Mark Klimek- Yellow Book

Return to deck

1.

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

pH, Bicarb, Both, Bolic

2.

pH 7.30_____ HCO3 20_____

↓= acidosis; ↓= metabolic

3.

pH 7.58_____ HCO3 32_____

↑= alkalosis; ↑= metabolic

4.

pH 7.22_____ HCO3 30_____

↓= acidosis; ↑= respiratory

5.

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

↓= acidosis; ↑= respiratory

6.

MacKussmaul

The only acid base to cause Kussmaul respirations is Metabolic ACidosis

7.

As the _____ goes, so goes _____ except for _____

pH, my patient, Potassium

8.

Up

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

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9.

Down

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

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10.

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

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

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11.

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

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

---

12.

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

increased

13.

High pressure alarms are triggered by increased resistance to airflow and can be caused by obstructions of three types: _____ action, _____ action, _____ action

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

---

14.

Low pressure alarms are triggered by _____ resistance to airflow.

decreased

15.

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

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

16.

Respiratory alkalosis means ventilator settings may be too _____

high

17.

Respiratory acidosis means ventilator settings may be too _____

low

18.

What does "wean" mean?

gradually decrease with the goal of getting off altogether

19.

What is Maslow's highest priority to lowest priority?

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

20.

Arrange from highest to lowest priority using Maslow's:
Denial
Spiritual Distress
Pain in Elbow
Fall Risk
Pathological Family Dynamics
Electrolyte Imbalance

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

21.

What are the 5 stages of grief?

Denial
Anger
Bargain
Depression
Acceptance

22.

The #1 problem in abuse is _____

denial

23.

Denial is the _____ to accept the _____ of their problem

refusal, reality

24.

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

confront, say, do, support

25.

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

abuser

26.

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

Significant Other, self-esteem, abuser

27.

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

limits, enforce

28.

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

self-esteem

29.

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

of the act is _____ or _____ to the _____ _____

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

---

30.

Treating manipulation: set _____ and _____

limits, enforce

31.

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

Psychosis, B1

32.

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

amnesia (memory loss), confabulation (make up stuff)

33.

Characteristics of Wernicke's (Korsakoff's) Syndrome:
1. _____
2. _____
3. _____

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

34.

Antabuse/Revia is aka _____ Therapy

Aversion

35.

Onset and duration of effectiveness of Antabuse/Revia: _____

2 weeks

36.

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

all, alcohol, nausea, vomiting, death

37.

What are examples of products that contain alcohol?

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

---

38.

Every alcoholic goes through _____. Only a minority get _____

Alcohol Withdrawal Syndrome, Delirium Tremens

39.

_____ is not life-threatening. _____ can kill you

Alcohol Withdrawal Syndrome, Delirium Tremens

40.

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

Alcohol Withdrawal Syndrome, Delirium Tremens

41.

AWS or DT: semiprivate room, any location

AWS

42.

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

DT

43.

AWS or DT: Regular diet

AWS

44.

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

DT

45.

AWS or DT: Up at liberty

AWS

46.

AWS or DT: Restricted to bedrest with no bathroom privileges

DT

47.

AWS or DT: No restraints

AWS

48.

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

DT

49.

AWS or DT: Give anti-HTN medication

Both

50.

AWS or DT: Give tranquilizer

Both

51.

AWS or DT: Give multivitamin to prevent Wernicke's

Both

52.

For Aminoglycosides, think " __ ____ ___ _____"

a mean old mycin

53.

When are antibiotics/aminoglycosides used?

to treat serious, life-threatening, resistant infections

54.

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

mycin, mycin

55.

What are some examples of wannabe mycins?

Azithromycin, Clarithromycin, Erythromycin

56.

What are some examples of aminoglycosides?

Streptomycin, Cleomycin, Tobramycin, Tobramycin, Gentamycin, Vancomycin, Clindamycin

---

57.

When remembering toxic effects of mycin's think _____

mice= ears

58.

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

ototoxicity; monitor hearing, balance, and tinitus

59.

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

kidney, nephrotoxicity, creatinine

60.

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

8, 8, Q8H

61.

Do not give aminoglycosides PO expect in these 2 cases:
1. _____ _____ (due to high _____ level)
2. Pre-op _____ surgery

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

---

62.

Who can sterilize my bowel?

Neo- Kan

63.

What is the reason for drawing Trough and Peak levels?

Narrow therapeutic level

64.

When do you ALWAYS draw the Trough?

30 minutes before next dose

65.

When do you draw the Peak level of Sublingual medications?

5-10 minutes after drug dissolves

66.

When do you draw the Peak level of IV medications?

15-30 minutes after medication is finished

67.

When do you draw the Peak level of IM medications?

30-60 minutes after injecting it

68.

When do you draw the Peak level of SQ medications?

Depends on type of insulin

69.

When do you draw the Peak level of PO medications?

Not necessary

70.

What are Biological Agents in Category A?

STAPH B
Small Pox
Tularemia
Anthrax
Plague
Hemorrhagic illness
Botulism

71.

What are Biological Agents in Category B?

All others

72.

What are Biological Agents in Category C?

Nipeh Virus
Hanta Virus

73.

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

A, the worst, B, C

74.

Small Pox

Inhaled transmission/ on airborne precautions
dies from septicemia- no treatment
rash starts around mouth first
Category A

75.

Tularemia

chest symptoms
dies from respiratory failure
treat with streptomycin
Category A

76.

Anthrax

spread by inhalation
looks like the flu
dies from respiratory failure
treat with supro, PCN, and streptomycin
Category A

77.

Plague

spread by inhalation
has the 3 H's: Hemoptysis (coughing up blood), Hematemesis (vomiting up blood), Hematochezia (blood in stool)
deis from respiratory failure and DIC (bleed to death)
treat with Doxycycline and Mycins
no longer communicable after 48 hours of treatment
Category A

78.

Hemorrhagic illnesses

primary symptoms are petechiae (pinpoint spots) and ecchymoses (bruising)
high % fatal
Category A

79.

Botulism

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

80.

What are some examples of chemical agents that cause bioterrorism?

Mustard gas
Cyanide
Phosgine chlorine
Sarin

81.

What is the primary symptom of Mustard Gas?

Blisters (vesicant)

82.

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

Respiratory arrest. Treat with Sodium Thiosulfate IV

83.

What is the primary symptom of Phosgine Chlorine?

Choking

84.

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

BB SLUDGE- just remember every secretion in your body is being excreted excessively

Bronchospasm
Bronchorrhea
Salivating
Lacrimating (tears)
Urination
Diaphoresis/ Diarrhea
G.I upset
Emesis

85.

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

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

86.

Which agents do you isolate the patient for?

Biological Agents

87.

Which agents do you decontaminate for?

Chemical Agents

88.

How does decontamination work?

Gather exposed people
Take to decontamination center where people remove clothing, shower, dress in non-contaminated clothes, then release to other services
Put contaminated clothing in special bag and throw away (be sure not to touch it)

89.

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

Valium. It relaxes the heart

90.

Calcium Channel Blockers: _____ inotropoic, chronotropic, dromotropic

Negative

91.

Inotropic

strength of heart

92.

Positive Inotropic

strong heartbeat

93.

Negative Inotropic

weak heartbeat

94.

Chronotropic

rate of heartbeat

95.

Positive Chronotropic

fast heartbeat

96.

Negative Chronotropic

slow heartbeat

97.

Dromotropic

conductivity of heart

98.

Positive Dromotropic

excitable heart

99.

Negative Dromotropic

blocks/slows conduction

100.

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

atropine, epinephrine, and norepinephrine

101.

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

Calcium Channel Blockers and Beta Blockers

102.

What do Calcium Channel Blockers treat? (indications)

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

103.

What are some of the side effects of Calcium Channel Blockers?

Headache

Hypotension

104.

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

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

105.

"QRS depolarization" always refers to _____

Ventricular (not atrial, junctional or nodal).

106.

"P wave" refers to _____

Atrial

107.

Asystole

a lack of QRS depolarizations (flat line)

108.

Atrial Flutter

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

109.

Atrial Fibrillation

chaotic P-wave depolarizations

110.

Ventricular Tachycardia

wide bizarre QRS's

111.

Premature Ventricular Contractions (PVC)

Periodic wide, bizarre QRS's

112.

Be concerned about PVC's if:

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

113.

What are the lethal arrhythmias?

asystole and ventricular fibrillation

114.

What is the potentially life-threatening arrhythmias?

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

115.

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

slow, adenocard

116.

What is the treatment for PVC's?

lidocaine and amiodarone

117.

What is the treatment for V Tach?

lidocaine and amiodarone

118.

What are the treatments for supraventricular arrhythmias?

ABCD
Adenocard/adenosine
Betablocker (end in lol)
Calcium Channel Blocker
Digitalis/Digoxin (lanoxin)

119.

What is the treatment for V-fib?

you defib

120.

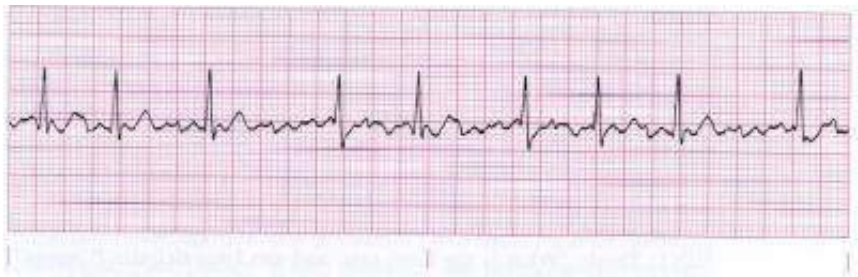
What is the treatment for AsystolE?

Give Epi first then Atropine

121.

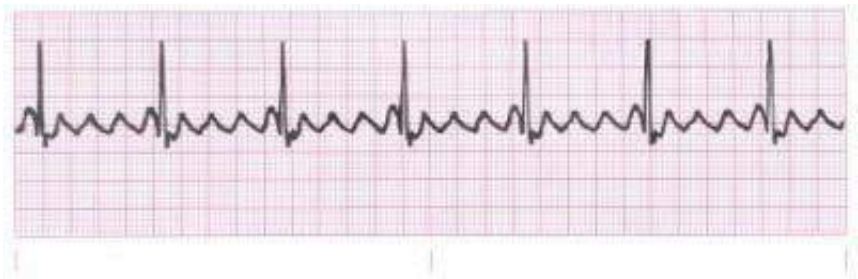
asystole

122.



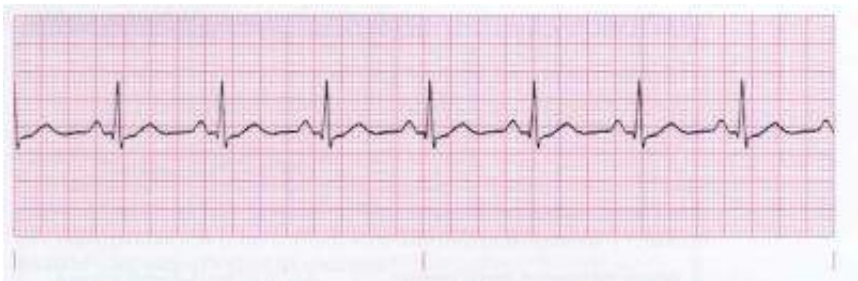
atrial fibrillation

123.



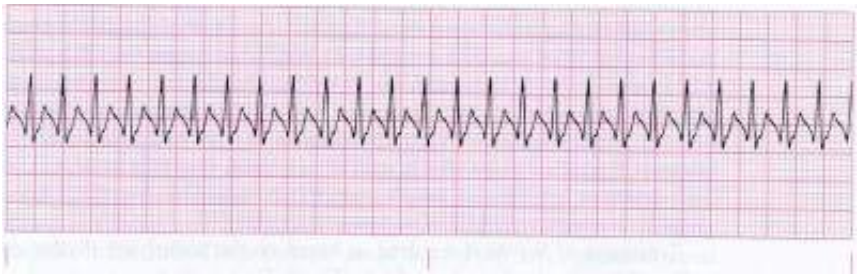
atrial flutter

124.



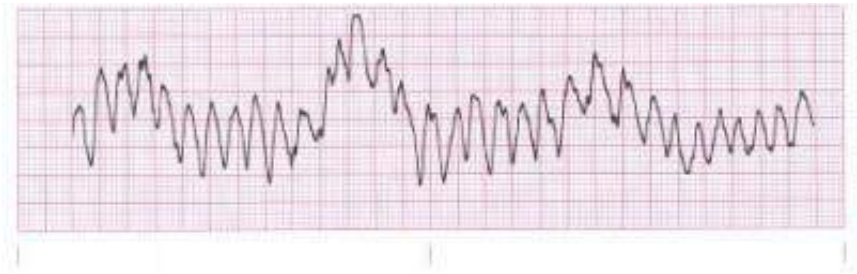
Normal Sinus Rhythm

125.



Supraventricular tachycardia

126.



ventricular fibrillation

127.

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

negative

128.

In the pneumothorax, the chest tube removes ___

air

129.

In the hemothorax, the chest tube removes _____

blood

130.

In the pneumohemothorax, the chest tube removes ___ and _____

air and blood

131.

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

Apical (high), air, apex

132.

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

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

133.

How many chest tubes and where for unilateral pneumohemothorax?

2; apical and basilar on side of pneumo

134.

How many chest tubes and where for bilateral pneumothorax?

2; apical for both

135.

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

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

---

136.

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

NEVER; CLAMP

137.

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

Set it back up (not an emergency)

138.

What do you do if the water seal breaks?

First- clamp it, cut tube away from device
Best- submerge the tube under water, then unclamp

139.

What do you do if the chest tube comes out?

First- cover with a gloved hand
Best- cover the hole with vaseline gauze, put a dry sterile dressing on top, tape on 3 sides

---

140.

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

good

141.

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

bad

142.

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

bad

143.

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

good

144.

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

15 seconds, rubber tipped double clamps

145.

Every congenital heart defect is either _____ or ____ _____

TRouBLe, No TRouBLe

146.

R-L

Right to Left shunt

147.

B

Blue

148.

T

starts with the letter "T"

149.

What are some examples of "TRouBLe" congenital heart defects?

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

---

150.

What are some examples of "No TRouBLe" congenital heart defects?

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

---

151.

Akk CHD kids will have 2 things, whether TRouBLe or No TRouBLe...

1. Murmurs
2. Echocardiogram

152.

Four defects present in Tetralogy of Fallot are...

VarieD
PictureS
Of A
RancH
Ventricular Defect
Pulmonary Stenosis
Overriding Aorta
Right Hypertrophy

153.

How do you measure crutches for a person?

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

---

154.

When the handgrip is properly placed, the angle of elbow flexion will be ____ degrees

30

155.

2 point gait

step one-- move one crutch and opposite foot together
step two-- move other crutch and other foot together
(remember 2 points together for a 2 point gait)
Used for minor weakness on both legs

156.

3 point gait

step one-- move two crutches and bad leg together
step two-- move good foot
(Remember 3 point is called 3 point because 3 points touch down at once)

157.

4 point gait

step one-- one crutch
step two-- opposite foot
step three-- other crutch
step four-- other foot
nothing moves together and everything is really weak

158.

Swing through

for two braced extremities
(Amputees)

159.

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

even, evenly, 2, 4

160.

Use the ___ numbered gait when one leg is _____

odd, effected

161.

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

up, good, down, bad, bad

162.

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

uneffected side, opposite

163.

What is the correct way to use a walker?

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

164.

What is a big NO when it comes to walkers?

Do not tie belongings to the front of the walker

165.

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

Hold on to chair, stand up, then grab walker

166.

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

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

167.

Delusion

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

---

168.

What are the 3 types of delusions?

Paranoid/Persecutory, Grandiose, & Somatic

169.

Paranoid or Persecutory Delusion

false, fixed belief that people are out to harm you

170.

Grandiose delusion

False, fixed belief that you are superior

171.

Somatic delusion

False, fixed belief about a body part

172.

Hallucination

a false, fixed sensory exerience

173.

What are the 5 types of hallucinations?

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

174.

Illusion

a misinterpretation of reality. It is a sensory experience

175.

What is the difference between illusions and hallucinations?

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

176.

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

functional psychosis, psychosis of dementia, and psychotic delirium

---

177.

What are the different types of functional psychosis?

schziophrenia, schzioaffected (mood disorder thought process), major depression, and mania

---

178.

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

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

179.

Psychosis of dementia

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

---

180.

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

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

---

181.

Psychotic Delirium

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

182.

How do you deal with a patient with Psychotic Delirium?

1. Acknowledge feeling
2. Reassure them of safety and temporaryness

183.

What are the different types of loosening of association?

Flight of ideas, word salad, neologisms

184.

Flight of ideas

Stringing phrases together (loosely associated phrases; tangentiality)

185.

Word salad

Throw words together

186.

Neologisms

Making up new words

187.

Narrowed self-concept

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

188.

Ideas of reference

You think everyone is taking about you

189.

Dementia hallmarks

Memory loss, inability to learn.
*Functional scan teach, dementias cannot

190.

Always acknowledge _____

Feeling

191.

What are the 3 "Re's"?

Reassure
Redirect
Reality

192.

Diabetes mellitus

An error of glucose metabolism

193.

Diabetes insipidus

Dehydration, polyurethane, polydipsia

194.

Type I Diabetes Mellitus

Insulin dependent (not producing insukin)
Juvenile onset
Ketosis prone

195.

Type II Diabetes Mellitus

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

196.

Signs and symptoms of diabetes mellitus

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

197.

Treatment for Type I Diabetes Mellitus

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

198.

Treatment for Type II Diabetes Mellitus

1. Diet
3. Oral hypoglycemics
2. Activity

199.

Diet of Diabetics

Calorie (carbs) restriction
Need to eat 6x per day--> smaller more frequent meals

200.

Insulin acts to _____ blood sugar

Lower

201.

Insulin Type: R

R= Regular, Rapid, Run (IV)
Onset: 1hr
Peak: 2hr
Duration: 4hr

202.

Insulin Type: N

N= NPH, Not in the bag, Not so fast, Not clear (cloudy)
Onset: 6hr
Peak: 8-10hr
Duration: 12 hr

203.

Insulin Type: Humalog

Insulin Lispro
Fastest
Onset: 15min
Peak: 30min
Duration: 3hrs

204.

Insulin Type: Lantus

Long acting
Slow absorption
No peak
Duration: 12-24hr

205.

With insulin remember:

Check expiration date
Refrigerate but once open no refrigeration

206.

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

Potentiates, less, more

207.

Sick day rules for insulin

Take insulin
Take sips of water
Stay active as possible

208.

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

Not enough food
Too much insulin
Too much exercise

209.

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

Permanent brain damage

210.

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

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

211.

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

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

212.

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

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

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213.

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

Dehydration
Ketones, Kussmaul Breathing, high K+
Acidosis, Acetone breath, Anorexia

214.

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

Insulin IV (R)
IV rate flow 200mg/hr

215.

Treatment for low blood sugar in Type II Diabetes Mellitus:

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

216.

High Blood Sugar in Type II Diabetes Mellitus

Called HHNK or HHNC- Hyperosmolar, Hyperglycemic, Non-Ketotic Coma
This is severe dehydration

217.

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

Hit, dry, increased HR, decreased skin turgor

218.

Treatment for High Blood Sugar in Type II Diabetes Mellitus

Rehydration

219.

Long term complications of HHNC are related to

Poor tissue perfusion
Peripheral neuropathy

220.

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

Ha1c (average blood sugar over last 90 days)

221.

Cold and clammy- _____

Hot and dry- _____

Get some candy
Sugar's high

222.

What is the therapeutic and toxic levels for Lithium?

therapeutic level: 0.6-1.2
toxic level: ≥ 2

223.

What is the therapeutic and toxic levels for Lanoxin (Digoxin)?

therapeutic level: 1-2
toxic level: >2

224.

What is the therapeutic and toxic levels for Aminophylline?

therapeutic level: 10-20
toxic level: ≥ 20

225.

What is the therapeutic and toxic levels for Bilirubin?

therapeutic level (elevated level): 10-20
toxic level: >20

226.

Kernicterus

bilirubin in the CSF

227.

Opisthotonos

position of slight extension in neck seen in patient's with Kernicterus. (bad sign)

228.

Dumping Syndrome

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

---

229.

Hiatal Hernia

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

---

230.

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

Dumping Syndrome

231.

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

Hiatal Hernia

232.

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

Hiatal Hernia

233.

ADS S&S

Acute Dumping Syndrome

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

Drunk- cerebral impairment

Shock (vasomotor collapse, rapid thready HR)

234.

Treatment for Hiatal Hernia

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

235.

Treatment for Dumping Syndrome

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

236.

Kalemias do the _____ as the prefix except for _____ and _____
Hyperkalemia=
Hypokalemia=

same; heart rate; urine output

Hyper= ↑; HR ↓, Urine Output ↓
Hypo= ↓; HR ↑, Urine Output ↑

237.

Calcemias do the _____ of the prefix. No exceptions.
Hypercalcemia=
Hypocalcemia=

opposite

Hyper=↓
Hypo= ↑

238.

Two signs of neuromuscular irritability associated with _____:
1.
2..

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

239.

Magnesemias do the _____ of the prefix.
Hypermagnesemia=
Hypomagnesemia=

opposite

Hyper= ↓
Hypo= ↑

240.

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

Calcium, Potassium, blood pressure

241.

HypErnatermia

dEhydration (dry skin, thready pulse, rapid HR)

242.

hypOnatremia=

Overload (crackles, distended neck veins)

243.

The earliest sign of any electrolyte disorder is _____ & _____

numbness, tingling (paresthesias)

244.

The universal sign-symptom of electrolyte imbalance is _____

muscle weakness (paresis)

245.

Never push _____ IV

Potassium

246.

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

40mEq

247.

Give _____ & _____ to decrease K+

D5W, insulin (not permanent)

248.

Kayexalate:

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

249.

In a patient with hypercalcemia, which monitor pattern would be the most likely threat?
A. Paroxysmal atrial tachycardia with decreased ST segments
B. Bradycardia with 2nd degree Mobitz Type II Block & elevated ST segment
C. Frequent PAC's with multifocal coupling of PVC's and tall T-waves
D. First degree heart block with decreased ST segment and inverted T-waves

D. First degree heart block with decreased ST segment and inverted T-waves

---

250.

Hyperthyroidism=

Hyper- metabolism (high metabolic rate)

251.

Signs and Symptoms of Hyperthyroidism

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

252.

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

Grave's Disease; Run; Grave

253.

The problem is hyperthyroidism. Treatment options:

Radioactive iodine, propylthyroid utisil, surgical removal

254.

What is the big risk with radioactive iodine?

radiation risk in urine- double flush, need private bathroom

255.

What does PTU do?

propylthyroid utinsil knocks out WBC

256.

What is the most common treatment for hyperthyroidism?

surgical removal

257.

Total thyroidectomy- need lifelong _____ replacement.
at risk for _____

hormone; hypocalcemia (difficult to spare parathyroid)

258.

What are you at risk for with a subtotal thyroidectomy?

thyroid storm

259.

What are signs and symptoms of thyroid storm?

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

---

260.

What is the treatment for thyroid storm?

oxygen and lower body temperature

261.

Total= T_____
Subtotal= S_____

Tetany
Storm

262.

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

airway/breathing, bleeding

263.

Post operation risks for total thyroidectomy in 12-48 hrs

tetany (r/t ↓Ca)

264.

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

thyroid storm

265.

Hypothyroidism = hypo-_____

metabolism

266.

signs and symptoms of hypothyroidism

weight gain, htn, constipation, lethargy, coldintolerance, "slow"

267.

Hypothyroidism is also known as _____

myxedema

268.

What are the 3 reasons for accuchecks?

diabetes, TPN, steroids

269.

Treatment for hypothyroidism

thyroid replacement (s/e: hyperthyroidism)

270.

Caution: with hypothyroidism treatment DO NOT _____

sedate (they are already sedated)

271.

Surgical implications for the hypothyroid patient

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

272.

Adrenal Cortex Diseases start with letters ___ or ____

A, C

273.

Addison's Disease is _____ of the adrenal cortex

undersecretion

274.

Signs and Symptoms of Addison's Disease

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

275.

Treatment for Addison's Disease

steroids (need to wear a med alert bracelet)

276.

Addison's=

add-a-sone

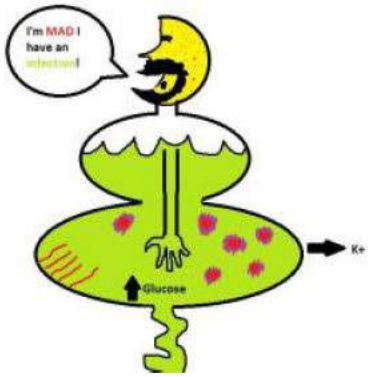
277.

Cushing's Syndrome is _____ of the adrenal cortex

oversecretion (cushy= more)

278.

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



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

---

279.

Treatment for Cushing's Syndrome

adrenalectomy→ replacement therapy→ steroids)

280.

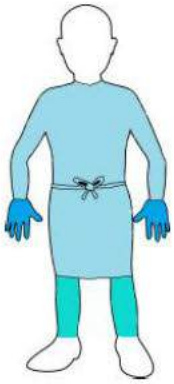
What is CONTACT precautions used for?

Herpes, Enteric (Rotavirus, Shigellosus), Staph (MRSA), RSV (transmitted via droplet but contact because kids put mouths on everything)

281.

CONTACT PRECAUTIONS: Select all that apply:

___ Private Room ___ Eye/Face Shields
___ Mask ___ Disposable Supplies
___ Gloves ___ Negative Air Flow
___ Special Filter Respirator Masks
___ Handwashing ___ Gown
___ Pt wear mask when leaving room



Private Room (most important)
Gloves
Gown
Handwashing
Disposable supplies (BP cuff)
Stethoscope can be taken from room to room as long as sterilized after use

---

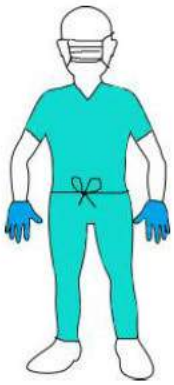
282.

What is droplet precaution used for?

influenza (H1N1), meningitis, diphtheria, pertussis, mumps

283.

DROPLET PRECAUTIONS: Select all that apply:
___ Private Room ___ Eye/Face Shields
___ Mask ___ Disposable Supplies
___ Gloves ___ Negative Air Flow
___ Special Filter Respirator Masks
___ Handwashing ___ Gown
___ Pt wear mask when leaving room



Private Room
Mask (most important)
Gloves
Handwashing

Pt wear mask when leaving room
Disposable supplies

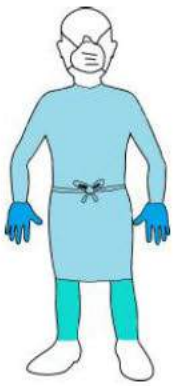
284.

What is airborne precautions used for?

Measles, TB (spread via droplet), Chicken POx (Varicella), SARS

285.

AIRBORNE PRECAUTIONS: Select all that apply:
___ Private Room ___ Eye/Face Shields
___ Mask ___ Disposable Supplies
___ Gloves ___ Negative Air Flow
___ Special Filter Respirator Masks
___ Handwashing ___ Gown
___ Pt wear mask when leaving room



Private room (door closed
Mask
Gloves
Gown
Handwashing
Special FIlter Respirator Masks (for TB only- and not supposed to leave room unless they have to)
Pt wear mask when leaving room
Disposable supplies
Negative air flow (most important)
Everyone that enters the room must wear a mask

286.

Unless otherwise specified, assume that PPE includes:

gloves, gowns, goggles, and masks

287.

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

outside, inside

288.

The proper order for donning PPE is
1. _____
2. _____
3. _____
4. _____

1. Gown
2. Mask
3. Goggles
4. Gloves
(start low and go high)

289.

The proper order for removing PPE is:
1. _____
2. _____
3. _____
4. _____

1. Gloves
2. Goggles (from behind)
3. Gown (from behind)
4. Mask (from behind- outside room)
(alphabetical order)

290.

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

outside, inside

291.

Hand-washing or Scrubbing: position hands below elbows

hand-washing

292.

Hand-washing or Scrubbing: position elbows below hands

scrubbing

293.

Hand-washing or Scrubbing: length seconds

hand-washing

294.

Hand-washing or Scrubbing: length minutes

scrubbing

295.

Hand-washing or Scrubbing: can touch handles

hand-washing

296.

Hand-washing or Scrubbing: not allowed to touch handles

scrubbing

297.

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

hand-washing

298.

Hand-washing or Scrubbing: use when patient is immunosuppressed

(beginning of stuff)

scrubbing

299.

Hand-washing or Scrubbing: soap and water

hand-washing

300.

Hand-washing or Scrubbing: use "chlor---"

scrubbing

301.

When can you use an Alcohol-based solution?

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

---

302.

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

No! (soiling hands)

303.

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

cleanest, dirtiest, new

304.

Sterile Gloving:
glove _____ hand first
grasp _____ of cuff
touch only the _____ of glove surface
do not _____ cuff
fingers _____ second glove cuff
keep thumb _____

only touch _____ surface of glove

dominant
outside
inside
roll
inside
abducted
outside

305.

SkIN touches _____ of glove

INside

306.

OUTside of glove only touches _____ of glove

OUTside

307.

Remove _____ to _____; _____ to _____

glove, glove, skin, skin

308.

What patients do NOT need interdisciplinary care?

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

309.

What is the major criteria for interdisciplinary care?

1. Patients with multidimensional needs (physical, intellectual, emotional, social, spiritual)- Ex COPD, homelessness, & schizophrenia (need medical, SW, and psychiatrist)

2. Patients who need rehabilitation (PT, SW, OT, Speech will be effected)

310.

What is the minor criteria for interdisciplinary care?

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

311.

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

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

312.

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

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

---

313.

What is the BEST toy for 0-6 month olds (sensorimotor)?

muscial mobile

314.

What is the 2nd BEST toy for 0-6 month olds (sensorimotor)?

large and soft

315.

What is the BEST toy for 6-9 month olds (object permanence)?

cover/uncover toy (jack in the box)

316.

What is the 2nd BEST toy for 6-9 month olds (object permanence)?

firm but large (wood/ hard plastic allowed)

317.

What is the BEST toy for 9-12 month olds?

verbal toy (tickle me elmo)

318.

Remember with 9-12 month olds _____ activity with _____

purposeful, objects

319.

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

build, sort, stack, make, & construct

320.

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

push/pull toy (wagon)

321.

What skill is being worked on when toddlers play?

gross motor skill

322.

What type of play do toddlers do?

parallel play (play alongside but not with)

323.

What types of toys should be avoided with toddlers?

toys that require good finger control/dexterity

324.

Preschoolers need toys that work on:

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

325.

Preschoolers play is characterized by

cooperative play (play with each other)

326.

Preschoolers like to play _____.

pretend

327.

School age (7-11 years) aka _____ are characterized by the 3 C's:
1.
2.
3.

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

328.

Adolescents (12-18 years)- their "play" is _____ _____ _____. Allow adolescents to be in each others' rooms unless one of them is :
1.
2.
3.

peer group association (hang out in groups)
1. fresh post-op (less than 12 hours)
2. immunosuppressed
3. contagious

329.

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

younger, regress, as much time to grow

330.

Creatinine

Best indicator of kidney function

331.

Creatinine lab values

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

332.

INR (International Normalized ratio)

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

333.

What is the therapeutic range for INR?

2-3
↑INR= bleed risk
≥4 is critical

334.

What do you do when INR is ≥ 4?

Hold all Coumadin
Assess bleeding
Prepare to give Vitamin K
Call the Dr

335.

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

3.5-5.0

336.

What do you do if Potassium is low?

Critical
Assess heart
Prepare to give Potassium
Call the Dr

337.

What do you do if Potassium is 5.4-5.9?

Critical (high but still in the 5's)
Hold all Potassium
Assess heart
Prepare Kayexalate/D5W
Call the Dr

338.

What do you do if Potassium is ≥6?

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

339.

What is the therapeutic range of pH?

7.35-7.45

340.

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

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

341.

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

8-30 (8 buns in a pack)

342.

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

Be concerned
Check for dehydration

343.

What is the therapeutic range for Hgb (hemoglobin)?

12-18 (teenage years)

344.

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

Be concerned
monitor the patient

345.

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

Critical
Assess bleeding, prepare for transfusion, call Dr

346.

What is the therapeutic range for HCO3?

22-26
If out of range it is abnormal but not worrisome

347.

What is the therapeutic range for CO2?

35-45

348.

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

Critical (sign of respiratory insufficiency)
Assess respirations
Do pursed lip breathing (blow out candle and exhale for longer periods)
Don't give O2 (it will increase CO2)
This does not apply to COPD (this is their "normal")

349.

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

Deadly Dangerous
sign of respiratory failure
Assess respirations
Do pursed lip breathing (to ↓ anxiety)
Prepare to intubate and ventilate
Call respiratory therapy
Call Dr

350.

What is the therapeutic range for Hct?

36-54
(if abnormal be concerned)

351.

What is the therapeutic range for PO2?

78-100

352.

What do you do if PO2 is 70-77?

Critical
Sign of respiratory insufficiency
Assess respirations
Give Oxygen

353.

What do you do when PO2 is ≤60's?

Deadly Dangerous
Sign of respiratory failure
Assess Respirations
Give Oxygen
Prepare intubate and ventilate
Call respiratory therapy
Call Dr

354.

What is the therapeutic range for O2 saturation?

93-100

355.

What do you do if O2 saturation is less than 93?

Assess respirations and give oxygen

356.

BNP

Good indicator of CHF

357.

What is the therapeutic range for BNP?

<100

358.

What do you do if BNP is elevated?

Be concerned and continue to monitor patient

359.

What is the therapeutic range for Sodium?

135-145

360.

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

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

361.

What is the therapeutic range for WBC's?

5,000-11,000

362.

What is the therapeutic range for ANC?

500 (want above 200)

363.

What is the therapeutic range for CD4 count?

<200= AIDS

364.

What is another name for high WBC count?

Leukocytosis

365.

What are some other names for low WBC count?

Leukopenia
Neutropenia
Agranulocytosis
Immunosuppression
Bone Marrow Supression

366.

What do you do when WBC is <5,000

Critical- immunosuppressed
Neutropenic precautions

367.

What do you do if ANC is < 500?

Critical-immunosuppressed
Neutropenic precautions

368.

What do you do if CD4 <200?

Critical- immunosuppressed
Neutropenic precautions

369.

What is neutropenic precautions?

aka Reverse/Protective Isolation
Strict hand washing
Shower BID with antimicrobial soap
Avoid crowds

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

---

370.

What is the therapeutic range for platelets?

150,000-400,000

371.

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

Critical
Assess for bleeding
Bleeding Precautions

372.

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

Deadly Dangerous (can spontaneously bleed to death)
Assess for bleeding
Bleeding Precautions

373.

What is bleeding precautions?

No unnecessary venipuncture- injection or IV. Use small gauge
Handle patient gently (use drawsheet)
Use electric razor
No toothbrushing or flossing
No hard foods
Well-fitting dentures
Blow nose gently
No rectal temp, enema, or suppository

No aspirin
No contact sports
No walking in bare feet
No tight clothing or shoes
Use stool softener. No straining
Notify MD of blood in urine, stool

374.

What is the therapeutic range for RBC's?

4-6
(if abnormal be concerned)

375.

What are the 5 D's?

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

376.

When should you call a Rapid Response Team?

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

---

377.

Laminectomy

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

378.

What is the reason for a laminectomy?

to treat nerve root compression

379.

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

Pain
Paresthesia (numbness & tingling)
Paresis (muscle weakness)

380.

What are the different locations for a laminectomy?

cervical (neck)
thoracic (upper back)
lumbar (lower back)

381.

What is the most important assessment in a pre-op cervical laminectomy>

function of Upper extremities and breathing

382.

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

cough (tests abdominal muscles) and bowel sounds

383.

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

urine output and legs

384.

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

always log roll your patient

385.

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

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

386.

Post-op complication for cervical laminectomy

watch for pneumonia

387.

Post-op complication for thoracic laminectomy

watch for pneumonia and paralytic illeus

388.

Post-op complication for lumbar laminectomy

watch for urinary retention

389.

Laminectomy with fusion involves taking a _____ _____ from the _____ _____. Of the two incisions, which site has the most:
Pain?
Bleeding/Drainage?
Risk for infection?
Risk for rejection?

bone graft, illiac crest (hip)
hip
hip
hip/spine
spine

390.

Surgeons are using cadaver bone from bone banks. Why?

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

---

391.

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

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

392.

what are some permanent restrictions for laminectomy patients?

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

393.

Nagele's Rule (calculating due date)

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

394.

Total weight gain during pregnancy

25-31 lbs

395.

1st trimester weight gain

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

396.

2nd/3rd trimester weight gain

1 lb per week

397.

Fundus (top of uterus) in not palpable until week ____

12

398.

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

20-22

399.

What are 4 positive signs of pregnancy?

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

400.

What are some probably/presumptive signs of pregnancy?

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

401.

Morning sickness: Which trimester and what treatment?

1st trimester
east dry carbs, cracker before out of bed, and avoid empty stomach

---

402.

Urinary incontinence: Which trimester and what treatment?

1st/3rd
void Q2H

403.

Dyspnea: Which trimester and what treatment?

tripod position (lean forward with hands on knees)

404.

Back pain: Which trimester and what treatment?

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

405.

What is the truest, most valid sign of labor?

onset of regular contractions

406.

Dilation

opening of cervix (0-10 cm)

407.

Effacement

thinning of cervix (thick-100%)

408.

Station

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

409.

Engagement

station "0" at ischial spines

410.

Lie

Relationship between spine of baby and spine of mom

411.

Presentation

part of baby that enters birth canal first

412.

What is stage 1 of labor and delivery?

labor- dilate and phase cervix ('3 phase of labor-- latent, active, transitional)

413.

What is stage 2 of labor and delivery?

delivery of baby

414.

What is stage 3 of labor and delivery?

delivery of placenta

415.

What is stage 4 of labor and delivery?

recovery- first 2 hours to stop bleeding

416.

transverse lie and station that won't go positive=

c-section

417.

Latent:
CM dilated
CXN freq
Duration
Intensity

0-4cm
5-30 min
15-30 sec
mild

418.

Active:
CM dilated
CXN freq
Duration
Intensity

5-7 cm
3-5 min
30-60 sec
Moderate

419.

Transition:
CM dilated
CXN freq
Duration
Intensity

8-10 cm
2-3 min
60-90 sec
Strong

420.

Contractions should not be longer than ____ seconds or closer than every ___

minutes

90
2

421.

Assessment of contractions: Frequency

beginning of one contraction to the beginning of the next contraction

---

422.

Assessment of contractions: Duration

Beginning to end of one contraction

423.

Assessment of contractions: Intensity

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

---

424.

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

Baby turned around backwards.
Low priority
Position knee-chest then put on her back

425.

What should you do with a prolapsed cord?

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

---

426.

Interventions for all other complications of labor and birth

Left side/ Lateral
IV increase
Oxygen
Notify
stop Pit if in crisis

427.

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

born, pain, peaking (respiratory depression)

428.

What do you do with a low fetal heart rate?

bad
LION pit

429.

What do you do with FHR Accelerations?

no crisis

430.

What do you do with low baseline variability?

bad
LION pit

431.

What do you do with high baseline variability?

record it

432.

What do you do with late decelerations?

bad

LION pit

433.

What do you do with early decelerations?

HR ↓

434.

What do you do with variable decelerations?

can be very bad
prolapsed cord

435.

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

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

436.

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

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

437.

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

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

438.

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

tone: firm not boggy
height: right after delivery it is by pubis by 24 hours it is at navel. 2 cm for every PP day
location: midline (if displaced from R/L if means catheterize)

439.

What is the color of lochia in the first days?

rubra

440.

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

serosa

441.

What is a moderate amount of lochia?

4-6 in on pad in one hour

442.

What is an excessive amount of lochia?

saturate pad in 15 min

443.

What do you assess for in the postpartum assessment?

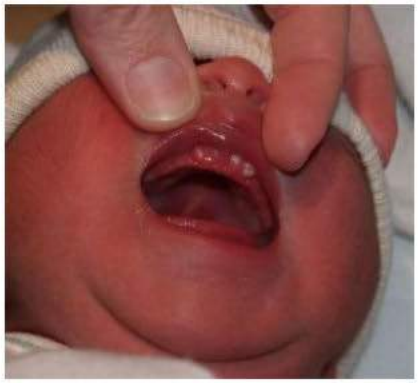
uterus, lochia, exteremities (pulses, edema, S7S thrombophlebitis)

444.

distended sebaceous glands which appear as tiny white spots on baby's face

milia

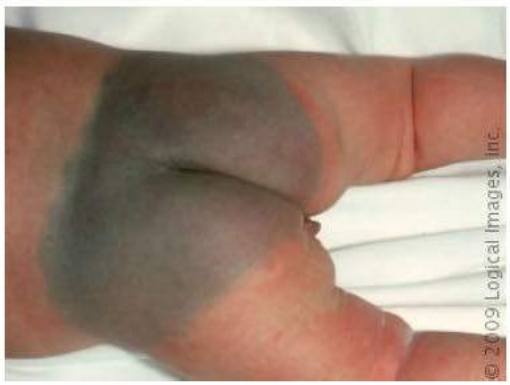
445.



small, white epithelial cysts on baby's gums

epstein's pearls

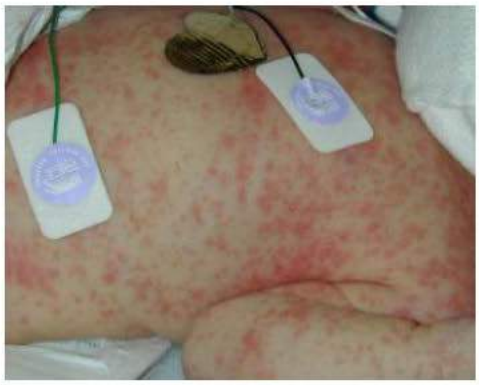
446.



bluish-black macules appearing over the buttox and/or thighs of darker-skinned neonates

mongolian spots

447.



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

erythema toxicum neonatorum

448.

benign tumor of capillaries

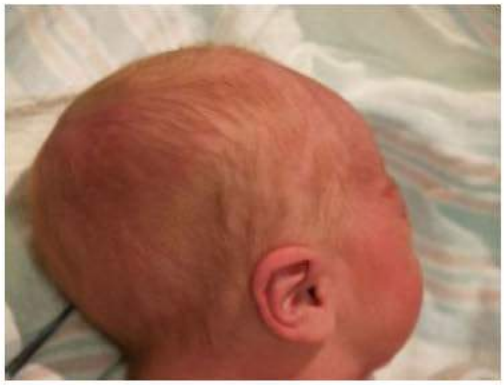
hemangiomas

449.

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

Cephalohematoma

450.



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

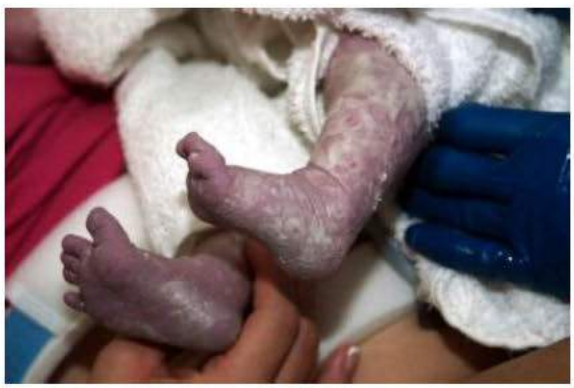
caput succedaneum

451.

normal, physiologic jaundice appears after 24 hours of age and disappears at about one week of age

Hyperbilirubinemia

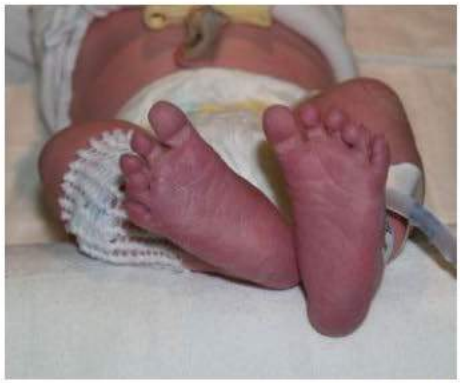
452.



whitish, cheese-like substance which appears intermittently over the first 7-10 days

vernix caseosa (caseus= cheese)

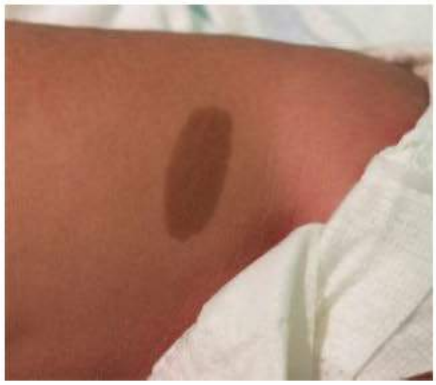
453.



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

acrocyanosis

454.



generic term for birthmark
1. nonblanchable port wine stain
2. blanchable pink "stork bites"

nevus/nevi
1. nevus flammeus
2. telangiectatic nevi

455.

Tocolytics (stop contractions)

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

456.

Oxytocics- stimulate labor

Pitocin (Oxytocin)
S/E- uterine hyperstimulation

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

457.

Fetal/ Neonatal Lung Meds

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

Survanta- give to baby after baby is born (transtracheal)

458.

Steps of drawing up insulin

1. draw up the total dose in air
2. pressurize the "N" vial (put air in)
3. pressurize the "R" vial
4. draw up "R" dose
5. draw up "N" dose

(Nichole Richie, RN)

459.

IM- length and guage

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

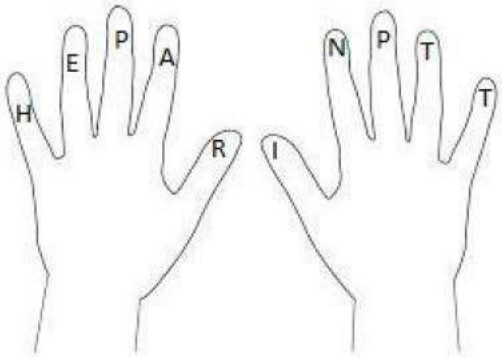
460.

SQ- length and guage

5 in both parts (S looks like a 5)

461.

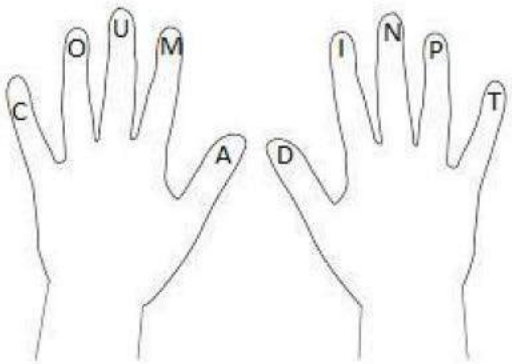
Heparin



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

462.

Coumadin



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

463.

Baclofen (Lioresal)

muscle relaxant
1. cause fatigue
2. cause paresis (muscle weak)
3. do not drink alcohol

4. do not drive a car
5. do not watch kids under age 12
When you are on Baclofen you are on your back "loafin"

464.

Sensorimotor

Age: 0-2y/o

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

Teaching Guidelines-

When: as it happens

What: you are doing now

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

465.

Pre-Operational

Age: 3-6y/o (preschoolers)

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

Teaching Guidelines-

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

What: you will do

How: play, toys, stories

466.

Concrete Operations

Age: 7-11y/o
Characteristics: Rule-oriented. Live and die by the rules! Cannot abstract

Teaching Guidelines-

When: days ahead of time

What: you're gonna do and skills

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

---

467.

Formal Operations

Age: 12-14 y/o

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

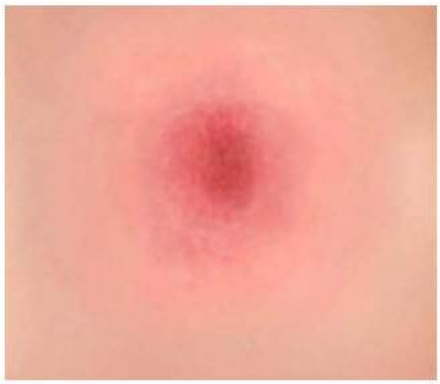
Teaching Guidelines-

When: like an adult

What: like an adult

How: like an adult

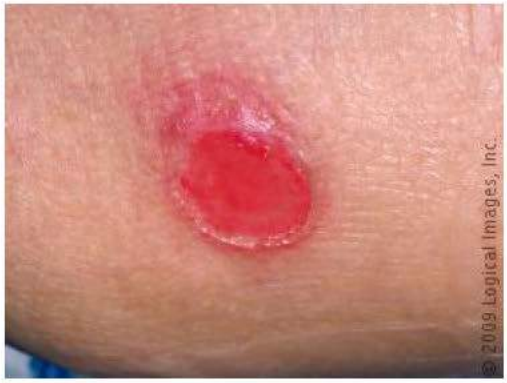
468.



skin still intact, non blanching, erythema (redness)

stage 1 pressure sore

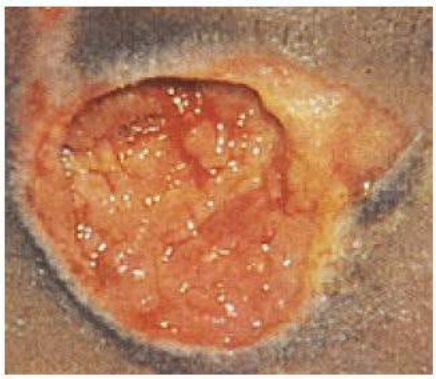
469.



ulcerated, superficial,pink dermis

stage 2

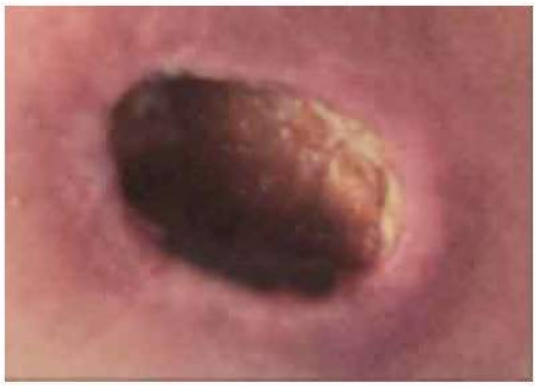
470.



yellow subcutaneous (fat)

Stage 3

471.



red-white (muscle and bone)

stage 4

472.

_____ beats _____

acute, chronic

473.

_____ _____ beats _____ or _____ _____

fresh post op, medical, other surgical

474.

_____ beats _____

stable, unstable

475.

What makes a patient stable?

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

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

---

476.

What makes a patient unstable?

1. Use of the word unstable
2. acute illness
3. post op <12 hours
4. general anesthesia
5. changing assessment
6. phrase: "newly admitted" or "newly diagnosed"
7. lab values C/D

Unstable patients are experiencing unexpected atypical signs and symptoms, complications

---

477.

What 4 patients are always unstable?

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

478.

The more _____ the _____, the higher the priority

vital, organ
Most vital→ brain → lungs → heart → liver → kidney → pancreas

---

479.

What responsibilities would you not delegate to an LPN?

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

480.

What would you not delegate to a UAP?

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

481.

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

family, safety, teach

482.

how do you intervene with inappropriate behavior of staff? (4 options)

1. tell the supervisor
2. intervene immediately
3. counsel them later on
4. ignore it. Just let it go (never the right answer)

483.

What 4 questions should you ask when dealing with inappropriate behavior from staff?

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

484.

Pre-interaction phase

purpose: for the nurse to explore his/her feelings. to prevent judgmental, intolerant reactions

length: begins when you learn you are going to be caring for someone and ends when you meet them

correct answer: "the nurse will explore his/her feelings about..."

485.

Introductory phase (orientation phase)

purpose: to establish and explore/assess

length: begins when you first meet the patient and ends when a mutually agree-upon care plan is in place

correct answer: Should be very tolerant, accepting, explorative, probing, "nosy". Be warm and fuzzy

---

486.

Working phase (therapeutic phase)

purpose: to implement the plan of care

length: from the finished care plan until discharge

correct answer: should be focused, directive, "tough". in some ways these answers will seem stern and slightly unfriendly. set limits. enforce proper communication

---

487.

When does the termination phase begin?

on admission

488.

Psych Treatment Protocol for depression

Whenever a patient displays any notion of suicide or harm you MUST inquire about it

Must get a safety contract

*activities with other people that doesn't require interaction

---

489.

Psych Treatment Protocol for schizophrenia

If pacing Psych→ reduce stimulation (clear the room), make observation, offer presence

*need reality based activities but not competitive; should be with other people

---

490.

Psych Treatment Protocol for Bipolar

Mania's can't go to work or maintain family order whereas a hypo manic can

-finger foods are best; especially ↑ calorie
-8hrs of sleep. Encourage naps

*exercise the gross motor that is non competitive

491.

Psych Treatment Protocol for Anxiety Disorder

Phobia- irrational fear that limits daily life
→tx: desensitization: gradually expose
1. Talk about it
2. Show pics
3. Be around
4. Interact
When you move to next step, make sure not anxious

492.

Restraint protocol

In psych: need to be evaluated within 1 hr. Must be constantly observed

Not psych: observe every 15 min. No evaluation. Need Dr order Q24h

---

493.

Psych Treatment Protocol for Violent Clients

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

---

494.

All psych drugs cause....

Hypotension, weight changes, and primary weight gain

495.

Phenothiazines

All end in "zine"
Ex: Thorazine, compazine
Actions: large doses- antipsychotic, small doses- antiemetic, major-tranquilizers

---

496.

Side Effects of Phenothiazines

Remember ABCDEFG...
A= anticholinergic (dry mouth)
B= blurred vision and bladder retention
C= constipation
D= drowsiness
E= EPS (tremors, parkinsonian)
F= "f"otosensitivity (skin burns)
G= aGranulocytosis (low WBC count- immunosupressed)

Teach patient to report sore throat and signs and symptoms of infection to doctor
Never stop the zine

Never stop the zine

497.

Nursing care for Phenothiazines

Treat side effects. Number one diagnosis is safety

498.

Deconate or "D"

Long acting IM form of Phenothiazine given to non compliant patients

---

499.

Tricyclic Antidepressants

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

500.

Side effects of Tricyclic Antidepressants

(Elavil starts with "E" so this group goes to "E")
A= anticholinergic (dry mouth)
B= blurred vision

C= constipation
D= drowsiness
E= euphoria (happy)

Must take med for 2-4 weeks before beneficial effects

501.

Benzodiazepines

Antianxiety meds (considered minor tranquilizers)
Always have "Pam"/"lam" in name
Prototype: Valium
Indications: induction of anesthetic, muscle relaxant, alcohol withdrawal, seizures (especially status epilepticus), facilitates mechanical ventilation
Tranquilizers work quickly. MUST NOT take for more than 6 weeks- 3 months. Keep on Valium until Elavil kicks in
Number one nursing diagnosis is safety

502.

Side effects of BenzoDiazepines

A= anticholinergic
B= blurred vision
C= constipation
D= drowsiness

503.

Monoamine Oxidase (MAO) Inhibitors

Antidepressants
Depression is thought to be caused by deficiency of norepinephrine, dopamine, and serotonin in the brain. Monoamine oxidase is the enzyme responsible for breaking down norepinephrine, dopamine, and serotonin. MAO Inhibitors prevent the breakdown of these neurotransmitter a and thus restore more normal levels and decrease depression

Drug names: MARplan, NARdil, PARnate

504.

Side effects of MAO inhibitors

A= anticholinergic
B= blurred vision
C= constipation
D= drowsiness

505.

Interactions/ patient teaching for MAO Inhibitors

To prevent sever, acute, sometimes fatal hypertensive crisis, the patient MUST avoid all foods containing tyramine
Foods containing tyramine:
Fruits and veggies- remember salad "BAR"→ avoid Bananas, Avacados, Raisins (any dried fruits);
Grains: ll okay except things made from active yeast
Meats: no organ meats- liver, kidney, tripe, heart, etc. no preserved meats- smoked, dried, cured, pickled, hot dogs
Dairy: no cheese except mozzarella and cottage cheese (no aged cheese)
Other: no alcohol, elixirs, tinctures (iodine/betadine), caffeine, chocolate, licorice, soy sauce

---

506.

Lithium

An electrolyte (notice "ium" ending as in potassium etc)
Used for treating bipolar disorder (manic-depression)→ it decreases the mania

---

507.

Side effects of Lithium

The three "P's":
Peeing (polyuria)
Pooping (diarrhea)
Paresthesia (tingling/numbness)

Medically inducing a lithium/electrolyte imbalance

Toxic: tremors, metallic taste, severe diarrhea, and any other neuro sign →number one intervention: good fluid hydration. If sweating give sodium (or other electrolyte) as well as fluids. Don't give water. Drink Gatorade or other electrolyte solution. Monitor sodium levels

---

508.

Prozac

SSRI (Selective Serotonin Reuptake Inhibitor)
Similar to Elavil
Antidepressant- mood elevator

509.

Side effects of Prozac

A= anticholinergic
B= blurred vision
C= constipation
D= drowsiness

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

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

---

510.

Haldol (Haloperidol)

Tranquilizer
Also has a deconate form
Long acting IM form given to non compliant patients

511.

Side effects of Haldol

A= anticholinergic
B= blurred vision
C= constipation
D= drowsiness
E= EPS
F= fotosensitvity
G= aGranulocytosis

Elderly patients may develop NMS from overdose. NMS is Neuroleptic Malignant Syndrome- a potentially fatal hyperplasia (fever) with temp of 104.0. Dose for elderly patient should be half of usual adult dose. Safety concerns r/t side effects

---

512.

Clozaril (clozapine)

Atypical antipsychotic
Used to treat severe schizophrenia
Advantage: it does not have side effects A-F
Do not confuse with Klonopin (clonazepam)

513.

Side effects of Clozaril

Agranulocytosis (worse than cancer drugs)
Can inky prescribe for 7 days then get WBC drawn for 4 weeks, then once a month for 6 months then every 6 months

---

514.

Zoloft (Sertraline)

Another SSRI like Prozac
Antidepressant
Also causes insomnia but can be given in evening
Watch for interaction with St John's Worst (serotonin syndrome), and warfarin (watch for bleeding)

515.

Side effects of Zoloft

SAD Head
Sweating
Apprehensive
Dizzy
Headache
