



# **KlIMEK** **REVIEWS**

Lecture Outlines

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# Mark Klimek- Yellow Book

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\_\_\_\_\_ HCO<sub>3</sub> 20\_\_\_\_\_

↓= acidosis; ↓= metabolic

---

3.

pH 7.58\_\_\_\_\_ HCO<sub>3</sub> 32\_\_\_\_\_

↑= alkalosis; ↑= metabolic

---

4.

pH 7.22\_\_\_\_\_ HCO<sub>3</sub> 30\_\_\_\_\_

↓= acidosis; ↑= respiratory

---

5.

You are providing care to a client with the following blood gas results: pH 7.32, CO<sub>2</sub> 49, HCO<sub>3</sub> 29, PO<sub>2</sub> 80, and SaO<sub>2</sub> 90%. Based on these results, the client is experiencing:

↓= acidosis; ↑= respiratory

---

6.

MacKussmaul

The only acid base to cause Kussmaul respirations is Metabolic ACidosis

---

7.

As the \_\_\_\_\_ goes, so goes \_\_\_\_\_ except for \_\_\_\_\_

pH, my patient, Potassium

---

8.

Up

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

---

9.

Down

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

---

10.

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

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

---

11.

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

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

---

12.

High pressure alarms are triggered by \_\_\_\_\_ resistance to air flow.

increased

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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

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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

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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

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36.

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

all, alcohol, nausea, vomiting, death

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37.

What are examples of products that contain alcohol?

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

---

38.

Every alcoholic goes through \_\_\_\_\_. Only a minority get \_\_\_\_\_

Alcohol Withdrawal Syndrome, Delirium Tremens

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39.

\_\_\_\_\_ is not life-threatening. \_\_\_\_\_ can kill you

Alcohol Withdrawal Syndrome, Delirium Tremens

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40.

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

Alcohol Withdrawal Syndrome, Delirium Tremens

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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

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57.

When remembering toxic effects of mycin's think \_\_\_\_\_

mice= ears

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58.

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

ototoxicity; monitor hearing, balance, and tinnitus

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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 \_\_\_

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

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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?

Nipah 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)

dies from respiratory failure and DIC (bleed to death)

treat with Doxycycline and Mupirocin

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

Phosgene 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 Phosgene 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: \_\_\_\_\_ inotropic, 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 O<sub>2</sub> 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

---

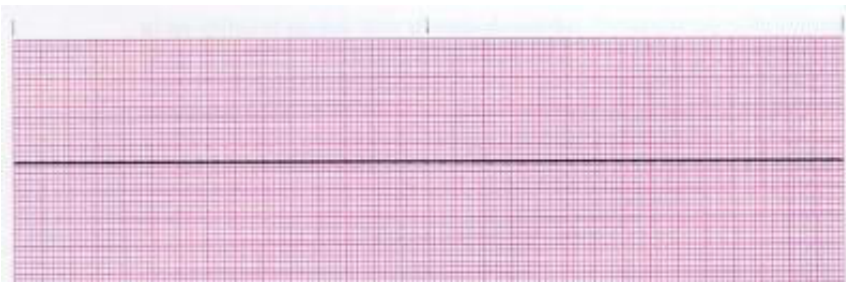
120.

What is the treatment for Asystole?

Give Epi first then Atropine

---

121.



asystole

---

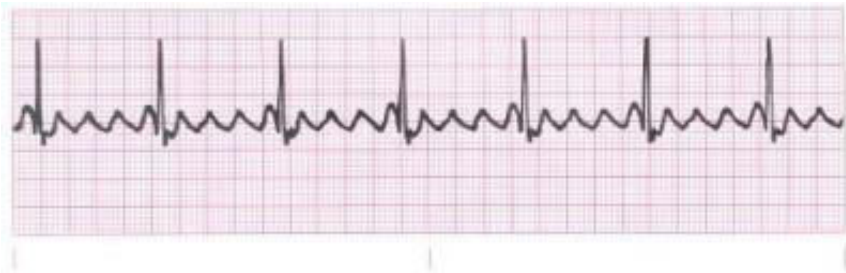
122.



atrial fibrillation

---

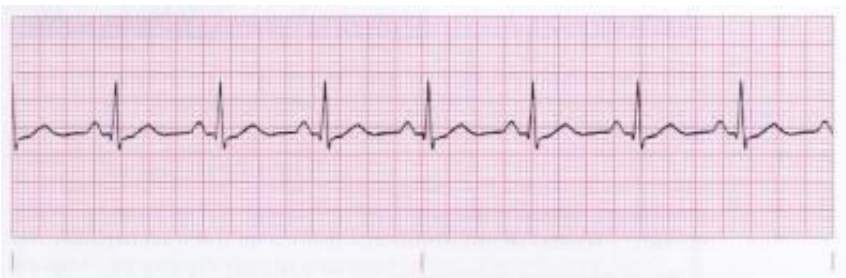
123.



atrial flutter

---

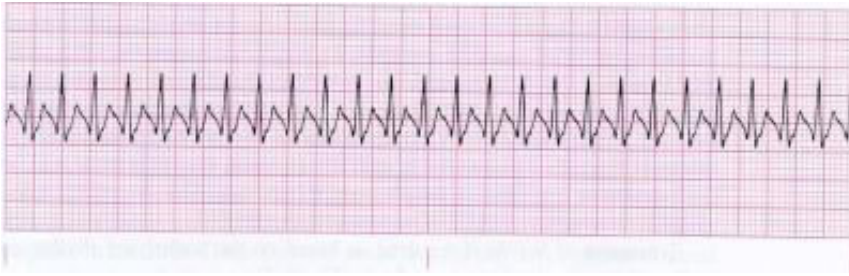
124.



Normal Sinus Rhythm

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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 arteriosus, Trans. position of great vessels, Tetralogy of Fallot, Tricuspid stenosis, TAPZ, Left ventricular hyperplastic syndrome

---

150.

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

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

unaffected 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 experience

---

173.

What are the 5 types of hallucinations?

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

schizophrenia, schizoaffective (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)

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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 talking 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 insulin)

Juvenile onset

Ketosis prone

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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

---

213.

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

Dehydration

Ketones, Kussmaul Breathing, high K<sup>+</sup>

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

Hot, 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)?

H<sub>a</sub>1c (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:  $\geq 2$

---

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:  $\geq 20$

---

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 SGS

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.

HypErnatremia

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<sup>+</sup> per liter of IV fluid

40mEq

---

247.

Give \_\_\_\_\_ & \_\_\_\_\_ to decrease K<sup>+</sup>

D5W, insulin (not permanent)

---

248.

Kayexalate:

K<sup>+</sup>- 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, exophthalmos  
(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, cold intolerance, "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-son

---



277.

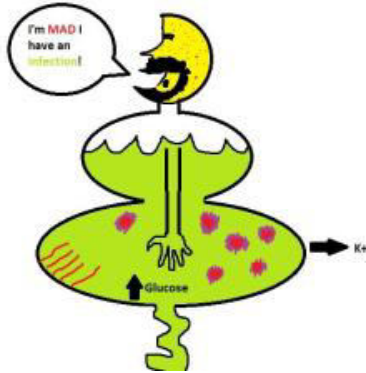
Cushing's Syndrome is \_\_\_\_\_ of the adrenal cortex

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?

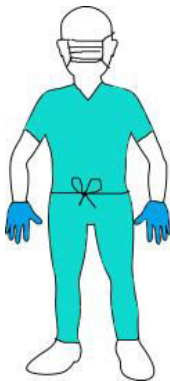
influenza (H1N1), meningitis, diphtheria, pertussis, mumps

---

283.

DROPLET PRECAUTIONS: Select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Private Room                    | <input type="checkbox"/> Eye/Face Shields    |
| <input type="checkbox"/> Mask                            | <input type="checkbox"/> Disposable Supplies |
| <input type="checkbox"/> Gloves                          | <input type="checkbox"/> Negative Air Flow   |
| <input type="checkbox"/> Special Filter Respirator Masks |  |
| <input type="checkbox"/> Handwashing                     | <input type="checkbox"/> Gown                |
| <input type="checkbox"/> 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?

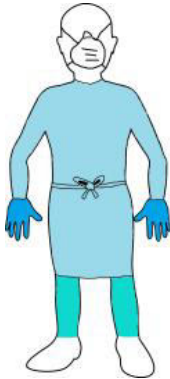
Measles, TB (spread via droplet), Chicken Pox (Varicella), SARS

---

285.

AIRBORNE PRECAUTIONS: Select all that apply:

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



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)?

musical 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  $\geq 4$ ?

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  $\geq 6$ ?

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 HCO<sub>3</sub>?

22-26

If out of range it is abnormal but not worrisome

---

347.

What is the therapeutic range for CO<sub>2</sub>?

35-45

---

348.

What do you do if CO<sub>2</sub> 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 O<sub>2</sub> (it will increase CO<sub>2</sub>)

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

---

349.

What do you do if CO<sub>2</sub> 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 PO<sub>2</sub>?

78-100

---

352.

What do you do if PO<sub>2</sub> is 70-77?

Critical  
Sign of respiratory insufficiency  
Assess respirations  
Give Oxygen

---

353.

What do you do when PO<sub>2</sub> 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 O<sub>2</sub> saturation?

93-100

---

355.

What do you do if O<sub>2</sub> 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.  $K^+ \geq 6$
  2. pH in the 6's
  3.  $CO_2$  in the 60's
  4.  $pO_2 \leq 60$ '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 ileus

---

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, iliac 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) is 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

eat 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

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, extremities (pulses, edema, S7S thrombophlebitis)

---

444.



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

milia

---

445.

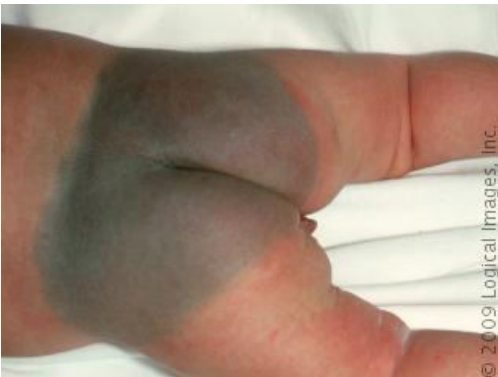


small, white epithelial cysts on baby's gums

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.

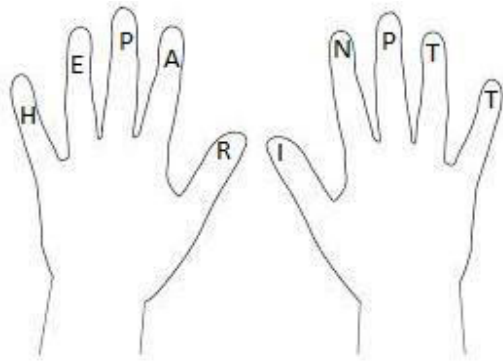
SQ- length and guage

5 in both parts (S looks like a 5)

---

461.

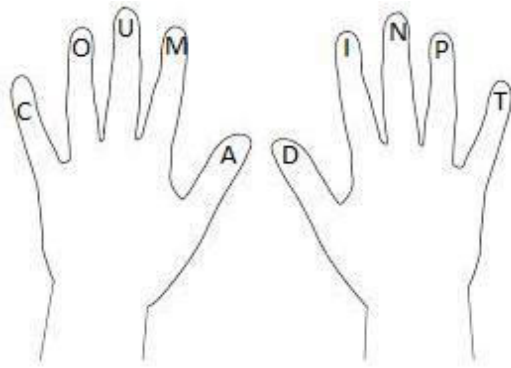
Heparin



- 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  $\geq 104$
  4. pulselessness or breathlessness
- 

478.

The more \_\_\_\_\_ the \_\_\_\_\_, the higher the priority

vital, organ

Most vital  $\rightarrow$  brain  $\rightarrow$  lungs  $\rightarrow$  heart  $\rightarrow$  liver  $\rightarrow$  kidney  $\rightarrow$  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 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 severe, acute, sometimes fatal hypertensive crisis, the patient MUST avoid all foods containing tyramine

Foods containing tyramine:

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

Grains: all 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= fotosensitivity

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 Wort (serotonin syndrome), and warfarin (watch for bleeding)

---

515.

Side effects of Zoloft

SAD Head

Sweating

Apprehensive

Dizzy

Headache

---