

If the pH and the BiCarb are both in the same direction then it is?

Metabolic

If the pH is up it is?

Alkalosis

If the pH is down it is?

Acidosis

As the pH goes so goes my patient except for?

Potassium

If the pH is UP my patient will show signs and symptoms of...?

Increase... like tachycardia, diarrhea and borborygmi

If the pH is down my patient will show signs and symptoms of?

Decrease... like decreased output, bradycardia and constipation

If my pH is up my potassium (K+) is ?

Down

If my pH is down my potassium (K+) is?

Up

If my patient is overventilating I should choose?

Respiratory Alkalosis

If my patient is underventilating I should choose?

Respiratory Acidosis

If my patient has prolonged gastric vomiting or suction I choose?

Metabolic Alkalosis

If it is not lung or prolonged vomiting or suctioning I choose?

Metabolic Acidosis

High pressure alarms are triggered when?

They cannot push air in

High pressure alarms are caused by what three types of obstructions?

Kinking, Water in dependant loops and mucus in the airway.

If kinking in the tube is present you?

Unkink

If water is present in the dependant loops you?

Open system and empty water.

If mucus is present you?

Turn them, cough and have them deep breath first. If ineffective you then suction.

Low pressure alarms are triggered when?

It is too easy to push air in.

Low pressure alarms are normally caused by?

Disconnection

If the tubing is disconnected you?

Reconnect

If O2 sensor line is disconnected you?

Reconnect

In a vented client respiratory alkalosis means the vent setting may be too?

High

In a vented client respiratory acidosis means the vent may be too?

Low

What do you do if the patients disconnected tube is on the floor?

Bag them, (call for help) get new tube and then reconnect.

What do you do if the patients disconnected tube is on the chest?

Reconnect ... if its above the waist its ok.

What is the biggest problem in abuse?

Denial

applicable to all forms of abuse

To treat denial you need to?

Confront

How do you confront?

Point out the difference between what they say and what they do.

What is the one circumstance that you as a nurse would support denial?

Loss and Grief

What is dependency?

When the abuser gets a significant other to make decisions for them or do things for them.

the abuser is dependent

What is codependency?

When the significant other gets positive self esteem from doing things or making decisions for an abuser.

To treat dependency/codependency you?

Set limits and enforce them. You also need to work on the self esteem of the codependent.

What is manipulation?

When the abuser gets the significant other to do things for them that is not in the best interest of the significant other. This can be dangerous and harmful to the significant other.

How do you treat manipulation?

Set limits and enforce.

Why is manipulation easier to treat than dependency/codependency?

Because no one likes being manipulated.

What is Wernickes (Korsakoffs) Syndrome?

Psychosis induced by vitamin B1 (Thiamine) deficiency.

Vitamin B1 helps breakdown?

Alcohol

Primary symptom of Wernickes?

Amnesia with confabulation (making up stories).

Is Wernickes preventable?

Yes

Is Wernickes arrestable?

Yes

Is Wernickes reversible?

No

What is aversion therapy?

When you try and make the patient hate something.

Antabuse onset and duration is?

2 weeks

Teach a patient taking Antabuse to avoid what?

Alcohol

On top of alcohol a patient taking Antabuse should also avoid what other 7 things?

Elixirs, Vanilla Extract, Aftershave/Perfumes, Alcohol based hand sanitizer, Insect repellent, Mouthwash and Vinagerette.

What are the five uppers?

Caffeine, Cocaine, Methamphetamines, PCP/LSD and ADHD Meds

Downers are?

Everything other than the five uppers.

S/S of upper use?

Everything goes up...Tachycardia, increased BP etc.

S/S of downer use?

Everything goes down...Bradycardia, decreased BP etc.

Overdose of a downer causes everything to go?

Down

Overdose of an upper causes everything to go?

Up

Withdrawal of an upper causes everything to go?

Down

Withdrawal of a downer causes everything to go?

Up

At birth if the mother was addicted to a substance always assume the newborn is in?

Intoxication

If 24 hours after birth assume the baby is in?

Withdrawal

Every alcoholic goes through what withing 24 hours after cessation?

Withdrawal syndrome

After 72 hours of alochol withdrawal a small minority may get?

Delirium Tremens

Can Delirium Tremens kill you?

Yes

Can Alcohol Withdrawal Syndrome kill you?

No

Are patients with Alcohol Withdrawal Syndrome a danger to themselves or others?

No

Are patients with Delirium Tremens a danger to themselves or others?

Yes

N/I for Delirium Tremens?

Private room near nurses station, NPO/Clear liquids, Restricted bed rest, restraints, tranquilizer, multivitamin (B1 vit.) and antihypertensive.

N/I for Alcohol Withdrawal Syndrome?

Semi-private room anywhere, regular diet, up and ad-lib, no restraint, tranquilizer, multivitamin (B1) and antihypertensive.

A two point restraint is?

One arm and the opposite leg.

N/I for restraints?

Check Q15min. and rotate sites Q2H

All aminoglycosides end in?

"mycin" Vancomycin

If it has "thro" in it you?

Throw it out...Zithromycin

Toxic effects of aminoglycosides?

Ototoxicity, nephrotoxicity and cranial nerve 8 (vestibulocochlear nerve) which senses sound.

In aminoglycoside use monitor?

Hearing, balance, tinnitus & creatinine (best indicator of renal function)

Frequency of administration for aminoglycosides?

Q8H

Aminoglycoside route of administration?

Im or IV

Aminoglycosides are given PO for what two reasons?

Hepatic Encephalopathy and Pre-op bowel surgery.

Neomycin and Kanmycin are used for what?
Bowel sterilization?

Who can sterilize my bowel?
"Neo" "Kan"

Hepatic Encephalopathy is caused by?
High ammonia levels

What raises ammonia levels the most?
Ecoli in the gut

When do you draw a trough level?
30 minutes before the next scheduled dose.

When do you draw a sublingual peak level?
5-10 minutes after it is dissolved.

When do you draw a IV peak level?
15-30 minutes after dose is finished.

When do you draw a IM peak level?
30-60 minutes after given

Drugs DON't determine peak and trough times, the ROUTE does.
...

Calcium Channel Blockers are like what for the heart?
Valium

Calcium Channel Blockers treat what? (the 6 A's)
Antihypertensive, Anti-Anginal, Anti Atrial Arrhythmia and SVTS

Calcium Channel Blocker side effects? (the 2 H's)
Headache and Hypotension

What causes angina?
Chest pain due to O2 supply and demand issues.

90% of Calcium Channel Blockers end in?
"dipine" and "zem"

When giving a Calcium Channel Blocker you hold and notify if?
Systolic is 100 or lower.

"QRS" refers to?
Ventricular

"P" refers to?
Atrial

Asystole is?
A lack of QRS repolarizations

Atrial Flutter is?

Rapid P-wave repolarizations in a saw tooth pattern.

A-Fib is?

Chaotic QRS depolarizations

V-fib is?

Chaotic QRS depolarizations

V-tach is?

Wide bizarre QRS's

PVC is?

Periodic wide, bizarre QRS's

Be concerned about PVC's if? (the 6, 6 T's of PVC's)

More than 6 per minute, 6 in a row

What are the 2 lethal arrhythmias?

A-systole and V-Fib

What are the 4 potentially life threatening arrhythmias?

V-tach, A-fib, A-flutter and PVC

What are the 6 arrhythmias you are tested over on the NCLEX?

V-fib, A-fib, A-flutter, PVC, A-systole and V-tach

What are the 6 arrhythmias for NCLEX in order for prioritization?

A-systole, V-fib, V-tach, A-fib, A-flutter and PVC

When talking about arrhythmias the word "chaotic" means?

Fibrillation

When talking about arrhythmias the word "bizarre" means?

Tachy

PVC's fall on what wave of the previous beat?

T wave

When given a prioritization question for lethal arrhythmias if you are asked to prioritize and one says it happened 6 minutes ago and the other says 15 minutes ago which do you choose?

Always the one closest to the 8 minute mark. After 8 minutes the survival rate is LOW.

To treat PVC's you give?

Lidocaine/Amnioderone

To treat V-tach you give? (If it start with a V you use..)

Lidocaine/Amnioderone

To treat supraventricular arrhythmias you give?

Adenocard, Beta-blocker (end in "lol'), Calcium Channel Blocker and Digitalis or Lonoxin.

Supra means?

Above

To treat V-fib you ?

Defibrillate ... For V-fib you D-fib

To treat Asystole you give?

Atropine and Epinephrine but give it in reverse.

If asked how to treat A-fib first you?

Give Heparin then ABCD.... Heparin is instant Coumadin and Plavix take time.

An Apical chest tube is placed?

High (for air) A for air

A Basilar chest tube is placed?

Low (for blood) B for blood

If you are asked about chest tubes after a surgery or trauma you can assume it's a?

Unilateral Pneumothorax

Does a pneumonectomy get a chest tube?

No

What 4 things do you do if the water seal breaks on a chest tube?

Clamp it 1st!! Cut broken device off of tube, put the tube in water (NS), unclamp.

If asked about the best thing to do if the water seal breaks and not asking the first thing to do you?

Put it in water (NS).

What 4 things do you do if a chest tube comes out?

Cover hole with a gloved hand, put on a vaseline gauze dressing, put on sterile dressing and then tape on 3 sides.

How long can you clamp a chest tube?

No longer than 15 seconds without a doctor's order.

What do you use to clamp a chest tube and why?

Rubber tipped double clamps. Rubber because it won't pierce the tube and double because we're nurses and if one is good two is better.

Is bubbling in the water seal continuously good?

No it is bad. You need to find the air leak, tape it, report it and then record it.

Is bubbling in the water seal intermittently good?

Yes it should tidal on inhale.

Is bubbling in the suction control chamber intermittently good?

No it is bad. You need to dial up the suction, report and record.

Is bubbling in the suction control chamber continuously good?

Yes

All congenital heart defects that are trouble start with a ?

"T"

What defects have right to left shunts and are cyanotic?

Trouble defects

What defects have left to right shunts and are acyanotic?

Not trouble defects

All congenital heart defects have what?

Murmurs and Echocardiogram

What are the four defects of Tetralogy of Fallot?

Ventricular Defect, Pulmonic Stenosis, Overriding Aorta and Right Hypertrophy

What is the saying to help remember the four defects of Tetralogy of Fallot?

Varied Pictures of a Ranch

1 fingerwidth is how many cm's?

1

When the handgrip of a crutch is properly in place the elbow flexion should be?

30*

Crutches should be how many fingerwidths below the armpit?

2-3

Describe a 2 point gait?

1. one crutch and opposite foot together 2. Other crutch and other foot together.

2 points together and the same time.

Describe a 3 point gait?

1. Move two crutches and bad leg together. 2. Move good foot.

Move all three together and then the good leg.

Describe a 4 point gait?

1. One crutch 2. Opposite foot. 3. Other crutch. 4. Other foot.

It moves one at a time so 1,2,3,4 and 1,2,3,4, and 1,2,3,4 so crutch, foot, other crutch, other foot, and crutch, foot, other foot, other crutch etc,

Describe swing through?

Used for two braced extremities 1. Crutches 2. Legs... they kind of hop.

Use the even numbered gaits when weakness is?

Evenly distributed (bilateral)

When using the even gaits what one is for severe and what one for mild problems?

2 point gait for mild 4 point gait for severe.

Use the odd numbered gait when?

The problem is affecting one leg (unilateral)

Going up the stairs or down the stairs with crutches patient must remember...

UP with the GOOD and DOWN with the BAD

Crutches always move with what leg?

The bad leg.

What side do you hold the cane?

Strong side.

What side do you advance the cane with?

The weak side for a wide base support.

Step with opposites

For walkers remember you?

Pick it up, set it down and walk to it.

What is a delusion?

A false fixed belief, idea or thought.

This has no sensory component.

What are the three types of delusions?

Paranoid or Persecutory, Grandiose and Somatic

What is a paranoid delusion?

False fixed belief that people are out to harm you (CIA, FBI).

What is a grandiose delusion?

False fixed belief that you are superior (God, the Pope).

What is a somatic delusion?

False fixed belief about a body part (X-ray vision).

What is a hallucination?

False, fixed sensory experience.

Five types of hallucinations?

Auditory, visual, tactile, olfactory and gustatory.

What is an illusion?

Misinterpretation of reality.

It is a sensory experience.

How can you differentiate between illusions and hallucinations?

There is a referent (something to which they refer). So the patient takes something from reality and has a sensory response.

What are the four types of functional psychosis?

Schizophrenia, Schizoaffective disorder, Major depression/mania (bipolar).

If a functional psychotic is having a delusion or illusion you?

Acknowledge the feeling (that sound horrible), present reality (but we have no spiders in the room), set a limit (were not going to talk about that lets talk about something else), enforce the limit (I see you're too ill to talk about reality).

5 examples of psychosis of dementia?

Alzheimers, dementia, organic brain syndrome, wernickesand seniality.

What do you do if a patient with psychosis of dementia is having a hallucination or illusion?

Acknowledge and Redirect.

What is flight of ideas?

Jump from word to word. (This room is big, I liked the movie BIG when they were on the piano, Elvis could play the piano).

What is word salad?

Jump from word to word. Bob, Car, Sleep, Foot etc..

What is neologisms?

Make up new words.

What is a narrowed self concept?

When they refuse to leave the room or get dressed. (DON'T force them to do it)

What is ideas of reference?

When they think everything is about them. (Everyone is talking about me)

Type I Diabetes (IJK)?

Insulin dependent

Juvenile onset

Ketosis prone (makes ketones)

Type II diabetes? (non all of the above)

Non insulin dependant

Adult onset

Non ketosis prone

Diabetes S/S?

Polyuria, Polydypsia and polyphagia (hunger)

How do you treat type I diabetes? (DIE)

Diet 3

Insulin 1

Exercise 2

How do you treat type II diabetes? (DOA)

Diet 1

Oral hypoglycemic 3

Activity 2

Type II diabetics need how many calories a day?

1,200–1,800

Type II diabetics need how many feedings a day?

6

What two drugs can increase blood sugar?

Glucagon and Epinephrine

If client exercises more they need?

Less insulin

If client exercises less they need?

More insulin

When a client is sick what does it do to there blood sugar?

It increases it.

Teach diabetics who are sick to?

Take insulin, take sips of water to stay hydrated and stay as active as possible.

What are the 4 types of insulin?

Regular, NPH, Humalog and Lantus

Regualr insulins all have what in them?

R

Regular insulin onset?

1 hour

Regular insulin peak

2 hours

Regular insulin duration?

4 hours

NPH insulin all have a what in them?

N

NPH onset?

6 hours

NPH peak?

8-10 hours

NPH duration?

12 hours

NPH is not so fast and not in the bag (IV)

...

Regualr insulin is rapid and run

...

With humalog when do you give it?

With meals

Humalog onset?

15 minutes

Humalog peak?

30 minutes

Humalog duration?

3 hours

What is the only insulin safe to give at bedtime?

Lantus/Glargine

Which insulin works the fastest?

Humalog

What are the three reasons that cause low blood sugar in type I diabetes?

not enough food, too much insulin (#1) and too much exercise.

What is the biggest danger with low blood sugar?

Brain damage if its less than 15

S/S of low blood sugar are?

The same S/S of shock and being drunk... clammy, weak, slurred speech etc.

Treatment for low blood sugar in type I diabetes?

Rapidly metabolizable carb or ideally a carb/protein combo or carb/starch combo.

Unconscious (NPO): give glucagon IM or dextrose IV.

Examples of rapidly metabolizing carbs?

Juice, hard candy, icing, honey, syrup

Diabetic Ketoacidosis (AKA high blood sugar in Type I diabetes) is caused by what 3 things?

Too much food

Not enough insulin

Not enough exercise

What is the #1 cause of DKA?

Viral upper respiratory infection within last 2 weeks.

DKA S/S?

D-hydration

K-etones in the urine and blood, Kussmaul Resp and K+

A-cidosis, Acetone breath, Anorexia d/t nausea

DKA treatment?

IV at high flow rate (200hr.) with insulin R (it doesnt matter what solution its in)

Treatment for low blood sugar in Type II is the same as Type I low blood sugar treatment.

...

High blood sugar in type II diabetes aka hyperosmolar, hyperglycemic, non-ketotic coma (HHNK) is the same as?

Dehydration

HHNK S/S?

Same as dehydration

Treatment for HHNK is?

Rehydrate but no insulin in the bag because it is not type I diabetes. You only give insulin in the bag with type I diabetes because they burn fat and it turns to ketones.

What are the two long term problems from diabetes?
Peripheral neuropathy and poor tissue perfusion.

What lab is the best indicator for long term blood sugar maintenance?
HGBA1C aka glycosated hemoglobin

Lithium therapeutic level?
0.6-1.2

Lithium toxic level?
over 2.0

Lanoxin (digoxin) therapeutic level?
1-2

Lanoxin (digoxin) toxic level?
Over 2.0

Aminophylline therapeutic level?
10-20

Aminophylline toxic level?
Over 20

Dilantin therapeutic level?
10-20

Dilantin (Phenytoin) toxic level?
Over 20

Elevated bilirubin level?
10-20 neonate only

Toxic bilirubin level?
Over 20 neonate only

Dilantin is an?
Anticonvulsant

Aminophylline is an?
Airway antispasm

Lanoxin(digoxin) is for?
CHF, Atrial arrhythmia

Lithium decreases?
Mania

What is Kernicterus?
When bilirubin is over 20 and in the CSF(cerebrospinalfluid)

What is Opisthotonos?

Position of hyperextension seen with kernicterus. Place them on there side if present.

If kernicterus and opisthotonos are occurring you?

Call doctor, draw bilirubin level, increase the IV rate and start billi lights.

Hiatal hernia is?

Gastric contents moving in the WRONG DIRECTION and the CORRECT RATE.

Dumping syndrome is?

Gastric contents moving in the RIGHT DIRECTION and the INCORRECT RATE.

S/S of hiatal hernia are?

GERD upon lying after meals

S/S of dumping syndrome are?

Acute abdominal distress= gas, ^bs, cramping, bloat

Dumping= s/s of being drunk

Syndrome= s/s shock

3 treatments for hiatal hernia is?

High fowlers during and 1hr after meals

Increase fluids with meals

Increased carbs

3 treatments for dumping syndrome?

Lay flat on side during and 1hr after meals

Decrease fluids during meals(drink between meals)

Decrease carbs (aka ^ protein diet)

Kalemias do the same as the prefix except for the what?

The HR and urine output.

Calcemias do the opposite of the prefix plus all what?

BP changes

What is Chvosteks sign?

Push the cheek and it spasms

What is Trousseau's sign?

BP cuff inflated and causes a carpal spasm.

Magnesemias do the opposite of the prefix plus all what?

BP changes

If in a tie never pick magnesium. If the symptom involves nerve or skeletal pick calcemia. For any other symptom pick potassium.

...

What is the rule for Natremias?

The one with the E id dehydration the one with the O is overload

HypErnatremia has s/s of dehydration and HypOnatremia has s/s of fluid overload.

Earliest sign of an electrolyte overload is?

Numbness and tingling (parasthesia)

Universal s/s of an electrolyte imbalance is?

Muscle weakness (AKA paresis)

Never push what electrolyte?

K⁺

To decrease K⁺ you give?

D5W with Insulin R (insulin pulls the K⁺ from the blood and pulls it in the cell with glucose. this buys time but doesn't solve the problem)

Kayexelate does what?

Gets rid of K⁺ slow and late

K-exits-late

How much K⁺ can you have per liter of IV fluid?

40 mEq

What two words mean the same thing as immunosuppression?

Agranulocytosis and neutropenia.

Hyperthyroidism (AKA graves disease) is the same as saying?

Hypermetabolism

S/S of Hyperthyroidism?

Same as hypermetabolism... agitated, nervous, diarrhea, hot, [^]HR, [^]BP, thin, hyperactive etc.

Remember RUN yourself in the GRAVE

Hyperthyroidism (Graves Disease)

Graves disease treatment options are? (3)

1. Radiation with I131 (radioactive iodine) 1st 24hrs be alone and flush the toilet alot. 2. PTU (drug) worry about immunosuppression. 3. Surgical removal.

What are the two types of Thyroidectomies?

Total and Sub-total.

With a Total Thyroidectomy what do they need for life?

Hormone replacement (Synthroid)

What are you at risk for following a Total Thyroidectomy?

Hypocalcemia (parathyroid regulates calcium)

For a Sub-total Thyroidectomy you are at risk for what?

Thyroid storm

S/S of a Thyroid storm are?

The same as Graves Disease but incredibly higher.

Exp: HR 180, Temp 108*, psychotic delirium.

Thyroid storm treatment?

High flow O₂, 5 ice packs= 2 under each arm, 2 groin, 1 back of neck.

Post Op Thyroidectomy risks 1st 12 hrs?

Hemorrhage and airway. After 1st 12hrs assume they are stable.

Post Op thyroidectomy risks 12–48 hrs for Total Thyroidectomy?

Tetany

Post Op Sub–Total Thyroidectomy risks 12–48 hrs...

Thyroid storm

Hypothyroidism is the same as saying?

Hypometabolism

Hypothyroidism S/S?

Same as hypometabolism ie, tired, sluggish etc

What is the name of the disease for hypothyroidism?

Myxedema

Treatment for hypothyroidism?

Hormone supplement

If asked a question and your patient is critical remember to always

STAY with the patient!!

...

Do you sedate a patient with hypothyroidism (myxedema)?

No, you could put them into a coma. This patient is already low in consciousness.

If a patient with hypothyroidism is NPO for surgery you still give them what?

Hormone replacement medication.

What is Addison's Disease?

Under secretion of the adrenal cortex.

S/S of Addison's Disease?

Hyperpigmentation and do not adapt well to stress.

Addison's Disease treatment?

Chronic steroids (glucocorticoids)

With Addison's Disease you ADD what?

ADD-A-SONE

Cushing Syndrome is the oversecretion of?

The adrenal cortex.

S/S of Cushing's Syndrome?

Think of the Cush Man... Moon face, buffalo hump, thin legs and bones, striae (stretch marks), male breasts, hirsutism etc,

Cushings Syndrome treatment?

Adrenalectomy

Contact precautions are used for what 4 types of diseases?

RSV, Herpetic infection, Staph infections and Enteric (bowel) infections

Contact precautions have what 5 things?

Private room – door can be open
Gown– if giving direct care
Gloves
Handwashing
Disposable supplies

Droplet precautions are for what 2 diseases?

All meningitis and all influenza

Droplet precautions have what 6 things?

Private room– door can be open
Gloves
Mask– #1 in this group
Handwashing
Pt wears mask when leaving room
Disposable/dedicated equipment

Airborne precautions are for what 4 diseases?

SARS, TB, Measles and Varicella

Airborne precautions have what 9 things?

Private room–door closed
Mask
Gloves
Gown
Handwashing
Special filter respirator masks
Pt wears a mask when leaving room
Disposable/dedicated supplies
Negative airflow room

PPE contains?

Gloves, gown, goggles and mask unless told otherwise.

Proper order for donning PPE?

1. gown
2. mask
3. goggles
4. gloves

Where do you remove PPE?

In the room.

Where do you put on PPE?

Outside the room.

Proper order for removing PPE?

1. gloves
2. goggles
3. gown
4. mask

In airborne precautions it is ok to remove what piece of PPE outside of the room?

Mask

What position are your hands for handwashing?

Hands below elbow

How long do you wash for handwashing?

15 seconds

Can the faucet have handles for handwashing?

Yes

What do you use in handwashing?

Soap and water

When do you wash your hands?

Before and after gloves

Entering and exiting a room

After you soil your hands

What position are your hands in for scrubbing?

Elbows below hands.

What is the length for hand scrubbing?

3-7 minutes

What do you use for hand scrubbing?

Cleaning agent must have the prefix "chlor"

Can the sink have handles for scrubbing?

No

When do you use scrubbing?

Immunosuppression, surgery, transplant, chemo, HIV

Dry your hands from...?

Cleanest to least clean

You can use alcohol based solution when?

Before and after gloves, entering and leaving a room

What can children under 3 not have?

Small toys

If a child has O2 is use what type of toys can't be used?

Metal

What is the best toy for a 0-6 month old?

Musical mobile (get rid of this at 6 months or when the child is sitting up)

What three things should you ask yourself when choosing appropriate toys for kids?

Is it safe

Is it appropriate

Is it feasible

What is the 2nd best toy for a 0-6 month old?

Anything soft and large

What is the best toy for a 6–9 month old?

Cover/uncover toy

What is the second best toy for a 6–9 month old?

Anything large that they can't swallow.

What is the best toy for a 9–12 month old?

Talking toy.

What is the second best toy for a 9–12 month old?

Anything that is purposeful (rolling a ball back and forth)

What 5 words should you avoid when answering a question about toys for a child under 9 months old?

Build

Make

Construct

Sort

Stack

What is the best toy for a toddler (1–3 yr.)?

Push/pull toy

What should you work on with a toddler (1–3 yr.)?

Gross motor

What is toddler (1–3 yr.) play characterized by?

Parallel play (with another child but alone)

What two things should you work on with a preschooler (3–6 yr.)?

Fine motor (fingers)

Balance (dance, gymnastics)

What sort of play do preschoolers (3–6 yr.) prefer?

Pretend play

What is preschooler (3–6 yr.) play characterized by?

Co-operative play (together)

School age (7–11 yr.) is characterized by the 3 C's, what are they?

Creative (no coloring book, use blank paper)

Collecting

Competitive

Adolescents (12–18 yr.) "play" is?

Peer associated

Allow adolescents to be in each others rooms unless?

Contagious

Immunosupressed

Fresh post-op

If you're being questioned over a drag and drop and you're given an option that would require a doctors order assume that you have that order. But if an option is to call the doctor, you call first then give.

...

Best indicator of kidney function?

Creatinine

Creatinine norm?

0.6-1.2

INR monitors...

Coumadin/Warfarin therapy

INR therapeutic level?

2-3

If the INR is over 4 you?

Hold all Coumadin/Warfarin

Assess bleeding

Prepare to give K+

Call doctor

Potassium norm?

3.5-5.3

If the potassium is below 3.5 you?

Assess the heart

Prepare to give potassium

Call the doctor

If the potassium is high (5.4-5.9 high but still within the 5's) you?

Hold potassium if in the IV

Assess the heart

Prepare to give D5W with insulin

Call the doctor

If the potassium is over 6 you...?

Assess

If negative effects present you call Rapid Response.

If no negative effects you do the same as "high but within the 5's)

pH norm?

7.35-7.45

If the pH is under 7 you?

Assess vital signs

Call the doctor ASAP

BUN norm?

8-30

If the BUN is elevated check for?

Dehydration

How should you prioritize labs?

Based on what the level will do to the body and not the disease it's associated with.

If you have a lab that's high and you don't know why pick?

Dehydration

Hgb norm?

12-18

Hgb under 8 you?

Assess bleeding

Prepare blood

Call doctor

Bicarb (HCO₃) norm?

22-26

CO₂ norm?

35-45

CO₂ is the 50's you?

Assess respiratory status

Do pursed lip breathing

^ exhale time

DON'T give O₂ if the above isn't working call the doctor!

CO₂ in the 60's (respiratory failure) you?

Assess respiratory status

Do pursed lip breathing

Prepare for intubation

Call respiratory therapy

Call the doctor

Hct norm?

36-54

PO₂ norm?

78-100

PO₂ 70-77 you?

Assess respiratory status

Give O₂

PO₂ below 60 you?

Assess respiratory status

Give O₂

Prepare for intubation

Call respiratory therapy

Call the doctor

O₂ sat norm?

93-100

O₂ sat below 93 you?

Assess respiratory status

Give O₂

BNP norm?

<100

BNP is a good indicator of what?

CHF

What is the best indicator of CHF?

ANF

ANF and BNP=

CHF

Sodium norm?

135-145

Sodium is ok if abnormal unless what occurs?

Change in LOC

WBC norm?

5,000-11,000

Absolute neutrophil count (ANC) norm?

500

CD4 norm?

< 200 is AIDS

If the WBC count is high this is called?

Leukocytosis

If the WBC is low it is called?

Leukopenia

Neutropenia

Agranulocytosis

Immunosuppression

Bone marrow suppression

If the WBC is low you should?

Follow strict handwashing

Shower BID with antimicrobial soap

Avoid crowds

Private room

No fresh flowers or potted plants

Low bacteria diet- no raw fruits/veggies, no undercooked meat.

No water drinking if its been sitting for longer then 15 minutes.

Vitals Q4H

Check WBC daily

Avoid reusable plates/silverware etc,

Platelets norm?

150,000-400,000

If platelets are below 90,000 you?

Check for bleeding

Place on bleeding precautions (thrombolytic precautions)

If platelets are below 40,000 you?

Prepare platelet transfusion

Call the doctor

RBC norm?

4-6

Reason for laminectomy is?

To treat nerve root compression.

3 P's of nerve root compression (S/S) ?

Pain

Paresis= muscle weakness

Parasthesia

Knowing the location of a laminectomy is key to getting the ? right.

...

Cervical =

Neck

Thoracic =

Upper

Lumbar =

Lower

Pre-op cervical laminectomy's most important assessment is?

1st breathing (rate and rhythm)

2nd arm and motor sensory

Pre-op thoracic laminectomy's most important assessment is?

1st cough (uses abdominal muscles)

2nd bowel sounds

Pre-op lumbar laminectomy's most important assessment is?

1st voiding (when was last time, can they)

2nd leg motor and sensory.

The rule of ABC's does not work in what area of health?

Neuro

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

Log roll the patient

Activity requirements/restrictions Q8H after laminectomy surgery?

Do not dangle (AKA sit on the side of bed)

May stand, walk and ly without restrictions

Don't sit longer than 30 minutes

What post-op complication do you watch for with a cervical laminectomy?

Pneumonia

What post-op complication do you watch for with a thoracic laminectomy?

Pneumonia

Paralytic ileus

What post-op complication do you watch for with a lumbar laminectomy?

Urinary retention

For a laminectomy what incision site is more painful?

Hip site

For a laminectomy what incision has the most drainage/bleeding?

Hip site

For a laminectomy what incision site has the highest risk for infection?

50/50 equal

If being asked about a surgery and the length of time for restrictions your default answer should be?

6 weeks

Discharge teaching for a laminectomy?

Don't sit for longer than 30 minutes for 6 weeks

Ly flat and log roll for 6 weeks

No driving for 6 weeks

Do not lift more than 5 lb. for 6 weeks

Permanent restrictions for a laminectomy?

Do not lift by bending at the waist

No crazy activities... jerky rides, horseback riding

Cervical laminectomy can't...

Lift objects above the head.

Nageles rule for calculating a due date is?

1st day of the last menstrual period

Add 7 days

Subtract 3 months

Normal weight gain for pregnancy?

28 + or - 3 lb

1st trimester weight gain?

1 lb a month

2nd/3rd trimester weight gain?

1 lb a week

After week 12 you can subtract 9 to get appropriate weight gain.

...

Fundal height is not palpable until week?

12

The fundus is palpable at the naval at week?

20-22

If the fundus is not above the naval the baby is not?

Viable

Positive signs of pregnancy?

Fetal skeleton on X-ray

Fetal presence on ultrasound

Auscultation of FHR (heard at week 8, most likely at 10 and should be heard by 12)

Examiner palpates fetal movement

Probable/presumptive signs of pregnancy are?

All urine and blood tests

What is Chadwicks sign?

Cervical change to cyanosis (blue hue)

What is Goodells sign?

Cervical softening

What is Hegars sign?

Softening movesd from the cervix to the uterus.

How long do you go to the doctor for pregnancy once a month?

For 28 weeks.

How long do you go to the doctor every two weeks for pregnancy?

From week 28-36

How long do you go to the doctor for pregnancy every week?

From week 36-42

Is it normal to be slightly anemic during pregnancy?

Yes

Normal Hgb level in women is?

12-16

Hgb level in first trimester?

Can fall to 11 and it is normal.

Hgb level in second trimester?

Can fall to 10.5 and is normal.

Hgb level in the third trimester?

Can fall to 10 and is normal.

How do you treat morning sickness? (1st trimester)

Dry carbohydrate

How do you treat urinary incontinence during pregnancy? (1st and 3rd trimester)

Void Q2H

Treating dyspnea during pregnancy? (2nd and 3rd trimester)

Tri-pod position

How do you treat back pain in pregnancy? (2nd and 3rd trimester)

Pelvic tilt exercise

Always teach a pregnant women to pee how often from day of pregnancy to 6 weeks post partum?

Q2H

Truest most valid sign of labor is?

Regular contractions

Dilation is?

Opening of the cervix (0-10)

Effacement is?

Thinning of the cervix (0-100%)

Station is?

This refers to the baby's presenting part (normally the head) to the mother's ischial spine. So if the baby is above the ischial spine they are given a - number, if they are below they are given a + number. + numbers are positive news and - numbers are negative news.

Engagement is?

Station 0

Lie is?

Relationship between the spine of the baby and the spine of the mom.
Vertical (parallel) is ok, Transverse (perpendicular) is bad.

Presentation is?

The part of the body that enters the birth canal first.

The first stage of labor is?

The labor part.

The second stage of labor is?

Delivery of the baby.

The third stage of labor is?

Delivery of the placenta.

The fourth stage of labor is?

Recovery (1st 2 hours after the placenta is delivered)

How often do you monitor during labor?

Q15min until the 2hr mark after placental delivery. Then Q1H.

The first stage of labor has how many phases?

3

What are the three phases of labor?

Latent, Active and Transition

Latent phase is?

0-4 cm dilated

Contractions are 5-30min apart

Lasting 15-30 sec.

They are mild

Active phase is?

5-7 cm dilated

Contractions are 3-5 min apart

Lasting 30-60 sec.

They are moderate

Transition phase is?

8-10 cm dilated

Contractions are 2–3 min apart
Lasting 60–90 seconds
They are strong

Contractions should be no longer than _____ and no closer than _____.
90 seconds and 2–3 minutes

How do you assess frequency of contractions?
Beginning of one contraction to the beginning of another.

Duration of a contraction?
Beginning to end of one contraction.

How do you assess the intensity of a contraction?
Palpate with one hand over fundus and with the fingertips.

How do you treat painful back labor?
Knee to chest position
You use your fist and press on the patients sacrum.

How do you treat prolapsed cord? 911!! OB emergency
Push head back in
Position in knee chest position or Trendelenburg

What interventions do you do for all other OB complications? (LION)
L–erft side position
I–ncrease IV
O–2
N–otify doctor
If Pitocin is running stop this first then LION

Do not give what type of pain medication to a women in labor if the medication is likely to peak when the baby is born?
Systemic medications (IM, IV, Oral)

Low fetal heart rate is ?
Bad you LION under 110

High fetal heart rate?
160 This is ok

Low baseline variability? (aka heart rate not changing)
Bad you LION

High baseline variability?
HR changing a lot. This is ok.

Late decelerations?
Bad (placenta) you LION

Early decelerations?
Head pressed on. This is ok.

Variable decelerations?
HR up or down, cord compression = BERY BAD

ACE of spades answer for OB?

Check fetal HR

If in OB its low or late you?

LION

If variable its?

Very bad and you push and position.

The second stage of labor and delivery is all about?

Order

So what do you do and in what order for the second stage?

Deliver the head

Suction 1st the mouth then the nose

Check for nuchle cord (cord around neck)

Deliver shoulders and body

ID band

During the third stage of labor and delivery (placental delivery) you do what two things?

Make sure it's intact(if left in hemorrhage 1st infection 2nd)

Check for three vessels (2 arteries, 1 vein)AVA

What are the 4 things you do 4 times an hour for the 4th stage of labor?

VS- check for S/S of shock

Fundus- if boggy, massage. If displaced, void/cath

Perineal pad- excessive lochia= pad saturated Q15min 911

Roll on side and check the pad for bleeding.

The uterus should be like what after delivery?

Firm not boggy

Fundal height= days postpartum (3days= 3cm below naval)

Midline- if not catheterize

Lochia color rubra?

Red- rub it red

Lochia color serosa?

pink- rose pink

Lochia color alba?

White- albino white

Moderate lochia is?

4-6 inches on pad in one hour

Excessive lochia...

Saturated pad in 15 minutes

Extremity assessment post partum should check?

Pulses

Edema

S/S of thrombophlebitis- bilateral calf circumference is the best way to check. If they are equal its ok if not its positive for whichever calf is bigger)

Post partum assessment should include what?

Uterus

Lochia

Extremities

Milia is?

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

Epsteins pearls are?

Small, white epithelial cysts on baby's gums.

Mongolian spots are?

Bluish/black macules appearing over the buttocks and or thighs of darker skinned neonates.

Erythema toxicum neonatorum is?

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

Hemangiomas is?

Benign tumor of the capillaries.

Cephalohematoma is?

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

Caput Succedaneum is?

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

Hyperbilirubinemia is?

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

Vernix caseosa is?

Whitish, cheese like substance which covers the skin on an unborn baby.

Acrocyanosis is?

Normal cyanosis of the baby's hands and feet which appears intermittently over the 1st 7-10 days.

Nevus/Nevi is?

The generic term for a birthmark.

What 2 newborn variations are you most likely to be tested on for the NCLEX?

Cephalohematoma and Caput Succedaneum

Tocolytics do what to labor?

Stop it

What are the two tocolytics?

Terbutaline= Brethine

Nifedipine= Procardia

SE for Terbutaline?

Maternal tachycardia

This drug is not good if a heart issue is already present.

SE of Nifedipine?

Headache and Hypotension (H&H)

Oxytocics do what to labor?

Start it

What are the two oxytocic's?

Pitocin=Oxytocin

Cervidil= Prostaglandin

SE of Pitocin?

Can cause hyperstimulation (contractions longer than 90 sec. and closer than 2 min.)If FHR is less than 110 stop it, if FHR is normal you slow it.

Used also for PP Hemorrhage.

SE of Cervidil?

Effacement which leads to contractions.

What are the two neonatal lung medications?

Betamethasone

Survanta

How do you give Betamethasone?

To the mom

Before delivery

IM

SE of Betamethasone?

Increase in mom's glucose, so monitor blood sugar.

How do you give Survanta?

To the baby

After delivery

By inhalation

Humulin 70/30 is what?

70% N insulin and

30% R insulin

When drawing up insulins its?

RN (regular then N) draw what you are RN)

If your are pressurizing for drawing up insulin you?

Draw what you are backwards. NR----> RN

For injections an IM needle must be?

A 1 in both gauge and length.

For injections SUBQ needles must have?

A 5 in both gauge and length.

What routes can you give Heparin?

IV or SUBQ

How quickly does Heparin work?

ASAP

What do you monitor if on Heparin?

PTT

Antidote for Heparin is?

Protamine Sulfate

Heparin is what pregnancy class?

C

How can Coumadin be given?

Oral only

How long does it take for Coumadin to work?

3-5 days

What do you monitor in Coumadin?

Pt-INR(this is only for Coumadin)q

What is the antidote for Coumadin?

Vitamin K

What pregnancy class is Coumadin?

X

All K+ wasting diuretics end in?

X... If it ends in X its X's out K+ everything else it K+ sparing diuretics.

What is Baclofen(Lioresil, Flexeril)?

Muscle relaxer

Baclofen(Lioresil, Flexeril) SE?

Muscle weakness and drowsiness

What should you teach a patient taking Baclofen(Lioresil, Flexeril)?

Don't drive/ operate machinery

Don't drink alcohol

Don't care for children under 12

What is the saying that can be used to help remember

Baclofen(Lioresil, Flexiril)?

When you're on Baclofen you're on your back loafin.

A 0-2 yr old is in what Piaget stage?

Sensorimotor

A 3-6 yr old is in what Piaget stage?

Pre-operational

A 7-11 yr old is in what Piaget stage?

Concrete operation (think of a 7-11 with concrete around it)

Piaget's Stage: 12-15 years old

Formal Operations

Piagets sensorimotor stage is characterized by?

Present oriented

Only think about what they SENSE or are DOING now.

As a nurse when, what and how do you teach a child in sensorimotor stage?

Teach when you're doing it

What you're doing to them

Do it verbally

Piagets pre-operational stage is characterized by?

Fantasy oriented

Illogical

No rules

As a nurse when, what and how do you teach a child in the pre-operational stage?

Teach: the day of (to avoid nightmares)

What: you're going to do

How: use PLAY

Piagets concrete operations stage is characterized by?

Rule oriented

Live and die by the rules

Cannot abstract

As a nurse when, what and how do you teach a child in the concrete operations stage?

Teach them ahead of time

What you're going to do

Use visual and audio and use age appropriate reading

At what Piaget stage can you teach a skill like how to draw up insulin?

Concrete operations

Piagets formal operations stage can be taught like?

An adult

For prioritization the question will give what 4 pieces of information?

Age

Gender

Disease

Modifying phrase

For a prioritization question the most important information is?

The modifying phrase

For a prioritization question what 2 pieces of information do not matter?

Age and gender

What are the four rules of prioritization?

Acute beats chronic

Fresh post-op(12hr.) beats medical or other surgical.

Unstable beats stable

The more vital the organ the higher the priority(use only as a tie breaker)

What is the best rule out of all 4 for prioritization?

#4

What makes a patient stable? (7)

Chronic illness

Over 12 hr post op

Local or regional anesthesia

Unchanged assessment

Phrase "to be discharged"

Lab values A or B

Typical S/S for the disease they have or what they are receiving treatment for.

What makes a patient unstable? (7)

Acute illness

Post-op less than 12 hr

General anesthesia

Changed assessment

Phrase "newly admitted" or "newly diagnosed"

Labs C & D

Unexpected S/S

What 4 things are always considered unstable?

Hemorrhage

Hypoglycemia

Fevers over 104*

Pulselessness and breathlessness

What are the main 6 organs in prioritized order?

1. Brain

2. Lung

3. Heart

4. Liver

5. Kidney

6. Pancreas

What do you not delegate to a family member?

Safety responsibilities- "can you watch your dad really fast while I grab something."

Family can only do what you _____ them for the patient?

Teach

If another staff member is doing something illegal you?

Tell the supervisor.

What do you do if another staff member is placing the patient in physical or psychological harm?

Intervene and take over.

What do you do if a staff members behavior is legal, not harmful but just inappropriate?

Counsel them later at a better time.

The ACE of spades answer for nutrition is to either pick _____ or

_____.
Chicken

Fish

Never choose _____ as a food for children.

Casserol

For a toddler pick _____ food.

Finger

For a preschooler _____ meal a day is ok!!!

1

If you know what a particular drug does pick a SE in the _____ body system.

Same

If you have no idea what a drug is check to see if it is _____. If it is pick a _____ SE.

PO

GI

Ace of Spades answer for OB?

Check the FHR.

What is the first thing you assess in a Med-Surg situation?

L.O.C. = Bob, Bob, Bob are you ok????

What is the first thing you do in a Med-Surg situation?

Airway

For Peds patients, when in doubt, call it _____.

Normal

For Peds when in doubt pick?

The older age.

For Peds when in doubt pick the?

Easier task.

In Peds always give?

More time

Empathy question have?

A quote in the question and a quote in the answer.

In psych choose the answer that reflects the _____ and not the _____ they said.

Feelings

Words