Med 1 Quiz 2



Appendicitis

Med 1 Quiz 2

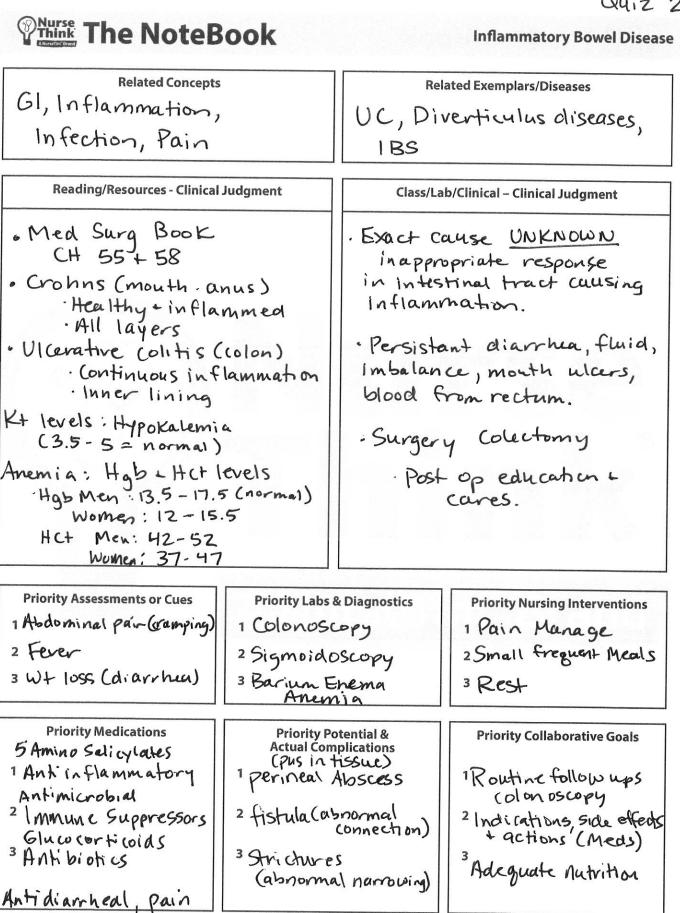
The NoteBook

Gallbladder Disease

Related Concepts Related Exemplars/Diseases GI, Inflammation Abdomen Inflammatory Diseases Infection, Pain **Reading/Resources - Clinical Judgment Class/Lab/Clinical – Clinical Judgment** Cholecystitis_ . inflammation Med Surg Book (# 55 + 60 Bilary Stasis caused by decreased gallbladder PRISK Factors: 5 FIS Female Fair Skin Lithotripsy Fat Shock waves disolve stones Forty (gall stones) Contractility or spasms in sphincter of oddi (gallstones) Fertile NG Tube; low suction Dharcot's Triad 3c's Pen rose a Ttube drains Color Change (Jaundice) Colic Pain Chills + Fever Priority Assessments or Cues Rebound fender+ 1 RUQ Pain guaro **Priority Labs & Diagnostics Priority Nursing Interventions** 1 Ultrasound, Tray + CT guard. 1 NPO 2 HIDA Scan 2 Fever 2 IV Hydration 3 ERCP + WBC 3 Tachycardia ³ Pain Manage ·Liver enzymes **Priority Medications Priority Potential & Priority Collaborative Goals Actual Complications** 1 Antibiotics 1 Empyema (pus) 1 Post Op Education 2 IV Fluids ² T tube manage ²Gangrene 3 Pancreatitis 3 3 Avoid A fat diets Perforation Peritoniti

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Quiz 2



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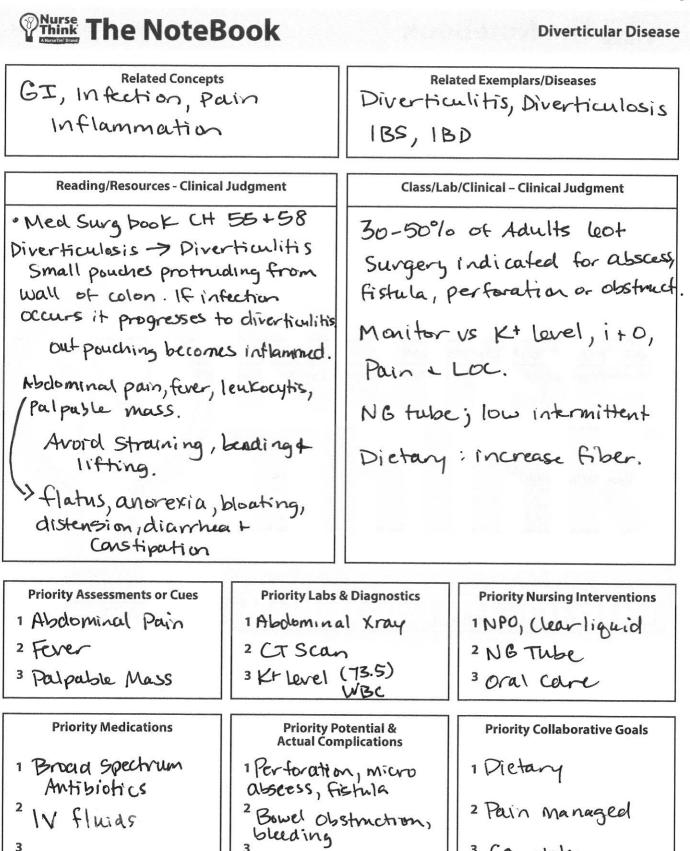
Pancreatitis

Related Concepts Related Exemplars/Diseases GI, Inflammation GI Diseases Infection, Pain Reading/Resources - Clinical Judgment Class/Lab/Clinical – Clinical Judgment Acute VS. Chronic · Meel Surg book CH 55+ 60 More men than women. Acute: reversible, inflammation of pancreas d/t release of Alcohol abuse / consumption. Luce Epigastric pain; deep Sharp Pancreatic encymes that Worse WI fatty foods. Fullness, autodigest pancreas. bloating, gas. Fever, tachycardia, ·Chronic: inflammation of hypotension. Hypovolemia, bypoxia, pancreas det pancreatic pleural effusion, Steatornea. enzymes autodigest paneness Upper abdomen pain, to back. for prolonged time scarring Pain worse after intake. Occurs = enzyme imbalances. ARDS Respiratory issues. · Semi fowlers positioning (Fetal) Steatorhea, Bloated. - Cough, deep breathing Grey Turners: Flank bruise Cullens: umbilical bruise ·NG Tube; low such on Trousseau: BP reaction (hand) · NO alcohol or smoking Chroster: twitching face **Priority Assessments or Cues Priority Labs & Diagnostics Priority Nursing Interventions** ERCP 1 Abdominal pain 1NPO · Surgery 1 Abdominal CT 2 Amy lase, li pase 3 bilirusin, phosphate 2 Hypotension 2 IV Fluids 3 Tachy cardia ³ Pain Manage glycose + BUN **Priority Medications Priority Potential & Priority Collaborative Goals** Actual Complications 1 Infection 1 Discase progression 10pioids (pain) Kidney failure education Anticholinergics (spasm) ² Breathing Probs ² Nutrition Histamine blockers (pp1) 3 Parcreatic enzymes 3 Diabetes 3 Abstain from Antibiotics mainutrition alcohol Cancer

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Med I

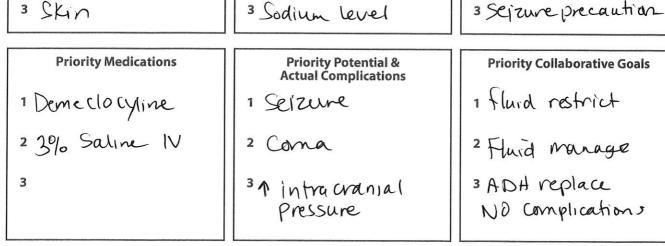
Quiz 2



3 Complete Antibiotics

Think The NoteBook Syndrome of Inappropriate Antidiuretic Hormone **Related Concepts Related Exemplars/Diseases** Hormones Endocrine DI Posterior Pituitary **Reading/Resources - Clinical Judgment** Class/Lab/Clinical – Clinical Judgment Med Surg (H 41 (928-929) Assessments: New o status; Loc confusion, headache. 1+0. Na + Patho: Disorder 1/+ A ADH Osmolarity : Decrease Unine specific H20 overload, INa, hemodiluhin gravity concentrated; * gravity. ins disorders, tumors, NSAID side Skin: tautness. Actions: restrict effect. Psychotropic med. NO V in Fluids. Admin Dema clocyline. total body Na Vurine output w/A 1 excretion of H20 from Kedneys In concentration (+ specific gravity) Admin 3% Saline via Central a osmolarity of urine line IV. Seizure precautions Clinical manifestations I Na, anorexia nauseq, malaise, headache, irritability, Teaching: Disease process + management. Follow fluid restriction. Sx of fluid overload. confusion, weatness, serum Na V Science, comptose < 120. Complications: Difference from Dil: Seizures, coma, & intracranial pressure. Vurine output, + gravity Serum sodium V. osmolarity V Nursing manage: Oliguna, A specific gravity. † Unne Osmolarity, H20 retention & sodium · osmolarity. Anorosia nausea, weakness, headache, Confusion Hemocrit V BPA D: Full, bound (DI is opposite of these) irritobility, seizures **Priority Assessments or Cues Priority Labs & Diagnostics Priority Nursing Interventions** 1 Urine Specific gravity 1 Neuro Status 1 Medications 2 IV (fluid notnict) 2 + 0 2 Osmolarity

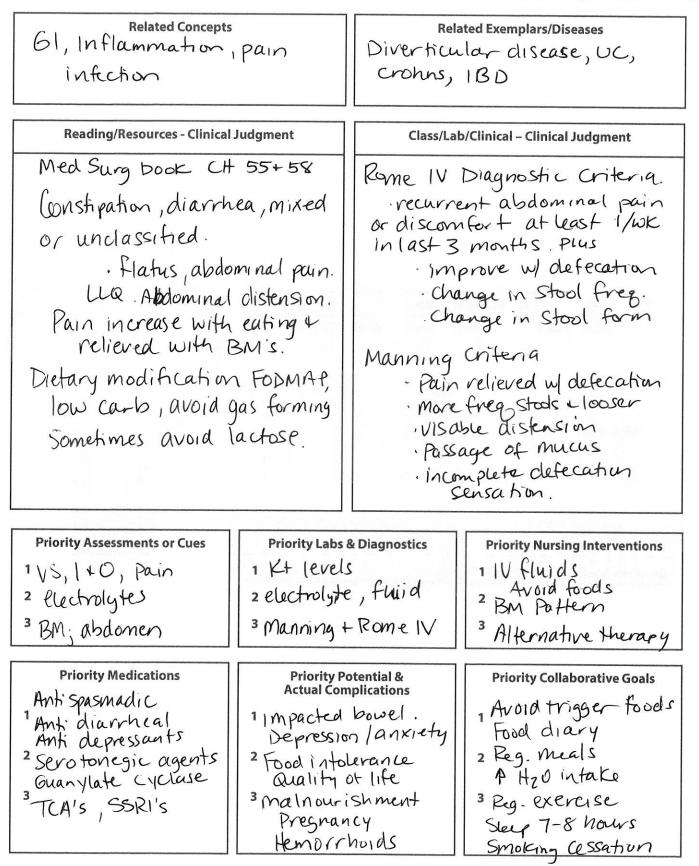
3 Skin



Med 1 QUIT. 2

The NoteBook

Irritable Bowel



Related Concepts Fluid/Electrolyte Imbalance Acid-Rase Imbalance		Chronic	ted Exemplars/Diseases Renal Pailure (CRF) Je Renal Disease (ESRD)
Reading/Resources - Clinical Judgment		Class/Lab	o/Clinical – Clinical Judgment
Risk for Stress Wicers + It Bleeding Tired, fatique, sleeps a lot Anemia requiring frequent blood transpusions (28mg/a) "Tied to dialy sis machine "which impacts lifestyle Depression - chronic ill ness Uremic pruritis with skin breakdown Frequent re-admissions for imbalances + infections		Fluid + Electrolyte Balance -especially K, Na, ca + PhQ4 Hypertension + edema due to angiotensin/aldosterone problems Poor calcium absorption (lack Ob Vit D - leads to poor bones + visk of practures Anemia from lack of crythro- poeitin - potential for (Vdisease Assess dialysis catheter - bruit + fhrill Hold meds before dialysis (not insulin)	
Priority Assessments or Cues 1 Fluid Status 2 Electrolytes 3 Dialysis Catheter Priority Medications 1 Heparin 2 Antihypertensives	2 Hemogla 3 ABG'S Priority Pa Actual Com 1 CHF/P	m(3.5-50) bbin ptential & plications hlmonary na	Priority Nursing Interventions 1 Daily weights + 2 Assess 1 ung sounds 3 protect fistula Priority Collaborative Goals 1 Report Shortness 6 breath 2 TO 1 Daily Weights + 1 Daily Weights + 2 Assess 1 ung sounds 1 Priority Collaborative Goals 1 Report Shortness 6 breath
2 Antitypertensives 3 Vitamin D		c Dys - vmias ng	 ² Follow renal diet ³ Take all meds as Ordered.

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Chronic Kidney Disease/End Stage Renal Disease

NurseThink® Quick

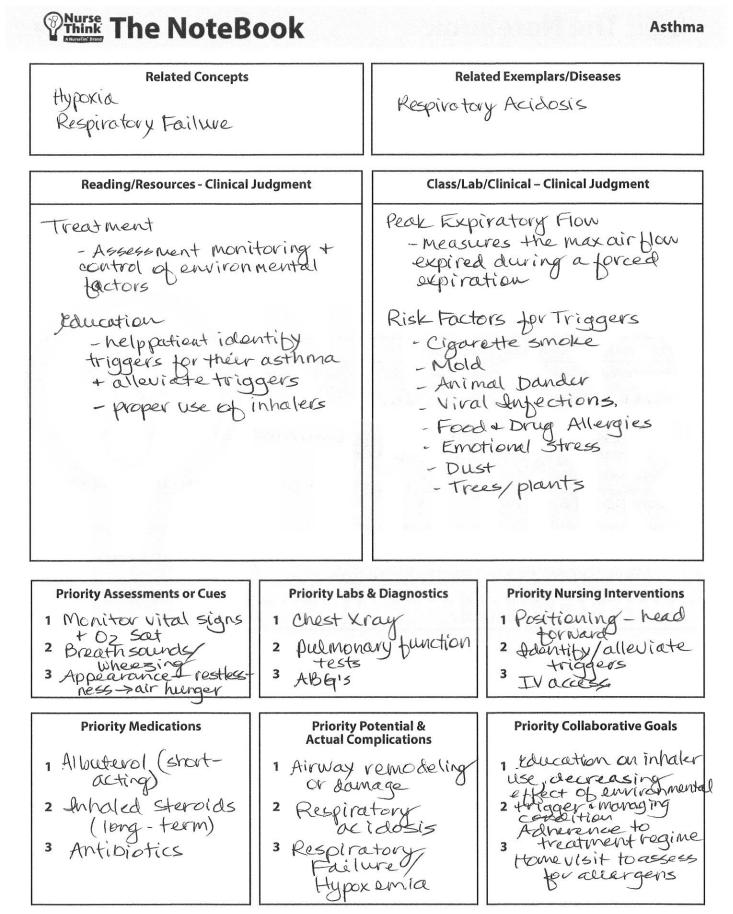
Chronic Renal Failure: Causes	Renal Failure: Symptoms/Signs	Renal Failure: Consequences
Glad Shop Glomerulonephritis	Get Vinny Prepared, He's Not Making Big Pee	ABCDEFG Anemia
Lupus Analgesics	Gl motility Vomiting	Bone alterations Cardiopulmonary
Diabetes	Pruritus	Vitamin D loss
Systemic vascular disease	Headache	Electrolyte imbalance
Hypertension Obstruction Polycystic kidney disease	Nausea Malaise Breathlessness Pigmentation	Feverous infections Gl disturbances
	Search 1997	

NEXT GEN LEARNING – NCLEX® TEST PLAN

Safe and Effective Care: Management of Care, Coordinated Care, Safety and Infection Control Risk for injection/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 (pour appetite) Psychosocial Integrity Ancorporate any cultural poactices that affect treat new 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 comport for skin, multiple meds, risk for injury, a care

QUALITY AND SAFETY COMPETENCIES

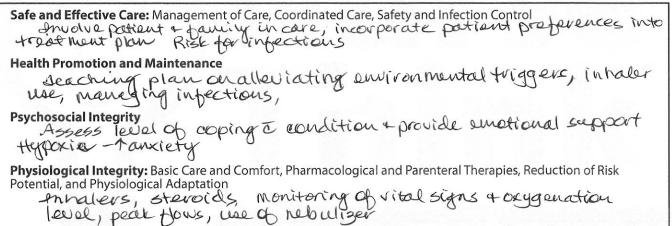
Patient-Centered Care Emotional support patient - family involvement, get-care to foster independence, feleching Teamwork and Collaboration with dialysis unit, dietary, + social services				
Evidence-Based Practice Glow progression of kidney failure by audicing Nephrotoxic meds, maintain fluid status & blood pressure Quality Improvement prevent Aospital- acqueived problems with use of bed clavins + infection control practices. Safety Assist with activity, if needed, pollow med checks + identifiers Informatics Lee Sofety took, monitor data trends in weight + vital signs				
Peer Review: Faculty Review: Faculty Review:				
61 77 87 97				
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NurseThink® Quick

Asthma: Precipitating Factors	Asthma: Treatments	
Diplomat	Asthma	
Drugs (aspirin, NSAIDs, Beta blockers)	A drenergics	
Infections	S teroids	
Pollutants (home, work)	T heophyllines	
Laughter (emotion)	H ydration	
O – Esophageal Reflux (nocturnal asthma)	Mask O2	
Mites	ABGs	
Activity and Exercise		
Temperature (cold)		
na presidente construction attendante entre losse		

NEXT GEN LEARNING – NCLEX® TEST PLAN



QUALITY AND SAFETY COMPETENCIES

Patient-Centered Care Incorporate patient preferences into plan of cave, involve family in care; functional support for chronic condition Teamwork and Collaboration Teamwork and Collaboration Collaboration with fear membors particularly respiratory therapist Evidence-Based Practice mutritionist Medication management, control of condition thru environ montal factors Improvement Quality Improvement prevent any nospital - acqueired injections + complications Prevent exposure to infectious disease & environmental triggers Safety Informatics Record & trend vital signs, tab results + response to inhaleve over time in Ettr. Peer Review: Faculty Review: Grade Tracker 91 81 83 88 Copyright © 2019 by NurseTim, Inc. All rights reserved. No reproduction or distribution allowed.

	ook	Sickle Cell Anemia	
Related Concepts Alteration in bleeding Acute Pain Impaired gas excha Ineffective tissue per	nge Sickle	elated Exemplars/Diseases - Cell Disease - Cell Crisis	
Reading/Resources - Clinical	Judgment Class/	.ab/Clinical – Clinical Judgment	
Cause - inheritance of globin genes - lacko red blood cells to c Bickle-shaped red bloo become rigid a st ing O2 transport Most common symp - Ahemia - Acute pain - Swelling of ha - Frequent infec	b healthy adm arry 02 Monit d cells icky affect- Monita care eft toms Moni int de nds + feet b	Monitor for pain - prompt administration of analgesics Monitor Oz Saturation Monitor for changes in cardioLascular status efficiency Monitor changes in skin integrity related to decrease in tissue per- tusion	
Priority Assessments or Cues	Priority Labs & Diagnostics	Priority Nursing Interventions	
1 Pain 2 SPO2/oxygenlevel 3 signs of infection	1 RBC's 2 H/H 3 Sickling tests	1 Prompt administration of pain meds 2 Monitor finid Volume - hydration 3 Pace activities (energy conservation)	
Priority Medications	Priority Potential & Actual Complications	Priority Collaborative Goals	
 Analgesics Antibiotics Hydroxycurea 	 Sickle Cell Crisis Thrombolytic crisis I bickle Cell Crisis I bickage of small blood vessels Stroke, vascular occlus Bain Splenic Sequestration (most often seen in inforts + todd lers) 	3 denetic testing	

Sickle Cell Anemia

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STCKLE		
Strokes/swelling of hands + feet/spleen problems		
Infections/Infarctions		
Crises (paintue, sequest- ration, aplastic) chronic	-	
hemolysis cardiac problems		
Kidney disease L'hiverdisease		
Erection (pricipism), Eye problems - retin-		
Grathy		

NEXT GEN LEARNING – NCLEX® TEST PLAN

Safe and Effective Care: Management of Care, Coordinated Care, Safety and Infection Control Monitor for progression of symptoms, monitor for signs of acclusive issues + twombolytic crisis - hypoxic, change in oxyg anation, circulation to extremittes Blood transfusion Health Promotion and Maintenance

Monitar for progression of symptoms that can lead to complications leach patient + family re cave + treatment of condition

Abases level of coping with ill ness, provide emotional support to patient tomily, encourage patient/family to ask questions re care/treatment, diet, activity + follow up care Physiological Integrity: Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation

Potential, and Physiological Adaptation

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Promote bedrest, hydration exchange transpusions when in sickle cell
crisis, monitoring of vital signs, oz saturation level, pain level,
peripheral circulatory status.
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QUALITY AND SAFETY COMPETENCIES

Patient-Centered Care Respect of patient values + preperences, involve patient & femily in cave decisions, provide education, emotional support Teamwork and Collaboration Collaboration with geneticist, dietary + other system specific specialists **Evidence-Based Practice** Pain Managament protocols, hydroxymea (antireoplastic agent) Quality Improvement Prevent hospital-acquired infections + complications, reinforcement of Monitor patient for a duerse blood transfusion reactions, medication Safety Informatics Record + trend vital signs a lab results in EHR. Peer Review: Faculty Review: **Grade Tracker**