

1. Cancer Treatment Options: Caring for a Client Who Has a Sealed Radiation Implant
 - a. Brachytherapy placement
 - i. In a body orifice
 - ii. In a body cavity
 - iii. Or delivered via IV
 - b. Brachytherapy nursing interventions
 - i. Place the client in a private room
 - ii. Place a sign on the door
 - iii. Wear a dosimeter film badge
 - iv. Limit visitors to 30 minute visits
 - v. Pregnant women are not allowed in the room
 - c. Internal radiation therapy
 - i. Most clients remain in medical facility until brachytherapy is complete
 - ii. The client's excretions are radioactive until the isotope has been completely eliminated from the body
2. Pharmacokinetics and Routes of Administration: Teaching About Proper Needle Disposal
 - a. Parenteral nursing actions
 - i. Rotate injection sites
 - ii. Do not use injection sites that are edematous, inflamed, or have moles, birthmarks, or scars
 - iii. Discard all sharps in leak and puncture-proof containers
 - b. Subcutaneous injections
 - i. For average clients, pinch up the skin and inject at a 45 degree to 90 degree angle
 - ii. Select sites that have an adequate fat-pad size
 - iii. Use a 3/8 to 5/8 inch, 25 to 27-gauge needle
 - c. Intramuscular injections
 - i. The most common sites are ventrogluteal, deltoid, and vastus lateralis
 - ii. The Z track technique is used
 - iii. Use a needle size 18 to 27 gauge
3. Cancer Treatment Options: Caring for Client Who Is Receiving Brachytherapy
 - a. What brachytherapy does
 - i. Provides radiation to the tumor and a limited amount to surrounding normal tissues
 - b. Brachytherapy nursing interventions
 - i. Keep a lead container in the client's room if they delivery method could allow spontaneous loss of radioactive material
 - ii. All linens and dressings are kept in the client's room until the radiation source is removed
 - c. Brachytherapy client education

- i. Remain in the position prescribed by the provider to prevent dislodgement of the radiation implant
 - ii. Call the nurse for assistance with elimination
 - iii. Follow radiation precautions in health care and home environments
- 4. Immunizations: Recommended Vaccinations for Older Adult Clients
 - a. Active immunity
 - i. Develops when a vaccine is given, and the body produces antibodies in response to exposure to a killed or attenuated virus
 - b. Pneumococcal vaccine adverse effects
 - i. Swelling, redness, and tenderness
 - ii. Fever
 - iii. Irritability
 - iv. Drowsiness
 - v. Anorexia
 - c. Influenza vaccine adverse effects
 - i. Swelling, redness, and tenderness
 - ii. Hoarseness
 - iii. Fever
 - iv. Malaise
 - v. Headache
 - vi. Cough
 - vii. Aches
 - viii. Increased risk for Guillain-Barre syndrome
- 5. Alzheimer's Disease: Assessing a Client's Abstract Thinking
 - a. Alzheimer's risk factors
 - i. Advanced age
 - ii. Chemical imbalances
 - iii. Family history of AD
 - iv. Previous head injury
 - v. Female
 - b. Alzheimer's nursing care
 - i. Assess cognitive status, memory, judgement, and personality changes
 - ii. Initiate bowel and bladder program based on a set schedule
 - iii. Provide a safe environment
 - iv. Provide frequent walks to reduce wandering
 - v. Maintain a sleeping schedule
 - c. Medication for Alzheimer's
 - i. Donepezil
 - ii. Memantine
 - iii. Cholinesterase
- 6. Chronic Obstructive Pulmonary Disease: Expected ABG Results
 - a. COPD Laboratory tests

- i. Increased Hct
 - ii. ABGS: hypoxemia (decreased PaO₂ less than 80 mm Hg), hypercarbia (increased PaCO₂ greater than 45 mm Hg)
 - b. COPD Diagnostics Procedures
 - i. Pulmonary function tests
 - ii. Chest x-ray reveals hyperinflation of alveoli and flattened diaphragm in the late stages of emphysema
 - iii. Alpha1 antitrypsin levels
 - c. COPD expected findings
 - i. Dyspnea upon exertion
 - ii. Productive cough
 - iii. Hypoxemia
 - iv. Crackles and wheezes
 - v. Rapid and shallow respirations
 - vi. Use of accessory muscles
 - vii. Barrel chest
 - viii. Clubbing of fingers and toes
 - ix. Decreased O₂ levels
- 7. Postoperative Nursing Care: Assessment of Postoperative Dressing
 - a. Surgical wound, incision site, and dressing assessment post op
 - i. Observe drainage tubes for patency and proper function
 - ii. Check dressing for excessive drainage and reinforce as needed. Report excess drainage to the surgeon
 - iii. Outline drainage spots with a pen, noting date and time. Report increasing drainage to the surgeon.
 - b. Risk factors for complications after surgery
 - i. Immobility, anemia, hypovolemia, hypothermia, cardiovascular diseases, respiratory disease, immune disorder, diabetes mellitus, coagulation defect, malnutrition, and obesity
 - c. Pain postoperatively
 - i. Administer pain medication as appropriate
 - ii. Observe for adverse effects of analgesia
 - iii. Incorporate nonpharmacological approaches to pain management
- 8. Hemodialysis and Peritoneal Dialysis: Monitoring Patency of an Arteriovenous Graft
 - a. Checking the patency of an AV graft
 - i. Presence of bruit, palpable thrill, distal pulses, and circulation
 - b. Client education for hemodialysis
 - i. Hemodialysis will be needed three times per week, for 3-5 hour sessions. It involved insertion of two needles, one into an artery and other into a vein.
 - c. Client education during hemodialysis

- i. Notify the nurse of headache, nausea, or dizziness during dialysis and do not eat during
- 9. Amputations: Postoperative Interventions to Prevent Complications
 - a. Prevention flexion contractures
 - i. Provide range of motion exercises
 - ii. Some providers do not advocate elevating the residual limb on a pillow. However, other providers allow elevation for the first 24-48 hours to reduce swelling and discomfort.
 - iii. Have the client lay prone 20 to 30 mins several times a day
 - iv. Discourage prolonged sitting
 - b. Nursing care after amputation
 - i. Prevent postoperative complications (hypovolemia, pain, infection)
 - ii. Assess surgical site for bleeding. Monitor vital signs frequently
 - iii. Monitor tissue perfusion of end of residual limb
 - iv. Monitor for manifestations of infection and non-healing incision
 - c. Residual limb preparation and prosthesis fitting
 - i. Wrap the residual limb in a figure 8 wrap
 - ii. Use a residual limb shrinker sock
 - iii. Use and air splint
- 10. Postoperative Nursing Care: Priority Findings Following General Anesthesia
 - a. Airway and breathing postoperatively
 - i. Monitor breath sounds. Snoring or stridor can indicate poor oxygen exchange.
 - ii. Assess blood saturation levels continuously
 - iii. Suction accumulated secretions if the client is unable to cough.
 - iv. As soon as the client follows commands, encourage coughing, deep breathing, and use of incentive spirometer.
 - b. Circulation postoperatively
 - i. Observe for internal bleeding
 - ii. Assess for hypervolemia and hypovolemia
 - iii. Assess and compare peripheral pulses for impaired circulation and DVT
 - c. Vital signs postoperatively
 - i. Obtain vital signs until stable every 15 minutes
 - ii. Evaluate and treat the presence of hypotension
 - iii. Provide heated blankets when the client arrives after a temperature is obtained
- 11. Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis

- a. Diagnostic procedures for syphilis
 - i. VDRL
 - ii. RPR
 - b. Interpretation of findings for testing for syphilis
 - i. Both tests are done using a sample of blood and reported as nonreactive or reactive
 - ii. False positives can occur secondary to infection, pregnancy, malignancies, and autoimmune disorders
 - c. Further diagnostic testing for syphilis
 - i. FTA-ABS
 - ii. Microhemagglutination assays for antibody to *T. pallidum*
12. Airway Management: Evaluating Client Understanding of Tracheostomy Care
- a. What is a tracheostomy
 - i. A sterile surgical incision into the trachea through the skin and muscles for the purpose of establishing an airway
 - b. Caring for a tracheostomy
 - i. Give oral care every 2 hours
 - ii. Provide tracheostomy care every 8 hours to reduce the risk of infection and skin breakdown
 - iii. Reposition the client every 2 hours
 - iv. Minimize dust in the room
 - c. Complications of tracheostomy
 - i. Accidental decannulation
 - ii. Damage to the trachea
13. Hemodynamic Shock: Client Positioning
- a. Hemodynamic shock nursing care
 - i. Place the client on high-flow O₂
 - ii. Be prepared to intubate the client
 - iii. For hypotension, place the client flat with both legs elevated to increase venous return
 - iv. Maintain patent IV access
 - b. Hemodynamic medications
 - i. Inotropic agents
 - ii. Vasopressors
 - iii. Vasopressin
 - iv. Epinephrine
 - v. Morphine sulfate
 - c. Therapeutic procedures for hemodynamic shock
 - i. Intubation and mechanical ventilation
 - ii. Needle decompression and chest tube insertion
 - iii. Pericardiocentesis
 - iv. Surgical interventions
14. Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease
- a. SLE physical assessment findings

- i. Fever, anemia, lymphadenopathy, pericarditis, raynaud's phenomenon, butterfly rash
 - b. Raynaud's disease
 - i. Arteriolar vasospasm in response to cold/stress
 - c. SLE client education
 - i. Wear a wide-brimmed hat, long-sleeve shirt, and long pants when outdoors
 - ii. Use mild protein shampoo
 - iii. Use steroid creams for skin rash
 - iv. Avoid crowds and individuals who are sick
 - v. Cleanse skin with mild soap
 - vi. Pat skin rather than rubbing
- 15. Hemodialysis and Peritoneal Dialysis: Assessment of an Arteriovenous Fistula
 - a. How to assess an AV fistula preprocedure
 - i. Presence of bruit
 - ii. Palpable thrill
 - iii. Distal pulses
 - iv. Circulation
 - b. Ways to reduce swelling of AV fistula
 - i. Elevate the extremity
 - ii. Avoid measuring blood pressure and administering injections on the arm
 - c. Hemodialysis indications
 - i. Renal insufficiency
 - ii. Acute kidney injury
 - iii. Chronic kidney disease
 - iv. Medication or illicit drug toxicity
 - v. Persistent hyperkalemia
 - vi. Hypovolemia
- 16. Medications Affecting Blood Pressure: Client Teaching Regarding ACE Inhibitors
 - a. ACE inhibitors
 - i. Captopril, enalapril, enalaprilat, fosinopril, lisinopril, ramipril, moexipril, benazepril
 - b. ACE inhibitor client education
 - i. Take captopril and moexipril at least 1 hour before meals. Others take with or without food
 - ii. Notify the provider if cough, rash, altered taste, or indications of infection occur
 - iii. Rise slowly from sitting
 - iv. Avoid activities that requires alertness
 - v. Report if pregnancy is suspected
 - c. Complications of ACE inhibitors
 - i. First dose orthostatic hypotension
 - ii. Cough hyperkalemia

- iii. Rash and dysgeusia
 - iv. Angioedema
 - v. Neutropenia
- 17. Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion
 - a. Preprocedure interventions for blood transfusion
 - i. Assess vital signs and client's temperature
 - ii. Remain with client during initial 15 to 30 mins of the infusion
 - iii. Access large-bore IV access (18 or 20 gauge)
 - iv. Obtain consent
 - v. Review lab values
 - vi. Prime the blood administration with 0.9% sodium chloride. A Y-tubing with a filter is used
 - b. Prior to transfusion patient check
 - i. Two RNs must identify the correct blood and client by looking at the hospital identification number and the number identified on the client's identification band to make sure the numbers match
 - c. Postprocedure nursing actions
 - i. Obtain vital signs upon completion of the transfusion
 - ii. Dispose of the blood-administration set according to facility protocol
 - iii. Complete paperwork and file in the appropriate places
 - iv. Document the client's response
- 18. Cardiovascular Diagnostic and Therapeutic Procedures: Maintaining a Central Venous Access Device
 - a. Central Venous preprocedure interventions
 - i. Ensure informed consent is signed
 - ii. Cleanse the site with chlorhexidine
 - iii. Ensure sterility of equipment
 - iv. Place a stop sign on the door to the room to restrict entry
 - b. Central Venous postprocedure interventions
 - i. Confirm placement with x-ray
 - ii. Assess site for redness, swelling, or drainage
 - iii. Clean the insertion site with alcohol for 15 seconds
 - iv. Use transparent dressing and change dressings every 7 days
 - v. Do not immerse the arm in water
 - c. Central venous access device complications
 - i. Phlebitis
 - ii. Occlusion
 - iii. Mechanical complications
- 19. Anesthesia and Moderate Sedation: Priority Finding in a Client Who is Receiving Epidural Analgesia
 - a. Epidural

- i. Anesthetic injection into the epidural space in the thoracic or lumbar areas of the spine to block sensory pathways, but leave motor function intact
 - b. Complications of epidural anesthesia
 - i. High spinal anesthesia
 - ii. Headache
 - c. High spinal anesthesia manifestations
 - i. Depressed respirations, respiratory arrest, and severe hypotension
- 20. Dosage Calculation: Calculating an Infusion Rate Using a Drop Factor
 - a. Drop factor indications
 - i. If an electric infusion pump is not available, regulate the IV flow rate using the roller clamp on the IV tubing. When setting the flow rate, count the number of drops that fall into the drip chamber over 1 minute.
 - b. Equation
 - i. $\text{mL/min} \times \text{drop factor}$
 - c. A nurse is preparing to administer LR 1,500 mL IV to infuse over 10 hr. The drop factor of the manual IV tubing is 15 gtt/mL. The nurse should adjust the manual IV infusion to deliver how many gtt/min?
 - i. $60 \text{ min} \times 10 \text{ hr} = 600$. $1,500 \text{ mL}/600 \text{ mins} \times 15 \text{ gtt/min} = 38$
- 21. Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin
 - a. Nitroglycerin action
 - i. Prevents coronary artery vasospasm and reduces preload and afterload, decreasing myocardial oxygen demand.
 - b. Nitroglycerin nursing actions
 - i. Used to treat angina and help control blood pressure
 - ii. Use cautiously with other antihypertensive medications
 - iii. Monitor for orthostatic hypotension
 - c. Client education for chest pain
 - i. Stop activity and rest
 - ii. Place a nitro tablet under the tongue to dissolve
 - iii. If pain is unrelieved in 5 min, call 911 or be driven to an ED.
 - iv. Up to two more doses of nitro can be taken at 5 min intervals.
 - v. Headache is a common adverse effect
 - vi. Change positions slowly
- 22. Osteoarthritis and Low-Back Pain: Planning Pain Relief for a Client Who Has Osteoarthritis
 - a. Expected findings of osteoarthritis
 - i. Joint pain and stiffness

- ii. Pain with joint palpitation or ROM
- iii. Crepitus
- iv. Enlarged joint
- v. Back pain due to OA of the spine
- vi. Inflammation
- b. Medications for osteoarthritis
 - i. Cyclobenzaprine
 - ii. Hydrocodone
 - iii. Ibuprofen
 - iv. Lidocaine
 - v. Acetaminophen
- c. Complementary and alternative therapies for osteoarthritis
 - i. Topical capsaicin
 - ii. Glucosamine and chondroitin supplements



Proctored Assessment: RN Adult Medical Surgical 2019

CLOSE

Individual Performance Profile

DOWNLOAD REPORT

Score Explanation

ADJUSTED INDIVIDUAL TOTAL SCORE

75.6%

TIME SPENT
44:08

Individual Name: Lauren Lietz

Student Number: 4670264

Institution: Lakeview CON

Program Type: BSN

Test Date: 4/20/2020 # of Questions: 90

Click Improve button to see Study Material

Time Spent: 06:26:43

Date Accessed: 4/25/2020

IMPROVE

Proficiency Level	Mean		Percentile Rank	
Level 2	National 69.0%	Program 68.7%	National 74	Program 74

Individual Performance in the Major Content Areas Show all topics to review OFF

Content Area	Topics to Review	Total # Questions	MEAN		PERCENTILE RANK		Individual Score
			National	Program	National	Program	
Management of Care	0	6	n/a	n/a	n/a	n/a	100.0%
+ Safety and Infection Control	3	8	69.0%	68.5%	57	58	62.5%
+ Health Promotion and Maintenance	1	4	n/a	n/a	n/a	n/a	75.0%