Management of Care

- Chapter 82 - Diabetes Mellitus Management: Teaching About Glucose Monitoring
  - Exercise and good nutrition are necessary for preventing or controlling diabetes.
    - Carbohydrates should be 45% of total daily intake.
    - Protein should be 15% to 20% of total daily intake depending on a patient's kidney function.
    - Unsaturated and polyunsaturated fats should be 20% to 35% of totally daily intake.
  - Self-monitored blood glucose
    - Ensure that the patient follows the proper procedure for blood sample collection and use of a glucose meter. Supplemental short-acting insulin can be prescribed for elevated premeal glucose levels.
    - Educate patients on checking the accuracy of the strips with the control solution provided, use the correct code number in the meter to match the strip bottle number, store the strips in the closed container in a dry location, obtain adequate blood sample for test, perform appropriate hand hygiene, use fresh lancets each time, and keep a record of each glucose test with the time, date, insulin dose, food intake, and other events that can alter glucose metabolism.
  - Diabetes mellitus
    - Type one is an autoimmune dysfunction involving the destruction of beta cells, which produce insulin in the islets of Langerhans of the pancreas. Immune system cells and antibodies are present in circulation and can also be triggered by certain genetic tissue types or viral infections.
    - Type 2 is a progressive condition due to increasing inability of cells to respond to insulin (insulin resistance) and decreased production of insulin by the beta cells. It is linked to obesity, sedentary lifestyle, and heredity. Metabolic syndrome often precedes type 2 diabetes mellitus.
- Chapter 96 - Postoperative Nursing Care: Priority Assessment Finding Following a Total Laryngectomy
  - Airway obstruction is from the swelling or spasm of the larynx or trachea, mucus in the airway, or the relaxation of the tongue into the nasopharynx, often manifesting as stridor or snoring.
    - Nursing actions include:
      - Monitor for choking; noisy, irregular respirations; decreased oxygen saturation values; and cyanosis. Intervene accordingly.
      - Implement a head-tilt/chin-lift maneuver to pull the tongue forward and open the airway.
      - Keep emergency equipment at the bedside in the PACU (resuscitation bag, suction equipment, airways).
      - Notify the anesthesiologist, elevate the head of the bed if not contraindicated, provide humidified oxygen, and plan for reintubation with endotracheal tube.
  - Paralytic ileus can occur due to the absence of GI peristaltic activity caused by abdominal surgery or other physical trauma.
    - Nursing actions can include:

    - Monitor bowel sounds.
    - Encourage ambulation.
    - Advance the diet as tolerated when bowel sounds, or flatus are present.
    - Administer prokinetic agents (metoclopramide), as prescribed.
    - The client can have an NG tube inserted to empty stomach contents.
  - Hypovolemic shock is a postoperative shock that can result from a massive loss of circulating blood volume.
    - Nursing actions can include:
      - Monitor for decreased blood pressure and urinary output, increased heart and respiratory rates, narrowing of pulse pressure, and slow capillary refill.
      - Administer oxygen.
      - Place the client in a supine position with legs elevated.
      - Administer IV fluids and vasopressors as prescribed.
- Chapter 15 – Stroke: Discharge Planning for a Client Following an Ischemic Stroke
  - Ischemic strokes (thrombotic or embolic) can be reversed with fibrinolytic therapy using alteplase, also known as tissue plasminogen activator (tPA), if given within 3 to 4.5 hours of the initial manifestations (unless contraindicated by factors [presence of active bleeding]).
  - Interprofessional care
    - Speech and language therapists can be consulted for language-therapy and swallowing exercises.
    - Physical therapy can be consulted for assistance with reestablishment of ambulation with or without assistance devices or wheelchair support. Wheelchair adaptations can be necessary.
    - Occupational therapy can be consulted for assistance with reestablishment of partial or full function of the affected hand and arm. If function does not return to the extremity, measures will be prescribed by occupational therapy to prevent swelling of the extremity.
    - Social services can be consulted to make arrangements for rehabilitation services and temporary placement on a skilled rehabilitation unit or extended-care facility during provision of these services. Prior to discharge, the social worker can make a home visit with selected therapists and nurses to evaluate the need for environmental alterations in the home and adaptive equipment needed for ADLS.
  - Client education
    - Use the unaffected side to exercise the affected side of the body.
    - For edema of the extremities, massage by stroking from the fingertips or toes back toward the body to encourage fluid movement.
    - Support the arm while in bed, the wheelchair, or during ambulation with an arm sling or strategically placed pillows.

Safety and Infection Control

- Chapter 91 – Cancer Treatment Options: Nursing Care for a Client Who is Receiving Internal Radiation Therapy
    - Brachytherapy describes internal radiation that is placed close to the target tissue. This is done via placement in a body orifice (vagina) or body cavity (abdomen) or delivered via IV such as with radionuclide iodine, which is absorbed by the thyroid.
    - Brachytherapy provides radiation to the tumor and a limited amount to surrounding normal tissue. Most clients remain in a medical facility until brachytherapy is complete. Clients who receive seed implants might go home with the implants. The client’s excretions are radioactive until the isotope has been completely eliminated from the body. Ensure no one touches the client’s excretions.
    - Nursing actions
        - Place the client in a private room. Keep the door closed as much as possible. Place a sign on the door warning of the radiation source.
        - Wear a dosimeter film badge that records personal amount of radiation exposure.
        - Limit visitors to 30-minute visits and have visitors maintain a distance of 6 feet from the source.
        - Individuals who are pregnant, trying to conceiver, or under the age of 16 years should not enter the client’s room.
        - Wear a lead apron while providing care, keeping the front of the apron facing the source of radiation.
        - Keep a lead container in the client’s room if the delivery method could allow spontaneous loss of radioactive material. Tongs are available for placing radioactive material into this container.
        - Follow protocol for proper removal of dressings and bed linens from the room. In most cases, all linens and dressings are kept in the client’s room until the radiation source is removed, to ensure it is not lost in the trash or laundry.
- Chapter 86 – HIV/AIDS: Teaching Home Care
    - Client education
        - Practice good hygiene and frequent hand hygiene to reduce the risk of infection.
        - Avoid crowded areas or traveling to countries with poor sanitation.
        - Avoid raw foods and undercooked meats such as fruits, vegetables, meat, fish, and eggs.
        - Avoid cleaning pet litter boxes to reduce the risk of toxoplasmosis.
        - Keep the home environment clean and avoid being exposed to family and friends who have colds or flu viruses.
        - Wash dishes in hot water using a dishwasher if available.
        - Bathe daily using antimicrobial soap.
        - Adhere to the antiretroviral dosing schedules.
        - Conduct frequent follow-up monitoring of CD4+ and viral load counts.
        - Perform constructive coping mechanisms.
        - Identify primary support systems.

        - Report manifestations of infection immediately to the provider.
    - Ensure the client understands transmission, infection control measures, and safe sex practices, importance of maintaining a well-balanced diet, self-administration of prescribed medications and potential adverse effects, and findings that need to be reported immediately.
    - Encourage the client to maintain up-to-date immunizations, including yearly seasonal influenza and pneumococcal polysaccharide vaccine.
- Chapter 11 – Infection Control: Making Room Assignments
    - Airborne precautions are used to protect against droplet infections smaller than 5mcg (measles, varicella, pulmonary or laryngeal tuberculosis).
        - A private room
        - Masks and respiratory protection devices for caregivers and visitors
        - Negative pressure airflow exchange in the room of at least 6 to 12 exchanges per hour, depending on the age of the structure.
        - If splashing or spraying is a possibility, wear full face (eyes, nose, mouth) protection.
        - Clients who have an airborne infection should wear a mask while outside of the room/home.
    - Droplet precautions protect against droplets larger than 5mcg and travel 3 to 6 feet from the client (streptococcal pharyngitis or pneumonia, Haemophilus influenza type B, scarlet fever, rubella, pertussis, mumps, mycoplasma pneumonia, meningococcal pneumonia and sepsis, pneumonic plague).
        - A private room or a room with other clients who have the same infectious disease.
        - Masks for providers and visitors.
        - Clients should wear a mask while outside of the room/home.
    - Contact precautions protect visitors and caregivers when they are within 3 ft of the client against direct client and environmental contact infections (respiratory syncytial virus, shigella, enteric diseases caused by micro-organisms, wound infections, herpes simplex, impetigo, scabies, multidrug-resistant organisms).
        - A private room or a room with other clients who have the same infection.
        - Gloves and gowns worn by the caregivers and visitors.
        - Disposal of infectious dressing material into a single, nonporous bag without touching the outside of the bag.

Health Promotion and Maintenance

- Chapter 55 – Hepatitis and Cirrhosis: Educating Staff About Hepatitis A
    - Hepatitis a is transmitted through the fecal-oral route.
    - Hepatitis A risk factors include ingestion of contaminated food or water, especially shellfish and contact with infected stool such as from an incontinent individual or sexual activity.
    - Laboratory tests for Hepatitis A
        - Alanine aminotransferase (ALT) – elevated, expected reference range is 4 to 36 units/L.
        - Aspartate aminotransferase (AST) – elevated, expected reference range is 0 to 35 units/L.

        - Alkaline phosphatase (ALP) – normal or elevated, expected reference range is 30 to 120 units/L.
        - Total bilirubin level – elevated, expected reference range is 0.3 to 1.0 mg/dL.
        - Hepatitis A virus antibodies (anti-HAV) – presence indicates the presence of hepatitis A.
- Chapter 85 – Immunizations: Recommended Vaccinations for Older Adult Clients
    - Zoster vaccine is recommended as two doses of recombinant vaccine to all adults aged 50 years or older.
    - Influenza vaccine is recommended for all adults annually. Administration recommendations can change yearly because all vaccine is created with different influenza strains each year. The vaccine is typically available beginning in early fall.
    - Measles, mumps, and rubella vaccine (MMR) is recommended for clients between the age of 14 and 49 who lack documentation of immunizations or prior infection, or laboratory proof of immunity. Recommendations should be followed for administration of one or two doses, but people born before 1957 are considered immune to measles and mumps.
- Chapter 24 – Pulmonary Embolism: Risk Factors for Deep-Vein Thrombosis
    - Prevent DVT by encouraging clients to do leg exercises, wear compression stockings, and avoid sitting for long periods of time.
    - Certain pathological conditions and procedures that predispose older adult clients to DVT formation include peripheral vascular disease, hypertension, and hip and knee arthroplasty.
    - Risk factors
        - Long-term immobility
        - Oral contraceptive use and estrogen therapy
        - Pregnancy
        - Tobacco use
        - Hypercoagulability (elevated platelet count)
        - Obesity
        - Surgery (especially orthopedic surgery of the lower extremities or pelvis)
        - Central venous catheters
        - Heart failure or chronic atrial fibrillation
        - Autoimmune hemolytic anemia (sickle cell)
        - Long bone fractures
        - Cancer
        - Trauma
        - Septicemia
        - Advanced age

Psychosocial Integrity

- Chapter 95 – Preoperative Nursing Care: Priority Action for a Client Who Has Alcohol Intoxication
    - Informed consent should be signed once the surgery has been discussed as treatment with the client and significant other, family member, or friend. It is the responsibility of the provider to obtain consent after discussing the risks and

benefits of the procedure. The nurse is not to obtain the consent for the provider under any circumstance.
    - The nurse's role for informed consent is to witness the client's signing of the consent form after the client acknowledges the understanding of the procedure and the nurse can clarify any information that remains unclear after the provider's explanation of the procedure. The nurse cannot provide any new or additional information not previously given by the provider.
    - A client has to be 18 years of age or emancipated, mentally capable of understanding the risks, reason, and options for surgery and anesthesia, and free from the influence of medications that affect decision-making or judgment in order to legally sign the informed consent form themselves.

Basic Care and Comfort

- Chapter 16 - Cancer and Immunosuppression Disorders: Caring for a Client Receiving Radiation
    - Client education for a client who has taste alterations and thick saliva includes:
        - Trying to add foods that are tart (citrus juices)
        - Eating small, frequent meals
        - Trying to use sauces and seasonings for added flavor
        - Using plastic utensils for eating
        - Sucking on mints, candy, or chew gum to remove any bad take in the mouth
        - Sweetening meat with an apple or cranberry sauce
    - Client education for a client who has diarrhea includes:
        - Ensuring adequate intake of liquids throughout the day to replace losses
        - Avoid foods that can exacerbate diarrhea (foods high in roughage
        - Consume foods high in pectin to increase the bulk of the stool and to lengthen transition time in the colon
        - Limit caffeine, hot or cold drinks, and fatty foods
    - Client education for a client who has nausea vomiting includes:
        - Eating cold or room-temperature foods
        - Trying high-carbohydrate, low-fat foods
        - Avoiding fried foods
        - Do not eat prior to chemotherapy or radiation
        - Take prescribed antiemetic medication
        - Sit up 1 hour after a meal
        - Sip on fluids throughout the day and try finger ale or ginger tea
- Chapter 71 – Musculoskeletal Trauma: Preventing Complications
    - Deep-vein thrombosis and pulmonary embolism is a common complication following trauma, surgery, or disability related to immobility. Nursing actions can include encouraging early ambulation, applying anti-embolism stockings, applying sequential compression devices, encouraging the intake of fluids to prevent hemoconcentration, and monitoring for a swollen reddened calf.
    - Nursing actions of fat embolism:
        - Maintain the client on bedrest

        - Prevention includes immobilization of fractures of the long bones and minimal manipulation during turning if immobilization procedure has not yet been performed
        - Treatment includes oxygen for respiratory compromise, corticosteroids for cerebral edema, vasopressors, and fluid replacement for shock, as well as pain and antianxiety medications as needed
    - Prevention of compartment syndrome includes:
        - Assess neurovascular status frequently
        - Notify the provider when compartment syndrome is suspected
        - The provider will cut the cast on one side (univalve) or both sides (bivalve)
        - Loosen the constrictive dressing or cut the bandage or tape
- Chapter 59 - Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Low-Potassium Food Sources
    - Client education for polycystic kidney disease includes:
        - Monitor blood pressure and weight daily
        - Notify the provider of elevated temperature
        - Adhere to a low-sodium diet
        - Inform the provider if there are any changes in urine or bowel movements
    - Client education for chronic kidney disease includes:
        - Monitoring the daily intake of carbohydrates, protein, sodium, and potassium
        - Monitoring the fluid intake according to the prescribed fluid restriction'
        - Avoiding antacids containing magnesium
        - Taking rest periods from activity
        - Measuring blood pressure and weight at home
        - Notify the provider of skin breakdown
    - Nutrition for an acute kidney injury includes:
        - Implementing potassium, phosphate, sodium, and magnesium restrictions depending on the stage of injury.
        - Restricting fluid intake if prescribed,
        - Possibly implementing TPN for protein requirements based on the client's nutritional status, catabolic response, and cause of injury.
- Chapter 15 – Stroke: Caring for a Client Who Has Left-Sided Hemiplegia
    - Encourage range of motion exercises every 2 hours and elevate affected extremities to promote venous return and reduce swelling.
    - The right cerebral hemisphere is responsible for visual and spatial awareness and proprioception
        - Altered perception of deficits
        - Unilateral neglect syndrome
        - Loss of depth perception
        - Poor impulse control and judgment
        - Left hemiplegia or hemiparesis
        - Visual changes
    - The left cerebral hemisphere is responsible for language, mathematical skills, and analytic thinking

        - Expressive and receptive aphasia
        - Agnosia
        - Alexia
        - Agraphia
        - Right extremity hemiplegia or hemiparesis
        - Slow, cautious behavior
        - Depression, anger, and quick to become frustrated
        - Visual changes

Pharmacological and Parenteral Therapies

- Chapter 40 – Blood and Blood Product Transfusions: Teaching About Blood Transfusions
    - Plasma is frozen immediately following donation and is then in the form of fresh frozen plasma. FFP is transfused as soon as the unit is thawed while clotting factors are still active. The client can react to the FFP transfusion if the ABO compatibility is not matched. You want to infuse the unit of 200mL of FFP rapidly over 30 to 60 minutes through a regular Y-set or straight filtered tubing.
    - Platelets do not need to match the client's blood type. Platelet infusion bags contain 200 to 300mL. Platelets are fragile and must be immediately infused once brought to the client's room and given over 15 to 30 minutes using a special transfusion set with a small filter and short tubing. Vital signs are taken before the infusion, 15 minutes after the infusion starts, and upon completion.
    - Washed RBCs are infused in a unit of 200mL over two to four hours and are administered to a client who has a history of transfusion reactions or to a client who has had a hematopoietic stem cell transplant.
- Chapter 40 – Blood and Blood Transfusions: Treatment for Circulatory Overload
    - Circulatory overload can occur any time during the transfusion.
    - Nursing actions for circulatory overload
        - Slow or stop the transfusion depending on the severity of manifestations
        - Position the client upright with feet lower than the level of the heart
        - Administer oxygen, diuretics, and morphine as prescribed
    - Findings of a circulatory overload
        - Results from a transfusion rate that is too rapid for the client. Older adult clients or those who have a preexisting increased circulatory volume are at an increased risk.
        - Findings include crackles, dyspnea, cough, anxiety, jugular vein distention, and tachycardia. Manifestations can progress to pulmonary edema.
- Chapter 82 – Diabetes Mellitus Management: Medication to Withhold Prior to CT scan with Contrast Media
    - Do not take metformin 48 hours before and 48 hours after a CT scan with contrast media.
    - Count grams of carbohydrates consumed for glycemic control. 15g carbohydrates is equal to 1 carbohydrate exchange. Also use artificial sweeteners.

    - Plan meals to achieve appropriate timing of food intake, activity, onset, and peak of insulin. Calories and food composition should be similar each day. Eat at regular intervals, and do not skip meals.
- Chapter 36 – Opioid Agonists and Antagonists: Client Teaching About Opioid Use
    - Opioid antagonists
        - Naloxone has rapid first-pass inactivation and should be administered IV, IM, or subcutaneously. Do not administer orally.
        - Observe withdrawal manifestations or abrupt onset of pain. Be prepared to address the need for analgesia if given for postoperative opioid-related respiratory depression.
        - Titrate naloxone dosage to achieve reversal of respiratory depression without full reversal of pain management effects.
        - Rapid infusion of naloxone can cause hypertension, tachycardia, nausea, and vomiting.
        - Half-life of opioid analgesics can exceed the half-life of naloxone (60 to 90 min).
        - Monitor respirations for up to 2 hours after use to assess for recurrence of respiratory depression and the need for repeat dosage of naloxone.
        - Alvimopan is only administered for a 7-day period due to increased risk for myocardial infarction in prolonged administration.
    - Agonist-antagonist opioids
        - Obtain baseline vital signs. If the respiratory rate is less than 12/min, withhold the medication and notify the provider.
        - Have naloxone and resuscitation equipment available.
        - Assess clients for opioid dependence prior to administration. Agonist-antagonists can trigger withdrawal manifestations.
        - Use caution when getting out of bed or standing. Do not operate heavy machinery or drive until CNS effects are known.
    - Opioid agonists
        - Administer IV opioids slowly over 4-5 minutes. Have naloxone and resuscitation equipment available.
        - For client with cancer, administer opioids on a fixed schedule around the clock with a supplemental dose as needed.
        - Advise clients who have physical dependence not to discontinue opioids abruptly. Opioids should be withdrawn slowly, and the dosage should be tapered over a period of 3 days.
        - Closely monitor patient-controlled analgesia (PCA) pump settings (dose, lockout interval, 4-hr limit). Reassure client regarding safety measures that safeguard against self-administration of excessive doses. Encourage clients to use PCA prophylactically prior to activities likely to augment pain levels.

Reduction of Risk Potential

- Chapter 68 – Arthroplasty: Postoperative Care for Total Hip Arthroplasty

    - Extensive physical therapy is required to regain mobility. Discharge can be to home or to an acute rehabilitation facility. If discharged home, outpatient or in-home therapy must be provided. Home care should be available for 4 to 6 weeks.
    - Monitor for evidence of incisional infection (fever, increased redness, swelling, purulent drainage).
    - Care for the incision (clean daily with soap and water).
- Chapter 92 – Cancer Disorders: Expected Findings of Colon Cancer
    - Changes in stool consistency or shape (with or without noticeable blood). Blood in stool (many times the only finding).
    - Palpable mass (elicited by provider only through abdominal palpation or digital rectal exam).
    - Other symptoms include weight loss, fatigue, vomiting, abdominal fullness, rectal pain, and cramps.
- Chapter 18 – Chest Tube Insertion and Monitoring: Teaching About Water Seal-Drainage
    - Water seals are created by adding sterile field to a chamber up to the 2 cm line. While this is the minimum amount required for functioning, recommended amounts can vary by manufacturer. The water seal allows air to exit from the pleural space on exhalation and stops air from entering the lungs with inhalation.
    - To maintain the water seal, always keep the chamber upright and below the chest tube insertion. Routinely monitor the water level due to the possibility of evaporation. Add fluid as needed to maintain the manufacturers recommended water seal level.
    - Continuous bubbling in the water seal chamber indicates an air leak in the system. When the tubes are inserted to remove air from the pleural space, intermittent bubbling is expected; it is common to see bubbling during exhalation, sneezing, or coughing. In this case, when bubbling is no longer seen, it indicates that all of the air has been removed.
- Chapter 82 – Diabetes Mellitus Management: Recognizing Hypoglycemia
    - Hypoglycemia manifestations include mild shakiness, mental confusion, sweating, palpitations, headache, lack of coordination, blurred vision, seizures, and coma.
    - To avoid hypoglycemia, avoid excess insulin, exercise, and alcohol consumption on an empty stomach, and eat about the same amounts and at the same time periods daily.
    - Measure blood glucose level if manifestations occur; if it confirms hypoglycemia (below 70 mg/dL), follow the steps based on the client's specific prescriptions or the hospital's policy.
- Chapter 14 – Head Injury: Monitoring Neurological Status
    - ICP is monitored by placing screw, catheter, or sensor through a burr hole into the ventricle, subarachnoid, epidural, or subdural space with an expected reference range of 10 to 15 mm Hg. ICP can be increased by hypercarbia, endotracheal or oral tracheal suctioning, coughing, extreme neck or hip flexion/extension, maintaining the head of the bed less than 30 degrees, or by increasing intra-abdominal pressure.
    - Monitor and assess pupils for size, equality, and reaction to light using PERRLA.

    - Respiratory status is the priority assessment. The brain is dependent upon oxygen to maintain function and has little reserve available if oxygen is deprived. Untreated hypoxia leads to brain injury or death if the brain has been denied adequate oxygenation for 3 to 5 minutes.
- Chapter 71 – Musculoskeletal Trauma: Assessing for Complications
    - Osteomyelitis is an infection of the bone that begins as an inflammation within the bone secondary to penetration by infectious organisms following trauma or surgical repair of a fracture.
    - Avascular necrosis results from circulatory compromise that occurs after a fracture. Blood flow is disrupted to the fracture site and the resulting ischemia leads to tissue necrosis,
    - Hemorrhage is a huge complication because bones are highly vascular and bleeding is always a risk following a fracture. Hemorrhaging can also progress to hypovolemic shock.
- Chapter 43 – Principles of Antimicrobial Therapy: Intervention for Suspected Septicemia
    - Gram stain is a technicians exam done by aspiration of a body fluid under a microscope to identify micro-organisms directly.
    - Combining more than one antimicrobial ca cause additive, potentiating, or antagonistic effects.
        - To treat severe infections
        - To treat infections from more than one micro-organism
        - Prevents bacterial resistance from causing an infection
    - Use infection-control procedures to prevent transmission of resistant micro-organisms. Practice infection-control principles.
- Chapter 6 – Seizures and Epilepsy: Planning Care for a Client Who Has Status Epilepticus
    - Maintain an airway, provide oxygen, establish IV access, perform ECG monitoring, and monitor pulse oximetry and ABG results.
    - Administer diazepam or lorazepam IV push followed by IV phenytoin or fosphenytoin.
    - The usual causes of status epilepticus are withdrawal, sudden withdrawal from AEDs, head injury, cerebral edema, infection, and metabolic disturbances.

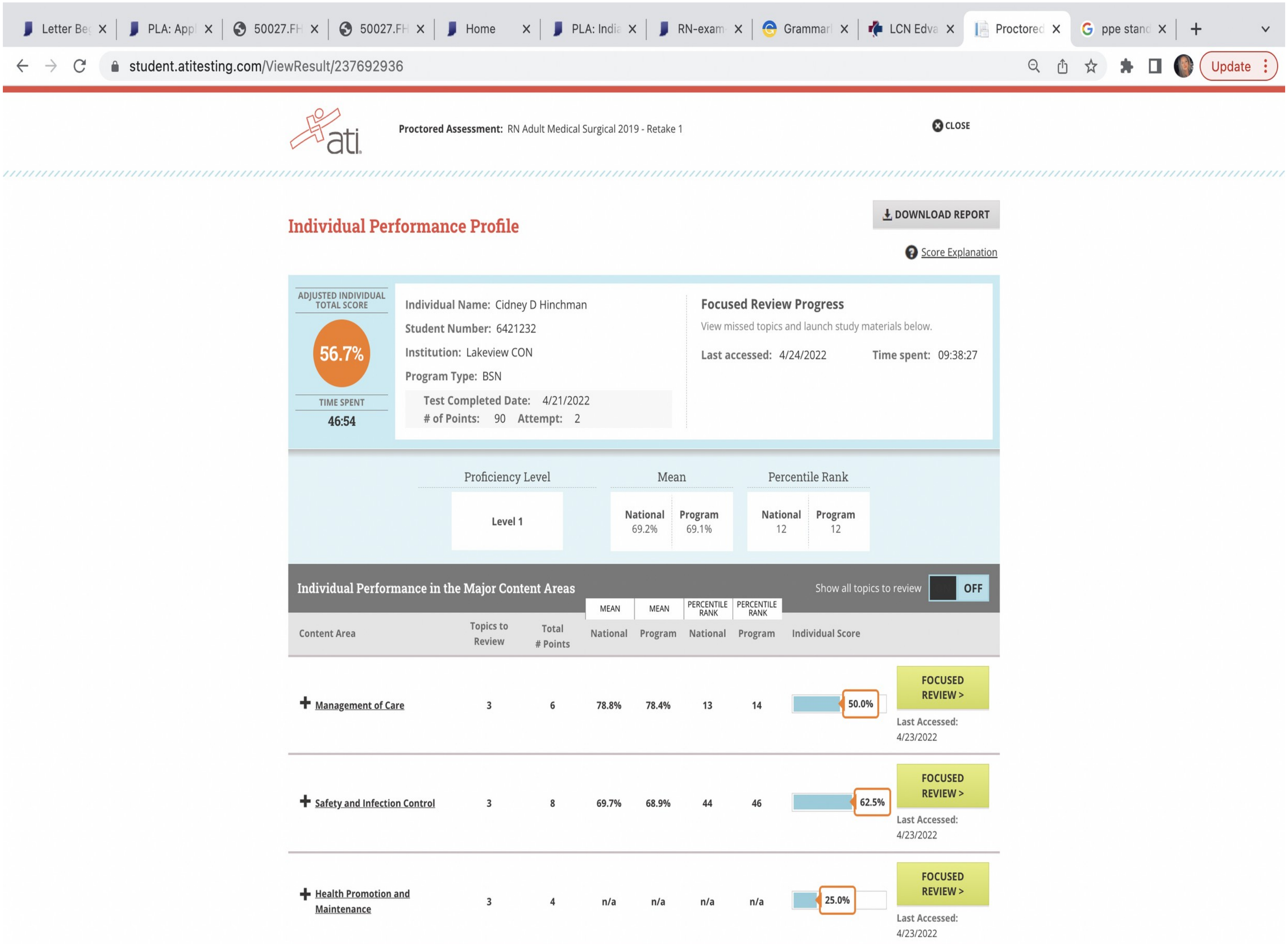
Physiological Adaptation

- Chapter 41 – Anemias: Manifestations of Anemia
    - Expected findings include little to no manifestations in mild cases, pallor, fatigue, somnolence, headache, irritability, numbness, tingling of extremities, dyspnea on exertion, sensitivity to cold and pain.
    - Physical findings include shortness of breath, tachycardia, palpitations, dizziness or syncope upon standing, pallor of nail beds, nail bed deformities, and paresthesia in hands and feet with possible loss of balance.
    - Anemia can be due to blood loss, inadequate RBC production, increased RBC destruction, or deficiency of necessary components.
- Chapter 18 – Asthma: Using a Peak Flow Meter
    - Peak expiratory flow rates (PEFR)

        - Uses a flow meter to measure the amount of air that can be forcefully exhaled in 1 second
        - Each child needs to be established personal best
    - Skin prick testing is used to identify allergens that trigger asthma
    - Pulmonary function tests
        - The most accurate tests for diagnosing asthma and its severity
        - Baseline test at time of diagnosis
        - Repeat testing after treatment is initiated and child is stabilized
        - Text every 1 to 2 years
- Chapter 40 – Blood and Blood Product Transfusions: Monitoring for Transfusion Reaction
    - Acute hemolytic transfusion reaction occurs immediately or can manifest during subsequent transfusions when a blood product is not compatible with the client's blood type or Rh factor.
    - Febrile transfusion reactions commonly occur within 2 hours of staring the transfusion and develop due to anti-WBC antibodies.
    - Allergic transfusion reactions occur during or up to 24 hours after the transfusion due to a sensitivity reaction to a component of the transfused blood product.
- Chapter 75 – Burns: Assessment Findings of Early Phase of Injury
    - Acute phase begins 36 to 48 hours after injury when the fluid shift resolves.
    - The acute phase ends with closure of the wound.
    - Acute phase priorities include an assessment and maintenance of the cardiovascular, respiratory, and gastrointestinal systems, wound care, pain control, and psychosocial interventions.
- Chapter 28 – Electrocardiography and Dysrhythmia Monitoring: Identifying First-Degree Heart Block
    - The first-degree heart block is defined by the ECG changes that include a PR interval of greater than a 0.20 without disruption of atrial to ventricular conduction.
    - The first-degree heart block is usually asymptomatic and discovered only on routine ECG.
    - The first-degree heart block is defined as a condition of an abnormally slow conduction through the AV node.
- Chapter 44 – Electrolyte Imbalances: Treatment for Hypokalemia
    - Encourage foods high in potassium such as avocados, broccoli, dairy products, dried fruit, cantaloupe, bananas, juices, melon, lean meats, milk whole grains, and citrus fruits.
    - Provide oral potassium medications.
    - Provide IV potassium supplements but never administer by IV bolus. The maximum recommended rate is 10 mEq/hr with a concentration of no more than 1 mEq of potassium per 10 mL of solution.
- Chapter 48 – Esophageal Disorders: Teaching About Self-Management of GERD
    - Stop smoking and limit or avoid alcohol.
    - Avoid tight fitting clothes and elevate the head of the bed by 6 to 8 inches.
    - Maintain a weight below BMI of 30 and eat a low-fat diet.

- Chapter 43 – Fluid Imbalances: Assessment Findings
    - Hypovolemia can show hypothermia, tachycardia, thready pulse, hypotension, orthostatic hypotension, decreased central venous pressure, tachypnea, and hypoxia.
    - Pulmonary edema can show anxiety, tachycardia, increased vein distention, premature ventricular contractions, dyspnea at rest, change in level of consciousness, restlessness, lethargy, ascending crackles, and cough productive of frothy, pink-tinged sputum.
    - Fluid volume overload can show tachycardia, bounding pulse, hypertension, tachypnea, and increased central venous pressure.
- Chapter 57 – Hemodialysis and Peritoneal Dialysis: Indication of Peritonitis
    - Peritonitis is an infection at the access site that can result from leakage of dialysate. Access-site infections can cause peritonitis.
    - Advanced age is a risk factor for access site complications due to chronic illnesses and/or fragile veins.
    - Peritoneal dialysis can allow micro-organisms into the peritoneum and cause peritonitis. Cloudy or opaque effluent is the earliest indication of peritonitis.
- Chapter 37 – Hemodynamic Shock: Client Positioning
    - The client should be placed in a Trendelenburg position.
    - Crystalloid is the first fluid of choice for resuscitation.
    - Shock is a state of inadequate tissue perfusion that impairs cellular function and can lead to organ failure.
- Chapter 54 – Nasogastric Incubation and Enteral Feedings: Selecting Equipment for Gastric Lavage
    - Lavage – washing out the stomach to treat active bleeding, ingestion of poison, or for gastric dilation.
    - Lavage – tube types include Ewald, Levin, or Salem pump.
    - Review the prescription and purpose, plan for drainage or suction, and understand the need for placement for diagnostic purposes. Identify the client and explain the procedure.
- Chapter 35 – Peripheral Vascular Diseases: Caring for a Client Who Has Venous Insufficiency
    - Venous insufficiency occurs secondary to incompetent valves in the deeper veins of the lower extremities, which allows pooling of blood and dilation of the veins. The veins' inability to carry fluid and waste from the lower extremities precipitated the development of swelling, venous stasis ulcers, and in advanced cases, cellulitis.
    - Elevate the legs for at least 20 minutes four to five times a day.
    - Elevate the legs above the heart when in bed.
- Chapter 61 – Renal Calculi: Dietary Recommendations for a Low-Purine Diet
    - Some low-purine diet includes eggs, nuts, peanut butter, skim or 1% milk, low-fat or fat free cheese, soup made without meat extract or broth, all fruit, all fruit juices, breast pasta, and rice.
    - Some things to avoid on a low-purine diet include alcoholic beverages, seafood, shellfish, anchovies, sardines, bacon, turkey, veal, and liver.

- A low-purine diet is great for anyone who needs help managing gout or kidney stones.



student.atitesting.com/ViewResult/237692936

Proctored Assessment: RN Adult Medical Surgical 2019 - Retake 1

CLOSE

Individual Performance Profile

DOWNLOAD REPORT

Score Explanation

ADJUSTED INDIVIDUAL TOTAL SCORE 56.7%

TIME SPENT 46:54

Individual Name: Cidney D Hinchman
Student Number: 6421232
Institution: Lakeview CON
Program Type: BSN
Test Completed Date: 4/21/2022
# of Points: 90 Attempt: 2

Focused Review Progress
View missed topics and launch study materials below.
Last accessed: 4/24/2022 Time spent: 09:38:27

Proficiency Level	Mean National	Mean Program	Percentile Rank National	Percentile Rank Program
Level 1	69.2%	69.1%	12	12

Individual Performance in the Major Content Areas

Show all topics to review OFF

Content Area	Topics to Review	Total # Points	MEAN National	MEAN Program	PERCENTILE RANK National	PERCENTILE RANK Program	Individual Score	
Management of Care	3	6	78.8%	78.4%	13	14	50.0%	FOCUSED REVIEW > Last Accessed: 4/23/2022
Safety and Infection Control	3	8	69.7%	68.9%	44	46	62.5%	FOCUSED REVIEW > Last Accessed: 4/23/2022
Health Promotion and Maintenance	3	4	n/a	n/a	n/a	n/a	25.0%	FOCUSED REVIEW > Last Accessed: 4/23/2022