NCLEX Safety & infection control
Topic Accident / Error / Injury prevention
Item ① TPN: Finding to report prior to admin
1. Check if allergic to soybeans, safflower, or eggs if lipids are prescribed
2. Review wt, BMI, nutritional status, diagnosis, lab
3. Lab include CBC, PT/aPTT, total iron-binding capacity

NCLEX Health promotion & maintenance
Topic Aging process
Item ② Nutrition across the lifespan: Teaching a/b nutrition for a preschooler
1. Can switch to skim or low-fat milk after 2 y/o
2. Avoid high-fat, high-sugar snacks
3. Feed at frequent intervals b/c lead is absorbed on an empty stomach
Topic Ante / Intra / Postpartum & NB care
Item ③ Teach a/b pregnancy wt goals
1. Underwt (BMI < 18.5): > 1lb/wk, total 28-40 lb
2. Normal wt (BMI 18.5-24.9): 1lb/wk, total 25-35 lb
3. Overwt (25-29.9): 0.66 lb/wk, 15-25 lb
Topic Health promotion / Disease prevention
Item ④ Coping: Teaching about stress management
1. Best time to teach is after coping c crisis successfully

2. Assist w time management & prioritize tasks
3. Encourage health promotion strategies (exercise, adequate nutrition, adequate sleep & rest)

Item ⑤ GI disorders: Dietary teaching following gastric bypass
1. Eat 2 serving of protein /day
2. Eat only nutrient-dense food (avoid ~~soda~~ cola, juice)
3. Eat in low-Fowler & remain for 30min after finish to delay stomach emptying & ↓ dumping syn.

Item ⑥ GI disorder: Teaching interventions for dumping syndrome
1. Consume liquid 1h after meal, no sooner than 30m
2. Lie down after meal → delay gastric emptying
3. Consume small, frequent meals

Item ⑦ Nutrition across lifespan: Selecting nutrient-dense food
1. Choose mono & polysaturated fats from fish, lean meats, nuts & veg. oil
2. Eat at least 12 oz of seafood from variety sources
3. Limit sugar & starchy food

NCLEX Basic care & comfort
Topic Elimination
Item ⑧ GI disorders: Recommendations to prevent dumping syn.

1. Consume food high in pectin → ↑ the bulk of stool & ↑ transition time in colon
2. Consume protein & fat each meal
3. Avoid food containing concentrated sugars & restrict lactose intake

Topic Nutrition & oral hydration

Item (9) Cancer & immunosuppression disorders: ID the need for inc. nutrition
1. HIV and herpes at the same time
2. Cautious ↑ opportunistic infections such as bacterial diseases, HIV- associated malignancies, viral, fungal
3. Bacterial disease examples: TB, bact. pneumonia, septicemia

Item (10) Enteral nutrition: Preventing aspiration
1. 4-6hr residual volume check per facility policy
2. Fowler position, or HOB minimum of 30°
3. Monitor I/O & include 24h total

Item (11) Enteral nutrition: Selecting supplement for client who has IBD
1. Elemental formulars: nutrients or hydrolyzed
2. Indications: IBD, liver failure, cystic fibrosis, pancreatic syn., short-gut syn.
3. Most provide 1-1.5 cal/mL

Item (12) Food safety: Food interaction of MAOI
1. Aged cheese (tyramine-rich food) avoid!
2. Pepperoni, salami (processed meats)
3. Avocado, banana, figs → HTN crisis

Item (13) GI disorders: ID manifestations of dysphagia
1. Drooling
2. Pocketing food
3. Choking / gagging

Item (14) Nutrition across the lifespan: Introducing solid food during infancy
1. Introduce new food one at a time, over 5-7 day
2. Iron-fortified cereal typically introduced 1st, then vegies & fruits
3. Breast feed ↓ but remain the primary source of nutrition through the 1st yr.

Item (15) Nutrition: Prevention of bone lose in osteoporosis
1. Major source of Ca: dairy, broccoli, kale, fortified grains
2. Vitamin D, Ca and regular wt bearing exercise & ↓ tobacco & alcohol products help
3. Fluoride deficiency can result in dental caries, → ↑ risk for osteoporosis

NCLEX Pharmacological & Parenteral therapies
Topic TPN
Item (16) TPN: Evaluation of client responses to therapy
1. Even though PN should be D/C asap, client's oral intake has to be ≥ 60% caloric requirements
2. D/C should be done regularly to avoid rebound hypoglycemia
3. Notify provider if wt gain >1kg/day

NCLEX Reduction of risk potential
Topic Potential for ~~body~~ alterations in body system
Item (17) GI structural & Inflammatory disorders: Bottle feeding an infant who has a cleft lip
1. Encourage breastfeeding
2. Use a wide-based nipple for bottle feeding
3. Squeeze the infant's cheeks together while feeding to ↓ the gap.
Topic System specific assessment
Item (18) DM: ID manifestations of Hypoglycemia
1. S/S: mild shakiness, lack of coordination, blurred vision, seizures, coma
2. When BS ↓ slowly, S/S relate to the CNS (fatigue, drowsiness, headache, confusion)
3. _____ quick, _____ SNS (tachycardia,

diaphoresis, nervousness)

NCLEX Physerological adaptation
Topic Alterations in body system
Item (19) Cancer & immunosuppression disorders:
Interventions for anorexia
1. Encourage consumption of high-protein, high-calorie nutrient-dense foods
2. Avoid low-empty-calorie food
3. Use supplement PRN
Item (20) Cancer & immunosuppression disorders: Monitoring for complications of head & neck radiation
1. Mouth: mucositis, xerostomia
2. Skin: blanching, erythma, desquamation, sloughing
3. Neck: difficulty swallowing
Item (21) Cancer treatment options: Interventions 4 the clients who has mucositis
1. ↑ fluid intake to 2L per day
2. Use soft toothbrush
3. Omit spicy, acidic, dry, coarse food
Item (22) Fluid imbalances: ID S/S of FVE
1. VS: tachypnea, bounding pulse, HTN, tachycardia
2. Resp: dypnea, orthopnea, crackles
3. Others: pitting edema, distended neck veins, skin pallor, cool to touch

Topic: Illness management

Item (23) Cardiovascular & hematologic disorders:
Evaluating client's teaching a/b dietary management of HTN

1. DASH diet: low Na; high K & Ca
2. Na ↓ to < 2,300mg daily, 1500 if possible
3. Food rich in K: banana, apricots, tomatoes