so cause Pseudo Park nson's or extra-pyram da effects.

Carafate and sulcrafate: Ge on empty stomac 1 hour before mea s and at bedt me -- remember these coat the GI tract and intefere w th the absorpt on of other med cat ons (ge ve them by themes yes)

Allopurinol: Ge w th mea s and g ve w th ots of water--ant ur c ac d--- used to treat gout and the pur ne bu d up seen n chemotherapy for cancer

Define Meniere's Disease: An incease n endo ymp n the inner ear, caus ng severe vert go.

What is the famous triad of symptoms in Meniere's?: Paroxysma wth ng vert go -- sensor neura hear ng oss--t nn tis (rng ng n the ears)

Does Meniere's occur more in men or women?: Women

What should the client do if they get an attack? Bed Rest

What safety measures should be followed with Meniere's?: S de ra s up x 4, ambu ate on y w th ass stance

What age group in Menieres's highest in?: 40 to 60

What can PREVENT the attacks of Meniere's?: Avo d sudden movements

What electrolyte is given to people with Meniere's?: Ammmon um ch or de

What is the surgery done for Meniere's?: Labyr nt hectomy

What disease often follows labyrintectomy?: Be 's pa sy--fac a para ys, w g o aw n a few months

What is the activity order after labyrintectomy?: Bed rest

When surgery is performed for Meniere's, what are the consequences?: Hear ng s tota y ost n the surg ca ear

What should the client avoid after labyrintectomy?: Sudden movements and ncreased Na food

What type of diet is the client with Meniere's on?: Low sa t

What two classes of drugs are given in Meniere's?: Ant h stam nes and d uret cs (D amox)

Meningitis is an inflammation of the _______ of the _______ and spinal ________: L n ng s, bra n, cord

Meningitis can be caused by _______ , _______ , and _______: V ruses, bacte r a, chem ca s

The four most common organisms that cause meningitis are...: Pneumococcus

Meningitis is most likely to be (lethargic/irritable) at first.: Irr tab e

What visual symptom will the patient with meningitis have?: Photophob a (over-sens t v ty to ght)

What is the most common musculo-skeletal symptom of meningitis?: Stff neck- nucha r g d ty

What is the definitive diagnostic test for meningitis?: Lumbar puncture w th cu ture of CSF (cebro-sp na fud)

If the patient has meningitis, the CSF shows ______ pressure, ______ WBC, ______ protein, ______ glucose:. Increased, ncreased, ncreased, decreased

On what type of isolation will the patient with meningitis be?: Contact and respatory precau ons

How long will the patient with meningitis be on these precautions?: Unt they have been on an ant b ot c for 48 hours

The room of a patient with meningitis should be ______ and ______: Dark and qu et

The client with meningitis can develop______: Se zures

What is opisthotonos?: Arch ng of back (ent re body) from hyperex tens on of the neck and ank es, due to severe menge ra rr tat on.

If a patient has opisthotonos, in what position would you place them?: S de - y ng

Average duration of menstrual flow is _______. The normal range is ____ to ____ days.: 5 days, 3 to 6

Average blood loss during menstruation is ____ cc: 50 to 60 cc

Name the two phases of ovarian cycle.: Fur cu ar phase (frst 14 days)

Lutea phase (second 14 days)

In the menstrual cycle, day 1 is the day on which...: Menstrua d scharge beg ns

How long does an ovarian cycle last?: Average of 28 days

How many days after ovulation does menstruation begin?: 14 days

What hormones are active during follicular phase?: FSH and Estrogen

During the luteal phase of the ovarian cycle, which of the following hormones increase: estrogen, progesterone or LH?: Progesterone and LH

What is the major function of the luteal phase of the ovarian cycle?: To de ov e and ma nta n the corpus ut_use w Ch produces progesterone to ma nta n pregnancy unt pacenta s estab shed.

If an ovum is fertilized during the luteal phase what hormone will be secreted?: HCG (human chor on c gonadotrop n)

During menstruation, the average daily loss of iron is ____ mg.: 0.5 to 1.0 mg
What occurs during the follicular phase of the ovarian cycle?: It accom p lishes maturat i on of the gra af an f e wh ch resu ts n ovu at on.

What type of environmental modification is best for a migraine?: Dark and qu et en viron ment.

The long term treatment of migraine focuses upon.: Assess ng th ng s th at br ng on stress and then p ann ng to avo d them.

What type of pain is typical of migraines?: Throbb ng

Are migraines more or less common in men?: Less

Besides pain, people with migraines complain of what other symptoms?: Nausea, vom t ng and v sua d sturbances

What are the processes occurring in migraines?: Ref ex cons trct on then d at on of cerebra arter es.

Where is the pain of migraine most likely located?: Tempora, supraorb ta

Name a drug given to treat migraine?: Sansert (meths erg de), Cafergot

(Prophy ax s: Im pram ne)

Are migraine headaches usually unilateral or bilateral?: Un a terna

When Inderal is given in migraine headache, it is used to prevent or treat an attack?: To prevent. It DOEs NOT treat.

MS is a progressive _____ disease of the CNS:

Dem ye nat ng

Myelin promotes _____, _____ of nerve impulses:

Fast, smooth conduct on

MS affects men more than women. (T/F): Fa se

What age group usually gets MS?: 20 to 40

MS usually occurs in (hot/cold) climates : Coo

What is the first sign of MS?: B ur red or dou b e vs on

MS can lead to urinary incontinence. (T/F): True

MS can lead to impotence in males. (T/F): True

Patients with MS should be taught to walk with a _____- _____ gait.: W de based

Why are Adrenocorticotropi c Hormone (ACTH) and prednisone given during acute MS?: To decrease edema i n the dem ye nat on proces s

For acute exacerbations of MS _______ per IV is often used.: ACTH (Cort cotropi n)

What drug can be given to treat urinary retention in MS?: Urea ch ne, Bethanoco

Will the muscles of MS clients be spastic or flaccid?: Spast c

What three drugs can be given for muscle spasms?: Va um, Bac ofen (L orea ), Dntr um

Baclofen causes (constipation/diarrhea): Const pat on

Dant ri um causes (constipation/diarrhea): D arrhea (h nt: D's go toget her, Dntr um and D arrhe a)

Patient's with MS should have (increased/restricted) fluids.: Increased to d ut e ur na nreduce nc ence of UTI.

The diet of a patient with MS should be _____-ash: Ac d

What major sense is affected most in MS (besides vision?): Tact e (ouch)– th ey burn themse ves eas y

Which will bring on a MS exacerbation: over-heating or chilling?: Both w ; but th ey tend to do better n coo weather (summer w a ways be a bad t me for MS pat ents)

In Myasthenia Gravis (MG) there is a disturbance in transmission of impulses at the _____, _____: Neuromusc ar junct on

The #1 sign of MG is _______ _______: Severe musc e weakness

What is the unique adjective given to describe the early signs of MG?: The ear y s gns (d f cu ty swa ow ng, v sua prob ems) are referred to a BULBAR s gns.

MG affects men more than women. (T/F): Fa se, affects women more than men

When women get MG they are usually old or young?: You ng

When men get MG they are usually old or young?: O d

What neurotransmitter is problematic in MG?: Acety cho ne

What class of drugs is used to treat MG?: Ant cho nesterases

What ending do anticholinesterases have?: -st gm ne

Are anticholinesterases sympathetic or parasympathetic?: Parasympathetic

Anticholinesterases will have (sympathetic/cholinergic) side effects.: Cho ner g c (they w m c t the parasympathet c nervous system)

What surgery CAN be done for MG?: Thymectomy (remova of thymus)

The severe muscle weakness of MG gets better with exercise. (T/F): Fa se, t s wors e w th act v ty

What will the facial appearance of a patient with MG look like?: Mast- ke w th a sn ar ng sm e (ca ed a my asthen c sm e)

If a patient has MG, what will be the results of the Tensilon Test?: The pat ent w sho w a dram at c sudden inrease n mus e st re ngth

Besides the Tensilon Test, what other diagnostic tests confirm a diagnosis of MG?: E cto m y o gram (EMG)

What is the most important thing to remember about giving Mestinon and other anticholinesterases?: They must be g ven EXACTLY ON TIME; at home, th ey m ght need to set the r a arm

Do you give anticholinesterases with or without food?: W th food, about 1/2 hour ac g v ng ac he ps st re ngth mus e s swa ow ng

What type of diet should the patient with MG be on?: Soft

What equipment should be at the bedside of an MG patient?: Suot on apparatus (for mea s), tracheostomy/endotube (for vent at on)
Name the two types of crises that a MG patient can have:
- Chorea c (too much Mest non)
- Myasthen c (not enough Mest non)

The #1 danger in both Myasthenic and Cholinergic crisis is _______. Respitory arrest.

What will the client use to describe the pain of an MI?:
- Crush ng, heavy, squeeze ng, rad at ng to left arm, neck, jaw, shou der

What is an MI?:
- Ether a c ot, spasm or p aque that b ocks the coronary arter es caus ng o ss of b ood suppy to the heart and myocard a ce death

What is the #1 symptom of an MI?: Severe chest pa n unre eved by rest and n tro g ycer ne

Males are more likely to get an MI than females. (T/F) True

Due to MI occurs within ______ of symptom onset in 50% of all patients.: One hour

What pain medication is given for the pain of a MI (Give three):
- Morph ne, Demerol, N tro g ycer ne

What is the reason for giving post MI patients ASA?: To prevent p ate et from form ng c ots n the coronary arter es

Name a new drug with anti-platelet activity: P av x

The three most common complications after MI are ______ _______, and ________:
- Card gen c shock, arrhythmia, CHF

Give another name for an MI: Heart attack

What will the activity order be for the post-MI client?: Bed rest w th beds de commode

What is the most common arrhythmia after a MI?:
- Premature ventr cu ar contract ons (PVCs)

What cardiac enzymes indicate an MI?:
- E vated CPK, LDH, SGOT

What serum protein rises soonest after myocardial cell injury?:
- Tropon n

Do people without cell damage have troponin in their blood?: No. It s on ly present when myocard a ce s are damaged.

How soon after cell damage does troponin increase?: As soon as 3 hours (can rema n e evated for 7 days)

When will the client with an MI be allowed to engage in sexual intercourse after an MI?: 6 weeks after d discharge

Will fluid resuscitation (administering large amounts of IV fluid) treat cardiogenic shock?: No, you must use card ac drugs (g y ng IVs and b ood w h not he p th s k nd of shock)

Will the client with a MI be nauseated...diaphoretic?: Yes, yes.

What will the extremities of the client with a MI feel like?
- Co d, c ammy

What is the permanent EKG change seen post MI? ST wave changes

Of CPK and LDH which rises earliest?: CPK

What drug will be used to treat PVCs of MI? L doca ne

Will the client with a MI need 100% O2 for their entire stay in the hospital?: No, just moderate flow (42% or 3 to 6 liters for first 48 hours)

What information does the measurement of skin fold thickness yield?: The amount of body fat

In general, males have a higher risk of heart disease than females. (T/F): True

Post-menopausal females have a lower risk of heart disease than males aged 25-40. (T/F): False. They have a higher risk.

Family history of diabetes increases the risk of heart disease. (T/F): True

Family history of liver disease increases the risk of heart disease. (T/F): False

Cigarette smoking increases the risk of heart disease. (T/F): True

Oral contraceptives decrease the risk of heart disease. (T/F): False, use increases the risk

Routine exercise decreases the risk of heart disease. (T/F): True

What is done in a graft for hemodialysis?: A b ood ve sutured between an artery and a vein.

What is done in an AV fistula?: Surg cu ana stomos s made between the artery and a vein.

Does anything exit the skin in an AV fistula?: No

How long can an AV fistula be used?: Indefinite

Who is the most likely to receive a graft for dialysis?: People w th d abetes m u.

How often do clients with renal failure undergo dialysis?: 3 times per week

Is hemodialysis short term or long term?: Both- but most short term d a y s s ach eved by hemod a y s

How long does the average dialysis last?: 4 to 6 hours

What are 3 ways to gain access to the circulation in hemodialysis?: AV shunt, AV fistula, AV graft

What is the most common site for an AV shunt?: Rad a artery to rad a ven

What should be avoided in the arm of the client with an AV shunt?: No ven puncture or b ood pressure a owed n the arm w th a shunt, graft or f stula.

What syndrome results when too much fluid is exchanged during hemodialysis too quickly?: D sequ brum syndrome

What are the symptoms of disequilibrium syndrome?:
- Change n LOC
- N/V Headache
- T w tch ng

Does anything exit the skin in an AV shunt?: Yes, the p ast c tube that connects the artery and v en outs de the arm

How long can AV shunt be used?: Just for a few weeks

Hemophilia is a disorder.: Be eed ng
Hemophilia A is a deficiency of Factor # _________. VIII

During an acute bleeding episode, you should apply ________ for 15 minutes and apply_______:
Pressure, ce

The inheritance patterns for hemophilia is: Sex linked recessive

In hemophilia, the PTT is (up/down), the coagulation or clotting time is (up/down), and the platelet count is (up/down): Up (increased or onger)
Up (increased or onger)
Neither (hemophilia does not affect platelets)

What does hemorrhositis mean?: Bled ng into the joints

During bleeding into the joints you should (mobilize/immobilize) the extremity: Immobilize to prevent des Odg ng the c ots that do form.

To treat hemorrhasitis you should ________ the extremity above the _________. Elevate, heart

What is the name of frozen factor VIII given to hemophilicis?: Cryoprec pate

Once you have stopped the bleeding into the joint, how long should the hemorrhasitis patient wait before bearing weight or doing range of motion?: 48 hours

What drug can you apply topically to stop bleeding?: Ep nephr ne, or top ca Mr n foam

Which of these symptoms are NOT seen in hemophilia?: Prolonged bleeding, petechiae, ecchymosis or hematoma?

Peteche ae

Hepatitis is an ________, ________ disease of the _________.
Acute, nf ammatory, ver

Hepatitis A, B, C and D are all (bacterial/viral) diseases.:
V ra

An early sign of hepatitis A is ________: Anorexia or fat gue

Early stage hepatitis often looks like the ________: F u

In later stages of hepatitis, the ________ turns dark: Ur ne

What does pre-icteric mean?: The stage BEFORE the patient exhibits jaundice.

What is the icteric stage?: When the patient exhibits jaundice.

What skin symptoms do you see in hepatitis? (Give 2):
Prur t s (itch ng)
Jaundice (Both are due to b rub n accumu ation)

Which disease has more severe symptoms--Hepatitis A or B?: Hepatitis B

Patients with hepatitis have an aversion to ________: Cigarettes

In hepatitis the ________ are light colored: Stool s:
remember the urine is dark and stool is ght. (B rub n ends up n the sk n and urine instead of the stool where t shoud have gone.)

What is the common name for Herpes Zoster?: Sh ng es

What type of rash occurs with shingles?: A ves cu ar rash over the pathway of a sensory nerve

How long does it take for shingles to heal?: 30 days

Who is the most common subjective symptoms of shingles?: Pa n, pa n, Pa n

What three drugs are given for shingles?: Acyc ov r (ant - infect ve)
Tegretol (ant convu sant - to siab ze nerve ce membranes) Stero ds (ant - nf ammatory)

What other disease is related to shingles?: ch eken pox

What organism causes shingles?: Var ce a - herp es zoster

What is the #1 nursing diagnosis with shingles?: A terat on n comfort: pa n, #2 Impa red sk n integre ty

Hepatitis A: Enter c precauts ons
Feca or a route of transms ss
Incubates 3 to 5 weeks
Vacc ne ava ab e (Can ge mmune g obu n after exposure)
HAsAg (ths s what the b ood test show) Hepat ts A surfac Ant gen

Hepatitis B: Watch those need es
HbsAg (ths s what b ood tests show) Hepat ts B surfac Ant gen
HBIG - vacc ne
Vacc nat on ava ab e, can ge mmune g obu n after exposure
Transms ted by b ood and body f u ds
Incubates 5 to 35 weeks

Hepatitis C: Watch those need es
Incubates 2 to 23 weeks
Transms ted by b ood on y
No vacc ne, mmune g obu n doesn t work

Which types of client should have their toenails trimmed only by an MD?: D abet cs, per phera vascul ar d sease, very th ck na s

Two purposes of bed bath are...: C leanses the sk n Prov des comfort

The typical hospital client (should/should not) wear their dentures.: Shou d

What type of movement should be used for cleansing eyes?: Inner to outer canthus

Before applying elastic hose the nurse should...: Evate the c ents eggs for 3 to 5 m nutes to decrease venous stas s

Clients on what class of drugs should use an elastic razor?: Ant coagu ants (hepar n/coumad n /ovenox)

When a client is unable to hold his dentures firmly in his mouth, the nurse should...: Leave them out

How often should mouth care be performed for those clients on oxygen?: Every 2 hours

Should lemon and glycerine swabs be used to cleanse the mouth?: No, they are not c leans ng agents. They are used AFTER b ood ng as a mo sten ng agent

How should a client s toenails be trimmed?: Straght across

Are nurses permitted to give perineal care to clients of the opposite sex?: Yes, nurses are perm ted to g ve per nea care to c ents of the oppo se x.
Clients on what type of therapy must use a safety blade razor (non-electric)? Oxygen therapy, since an eccentric razor could cause sparks.

How should a nurse carry soiled linen?: In a neat bundle or away from the body.

When giving a bed bath, on which body part should the nurse begin to work?: The eyes.

Give three reasons for giving a back rub: Comfort, relaxation, and muscle relaxation.

The greatest danger in placing water in the mouth of the unconscious patient during oral hygiene is: Aspiration.

When shaving a client, water used should be more (hot/cold) than bath water?: Hot.

What does evening or hour of sleep (HS) care consist of?: Oral hygiene, washing face/hands, back rub, and tensioning nenes.

What is dentifrice?: Agents which promote adherence of dentures to gums, e.g., toothpaste.

What is sordes?: Crusts on the tongue and gums due to improper oral hygiene.

What action will facilitate the trimming of brittle toenails?: Soaking in warm water.

Should the client roll the elastic stocking down to wash legs? Why or why not?: No, it can cause a constriction band around the ankle/foot.

Elastic stockings should be removed for the bath. (T/F): True.

When should a patient put on TED hose?: Before getting out of bed (before the swelling occurs).

Hyperemesis Gravidarum is _____ and _____ vomiting that persists into the _____ trimester. Severe and protracted, 2nd trimester (normal vomiting should be gone before 2nd trimester).

Give three possible causes of hyperemesis gravidarum: Pancreatitis, maternal pregnancy, and dehydration.

Has hyperemesis gravidarum ever been associated with mixed feelings about pregnancy?: Yes, increased incidence of women who are ambivalent about pregnancy.

What are the two most common complications of hyperemesis gravidarum?: Electrolyte imbalance (dehydration) and starvation.

What is the initial diet order for clients with hyperemesis gravidarum?: NPO.

Why are doctors cautious in using antiemetics to treat hyperemesis gravidarum?: They don't want to harm the fetus.

What are the instructions given to clients recovering from hyperemesis gravidarum in relation to mealtime?: Remain seated upright for 45 minutes after each meal.

What is the biggest challenge in nursing care of the client with hyperemesis gravidarum?: Getting them to eat.

Hypertension is an ________ or sustained elevation in the (systolic/diastolic) _________. Intermittent, diastolic below normal pressure.

Hypertension is often fatal if untreated. (T/F): True.

Hypertension is more common in blacks or whites?: Blacks.

Aging decreases the risk of hypertension. (T/F): False, it increases the risk.

Obesity increases the risk of hypertension. (T/F): True.

Oral contraceptives (increase/decrease/do not affect) the blood pressure: Increase.

What four organs does hypertension affect the most?: Brain (stroke), eyes (blindness), heart (MI), kidneys (renal failure).

How many measurements must be made before you can say a person has hypertension?: At least three.

What blood pressure is considered to be hypertension?: Any reading greater than 140/90 mm Hg.

Which pressure is most damaging, an increased (systolic/diastolic)?: Increased diastolic.

What is the most common reason a doctor takes three different blood pressure readings at different times, how far apart the measurements must be made?: At least one week.

Can hypertension be cured?: No, just treated.

What class of drugs is used to treat hypertension?: Diuretics.

Name the two most common dietary prescriptions used to treat hypertension?: Ca or reduce on for weight loss; sodium restriction.

What are two non-dietary lifestyle changes that are commonly used to treat hypertension?: Decreases stress, increases exercise activity.

When you take the blood pressure of the client with hypertension, you would measure _______ ________, with the client _______ _______ and ________: Both arms, y ng, S t ng, and standing.

What do caffeine and smoking do to blood pressure?: Increases.

What is the #1 side effect of antihypertensives?: Orthostatic hypotension (means you feel weak when you rise to a standing position because your blood pressure falls).

Would vasodilators or vasoconstrictors treat hypertension?: Vasodilators (decreases resistance).

Would sympathetic stimulators or sympathetic blockers treat hypertension?: Sympathetic blockers (decrease cardiac output and decrease resistance).

In hypovolemic shock there is a ________ in the circulating ________ volume: This ________ tissue perfusion with _________. Decrease; Blood; decreases; oxygen.
What gauge catheter would you use to start an IV in hypovolemic shock?: 16 or 20

What is the #1 cause of hypovolemic shock? Acute blood loss

What happens to the blood pressure in hypovolemic shock?: It decreases

What happens to the pulse pressure in hypovolemic shock?: It narrows (becomes a smaller number)

How do you calculate the pulse pressure?: You subtract the diastolic from systolic

If J. Doe's blood pressure is 100/60, what is his pulse pressure?: 40 (100 - 60 = 40)

What is the normal pulse pressure?: 40 (+ or -10)

In hypovolemic shock, the level of consciousness (LOC) is (increased/decreased): Decreased

Which heart rate is associated with hypovolemic shock, bradycardia or tachycardia?: Tachycardia

In hypovolemic shock, the output of urine will be less than ______ cc per hour.: 25 to 30 cc

The client's skin will be ______, ______, and ________: Cool, pale, and clammy (due to arteriole constriction to shunt blood from skin to vital organs)

Which acid-base disorder is MOST commonly associated with hypovolemic shock?: Metabolic acidosis (due to act c acid accumulates; no oxygen = anaerobic metabolism)

Of all the following, which one increases in hypovolemic shock? Blood pressure, output, heart rate, pH, LOC, pulse pressure, respiratory rate: On the heart rate and respiratory rate

What are the first two signs of hypovolemic shock?: Change in LOC and tachycardia

What is the #1 medical treatment of hypovolemic shock?: Replace blood and fluids

What are mast trousers?: Pneumonia; cesarean section; other body parts, if necessary to force blood distribution

Do clients in hypovolemic shock have to have a Foley inserted?: Yes, to measure urine output (when output < 30 cc per hour the shock has resolved)

In what position would you place a client in suspected hypovolemic shock?: On back with arms and legs elevated

How often are vital signs measured in hypovolemic shock?: Every 15 minutes

If the blood pressure (systolic) falls below 80 mmHg, what would you do first in hypovolemic shock?: Increase the oxygen flow rate

What is a hysterectomy?: It is surgery to remove the uterus

How long must a woman wait before having intercourse after hysterectomy?: 4 to 6 weeks

Is the woman likely to have a Foley catheter in after a hysterectomy?: Yes

Are enemas common before a hysterectomy?: Yes

What would you do if the client complains of flank pain (back pain) after hysterectomy?: Call the MD; probably needed to add denta y to surgery

What are 2 common psychological reactions to hysterectomy?: Gr ef, depression

What causes thrombophlebitis after hysterectomy?: Venous stasis in the abdomen (the woman was in the vaginal area for hours)

What sign would indicate the presence of thrombophlebitis?: A hard, red swelling in the poster or calf

Should you assess for Homan's sign?: No. Homan's sign should not be recommended as a test for thrombophlebitis because it can cause a clot to embolize

How long does the woman have to be off oral contraceptives before hysterectomy?: Oral contraceptives should be discontinued 3 to 4 weeks preoperatively.

How long should a woman wait before lifting heavy objects after a hysterectomy?: 2 months

How long does a lady have to wait before driving after a hysterectomy?: 3 to 4 weeks

If the client complains of abdominal gas after a hysterectomy, the best intervention is: Ambulation

What are two major complications of a hysterectomy besides hemorrhage?: Thrombus and pulmonary embolism

Urine retention

What body position should be avoided after hysterectomy?: Lying on (because it increases the chance of thrombophlebitis)

When will bowel sounds return after a hysterectomy?: After 24 hours but before 72 hours

Ectopic pregnancy is implantation of a fertilized ovum ______ in the: Ovary, uterus

The most common site for ectopic pregnancy is in the: Fallopian tube - 90%

Have intrauterine devices prevent ever being linked to ectopic pregnancy?: Yes and so have pelvic infections

What is the most common sign of fallopian tube ectopic pregnancy?: Unilateral pain

What is the most dangerous side effect/complication of fallopian tube ectopic pregnancy?: Rupture of the fallopian tube

If the fallopian tube ruptures due to ectopic pregnancy, nursing care is the same as that for: Shock and peritonitis

The uterus feels ______ after rupture of a fallopian tube ectopic pregnancy?: Boggy, tender, a soft

The first sign that a fallopian tube ectopic pregnancy had ruptured is: Sharp abdominal pain

Ectopic pregnancy is (usually/always/never) carried to term: A most never

The most common medical-surgical treatment for ectopic pregnancy is: Surgery to remove the fetus and some surrounding tissue
Name the surgery performed for an ectopic pregnancy: Exp oratory a parotomy

What is ECT?: The use of electric shock current delivered to the brain to induce a seizure that treats depression.

The client is awake/under local anesthesia/under general anesthesia) during ECT?: Under general anesthesia – must be fasted 4-6 hours.

What conditions does ECT treat?: Depression or mania

Is an informed consent necessary for ECT?: Yes

Name the three most common complications of ECT?: Aspiration of ames (most common) into the lung, death of organs of joints, fractures due to convulsion – rare today.

What class of drugs is given with ECT?: Muscle relaxant – succinate

What intellectual ability is impaired after ECT?: Memory

How long will a client's memory be impaired after ECT? 2 to 3 weeks.

Immediately after ECT, how will the client normally act? Drowsy

Du

Apa thet c

In what position should the client be immediately after ECT?: On the side – to prevent aspiration

What typical pre-operative type of orders will be ordered before ECT?: NPO after midnight

Remove dentures

Ent to vom before surgery

Sed and

The convulsion (seizure) that the electrical current produced is violent. (T/F): False, usual to be used, but not always what the use of muscle relaxant

What does an EEG measure?: Measures electrical activity generated by the brain

When are there activity restrictions after an EEG?: Only when sedative are used, and then for at least necessary to keep s and u.

Should the client wash his hair before an EEG?: Yes

What would you tell a client who says he or she was shocked during my EEG?: That it is possible to take the test measures electrically the same as the EEG.

Does a client have to be NPO before an EEG?: No, they should never be NPO, coughed during hypoglycaemia, and the EEG result is

What instructions are MOST important to give a client during an EEG?: Try to not move

What should the client do after an EEG?: Wash the hair

Should sedatives be given before an EEG?: On flush ordered as a pre-test med cat on

How much sleep should the client get the night before an EEG?: At least 4 to 5 hours

Do you need a signed informed consent for an EEG?: No

Should caffeine be limited before an EEG?: Yes. It should be eliminated for 24 hours before the test.

What will excessively fatty stool be like?: Large, pale, fatty, greasy

What are the large, pale, foul smelling, greasy stools called?: Steatorrhea

Name the three types of parasites abnormally found in stool.: Roundworm, Tapeworm, Pinworm

What does occult blood in the feces mean?: Blood in the stool

Are fats a normal constituent of feces?: Yes, but should be WNL

A decrease in urobilinogen in stool results in stool that is_______

Cayenne red

Name two things for which stool specimens are tested: Occult blood, fat, ova and parasites

Is blood a normal constituent of feces?: No

What is melena?: Black, tarry stool

What position is best for clients with emphysema under normal circumstances?: Semi-reclining or 45 degree

What flow rates of O2 are appropriate for the client with emphysema?: Low flow – <2.5 L/min; never exceed 2.5 L/min COPD

If a client with emphysema has a severe dyspneic episode what position is best?: Supine up right with arms folded on the overbed table

What will you observe on the hands of the client with emphysema?: Clubbing of the fingers beds

In emphysema, the alveoli are over-______ and under-______: Over-inflated, under-ventilated so that a r s trapped in a vein

The development of emphysema is most associated with a history of_______: Smoking

In emphysema, the appetite_________ the weight ______ and the anterior-posterior diameter of the chest________: Decreases, decreases, increases

What is the increase in anterior-posterior diameter of emphysema called?: Barrel chest

The person with emphysema have __________, __________ role and (slow/rapid) breathing.: Grunting, pursed, rapid

What dietary prescription is most appropriate for the client with emphysema?: Frequent small meals to prevent reflux

What fluid order should the emphysema client have?: 3 liters of fluid per day (this is an increase)

The client with emphysema is (ruddy/pale/cyanotic): Cyanotic

Hyperthyroid (High metabolism): Graves disease

High growth hormone in a child (give another name): Giantism
Over secretion of mineralcorticoids only (give another name): Conn's disease
Low growth hormone (give another name): Pituitary dwarfism
High growth hormone in an adult: Acromegaly
Under-secretion of adrenal cortex: Addison's disease
Hypothyroidism in an adult: Myxedema
Over secretion of adrenal cortex: Cushing's syndrome
Over secretion of adrenal medulla: Pheochromocytoma
Hypothyroid in a child: Creton
Oversecretion of ACTH: Cushing's disease
What is endometriosis?: Growth of endometrial tissue outside of uterus
Endometriosis most commonly occurs in women between ages of _______ and _________: 25 to 40
After menopause, endometriosis (decreases/increases): Decreases
What is the MOST common side effect of endometriosis?: Dysmenorrhea (painful menstruation)
What is the major complication of endometriosis?: Infertility
What diagnostic procedure confirms the diagnosis of endometriosis?: Laparoscopy
What class of drugs is used to conservatively treat endometriosis?: Androgens
Which androgen drug is most commonly used to treat endometriosis?: Danazol
Women with endometriosis should be counseled to use tampons/pads during menstruation?: Pads on
Will client die of endometriosis? What would you say?: Not threatened
What advice is best for women with endometriosis who want to have children?: Do not postpone pregnancy, may not be able to have children
What is the #1 danger of epiglottitis?: A respiratory obstruct
Epiglottitis most commonly occurs in children from age _______ to ________: 1 to 8 years
What organism causes epiglottitis?: Hemophillus influenzae B
What level of fever is present in epiglottitis?: Over 102 degrees
What symptoms are classic epiglottitis?: Muffled voice, droopy nose, stridor
Will a child with epiglottitis cough?: No, there will be a lack of spontaneous cough.
How will the child with epiglottitis breathe?: Leaned forward with flared nostrils
If a child is suspected of having epiglottitis, should you put a tongue depressor in their mouth to look?: No, never put any instrument in the child's mouth unless you are prepared to do an immediate intubation.
Would you do a throat culture for a child with epiglottitis?: No, never put anything in their mouth.
If epiglottitis is suspected, what should the parents be told?: To take the child to the ER as soon as possible.
What drug is used to fight epiglottitis?: Penicillin ampicillin
Children with epiglottitis often need a tracheotomy. What behavior would indicate the need for a tracheotomy?: Restlessness, increased HR, retraction
What is recommended for the prevention of epiglottitis?: A child dren two months and over should receive an H. influenzae B vaccine.
Autonomy vs Shame and Doubt: Toddler
Industry vs Inferiority: School Age
18 to 25 years: Young Adult
Says "no": Toddler
Encourage creativity and collecting things: School Age
Give choices: Toddler
Centers on having basic needs met: Infancy
18 months to 3 years: Toddler
3 to 6 years: Pre-schooler
12 to 20 years: Adol escent
Initiative vs Guilt: Pre-schooler
6 to 12 years: School age
Trust vs Mistrust: Infancy
Peer group important: Adol escent
Encourage fantasy: Pre-schooler
Identity vs Role Confrontation: Adol escent
Intimacy vs Isolation: Young adult
Birth to 18 months: Infancy
Define EGD: Insertion of a fiber optic scope to visualize the esophagus, stomach and duodenum
What can be done during an EGD besides visualization?: Remove polyps, take biopsies, coagulate bleeding vessels
Can EGD be done on an uncooperative client?: No
Does client need to have upper endoscopy?: Yes, until sedative effect of va um have worn off
Can a EGD be done on clients with GI bleeding?: Yes
Is the client sedated before EGD?: Yes, with vasopressor or another sedative
What pre-test activities must be performed before the EGD?: Remove dentures and eyeglasses
Sign consent
NPO after midnight
When can an EGD client begin to eat after the test?: When gag reflex returns (knocked out with xycoce ne)
Is an EGD a fasting procedure?: Yes, after midnight
What drug is given to anesthetize the pharynx? Xylocaine
(a local anesthetic)

What are the complications of EGD? Perforation of gut
Aspiration on secondary to emesis, respiratory arrest (due to va um)

What two discomforts are common during an EGD?
Vomiting
Gagging

What is the most dangerous complication of EGD?
Secondary respiratory arrest (va um)

What is the most common complaint after an EGD? Sore throat

Carbonic Anhydrase Inhibitors: Treat glaucoma
Decreases aqueous humor product on
Don’t use by mouth

Anticholinergic: D ates pup
Causes photophobia
Used preoperatively for cataract removal

Atropine is an example

Miotic: Constricts pup ; T mopt c

Pilocarpine are examples

Mydriatic: Tachycardia
Photophobia
Causes pupillary dilatation

Atropine and neostigmine are examples

What do carbonic anhydrase inhibitors do to the eye?
Decrease production of aqueous humor and thus decrease intraocular pressure.

Name the most common side effect of carbonic anhydrase inhibitors?: D urses

Which two groups of these drugs cause photophobia?
Mydriatics
Anticholinergics

Which of these classes of drugs causes contact dermatitis?: M olcs

What do mydriatics do for the eye?: D ate the pup
(My "D"r at "D" for d ate)

What do miotics do for the eye?: Constrict the pup

Name one mydriatic: Neosynephrine or Atropine

What do anticholinergics do for the eye?: D ate the pup
Cyclopamine

Para-yeas accommodate

What is cycloplegia?: Para y s of the rs/pup

Which two of these classes of drugs cause tachycardia?
Mydriatics
Anticholinergics (sympathetic effects)

What is the most common use for anticholinergics in the eye?: To cause cyclopamine
D at on
A ows eye exam

How should eye ointments be given?: Paced on the outer
Nner eye, then have c ert eye

Name two anticholinergics used in the eye.: Cyclopamine, atropine

Name one carbonic anhydrase inhibitor: D amox

How should the eye drops be given?: Place drops into the
Outer conjunctival sac

How is the flow of eye irri gational fluid directed?: From the inner canthus to the outer canthus

Name two miotics: Pilocarpine, Tropicamide (or any drug ending in -o-)

Define nuclear family: A family of parents and the offspring

When does a nuclear family become an extended family?: When uncles or cousins or grandparents live with the family

In America, the family is the basic unit of society. (T/F): True

Give the two major roles of the family in society: To protect and soc a ze

What percentage of North American families are single-parent?: 50%

90% of single-parent families are headed by a female.: Female

In what step of the nursing process does the nurse ask the family about their beliefs on illness?: Assessment phase

What is the first thing a nurse must do to help families in crisis?: Nurse must first examine the own values

Anxiety-producing thoughts are called?: Obsessive

Repetitive actions designed to reduce anxiety are called?: Compulsions — such as washing hands over and over, dusting furniture three hours per day, refusing to turn your back to anyone

Which defense mechanism is most closely associated with obsessive-compulsive disorder?: D epression

Should you allow an obsessive-compulsive person to perform their compulsive behavior?: Yes, give them time to do the right things and try to set limits and rules

Should you ever make an obsessive-compulsive person stop their compulsive behavior?: No, they will become very anxious

Is the patient with obsessive-compulsive disorder neurotic or psychotic?: Neurotic — they know reality.

Should you confront the obsessive-compulsive patient with the absurdity of their behavior?: No, just say things like: "You washed your hands for so long you must have been very anxious."
What should you do if an obsessive-compulsive patient is always late due to their rituals?: Get them started ear er-- for example if they wash the hands for 1/2 hours before mea s and are a ways late for breakfast, just get them started 1/2 hour ear.

What are the two types of oral contraceptives?: Progest on y and comb nat on progestosterone and estrogen.

How many days of the menstrual cycle do you take the progestin only pill?: A 28 days.

How many days of the menstrual cycle do you take the combination pill?: You take it on days 5-24, but not on days 24-28 and 1-4 (8 days off).

How long before surgery must you discontinue oral contraceptives?: One week before surgery.

If a woman forgets to take pill one day, what should she do?: Take it as soon as she remembers it, and take next p at regu ar t me.

What if a woman forgets to take the pill for two days in a row? What should she do?: Take 2 p s a day for two days n a row and then resume norma sched u e.

What should a woman do if she forgets to take her pill for 3 days or more?: Throw away pack and start new pack same day. use back-up contraceptive ve method for 7 days.

If a woman doesn’t stop oral contraceptives one week before surgery she is at risk for developing Thrombop eb ts.

People who smoke more than cigarettes per day should not be on oral contraceptives.: 15, because if you smoke you have constr on of ves s e and th s potentiates the chances that a woman on ora contracept ves w get thrombop eb ts.

If a women on oral contraceptives misses a period, should she still take pills?: Yes, however, 1 2 m ssed per ods occur, stop and have a pregnancy test.

Will breakthrough bleeding, nausea and vomiting and breast tenderness go away when a woman is on oral contraceptives?: Yes, after about 3-6 months of treatment.

Osteoarthritis is a disease of the degenerat ve, jo nt.

Osteoarthritis is most commonly caused by the wear and tear of life. (T/F): True.

The most common symptom of osteoarthritis is _____________.: Jo nt pa n.

What two joints are most commonly affected in osteoarthritis?: knee and h p.

To control the pain of osteoarthritis one should use heat or cold?: Heat.

What three medications are used in osteoarthritis?: As p n, non-stero da nt ammatory (NSAIDs) Indocen, Ibuprofen, stero ds.

What do you observe on the fingers of the client osteoarthritis?: Heberden’s nodes.

Are Heberden’s nodes painful?: Not n the beg nn ng, can be ater as swe ng occurs.

Are rest periods and range of motion exercises appropriate in the care of osteoarthritis?: Yes, rest s prob ably the most effect ve th ng they can do.

The pain of osteoarthritis is usually better or worse with rest? With activity?: Better w th rest, worse w th act v ty.

What age group gets osteoarthritis?: 60-80 years o d.

Osteoarthritis is more common in females. (T/F): False, t occurs w th equa frequency.

For cervical osteoarthritis the client should wear...: A cerv ca c ar.

What is arthroplasty?: Jo nt rep acement.

What is arthodesis?: Jo nt fus on.

What is otosclerosis?: Overgrowth of spongy bone n the m d d e ear that doesn’t a ow the bones of the m d d e ear to v bra te.

What will the client with otosclerosis complain of besides hearing loss?: Buzz ng or n ng, n the ears (t nn ts).

Do people have a loss of hearing with otosclerosis?: Yes.

What is corrective surgery for otosclerosis called?: Stapedectomy.

Should side rails be up after stapedectomy?: Yes, c ent may fee d zzy.

What should the client avoid post-stapedectomy?: cough ng, sneeze ng, b ow ng nose, sw mm ng, sho w ers.

What warning should you give the client about getting up after stapedectomy?: Get up s ow y.

What should the client expect regarding hearing loss post-stapedectomy?: An n t a decrease w th the benef ts of surgery not ceab e n 6 weeks.

What should the post-stapedectomy client do if he must sneeze?: Open h s mouth, th s de-pressur zes the m d d e ear.

What type of hearing loss is associated with otosclerosis?: Conduct ve.

Which sex has a higher incidence of otosclerosis?: Women.

Do hearing aids help in otosclerosis?: Yes.

What will be the results of the Rinne test in otosclerosis?: Bone conduct on w be better than a r conduct on.

Is stapedectomy done under general or local anesthesia?: Loca.

If the client complains of decreased hearing after stapedectomy what would you say?: It s norma duo to edema. The hear ng w start to impre w th n s x weeks.

Which side will the client be allowed to lie upon post-stapedectomy?: Depends on M: operat ve s de promotes dra nage, un-operat ve s de prevents graft d s odgement. Don’t make a b g dea of pos t on post-op.
What drugs are commonly given post-stapedectomy? Codeine/Demerol for pain, Dramamine for dizziness.

Cysts on the ovaries are usually malignant. (T/F): False; usually benign.

What is the #1 reason for MD’s to remove ovarian cysts? Removal before they transform into malignancy.

Do small ovarian cysts cause symptoms? No, only when larger.

Common signs of large ovarian cysts are: Low back pain, pelvic pain, abnormal bleeding, nausea.

What does torsion of an ovarian cyst mean? Twisting of the cyst with interruption of blood supply.

What is the biggest danger from torsion? Necrosis and rupture of the ovary.

What other disorders resemble rupture of ovarian cysts? Appendicitis, rupture of an abdominal pregnancy.

What affect oral contraceptives have on ovarian cysts? They cause them not to grow and decrease in size.

What are the three most common signs of ovarian cyst rupture? Pain, abdominal distension, abdominal guarding.

Compare signs of non-ruptured ovarian cysts with the signs of a ruptured ovarian cyst. (Give 3 for each): Non-ruptured: Cold, back pain, pelvic pain, abnormal uterine bleeding, tenderness. Ruptured: Acute pain, abdominal distension, abdominal guarding.

After surgery to remove an ovarian cyst, the woman can return to normal activities between ___ and ___ weeks: 4-6 weeks.

How soon after removal of an ovarian cyst can a woman resume sexual intercourse?: 4-6 weeks.

Should a woman douche after surgery to remove an ovarian cyst? No, it's not good to douche on a regular basis.

Torsion destroys the uterus, protects the vagina for pregnancy.

What does lightening mean? When the fetus head descends into the pelvis.

When does lightening occur in pregnancy?: 2-3 weeks before birth for primpara.

What is the most common positive effect of lightening? It occurs when the woman can breathe much easier.

Name the two earliest signs that a woman is likely in labor: Low back pain and show (blood-tinge mucous plug passed).

What is the most RELIABLE or VALID indication that a woman is in labor?: The onset of regular contractions that result in effacement of the cervix.

What is the meaning of cervical effacement?: The cervix thins.

Into how many stages is labor and delivery divided?: 4.

What is accomplished during the first stage of labor and delivery?: Full effacement and dilation.

How long is the first stage of labor and delivery for a primagravida?: 12 hours, 6 hours.

The cervix is fully dilated when it is ___ cm: 10.

The 2nd stage of labor and delivery: The newborn.

The 2nd stage of labor and delivery begins with ______ and ends with ______ of the ______. Fu d a t on, de very, n fant.

The 2nd stage of labor and delivery lasts ______ hours for a primagravida and ______ hours for a multigravida: 1 1/2 hours, 1 hour.

The 3rd stage of labor and delivery: Expulsion of the placenta.

The 3rd stage of labor and delivery lasts: Less than one hour.

What occurs during the 4th stage of labor and delivery?: Recovery.

When does the 4th stage of labor and delivery end?: 2 hours after expulsion of the placenta.

What is the average blood loss during labor?: 500 cc.

When the terminology “the three phases of labor” is used, what does it mean?: If the statement refers to phases of labor, it means the three-step process of atony, followed by the active and transitional phases.

Normal length of pregnancy is ______ to ______ days: 240 to 300.

Pregnancy is divided into ______ trimesters: 3.

During the first trimester the woman experiences decreased or increased vaginal secretions?: Increased.

When are urine pregnancy tests positive?: At the time of the first missed period.

Pregnancy tests for the presence of what hormone?: HCG (human chorionic gonadotropin hormone).

Urine and blood pregnancy tests are enough evidence to be certain of pregnancy. (T/F): True; these tests are very suggestive.

What is Hegar’s sign?: Uterine softening.

What is Chadwick’s sign?: Blood-tinge to the cervix.

The first trimester goes from week ______ to week ______: 1, 13.

The second trimester goes from week ______ to week ______: 14, 27.

Which week can mother first feel the fetus move?: 16th to 20th week (the end of the 4th month into the 5th month).

What is the word used to identify the feeling that the mother experiences when the fetus moves?: Quicken.

The 3rd trimester goes from week ______ to week ______: 28, 40.

In which trimester does the woman most feel backache?: Third.

Which trimester is the fetus most susceptible to effects of outside agents?: First.
What is the name of the process in which outside agents cause birth defects in the fetus?: Teratogenes

Which trimester is nausea and vomiting most common? First

Which trimester do Braxton-Hicks contractions begin?: Third

In addition to the nares, where else should the nurse assess for skin irritation when nasal cannulae are in use?: Be in the mouth and on top of the ears

What are the two early signs of hypoxia?: Restlessness, tachycardia

What is the highest flow rate appropriate for nasal cannulae?: 6 L/min

How often should the nares of a client with O2 by nasal cannulae be assessed for skin breakdown?: Every 6-8 hours

What is the maximal O2 flow rate for the client with COPD?: 2 L/min

What are the signs of O2 toxicity?: Confusion, headache

What can happen if the client with COPD is given a high flow rate of O2?: They may stop breathing

What is the problem with giving high flow rates of O2 by nasal cannulae?: Damage to the mucous membranes

Can a client smoke in the room where the O2 is turned off?: No, the O2 de-activated and must be removed from the room before the client can smoke

When O2 is administered, it must be...: Humidified and well oxygenated

Masks deliver higher or lower concentrations of O2 than nasal cannulae?: Higher

How often should the nurse check the flow rate of the O2?: At least once per shift

O2 is an explosive (T/F): False, does not explode unless combustible material is present

What is the #1 difference between sealed & unsealed radiation?: Both are forms of radiation, however, sealed objects are less hazardous. Unsealed objects are more hazardous due to their radioactive content

What are the 3 principles the nurse uses to protect self when caring for a client with a sealed radioactive implant?: Take precautions, change dress, avoid direct contact

What is another name for external radiation therapy?: Beam or X-rays

What is the difference between external radiation treatment and internal radiation treatment?: In external treatment, the tumor is bombarded with x-rays and then ingested into the body. In internal radiation treatment, the medicine is introduced into the body

Of sealed internal, unsealed internal, and external radiation treatment, which is MOST dangerous for the nurse?: Sealed internal, then unsealed internal, external radiation is the least dangerous for the nurse as it is administered to the patient in a treatment room during the treatment

Should pregnant nurses care for a patient receiving sealed internal radiotherapy?: Never. (Lawsuit is a threat)

Should pregnant nurses care for a patient receiving unsealed internal radiotherapy?: Maybe, as long as they don't contact body secretions

What skin products should the patient receiving external radiotherapy avoid?: No ointments with metal oxides, no talcum powder

Describe the hygiene measures you teach the patient receiving external radiotherapy?: Use plain water on the skin, no soap, no dry, can use comesthér for the chest

What are the major side effects of radiotherapy?: Pruritus, erythema, burning, nausea, vomiting, diarrhea, bone marrow suppression

When the patient is receiving radioactive iodine what precautions is/are most important?: Wear gloves when handling radioactive iodine, special precautions taken to dispose of the urine

Rape is a crime of passion. (T/F): False, the victim acts

Most rapes occur involving two people of different races. (T/F): False, usually the same race

When must psychological care of the rape victim begin?: In the emergency room

Name the two phases of Rape Trauma Syndrome: Dorsal, anterograde

Immediately after rape, a woman who is calm & composed is adjusting well. (T/F): False, carelessness & a composed attitude are SIGNS of Rape Trauma syndrome, (ca n person just as dorsal as the cry and upset

Name the 3 physical symptoms of Rape Trauma Syndrome: Gastrointestinal, tachycardia, or hemorrhage

Victims of rape often blame themselves: Themself ves

In the long term reorganization phase the woman is likely to... change _____: Residency or an ex-telephone number

In the long term reorganization phase the woman is likely to... experience _____ during sleep: Nightmares

In the long term reorganization phase the woman has 4 common fears. Name them: 1. Indoors or outdoors (depend on where the rape occurred)
2. Being a one or a crowded
3. People being behn or them
4. Sexual fears

Before evidence from the woman's body can be gathered for rape, _____ must be completed.: Consent forms

Should a female staff member be present when the rape victim is being examined?: Always

The rape victim requires only a pelvic exam & a head-to-toe exam is not done; so the client is not stressed. (T/F): False, the exam is a very ong, nvas ve head-to-toe exam
During exam the vaginal speculum is lubricated before it is placed in the vagina? (T/F): False, should be done a ter the evidence

What drug is often used to prevent pregnancy after rape? Ketans approved by FDA: Preven (evomogestrel & ethynyl estradiol) or Plan B: Levonorgestrel (ess N&V)

When working with a rape victim they should be treated with ________ and ________: Dignity & respect

After rape, a woman needs follow-up exam/test for ________ ________: Sexually transmitted disease (STD's), e.g. AIDS, gonorrhea, syphilis ...

After discharge contact with the rape victim is maintained via the ________: Telephone

Raynaud's is an arterial or venous disease? Arterial disease characterised by spasms

What part of the body is most affected by Raynaud's?: Fingers

Raynaud's affects males or females mostly?: Women (young)

What 3 things precipitate a Raynaud's attack?: Exposure to cold, emotional stress, tobacco use

The digits in Raynaud's are hot or cold?: Cold

What will the fingers look like?: Pale, sometimes blue

What will you find when you assess the legs of these patients?: Weakness/absent pulse, cool, pale, oedema of hand, shyness t/n skn

What 3 sensations will the client experience?: Pain, numbness, tingling

What should the client with Raynaud's avoid?: Cold weather. (They should wear gloves & stop smoking)

In the recovery room (PACU) the patient should be positioned: On their side

What reflex is commonly routinely tested in the recovery room?: Gag reflex

When will the artificial airway be removed in the recovery room?: When the gag reflex returns

Vital signs are measured _______ in the recovery room: Every 15 minutes

In the recovery room the head should be: To the side with the cheek & neck extended slightly down

In the recovery room the neck should be: Slightly extended

Can post-operative pain medications be given in the recovery room?: Yes

Give 3 stages of acute renal failure: Oliguria, diuresis, recovery

Define renal failure: Inability of the kidney to excrete wastes & maintain fluid & electrolyte balance

What is the BIG danger in renal failure?: Hyperkalaemia & its effect on the heart

What is anuria?: Less than 50 cc of urine in 24 hours

What is oliguria?: Less than 500 cc of urine in 24 hours

What are the dietary modifications for the recovery phase of acute renal failure?: Increased carbohydrates, increased protein

What are the dietary modifications for the diuretic phase of acute renal failure?: Increased carbohydrates, increased protein. Moderate potassium & sodium intake (May need to decrease fluid & sodium intake due to dehydration)

What are the dietary modifications for the oliguric phase of acute renal failure?: Increased carbohydrates, decreased protein, decreased sodium, decreased potassium, decreased water

What causes the itching seen in renal failure?: Accumulation of waste products in the blood & associated skin rash. This occurs in the end stage renal failure

What is the first phase in acute renal failure?: The oliguric phase

In the oliguric phase, blood volume is ______, sodium is ______, and potassium is ______: High, high, high

How long does the oliguric phase last?: 7-10 days

In the diuretic phase, blood volume is ______, sodium is ______, and potassium is ______: Low, low, low

How long does the diuretic phase last?: 3-4 days, maximum time 2-3 weeks

In the diuretic phase: Urine output can= _______ to ______ liters/24 hours: 4-5 litres per 24 hours

Which is more dangerous, oliguria or anuria? Why?: Oliguria, because no urine output increases fluid loss & hose you are anuric, you are acutely hemodynamically unstable

Respiratory Distress Syndrome occurs in full-term infants. (T/F): False, it occurs in premature infants

Respiratory Distress Syndrome hardly ever occurs after week ___ of gestation: 37

Respiratory Distress Syndrome is also known as: Hyaline Membrane Disease (HMD)

The cause of RDS is a lack of ______: Surfactant

Surfactant ______ surface tension inside ______: Decreases, decreases

Surfactant prevents the ________ of the alveoli: Collapse

Lack of surfactant causes the neonate to lose lung capacity with each ______: Breathing

Death from Respiratory Distress Syndrome most commonly occurs within ______ hours of birth: 96

Within minutes of birth, what 3 respiratory difficulties occur?: Retractions, nasal flaring, and grunting

What medication is given? By what route? Surfactant (Surfactant) via ET tube. Repeat doses are often required

What acid/base disorder is seen in Respiratory Distress Syndrome?: Respiratory acidosis (CO2 reta)
What will you auscultate over the lungs of the neonate with
Respiratory Distress Syndrome?: Decreased lung sounds with crackles

What lab test assesses the risk of Respiratory Distress Syndrome?: L/S ratio (Lecithin/Sphingomyelin ratio)

What L/S ratio indicated fetal lung maturity?: 2/1

What other test is used to confirm fetal lung maturity?: Amnion fluid amylase for presence of PG

Severe cases of Respiratory Distress Syndrome requires ventilation with __________.: PEEP (Positive end expiratory pressure) & CPAP. (Continuous positive airway pressure), to keep a vein open while on the ventilator. High frequency jet ventilation sometimes used.

What may be added to the IV to correct the acidosis?: Bicarbonate

High flow rates of O2 delivered in Respiratory Distress Syndrome can cause __________.: Retroental fibropap as a (a problem)

Retroental fibroplasia can result in __________.: Blindness from retinopathy damage

High ventilatory pressures result in what chronic lung problem?: Bronchopulmonary dysplasia

At what time of year does rheumatoid arthritis flare up?: Spring

As with any inflammatory disease clients with rheumatoid arthritis have a low-__________: grade fever

What factor is present in the blood when the client has rheumatoid arthritis?: The rheumatoid factor