

Exam 1 Concept Review

- Endotracheal Tube care
 - hyperoxygenate before suctioning
 - tube may clog with heavy secretions
 - keep head elevated in high fowlers
 - aseptic technique unless cuffed
 - check for leaks
- Incorrect position of ET tube
 - the cuff is inflated to keep correct placement
- Chest tube Care
 - clamp when changing
 - apply pressure to prevent air coming in
 - keep suction below chest
 - keep suction upright
- Pneumothorax
 - deviated trachea to one side
 - pain with inspiration
 - SOB, tachycardia, hypotension
- Chest tubes (expected findings in the chambers)
 - watch for correct chamber profiles
 - suction control should tidal and regular bubbling
 - water seal should rarely bubble - this means a leak
- Blood Administration (important VS)
 - temperature
 - get baseline beforehand
- Blood Administration (administration times)
 - give RBC's within 4 hours max
 - give plasma over 30 minutes
 - plates within 30-60 minutes (as fast as tolerable)
- Blood Administration (monitoring times)
 - stay with client for first 15-30 minutes at least
- Blood Administration (reactions)
 - hemolytic, red cells lysisng, chills, fever, back pain, tachy, hypotension, flushing, nausea, anxiety, doom
 - febrile, temp
 - allergic, urticaria
 - bacterial, the large bacteria cells may cause blocks in periphery and cyanosis, shock
- Blood Administration (fluids to infuse with)
 - infuse with Y-tube and filter with NaCl
- Blood Administration (consent, verification, nursing care)
 - 2nd nurse present
 - done prior, explain infusion

- vitals before, after, during
- document response
- Pulmonary embolism nursing care and medications
 - nursing - O₂, high fowlers, IV access, assess, monitor
 - signs - low O₂, lung sounds crackles, cap refill low, trachea, BP bilateral, cardiac dysrhythmias, petechia
 - meds - anticoags, PT/INR Warfarin, PTT Heparin
- Acute respiratory failure manifestations
 - SOB, low O₂, accessory muscle use
 - agitation, disorientation, confusion, delirium
- Priority care for complications (ABCs)
 - pain, infection, hematoma, hemorrhage
- Identify dysrhythmias
 - normal, tachy, brady, dysrhythmia, these are normal shaped
 - PAC, hidden P wave between occasional rapid firing
 - A flutter, sawtooth pattern
 - A fib, odd lines between normal QRS
 - Junctional P hidden in T wave, not very visible P wave
 - Supraventricular Tachycardia, very rapid
 - blocks, 1 is progressive delay with P wave, 2 is extra, 3 is separate pattern
 - PVC, heavily disturbed QRS, bigeminy, trigeminy, couplet, triplet, quplet
 - Vtach, tombstones, severe
 - torsade, sin wave
 - Vfib, no QRS, no heartbeat, no complexes
 - asystole, nothing flat mostly aside from noise
 - pacemaker, occasional spikes
- Defibrillation & Cardioversion
 - defib, deliberate signal to SA/AV, given for Vtach no pulse, and Vfib
 - cardioversion, shocks on QRS, not critical care setting, given for V-tach with pulse
- Reducing CAD
 - modifiable risk factors / nonmodifiable
 - lower lipid profile, exercise 30 minutes 3-5 times a week
 - medication compliance
- Ventilator care/checklist
 - keep airway patent
 - assess respiratory status Q2
 - check for alarm, may mean kink
 - cuff used to keep in place ET tube
 - reposition Q24 or as facility protocol
- Myocardial infarction labs
 - CKMB, shows later, CK portion shows just muscle trauma
 - Troponin I, shows fastest leaves 7-10 D
 - Troponin T, shows a little later, leaves 7-14 days

- Myocardial infarction manifestations
 - pallor, cool, clammy skin, diaphoresis, low LOC, tachycardia, tachypnea
- Alteplase nursing tasks
 - used to clear clots
 - high bleed risk
 - monitor Neuro closely, may indicate brain bleed (CRITICAL)
 - vitals Q15 minutes
 - minimize blood draws
- Sedative and paralytic medications
 - sedatives, propofol, diazepam, lorazepam, modazolam, haloperidol
 - used with vent patients to keep fighting between breathing
 - paralytics, pancuronium, atracurium, vecuronium, long halflife
 - typically given with sedative or analgesic for pain/comfort
- Atelectasis manifestations
 - collapsed lung
 - dyspnea, cough, tachycard, tachypnea, pleural pain, central cyanotic, difficult breathing with lying on stomach (supine)
- Flail chest manifestations
 - paradoxical chest wall movement
 - watch for sudden sharp pain in lower chest, may indicate puncture of lung from hanging rib
- Chest tube indications
 - pneumothorax, hemothorax, tumor fluids
- Intubation respiratory monitoring
 - assess Q2
 - breath sounds
 - clear secretions with suction PRN
 - record rate, tidal volume, mode, cpap, Peep
 - alarm settings
- Valvular heart disease nursing care
 - monitor weight at least daily
 - assess rythms
 - admin O2
 - fluid restrictions/ sodium too
 - client may have low energy
- Pacemaker education
 - avoid electromagnets
 - keep phone away from implant
 - report presistent hiccuping
- Modifiable and nonmodifiable risk factors for CAD
 - modable - lipid levels Triglyc <200, LDL <150, HD > 50 for women, > 40 for women, tobacco, lifestyle, weight, blood sugar levels
 - nonmodable - age, gender, race, family history

- Pericarditis treatment
 - antibiotics
 - watch for history of respiratory infection (it may have spread from there)
 - chest pain, tachypnea, coughing, heart rub ausculted, SOB, relief when sitting forward
- Hypertensive crisis treatment
 - acutely high blood pressure
 - 2 types, emergency and urgency
 - reduce average BP by 20-25% within an hour and 160/100 within 6
 - watch with pregnancy and Intracranial pressure
 - meds - nitroprusside, nicardipine, clevidipine, enalaprilat, nitro
 - urgency is no progressive or impending damage, anxiety, nosebleed, give beta blockers (lol), ace inhibitors (IL), normallize with 24-48
- AAA manifestations
 - abdominal aortic aneurysm
 - back side pain
 - pulsating mass in abdomen
 - bruit on auscultation
 - high BP
- Bronchoscopy (diagnostic/nursing care)
 - visualizes the throat anatomy with a flexible scope
 - sedation, not general
 - biopsy aspiration culture
 - bleeding risk with anticoags, npo untill gag reflex, LOC, oral hygiene
- Cardiac Catheterization nursing care
 - strict bed rest
 - femoral or radial
 - monitor rythms
 - educate on reporting pain or bleeding
 - contrast allergy with fish allergy
 - NPO 8 hours
 - continuous cardiac monitor
 - give anticoags
 - maintain pressure on wound