Adult Health 2 Remediation
Caite Blakeney

Multiple Sclerosis: Priority Action for a Client During an Initial Visit
-Assess for fatigue
-assess for diplopia
-Assess for muscle spasticity

Spinal Cord Injury: Care of a Client Who Has a Halo Device
- maintain body alignment and ensure cervical tong weights
-watch for skin breakdown
- assess neuro ever 4 hours.

Spinal Cord Injury: Caring for a Client Who Has a Spinal Cord Injury
-monitor respiratory status
- provide oxygen if needed
-assist the client to cough

Cancer Treatment Options: Caring for a Client Who Has a Sealed Radiation Implant
- instruct client/family to use vascular access devices
-dispense oral medications into a cup
-monitor iv infusions closely

Cancer Treatment Options: Caring for a Client Who Is Receiving Brachytherapy
-assign a private room
-protect client from infection
-perform hand hygiene

Pharmacokinetics and Routes of Administration: Teaching About Proper Needle Disposal
- discard all sharps in leak and puncture proof container
- break tip off
- dispose of needles in shards container

Cancer Disorders: Risk Factors for Colorectal Cancer
- tobacco use
- alcohol consumption
-obesity

Immunizations: Recommended Vaccinations for Older Adult Clients
- pneumonia
-meningitis
-influenzas

Amputations: Providing Support Following an Alteration in Body Image
- Allow the client to grieve for the loss of body part and change in body image

- Feelings can include depression and anger
- Assess the psychosocial well-being of the client

Alzheimer's Disease: Assessing a Client's Abstract Thinking

-Initiate bowel and bladder on a set schedule

-Asses cognitive status, memory, judgement, and personality changes.

-Provide safe enviornement.

Disorders of the Eye: Priority Action for Eye Irrigation

-Flush with saline
-Flush for 90 seconds
-Assist in keeping affected eye/eyes open

Stroke: Caring for a Client Who Has Left-Sided Hemiplegia

- effected side should have support

-support arm while in bed with a pillow

- massage to encourage fluid movement.

Pain Management: Use of Nonpharmacological Methods of Pain Relief

- massage

- acupuncture

- deep breathing exercises

Electrolyte Imbalances: Manifestations of Hypokalemia

- Muscle twitches

-Muscle cramps/weakness

- kidney problems

Heart Failure and Pulmonary Edema: Contraindication for Receiving Furosemide

- hypocalcemia

-hypokalemia

-diabetes

Tuberculosis: Adverse Effects of Antimicrobial Therapy

- Often treated in-home setting
- Airborne precautions are not needed in the home setting, the family already exposed
- Treatment last 6-12 months

Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion

- Give platelets over 15-30 min
-Give platelets over 15-30 min
-Infuse immediately
- Vital signs taken 15 before infusion and 15 min after infusion starts and upon completion

Blood and Blood Product Transfusions: Steps to Administer a Blood Transfusion

- verify pt name and a medical record number

-verify crossmatch

- verify with another nurse

Cardiovascular Diagnostic and Therapeutic Procedures: Maintaining a Central Venous Access Device

- always perform hand hygiene.
- keep dressing dry and clean
- tape the tube so it doesn't get tugged out of place.

Angina and Myocardial Infarction: Client Teaching About Medications

- Nitro prevents coronary artery vasospasm residing preload and afterload
- Use cautiously with other antihypertensives
- Do not take with meds for erectile dysfunction

o

Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin

- Take up to 3 nitro 5 minutes apart
- If still having pain get to hospital
- Let medication dissolve under tongue

Cancer Treatment Options: Intervention to Prevent Chemotherapy-Induced Nausea and Vomiting

- medication given before chemo to prevent n/v
-medication given after chem to prevent n/v
- acupuncture

Osteoarthritis and Low-Back Pain: Planning Pain Relief for a Client Who Has Osteoarthritis

- use braces, splints and physical therapy
- take NSAIDS
- encourage weight loss

Neurologic Diagnostic Procedures: Preparing a Client for a Lumbar Puncture

- encourage pt to drink well before and after procedure
-make sure patient has signed consent form
- position pt on their side

Pancreatitis: Expected Laboratory Findings

- elevated serum amylase
- elevated lipids
- elevated blood sugar

Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Laboratory Findings

- Elevated BUN
- Elevated Creatinine
- Hyperkalemia

Head Injury: Monitoring Neurological Status

- LOC
-Glasgow scale
- Sensory assessment

Cardiovascular Diagnostic and Therapeutic Procedures: Cardiac Catheterization

- Diagnose to treat heart problems.
- Irregular heart beats

- Chest pain or heart valve problems

.

Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Nursing Interventions to Prevent Acute Kidney Injury

- Monitor fluid and electrolyte balance

-Reduce metabolic rate

- Provide safety measures and prevent infections.

Postoperative Nursing Care: Assessment of Postoperative Dressing

-Promote pain control

- Assess the surgical sight and dressings/drains.

- Monitor rate and patency of IV fluids.

-Diabetes Mellitus Management: Clinical Findings of Hypoglycemia

Gastrointestinal Therapeutic Procedures: Identifying Placement of Transverse Colostomy

- A transverse colostomy is performed on the middle section of the colon, and the stoma will be somewhere across the upper abdomen.

- An ascending colostomy goes on the right side of your abdomen, leaving only a short part of the colon active

- colostomy allows the stool to leave the body before it reaches the descending colon

Hemodialysis and Peritoneal Dialysis: Monitoring Patency of an Arteriovenous Graft

- Assess every 8 hours

- Palpate the vascular access to feel for a thrill or vibration that indicates arterial and venous blood flow.

- Auscultate the vascular access with a stethoscope to detect a bruit or "swishing" sound that indicates patency.

Amputations: Postoperative Interventions to Prevent Complications

- wash residual limb with mild soap and water, rinse, then pat dry.

- wash if anything comes in contact with skin.

- do not use alcohol-based lotions on skin, this can lead to infection.

Postoperative Nursing Care: Priority Assessments Following a Coronary Artery Bypass Grafting

- Maintain airway patency

-Monitor vital signs and record intake output.

- Perform Neurovascular assessment.

Airway Management: Evaluating Client Understanding of Tracheostomy Care

- Empty condensation from tubing often
- Ensure adequate humidification
- Make sure tubing does not pull on tracheostomy
-

Diabetes Mellitus Management: Sick Day Management

- Monitor blood pressure frequently
- Call provider is bs over 240
- Test urine for ketones
-

Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis

- May need additional testing to confirm diagnosis
- Will need partner to be treated
- Will be reported to health dept

Hyperthyroidism: Priority Finding Following Complete Thyroidectomy

Hoarseness
Tingling of the mouth, extremities or muscle twitching

Sore throat

Fluid Imbalances: Clinical Manifestation of Hypervolemia

- Edema in the feet and face.
- body discomfort
-headache and bloating

Hyperthyroidism: Caring for Client Following a Thyroidectomy

- Encourage rest
- Promote calm environment
- Keep patient in semi fowlers

Hemodynamic Shock: Client Positioning

- Place the client in Trendelenburg position
- The Head is low and the body and legs are inclined.
- Manages hypotension and hypovolemic shock.

Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postoperative Complications

- Pneumothorax
- Pericarditis
- Infection and skin erosion.

Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease

- Blanching of the skin
- Cyanosis
- Reactive hyperemia or extremities

Peptic Ulcer Disease: Nursing Interventions for a Client Who Has a Duodenal Ulcer

– Encourage the patient to eat regular meals
– Place the patient in a calm relaxed setting.
- Explain that smoking may interfere with ulcer healing.

Pituitary Disorders: Medications to Treat Diabetes Insipidus

- Tachycardia
- Hypotension
- Ataxia

Respiratory Management and Mechanical Ventilation: Interventions for Mechanical Ventilation

For those who cannot keep o2 above 95%
Clients who cannot spontaneously breath on their own
Used to tx acute and chronic respiratory conditions

Respiratory Management and Mechanical Ventilation: Priority Finding Following Extubating

- maintain a patent airway
- assess oxygen saturations, bilateral breath sounds.
- check vital signs after ventilation settings are changed.

Pulmonary Embolism: Planning Interventions

- Prevent venous status.
- Encourage ambulation's.
- Manage pain and oxygen therapy.

Heart Failure and Pulmonary Edema: Recognizing Manifestations of Left-Sided Heart Failure

Hypertension
Coronary artery disease, angina, mi
Vascular disease (mitral and aortic)

Hemodialysis and Peritoneal Dialysis: Assessment of an Arteriovenous Fistula

Presence of bruit
Palpable thrill
Distal pulses