

N441 Exam 2 Concepts

Know how to interpret ABG's with compensation. Don't forget that a person can have both metabolic and respiratory acidosis or alkalosis. Hmmm...

Fluid Volume Overload (clinical manifestations, see water follow sodium below, review edema)

Hypokalemia (medications that cause it, recommended diet,

Hyponatremia (clinical manifestations, hint-confusion or mentation changes is a big one, think about what diet we would want and what about fluids?)

Dehydration (labs, urine output and appearance, BP and HR, things that make a person at risk for it, skin turgor)

Respiratory alkalosis (how to fix it

Water follows sodium (know this, think about it and what we would do in relationship to vascular fluid volume)

Hypocalcemia (clinical manifestations

Which electrolyte is the most most important?

Hyperkalemia (meds that cause it, telemetry changes I would review some strips..., ways to treat it

Alcohol and magnesium (don't forget this)

Know the distinct differences between the shocks (For example, septic shock has a fever, the other shocks do not. MI's usually preclude cardiogenic shock, spinal injuries preclude neurogenic shock and how are vitals different for neurogenic shock than the other shocks??)

Know the stages of shock and the symptoms that go with that stage. What kind of things do we prepare the family for when our interventions for shock are not working and patients are in the final stage or shock or MODS?

Pulse pressure (What it is and what does it do with shock?)

What do your HR, BP, Resp Rate do with shock (except neurogenic shock)?

How do we stabilize the BP? (hint, fluids and vasoconstrictors)

How do we know the brain has enough MAP to perfuse? How about the kidneys?