Respiratory Class Preparation Day 2

Medication Review

1. Your client has recently started on montelukast (Singular) for allergic rhinitis. You know that it is important to monitor what for this client?
    a. Renal function
    b. Blood pressure
    c. Liver function
    d. Heart rate
2. You should instruct a client using phenylephrine spray for nasal congestion to do which of the following to avoid rebound congestion?
    a. Limit the drug's use to 3 to 5 days.
    b. Add an intranasal glucocorticoid.
    c. Taper the dose before discontinuation.
    d. Restrict the drug's use to one nostril at a time.
3. You anticipate that your client with a dry, hacking cough would be prescribed which of the following medications?
    a. Fluticasone
    b. Dextromethorphan
    c. Amoxicillin
    d. Diphenhydramine
4. You educate your patient these are common side effects of diphenhydramine, a first-generation antihistamine:
    a. Diarrhea
    b. Insomnia
    c. Dry mouth, constipation
    d. Rash
5. During assessment, the nurse notes that the patient with acute pharyngitis has a thick, white coating on their tongue. Which medication do they anticipate giving to treat?
    a. Amphotericin B
    b. Azithromycin
    c. Prednisone
    d. Nystatin
6. List the four drugs that are considered the initial treatment regimen of choice for patients newly diagnosed with tuberculosis: **Isoniazid, Rifampin, Pyrazinamide, Ethambutol**
7. Prompt treatment with what medication is essential to resolving bacterial pneumonia?
    a. Bronchodilator
    b. Antipyretic
    c. Corticosteroid
    d. Antibiotic
8. A client diagnosed with sinusitis is newly prescribed a steroid nasal spray. The nurse includes which of the following in their teaching?
    a. Systemic side effects are common
    b. Should be used on a regular basis, not PRN
    c. Use care operating machinery and driving
    d. Take on empty stomach

□□ Homework Activity: "Mission: Lung Possible"

🔍 Objective:

By the end of this activity, students will be able to:

- Identify key lower respiratory disorders
- Understand basic ventilation mechanics
- Explain respiratory defense mechanisms
- Apply correct isolation precautions for common infections

🧠 PART 1: Lung Locker – Diagnosis Decoder (5 minutes)

Match the correct **lower respiratory disorder** to the patient scenario below:

Scenario	Diagnosis Choices
A 68-year-old with productive cough, fever, crackles in lower lobes, lives in a care home. **C**	A. Emphysema
A college student with fever, night sweats, hemoptysis, lives in shared housing. **D**	B. Pertussis
A smoker with chronic cough, barrel chest, and pursed-lip breathing. **A**	C. Pneumonia
A Child with coughing fits and “whoop” sound **B**	D. Tuberculosis (TB)

🧩 **Your Mission:** Identify each disorder (A–D) and list one typical **sign/symptom** for each.

A. Emphysema: Barrel chest, pursed-lip breathing, dyspnea on exertion
B. Pertussis: Paroxysmal coughing fits followed by a “whoop” sound
C. Pneumonia: Productive cough with sputum, fever, and crackles in the lungs
D. Tuberculosis: Night sweats, hemoptysis (bloody sputum), and weight loss

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🧪 PART 2: Infection Intel – Isolation Match-Up (5 minutes)

Match each respiratory disorder to its correct **isolation precaution**:

Condition	Precaution Options
Asthma **D**	A. Airborne
Tuberculosis (TB) **A**	B. Droplet
Influenza **B**	C. Droplet + Airborne (per local policy)
COVID-19 **C**	D. Standard (no isolation)

□ PART 3: Ventilation Vault – Mechanics Riddle (5 minutes)

Agent Alveolus needs help remembering how air moves in and out of the lungs! Fill in the blanks:

1. When the **diaphragm contracts**, it moves **downward**, creating **negative** pressure in the thoracic cavity and drawing air in.
2. When the diaphragm relaxes, air is pushed out because the pressure becomes **positive**. **(higher negative pressure)**
3. The primary muscles of ventilation include the **diaphragm** and **external** intercostals.

□ **Bonus:**
What happens to ventilation if the diaphragm is paralyzed?

Ventilation stops

PART 4: Defense System ID (5 minutes)

Match each **respiratory defense mechanism** with its function:

Defense Mechanism	Function
Cough Reflex **C**	A. Sweeps particles up toward throat to be swallowed or coughed out
Alveolar macrophages **B**	B. Engulf and digest microbes deep in the lungs
Nasal hairs & mucus **D**	C. Clears irritants and secretions from upper airways
Mucociliary escalator **A**	D. Trap large particles before they reach the lungs

□ **Final Mission:** Choose one defense mechanism and explain how it could be impaired in a smoker.

Respiratory tissue integrity: In smokers, toxins from cigarette smoke damage the epithelial lining, causing inflammation and thickening. This weakens the lung's protective barrier, making it easier for infection and tissue changes to occur (cancer, scarring).