



The Notebook

Appendicitis

<p>Related Concepts</p> <p>GI, Infection Pain Inflammation</p>	<p>Related Exemplars/Diseases</p> <p>PID, celiac Disease, diverticulitis inflammation of UR abdomen: gallbladder, liver etc Kidney Crohn's</p>
<p>Reading/Resources - Clinical Judgment</p> <ul style="list-style-type: none"> • Med Surg book Chapters 55 + 58 • Chap 58 Powerpoint <p>periumbilical pain 40 N/V Anorexia</p> <p>Rovsings Sign Avoid laxatives + enemas NO HEAT applied.</p> <p>Supine w/ HOB 30-45° knees flexed, R side.</p>	<p>Class/Lab/Clinical - Clinical Judgment</p> <ul style="list-style-type: none"> • Clinical 3/6: Bowel Obstruction Surgery <p><u>PAINS</u></p> <p><u>P</u>ain, RLQ <u>A</u>norexia <u>I</u>ncreased temperature <u>N</u>ausea <u>S</u>igns (McBurney's)</p>

<p>Priority Assessments or Cues</p> <ol style="list-style-type: none"> 1 RLQ Pain rebound tenderness 2 VS 3 I+O 	<p>Priority Labs & Diagnostics</p> <ol style="list-style-type: none"> 1 WBC < 10,000 - 18,000 2 Clinical presentation 3 Ultrasound CT 	<p>Priority Nursing Interventions</p> <ol style="list-style-type: none"> 1 NPO 2 IV Fluids 3 Prepare for OR
<p>Priority Medications</p> <ol style="list-style-type: none"> 1 Antibiotics 2 PNC 3 	<p>Priority Potential & Actual Complications</p> <ol style="list-style-type: none"> 1 Rupture → Peritonitis 2 Sepsis 3 Perforation ↑ temp + HR ↓ BP 	<p>Priority Collaborative Goals</p> <ol style="list-style-type: none"> 1 Pain managed 2 Early ambulate 3



The Notebook

Gallbladder Disease

Related Concepts GI, Inflammation Infection, Pain	Related Exemplars/Diseases Abdomen Inflammatory Diseases	
Reading/Resources - Clinical Judgment Med Surg Book CH 55 + 60 ⊛ <u>Risk Factors</u> : 5 F's Female Fair Skin Fat Forty Fertile • Lithotripsy Shock waves dissolve stones (gallstones) ⊛ <u>Charcot's Triad</u> 3 C's Color Change (Jaundice) Colic Pain Chills + Fever	Class/Lab/Clinical - Clinical Judgment <u>Cholecystitis</u> • inflammation Biliary Stasis caused by decreased gallbladder contractility or spasms in sphincter of Oddi (gallstones) NG Tube; low suction Pen rose & T tube drains	
Priority Assessments or Cues Rebound tenderness + guard. 1 RUQ Pain 2 Fever 3 Tachycardia	Priority Labs & Diagnostics 1 Ultrasound, Xray + CT 2 HIDA Scan 3 ERCP ↑ WBC ↳ Liver enzymes	Priority Nursing Interventions 1 NPO 2 IV Hydration 3 Pain manage
Priority Medications 1 Antibiotics 2 IV Fluids 3	Priority Potential & Actual Complications 1 Empyema (pus) 2 Gangrene 3 Pancreatitis Perforation Peritonitis	Priority Collaborative Goals 1 Post-Op Education 2 T tube manage 3 Avoid A fat diets



The Notebook

Inflammatory Bowel Disease

Related Concepts GI, Inflammation, Infection, Pain	Related Exemplars/Diseases UC, Diverticulus diseases, IBS	
Reading/Resources - Clinical Judgment <ul style="list-style-type: none">• Med Surg Book CH 55 + 58• Crohns (mouth - anus)<ul style="list-style-type: none">• Healthy + inflamed• All layers• Ulcerative colitis (colon)<ul style="list-style-type: none">• Continuous inflammation• Inner lining <p>K⁺ levels: Hypokalemia (3.5 - 5 = normal)</p> <p>Anemia: Hgb + Hct levels</p> <ul style="list-style-type: none">• Hgb Men: 13.5 - 17.5 (normal)• Women: 12 - 15.5• Hct Men: 42 - 52• Women: 37 - 47	Class/Lab/Clinical - Clinical Judgment <ul style="list-style-type: none">• Exact cause <u>UNKNOWN</u> inappropriate response in intestinal tract causing inflammation.• Persistent diarrhea, fluid, imbalance, mouth ulcers, blood from rectum.• Surgery Colectomy• Post op education + cares.	
Priority Assessments or Cues 1 Abdominal pain (cramping) 2 Fever 3 Wt loss (diarrhea)	Priority Labs & Diagnostics 1 Colonoscopy 2 Sigmoidoscopy 3 Barium Enema Anemia	Priority Nursing Interventions 1 Pain Manage 2 Small frequent Meals 3 Rest
Priority Medications 5 Amino Salicylates 1 Anti inflammatory Antimicrobial 2 Immune Suppressors Glucocorticoids 3 Antibiotics Antidiarrheal, pain	Priority Potential & Actual Complications (pus in tissue) 1 perineal Abscess 2 fistula (abnormal connection) 3 Strictures (abnormal narrowing)	Priority Collaborative Goals 1 Routine follow ups colonoscopy 2 Indications, side effects + actions (Meds) 3 Adequate Nutrition



The Notebook

Pancreatitis

Related Concepts

GI, Inflammation
Infection, Pain

Related Exemplars/Diseases

GI Diseases

Reading/Resources - Clinical Judgment

• Med Surg book CH 55+60
More men than women.
Alcohol abuse / consumption.
LUQ Epigastric pain; deep sharp
Worse w/ fatty foods. Fullness,
bloating, gas. Fever, tachycardia,
hypotension. Hypovolemia, hypoxia,
pleural effusion, steatorrhea.
Upper abdomen pain, to back.
Pain worse after intake.
ARDS: Respiratory issues.
Steatorrhea. Bloating.
Grey Turners: flank bruise
Cullens: umbilical bruise
Trousseau: BP reaction (hand)
Chvostek: twitching face

Class/Lab/Clinical - Clinical Judgment

Acute vs. Chronic

- Acute: reversible, inflammation of pancreas d/t release of pancreatic enzymes that auto digest pancreas.
- Chronic: inflammation of pancreas d/t pancreatic enzymes auto digest pancreas for prolonged time Scarring occurs = enzyme imbalances.
- Semi fowlers positioning (fetal)
- Cough, deep breathing
- NG Tube; low suction
- NO alcohol or smoking

Priority Assessments or Cues

- 1 Abdominal pain
- 2 Hypotension
- 3 Tachycardia

Priority Labs & Diagnostics

- ERCP
1 Abdominal CT
Ultrasound
2 Amylase, lipase
3 bilirubin, phosphate
glucose ↑ BUN

Priority Nursing Interventions

- 1 NPO • Surgery
- 2 IV Fluids
- 3 Pain Manage

Priority Medications

- 1 Opioids (pain)
Anticholinergics (spasm)
- 2 Histamine blockers (ppl)
Pancreatic enzymes
- 3 Antibiotics

Priority Potential & Actual Complications

- 1 Infection
Kidney failure
- 2 Breathing Probs
- 3 Diabetes
malnutrition
Cancer

Priority Collaborative Goals

- 1 Disease progression
education
- 2 Nutrition
- 3 Abstain from alcohol



The Notebook

Diverticular Disease

<p>Related Concepts</p> <p>GI, Infection, Pain Inflammation</p>	<p>Related Exemplars/Diseases</p> <p>Diverticulitis, Diverticulosis IBS, IBD</p>
<p>Reading/Resources - Clinical Judgment</p> <p>• Med Surg book CH 55 + 58 Diverticulosis → Diverticulitis Small pouches protruding from wall of colon. If infection occurs it progresses to diverticulitis out pouching becomes inflamed. Abdominal pain, fever, leukocytis, Palpable mass. Avoid Straining, bending & lifting. → flatus, anorexia, bloating, distension, diarrhea & Constipation</p>	<p>Class/Lab/Clinical - Clinical Judgment</p> <p>30-50% of Adults get Surgery indicated for abscess, fistula, perforation or obstruct. Monitor vs K⁺ level, i + O, Pain & LOC. NG tube; low intermittent Dietary: increase fiber.</p>

<p>Priority Assessments or Cues</p> <ol style="list-style-type: none">1 Abdominal Pain2 Fever3 Palpable Mass	<p>Priority Labs & Diagnostics</p> <ol style="list-style-type: none">1 Abdominal Xray2 CT Scan3 K⁺ level (73.5) WBC	<p>Priority Nursing Interventions</p> <ol style="list-style-type: none">1 NPO, Clear liquid2 NG Tube3 Oral care
<p>Priority Medications</p> <ol style="list-style-type: none">1 Broad Spectrum Antibiotics2 IV fluids3	<p>Priority Potential & Actual Complications</p> <ol style="list-style-type: none">1 Perforation, micro abscess, fistula2 Bowel obstruction, bleeding3	<p>Priority Collaborative Goals</p> <ol style="list-style-type: none">1 Dietary2 Pain managed3 Complete Antibiotics



The Notebook

Syndrome of Inappropriate Antidiuretic Hormone

Related Concepts

Hormones Endocrine
Posterior Pituitary

Related Exemplars/Diseases

DI

Reading/Resources - Clinical Judgment

Med Surg Ch 41 (928-929)
Patho: Disorder r/t ↑ ADH
H₂O overload, ↓ Na, hemodilution
CNS disorders, tumors, NSAID side
effect. Psychotropic med. NO ↓ in
total body Na. ↓ urine output w/ ↑
in concentration (↑ specific gravity)
& osmolality of urine.
Clinical manifestations: ↓ Na, anorexia
nausea, malaise, headache, irritability,
confusion, weakness, serum Na ↓.
Seizure, coma < 120. Complications:
Seizures, coma, ↑ intracranial pressure.
Nursing manage: Oliguria, ↑ specific
gravity. ↑ urine osmolality, H₂O
retention ↓ sodium & osmolality. Anorexia
nausea, weakness, headache, confusion,
irritability, seizures.

Class/Lab/Clinical - Clinical Judgment

Assessments: Neuro status; LOC
confusion, headache. I+O. Na &
osmolality: Decrease. Urine specific
gravity. Concentrated; ↑ gravity.
Skin: tautness. Actions: restrict
fluids. Admin Demeclocycline.
↑ excretion of H₂O from kidneys
Admin 3% Saline via Central
line IV. Seizure precautions
Teaching: Disease process &
management. Follow fluid
restriction. Sx of fluid overload.
Difference from DI:
↓ urine output, ↑ gravity
Serum sodium ↓, osmolality ↓
Hemocrit ↓ BP ↑ D: full, bound
(DI is opposite of these)

Priority Assessments or Cues

- 1 Neuro Status
- 2 I + O
- 3 Skin

Priority Labs & Diagnostics

- 1 Urine Specific gravity
- 2 Osmolality
- 3 Sodium level

Priority Nursing Interventions

- 1 Medications
- 2 IV (fluid restrict)
- 3 Seizure precaution

Priority Medications

- 1 Demeclocycline
- 2 3% Saline IV
- 3

Priority Potential & Actual Complications

- 1 Seizure
- 2 Coma
- 3 ↑ intracranial pressure

Priority Collaborative Goals

- 1 fluid restrict
- 2 Fluid manage
- 3 ADH replace
NO complications



The Notebook

Irritable Bowel

Related Concepts

GI, Inflammation, pain
infection

Related Exemplars/Diseases

Diverticular disease, UC,
Crohn's, IBD

Reading/Resources - Clinical Judgment

Med Surg book CH 55+58
Constipation, diarrhea, mixed
or unclassified.
• Flatus, abdominal pain.
LLQ. Abdominal distension.
Pain increase with eating &
relieved with BM's.
Dietary modification FODMAP,
low carb, avoid gas forming
Sometimes avoid lactose.

Class/Lab/Clinical - Clinical Judgment

Rome IV Diagnostic Criteria
• recurrent abdominal pain
or discomfort + at least 1/wk
in last 3 months. Plus
• improve w/ defecation
• change in stool freq.
• change in stool form

Manning Criteria
• Pain relieved w/ defecation
• more freq stools + looser
• visible distension
• passage of mucus
• incomplete defecation
sensation.

Priority Assessments or Cues

- 1 VS, I+O, pain
- 2 electrolytes
- 3 BM; abdomen

Priority Labs & Diagnostics

- 1 Kt levels
- 2 electrolyte, fluid
- 3 Manning + Rome IV

Priority Nursing Interventions

- 1 IV fluids
- 2 Avoid foods
BM Pattern
- 3 Alternative therapy

Priority Medications

- Anti spasmadic
- 1 Anti diarrheal
- Anti depressants
- 2 Serotonergic agents
- Guanylate cyclase
- 3 TCA's, SSRI's

Priority Potential & Actual Complications

- 1 Impacted bowel.
Depression / anxiety
- 2 Food intolerance
Quality of life
- 3 malnourishment
Pregnancy
Hemorrhoids

Priority Collaborative Goals

- 1 Avoid trigger foods
Food diary
- 2 Reg. meals
↑ H₂O intake
- 3 Reg. exercise
Sleep 7-8 hours
Smoking cessation

Related Concepts

Fluid / Electrolyte Imbalance
Acid-Base Imbalance

Related Exemplars/Diseases

Chronic Renal Failure (CRF)
End-Stage Renal Disease (ESRD)

Reading/Resources - Clinical Judgment

Risk for Stress Ulcers + GI Bleeding
Tired, fatigue, sleeps a lot
Anemia requiring frequent blood transfusions ($< 8 \text{ mg/dl}$)
"Tied to dialysis machine" which impacts lifestyle
Depression - chronic illness
Uremic pruritis with skin breakdown
Frequent re-admissions for imbalances + infections

Class/Lab/Clinical - Clinical Judgment

Fluid + Electrolyte Balance
- especially K^+ , Na^+ , Ca^{2+} + PO_4
Hypertension + edema due to angiotensin/aldosterone problems
Poor calcium absorption (lack of Vit D - leads to poor bones + risk of fractures)
Anemia from lack of erythropoietin - potential for CV disease
Assess dialysis catheter - bruit + thrill
Hold meds before dialysis (not insulin)

Priority Assessments or Cues

- 1 Fluid Status
- 2 Electrolytes
- 3 Dialysis Catheter

Priority Labs & Diagnostics

- 1 Potassium (3.5-5.0)
- 2 Hemoglobin
- 3 ABG's

Priority Nursing Interventions

- 1 Daily weights + I/O
- 2 Assess lung sounds
- 3 Protect fistula

Priority Medications

- 1 Heparin
- 2 Antihypertensives
- 3 Vitamin D

Priority Potential & Actual Complications

- 1 CHF / Pulmonary Edema
- 2 Cardiac Dys-rhythmias
- 3 Bleeding

Priority Collaborative Goals

- 1 Report shortness of breath
- 2 Follow renal diet
- 3 Take all meds as ordered.



NurseThink® Quick

Chronic Renal Failure: Causes	Renal Failure: Symptoms/Signs	Renal Failure: Consequences
Glad Shop G lomerulonephritis L upus A nalgesics D iabetes S ystemic vascular disease H ypertension O bstruction P olycystic kidney disease	Get Vinny Prepared, He's Not Making Big Pee G I motility V omiting P ruritus H eadache N ausea M alaise B reathlessness P igmentation	ABCDEFGG A nemia B one alterations C ardiopulmonary V itamin D loss E lectrolyte imbalance F everous infections G I disturbances

NEXT GEN LEARNING – NCLEX® TEST PLAN

Safe and Effective Care: Management of Care, Coordinated Care, Safety and Infection Control
Risk for infection/falls, collaborative care with dialysis nurse, maintaining independence to greatest level

Health Promotion and Maintenance
Patient + family teaching re chronic disease/treatment, renal diet critical to health maintenance (poor appetite)

Psychosocial Integrity
Incorporate any cultural practices that affect treatment plan, coping ability with life changes – depression, family adaptation – involvement in care

Physiological Integrity: Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation
comfort for skin, multiple meds, risk for injury, fistula care

QUALITY AND SAFETY COMPETENCIES

Patient-Centered Care *Emotional support, patient-family involvement, self-care to foster independence, teaching*

Teamwork and Collaboration *collaboration with dialysis unit, dietary, + social services*

Evidence-Based Practice *slow progression of kidney failure by avoiding nephrotoxic meds, maintain fluid status + blood pressure*

Quality Improvement *prevent hospital-acquired problems with use of bed alarms + infection control practices.*

Safety *Assist with activity, if needed, follow med checks + identifiers*

Informatics *Use safety tools, monitor data trends in weight + vital signs*

Peer Review: _____ Faculty Review: _____

Grade Tracker

61	77	89	97																
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<p>Related Concepts</p> <p>Hypoxia Respiratory Failure</p>	<p>Related Exemplars/Diseases</p> <p>Respiratory Acidosis</p>	
<p>Reading/Resources - Clinical Judgment</p> <p>Treatment</p> <ul style="list-style-type: none">- Assessment monitoring + control of environmental factors <p>Education</p> <ul style="list-style-type: none">- help patient identify triggers for their asthma + alleviate triggers- proper use of inhalers	<p>Class/Lab/Clinical - Clinical Judgment</p> <p>Peak Expiratory Flow</p> <ul style="list-style-type: none">- measures the max air flow expired during a forced expiration <p>Risk Factors for Triggers</p> <ul style="list-style-type: none">- Cigarette smoke- Mold- Animal Dander- Viral Infections- Food + Drug Allergies- Emotional Stress- Dust- Trees/plants	
<p>Priority Assessments or Cues</p> <ol style="list-style-type: none">1 Monitor vital signs + O₂ sat2 Breath sounds wheezing3 Appearance - restlessness → air hunger	<p>Priority Labs & Diagnostics</p> <ol style="list-style-type: none">1 Chest Xray2 Pulmonary function tests3 ABG's	<p>Priority Nursing Interventions</p> <ol style="list-style-type: none">1 Positioning - head forward2 Identify/alleviate triggers3 IV access
<p>Priority Medications</p> <ol style="list-style-type: none">1 Albuterol (short-acting)2 Inhaled steroids (long-term)3 Antibiotics	<p>Priority Potential & Actual Complications</p> <ol style="list-style-type: none">1 Airway remodeling or damage2 Respiratory acidosis3 Respiratory Failure/Hypoxemia	<p>Priority Collaborative Goals</p> <ol style="list-style-type: none">1 Education on inhaler use, decreasing effect of environment2 trigger + managing condition3 Adherence to treatment regime <p>Home visit to assess for allergens</p>

NurseThink® Quick

Asthma: Precipitating Factors Diplomat Drugs (aspirin, NSAIDs, Beta blockers) Infections Pollutants (home, work) Laughter (emotion) O – Esophageal Reflux (nocturnal asthma) Mites Activity and Exercise Temperature (cold)	Asthma: Treatments Asthma Adrenergics Steroids Theophyllines Hydration Mask O2 ABGs	
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NEXT GEN LEARNING – NCLEX® TEST PLAN

Safe and Effective Care: Management of Care, Coordinated Care, Safety and Infection Control <i>Involve patient + family in care; incorporate patient preferences into treatment plan</i> <i>Risk for infections</i>
Health Promotion and Maintenance <i>searching plan on alleviating environmental triggers, inhaler use, managing infections,</i>
Psychosocial Integrity <i>Assess level of coping w condition + provide emotional support</i> <i>Hypoxia → anxiety</i>
Physiological Integrity: Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation <i>Inhalers, steroids, monitoring of vital signs + oxygenation level, peak flows, use of nebulizer</i>

QUALITY AND SAFETY COMPETENCIES

Patient-Centered Care <i>Incorporate patient preferences into plan of care, involve family in care; emotional support for chronic condition</i>
Teamwork and Collaboration <i>collaboration with team members particularly respiratory therapist + nutritionist</i>
Evidence-Based Practice <i>Medication management, control of condition thru environmental factors</i> <i>Asthma action plan</i>
Quality Improvement <i>prevent any hospital-acquired infections + complications</i>
Safety <i>Prevent exposure to infectious disease + environmental triggers</i>
Informatics <i>Record + trend vital signs, lab results + response to inhalers over time in EHR.</i>

Peer Review: _____ Faculty Review: _____

Grade Tracker

81	83	88	91																
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Related Concepts

Alteration in bleeding
Acute Pain
Impaired gas exchange
Ineffective tissue perfusion

Related Exemplars/Diseases

Sickle Cell Disease
Sickle Cell Crisis

Reading/Resources - Clinical Judgment

Cause - inheritance of sickle hemoglobin genes - lack of healthy red blood cells to carry O₂
Sickle-shaped red blood cells become rigid & sticky affecting O₂ transport

Most common symptoms

- Anemia
- Acute pain
- Swelling of hands & feet
- Frequent infections

Class/Lab/Clinical - Clinical Judgment

Monitor for pain → prompt administration of analgesics
Monitor O₂ saturation
Monitor for changes in cardiovascular status/efficiency
Monitor changes in skin integrity related to decrease in tissue perfusion

Priority Assessments or Cues

- 1 Pain
- 2 SPO₂/oxygen level
- 3 Signs of infection

Priority Labs & Diagnostics

- 1 RBC's
- 2 H/H
- 3 Sickling tests

Priority Nursing Interventions

- 1 Prompt administration of pain meds
- 2 Monitor fluid volume - hydration
- 3 Pace activities (energy conservation)

Priority Medications

- 1 Analgesics
- 2 Antibiotics
- 3 Hydroxyurea

Priority Potential & Actual Complications

- 1 Sickle cell crisis
- 2 Thrombotic crisis leading to blockage of small blood vessels - stroke, vascular occlusion
- 3 pain
Splenic sequestration (most often seen in infants & toddlers)

Priority Collaborative Goals

- 1 Dietary teaching - Na restriction & need for protein
- 2 Pain Management
- 3 Genetic testing

NurseThink® Quick

<p>SICKLE</p> <p><u>S</u>trokes/swelling of hands & feet / spleen problems</p> <p><u>I</u>nfections / Infarctions</p> <p><u>C</u>risis (painful, sequestration, aplastic) chronic hemolysis, cardiac problems</p> <p><u>K</u>idney disease</p> <p><u>L</u>iver disease</p> <p><u>E</u>rection (priapism),</p> <p><u>E</u>ye problems - retinopathy</p>		
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NEXT GEN LEARNING – NCLEX® TEST PLAN

<p>Safe and Effective Care: Management of Care, Coordinated Care, Safety and Infection Control</p> <p>Monitor for progression of symptoms, monitor for signs of occlusive issues & thrombotic crisis - hypoxia, change in oxygenation, circulation to extremities</p> <p>Health Promotion and Maintenance</p> <p>Monitor for progression of symptoms that can lead to complications</p> <p>Teach patient & family re care & treatment of condition</p> <p>Psychosocial Integrity</p> <p>Assess level of coping with illness, provide emotional support to patient & family, encourage patient/family to ask questions re care/treatment, diet, activity & follow up care</p> <p>Physiological Integrity: Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation</p> <p>Promote bedrest, hydration & exchange transfusions when in sickle cell crisis, monitoring of vital signs, O₂ saturation level, pain level, peripheral circulatory status.</p>
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QUALITY AND SAFETY COMPETENCIES

<p>Patient-Centered Care Respect of patient values & preferences, involve patient & family in care decisions, provide education, emotional support</p> <p>Teamwork and Collaboration</p> <p>Collaboration with geneticist, dietary & other system specific specialists or needed</p> <p>Evidence-Based Practice</p> <p>Pain management protocols, hydroxyurea (antiproliferative agent)</p> <p>Quality Improvement</p> <p>Prevent hospital-acquired infections & complications, reinforcement of teaching</p> <p>Safety</p> <p>Monitor patient for adverse blood transfusion reactions, medication reactions</p> <p>Informatics</p> <p>Record & trend vital signs & lab results in EHR.</p>

Peer Review: _____ Faculty Review: _____

Grade Tracker

67	77	87	92											
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