

N433 Exam 3 Study Guide

Material that is covered on the exam includes assigned readings in the text, ATI, lecture presentations, and your notes. Medication calculation will be on the exam. Reviewing the care plans at the end of each chapter will assist you in identifying appropriate nursing actions in the given scenarios. This study guide is not all-inclusive but will help you focus on review for the exam.

Text	ATI
Ch. 37: Infection	Ch. 30, 36
Ch. 47: Immunologic Disorders	Ch. 38, pg. 185 (juvenile idiopathic arthritis)
Ch. 46: Hematology/Oncology	Ch. 21, 39-41

Ch. 37: Infection

1. Understand the definition of immunity and different types of immunity
2. Understand the components of the chain of infection
3. Variations in pediatric anatomy and physiology that makes them susceptible to infection
4. Know which isolation is appropriate for each disease
 - a. Box 37.1 pg. 1338
5. Nursing management of fever
6. Risk factors for CA-MRSA
7. Know the types of vector-borne illnesses

Ch. 47: Immunologic Disorders

1. Know contraindications to administering a live vaccine
2. Know which vaccines are considered live vaccines
3. Know at which ages children receive the meningococcal vaccine
4. Know stages of infectious disease
5. Warning signs of primary immunodeficiency
6. Know S/S of thrush
7. Nursing management/anticipatory guidance related to pediculosis capitis
8. Know the most common food allergies and which foods to avoid in the first year
9. Implications for allergy to eggs
10. Latex allergy—who is at risk?
11. Emergency management of anaphylaxis

Ch. 46: Hematology/Oncology

1. Know interventions for lead levels
 - a. Table 46.4 pg. 1803
2. Know S/S of lead poisoning
3. Know what components of blood cells are affected by hematologic disorders
4. Complications of sickle cell anemia
5. Management of sickle cell anemia/vaso-occlusive crisis

6. Implications of iron-deficiency anemia
7. Know how to administer iron supplements
8. Plan of care related to iron-deficiency anemia
9. Know the S/S of leukemia
10. Know the nursing implications for a suspected Wilms' tumor