

Safety and infection control (3):

1. Spinal cord injury halo device:

- a. Purpose is to provide traction and/or immobilize the spinal column
- b. RN:
 - i. Maintain body alignment and ensure cervical tong weights hang freely
 - ii. Monitor skin integrity by providing pin care and assessing the skin under the halo fixation vest as appropriate
 - iii. Do not use the halo device to run or move a client
- c. PT ED:
 - i. Educate on how to perform pin and vest care
 - ii. Report indications of infection and skin breakdown

2. Cancer Treatment options sealed radiation:

- a. Private room w/ door closed
- b. Sign on door w/ radiation warning
- c. Dosimeter worn by RN to records personal amount of radiation exposure
- d. Limit visitors to 30-min visits
- e. Visitors must stay 6 feet from source (patient)
- f. No pregnant or trying visitors allowed
- g. Lead apron worn while providing care
- h. Lead container in room to dispose of anything radioactive
- i. Follow protocol for disposal of dressings and linens but keep them in the patient's room until the radiation source is removed.
- j. No red meat d/t altered taste
- k. Schedule activities with rest periods
- l. Monitor radiation injury to skin and mucous membranes and implement skin care regimen
- m. Monitor CBC → possible decreased platelets and WBCs

3. Cancer treatment options brachytherapy:

- a. Brachytherapy describes internal radiation that is placed close to the target tissues → 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
- b. Most clients remain in a medical facility until brachytherapy is complete
- c. Excretions are radioactive until the isotope have been completely eliminated → ensure no one touches these excretions

Psychosocial Integrity (1):

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

- a. Stage 1 → normal function, no memory problems

- b. Stage 2 → forgetfulness → especially of everyday objects (eyeglasses or wallet) → no memory problems are evident to provider, friends, or coworkers
- c. Stage 3 → mild cognitive decline → problems with memory or concentration can be measurable in clinical testing or during a detailed medical interview → mild cognitive deficits including losing or misplacing important objects → decreased ability to plan, short term memory loss noticeable to close relatives, decreased attention span, difficulty remembering words or names, difficulty in social or work situations, & can get lost when driving
- d. Stage 4 → mild to moderate cognitive decline → medical interview will detect clear cut deficiencies → personality changes such as being withdrawn or subdued, especially in social or mentally challenging situation, obvious memory loss, limited knowledge and memory of recent occasions, current events, or personal history, difficulty performing tasks that require planning and organizing (paying bills or managing money), difficulty with complex mental arithmetic, depression and social withdrawal may occur
- e. Stage 5 → moderate cognitive decline → increasing cognitive deficits emerge, inability to recall important details such as address, telephone number, or schools attended, but memory of information about self and family still remains intact, assistance with ADLs becomes necessary, disorientation and confusion as to time and place
- f. Stage 6 → moderate to severe cognitive decline → memory difficulties continue to worsen, loss of awareness of recent events and surroundings, can recall own name, but unable to recall personal history, significant personality changes are evident (delusions, hallucinations, and compulsive behavior), wandering behavior, requires assistance with ADLs such as dressing, toileting, and grooming, normal sleep/wake cycle is disrupted, increased episodes of urinary and fecal incontinence
- g. Stage 7 → severe cognitive decline → ability to respond to environment, speak and control movement is lost, unrecognizable speech, general urinary incontinence, inability to eat without assistance and impaired swallowing, gradual loss of all ability to move extremities (ataxia)

Basic Care and Comfort (2):

1. Pain Management: Use of Nonpharmacological Methods of Pain Relief

- a. Nonpharma methods improve coping by relieving stress associated with pain → These strategies can assist clients in reducing the amount of pharma interventions for pain and are particularly helpful when clients cannot take pain meds
- b. Mind body practices = yoga, chiropractic, manipulation
- c. Cognitive approaches = meditation, distraction
- d. Natural products = herbs, oils

2. Disorders of the Eye: Priority Action for Eye Irrigation

- a. Options for irrigation:
 - i. Eye wash station

- ii. Manual irrigation
- iii. Morgans lens (for prolonged chemical injury)
- b. Solutions = saline, LR, water (may cause irritation)
 - i. Avoid dextrose
- c. Procedure for eye irrigation
 - i. QUICK evaluation of the eye
 - ii. Instill anesthetic - proparacaine 0.5% or tetracaine 0.5%, may inject 10ml of 1% lidocaine to 1L
 - iii. Choose route of irrigation
 - iv. Choose solution
 - v. Choose time/amount of solution
 - vi. **DO NOT remove contact lens if chemical injury
 - vii. Check pH (if indicated)
 - viii. THEN detailed exam after irrigation, remove contact lens

Pharmacological and Parenteral Therapies (7):

1. Electrolyte Imbalances: Manifestations of Hypokalemia

- a. Serum potassium < 3.5
- b. VS → decreased BP, thready weak pulse, OH
- c. NEURO → altered mental status, anxiety, lethargy, progression to acute confusion, and coma
- d. ECG → flattened T wave, prominent U wave, ST depression, prolonged PR interval
- e. GI → hypoactive bowel sounds, nausea, vomiting, constipation, abd distention, paralytic ileus may develop
- f. MUSCULAR → weakness → decreased DTRs
- g. RESP → shallow breathing

2. Medications Affecting Blood Pressure: Client Teaching Regarding ACE Inhibitors

- a. Reduce production of angiotensin II by blocking the conversion of angiotensin I to angiotensin II and increasing levels of bradykinin, leading to
 - i. Vasodilation (mostly arteriole)
 - ii. Excretion of sodium and water, and retention of potassium by actions in the kidneys
 - iii. Reduction in pathological changes in the blood vessels and heart that result from the presence of angiotensin II and aldosterone
- b. Instruct client to change positions slowly and to lie down if feeling dizzy, lightheaded, or faint
- c. Inform clients of the possibility of experiencing a dry cough and notify the provider if this occurs → DC med if this occurs
- d. Monitor K levels (3.5-5.0)
- e. Avoid use of salt substitutes containing potassium
- f. Can take with or without food
- g. Avoid activities that require alertness until effects are known

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

- a. Assess VS and temperature prior to transfusion
- b. Remain with the client during the initial 15-30 minutes of the transfusion → most severe reactions occur within this time
- c. Assess lab values esp platelets, less than 20,000 and Hgb less than 6
- d. Verify the prescription for a specific blood product
- e. Obtain consent
- f. Type and cross to obtain blood type
- g. IV large bore access 18 or 20 gauge
- h. Obtain blood products and assess for discoloration, excessive bubbles, or cloudiness
- i. Two RN verification to verify correct patient and product
- j. Prime the Y tubing with 0.9% NS ONLY
- k. Admin within 30 min of obtaining product

4. Anesthesia and Moderate Sedation: Priority Finding in a Client Who Is Receiving Epidural Analgesia

- a. Observe for systemic toxic reaction due to CNS stimulation → w/o treatment it leads to unconsciousness, hypotension, apnea, cardiac arrest, and death
 - i. Headache
 - ii. Blurred vision
 - iii. Metallic taste
- b. Monitor cardiac status → rhythm, HR, and BP
- c. Assess Motor function to ensure paralysis does not ensue --. Sense of touch returns, followed by pain, warmth, cold, and finally the ability to move
- d. Monitor for autonomic nervous system blockade → lower the HOB, increase IV infusion rate (if no restrictions), and monitor VS)
 - i. HPN
 - ii. Bradycardia
 - iii. N/V
- e. Monitor for CSF leakage → severe headache when the HOB is elevated
 - i. Keep HOB flat to promote dura tear to seal
 - ii. Provide quiet environment
 - iii. Keep the client well hydrated to help replace CSF loss

5. Angina and Myocardial Infarction: Client Teaching About Medications

- a. MONA → morphine, oxygen, nitro, aspirin
- b. Vasodilator → nitro → treats angina and controls BP
- c. Analgesics → morphine → assess for pain every 5-15 minutes → monitor for signs of respiratory depression, if RR < 12 stop med and notify provider
- d. Beta blockers → Metoprolol → decrease imbalance between myocardial oxygen supply and demand by reducing afterload and slowing heart rate → can cause bradycardia and HPN → cardioselective BB's are preferred such as metoprolol → encourage client to sit and lie down slowly, notify if SOB, edema, weight gain, or cough occurs

- e. Thrombolytic agents → alteplase/reteplase → used to break up blood clots → educate risk of bruising and bleeding while on this medication
- f. Antiplatelet agents → Aspirin → prevent platelets from forming together, which can produce arterial clotting → risk of bruising bleeding, enteric coated tablets with food is best, notify of ringing in the ears
- g. Anticoagulants → heparin/lovenox → prevent clots from becoming larger clots or other clots from forming → risk for bruising and bleeding
- h. Glycoprotein IIB/IIIA inhibitors → eptifibatide → prevent binding of fibrinogen to platelets, in turn blocking platelet aggregation → report evidence of bleeding during medication therapy

6. Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin

- a. Nitro prevents coronary artery vasospasm and reduces preload and afterload, decreasing myocardial oxygen demand
- b. Instruct client to stop activity and rest
- c. Place nitro tablet under tongue to dissolve
- d. If pain is unrelieved in 5 min, the client should call 911 or be driven to an ED
- e. The client can take up to two more doses of nitro at 5-minute intervals
- f. Remind the client that a HA is a common side effect
- g. Encourage the client to sit and lie down slowly

7. Gastrointestinal Therapeutic Procedures: Shortage of TPN Solution

- a. Never abruptly stop TPN → speeding up/slowing down the rate is contraindicated → an abrupt change in rate can alter blood glucose levels significantly
- b. Change tubing and solution bag (even if not empty) every 24 hours
- c. Keep dextrose 10% in water at bedside in case the solution is unexpectedly ruined or the next bag is not available. This will minimize the risk of hypoglycemia with abrupt changes in dextrose concentrations
- d. If a bag is unavailable and administered late do not attempt to catch up by increasing the infusion rate because the client can develop hyperglycemia

Reduction of Risk Potential (5):

1. Neurologic Diagnostic Procedures: Preparing a Client for a Lumbar Puncture

- a. Ensure that the clients jewelry is removed and that the client is wearing only a hospital gown
- b. Instruct the client to void prior to the procedure
- c. Clients should be positioned to stretch the spinal canal → this can be done by having the client assume a “cannonball” position while on one side

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

- a. Drink at least 2 L daily → consult with provider
- b. Stop smoking
- c. Maintain a healthy weight
- d. Use NSAIDs and other prescribed medications cautiously
- e. Control diabetes and hypertension to prevent complications
- f. Instruct clients to take all antibiotics prescribed for infections

3. Postoperative Nursing Care: Assessment of Postoperative Dressing

- a. Observe drainage tubes for patency and proper function
- b. Check dressings for excessive drainage and reinforce as needed
- c. Report excess drainage to surgeon
- d. Outline drainage spots with a pen, noting date and time → report increasing drainage to surgeon

4. Hemodialysis and Peritoneal Dialysis: Monitoring Patency of an Arteriovenous Graft

- a. Assess for these signs of AV graft/fistula patency:
 - i. Presence of a bruit
 - ii. Palpable thrill
 - iii. Distal pulses
 - iv. Adequate circulation
- b. Monitor access site for signs of an infection:
 - i. Fever
 - ii. Redness
 - iii. Swelling
 - iv. Drainage
- c. Contact the provider if bleeding from the insertion site lasts longer than 30 minutes following dialysis, for no thrill/bruit, or signs of infection

5. Sensory Perception: Performing Ear Irrigation

- a. Foreign body removal:
 - i. confirm presence of FB with otoscope
 - ii. Place pt in comfortable position
 - iii. Type of FB will determine the approach you will use for removal. Do not attempt to irrigate if object is absorbent such as bean or tissue paper
 - iv. -if live insect, insert warm oil or lidocaine to immobilize or kill the insect and also provide an anesthetic effect
 - v. Insert the cerumen loop or right angle hook through the otoscope aiming at the superior edge, sliding it over the object then pulling toward you
 - vi. Alligator forceps are useful with the item is soft or easily grasped
 - vii. If object is round, remove with cup shaped forceps (for beads)
 - viii. If suction is available, a small diameter suction tip may be placed against the object for removal
 - ix. You may remove metal objects with a magnet
- b. Cerumen impaction irrigation:
 - i. visualized and confirm cerumen
 - ii. Place the waterproof garmet over pts neck and shoulder of affected ear and have pt hold water basin at ear
 - iii. Fill syringe with warm water and peroxide (attach 18 gauge catheter if needed NO SMALLER)
 - iv. Irrigate targeting the superior canal surface to allow fluid to flow behind the impaction pushing it out towards the canal orifice and as not to damage TM

- v. Inspect the canal and TM frequently to check for injury and repeat as many times as necessary to remove impaction or until the pt expresses pain
- vi. If irrigation unsuccessful, manually remove with a cerumen spoon and otoscope
- vii. If cerumen does not dislodge easily, reattempt irrigation
- viii. -once removed, a final inspection of canal and TM is necessary
- c. Patient education for ear canal care:
 - i. avoid cotton tipped applicators and any other FB

Physiological Adaptation (5):

1. Airway Management: Evaluating Client Understanding of Tracheostomy Care

- a. Provide tracheostomy care every 8 hours to reduce risk of infection and skin breakdown
- b. Suction trach tube if necessary using sterile suction supplies
- c. Remove soiled dressings and excess secretions
- d. Use cotton tipped applicators and gauze pads to clean exposed outer cannula surfaces → use facility approved solution → clean in circular motion from the stoma site outward
- e. Use surgical asepsis to remove and clean the inner cannula → use a new inner cannula if disposable
- f. Clean the stoma site and trach plate
- g. Place a fresh split-gauze tach dressing of unraveling material under and around the trach holder and plate
- h. Replace trach ties if they are wet or soiled to prevent accidental decannulation
- i. If knot is needed, tie a square knot that is visible on the side of the neck → check that two fingers fit between the tie and the neck

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

- a. Raynaud's phenomenon may be a physical assessment finding link with lupus
- b. Caused by arteriolar vasospasm in response to cold/stress
- c. S&S:
 - i. Rubor
 - ii. Pallor
 - iii. Cyanosis
 - iv. Located on hands & feet

3. Intravenous Therapy: Priority Action for Central Venous Access Device Complication

- a. Prevent infections → perform hand hygiene before and after handling IV systems
- b. Remove catheters as soon as there is no clinical need for them
- c. Use sterile needle or catheter for each insertion attempt

4. Pulmonary Embolism: Planning Interventions

- a. Promote smoking cessation
- b. Encourage maintenance of appropriate weight and height for body frame
- c. Encourage a healthy diet and physical activity → such as walking

- d. Prevent DVT by encouraging clients to do leg exercises, wear compression stocking, and avoid sitting for long periods of time
- e. Educate about pharmaceutical treatment such as heparin, warfarin, lovenox, etc
→ will need regular blood work done to determine effectiveness
- f. Educate about increased risk for bruising and bleeding on these medications
- g. Arise from sitting position for 5 minutes every hour
- h. Remain hydrated by drinking plenty of water
- i. Perform active ROM exercises when sitting

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