

- 1 Name the five/six essential nutrients: carbs, fats, proteins, vitamins, minerals, water
- 2 The major source of energy for the body is carbs
- 3 carbs provide _____ Kcalories per 1 gram: 4
- 4 Sucrose is a sugar found in _____ and _____.: fruits, vegetables
- 5 Lactose is a sugar found in? milk
- 6 What is glycogen?: It is a stored form of glucose/energy manufactured by the liver
- 7 Is glycogen eaten in foods?: NO! It is a stored form of glucose MANUFACTURED by the liver.
- 8 When the body does not receive enough carbs it burns _____ and _____.: protein, fat
- 9 The most concentrated source of energy for the body is _____.: fats
- 10 Fats provide _____ Kcalories per 1 gram.: 9
- 11 Fats carry vitamins: A,D,E,K (Remember FADE K!)
- 12 The nutrient needed most for growth and repair of tissues is _____.: protein (second best is Vit C)
- 13 Proteins provide _____ Kcalories per 1 gram.: 4
- 14 Vitamins and minerals provide energy for the body. (T/F) False- they are necessary for a body's chemical reactions.
- 15 Water is present in ALL body tissues. (T/F): True (even bone)
- 16 Water accounts for _____ to _____% of an adult's total weight?: 50 to 60%
- 17 Name the four basic food groups: Milk & Cheese, Meat & Legumes, Vegetables & Fruits, Bread & Cereals
- 18 Water accounts for _____ to _____% of an infant's total weight?: 70 to 75%
- 19 An individual is overweight if they are _____% above the ideal weight.: 10
- 20 An individual is obese if they weigh _____% above the ideal weight.: 20
- 21 What solution and material are used to cleanse the eyes of an infant?: Plain water, cotton balls, washcloths
- 22 Can you use cotton swabs to clean the eyes, nares or ears of an infant?: No, this is dangerous
- 23 Can you use the same cotton ball/washcloth edge for both eyes?: No, it would cross contaminate
- 24 Should you cover an unhealed umbilical site with the diaper?: No, fold the diaper down.
- 25 What temperature is appropriate for the water used to bathe an infant?: 100 to 105
- 26 What is the #1 purpose of a tepid sponge bath? Lower body temperature during fever.
- 27 How should the temperature of the water be tested if no thermometer is available?: Dropping water on the inside surface of your forearm.
- 28 With which body part do you begin when bathing an infant?: Eyes always
- 29 When cleansing an infant's eye, cleanse from outer to inner canthus?: No, inner to outer
- 30 Should you retract the foreskin of a 5 week old male, uncircumcised infant to cleanse the area?: No, not until foreskin retracts naturally and without resistance- then it should be retracted, cleaned and replaced.
- 31 When sponge-bathing with tepid water the correct temp is _____.: 98.6 F
- 32 How long does it take for the umbilical stump to fall off? 7 to 14 days
- 33 The primary reason why an infant is draped during the bath is to provide privacy. (T/F): False, the primary purpose of draping is to prevent chilling.
- 34 You may use friction to remove vernix caseosa from an infant's skin. (T/F): False, it causes damage/bruising
- 35 What solution is commonly used for care of umbilical cord?: 70% alcohol to promote drying (trends toward soap and water)
- 36 What cranial nerve is affected in Bell's Palsy?: #7, facial nerve
- 37 What is the #1 symptom of Bell's Palsy? One-sided (unilateral) facial paralysis
- 38 Complete recovery from the paralysis of Bell's Palsy should occur in _____ to _____ months.: 4 to 6
- 39 In addition to the facial paralysis, the sense of _____ is also affected.: taste
- 40 Will the patient be able to close their eye on the affected side?: no
- 41 Give three eye interventions for the client with Bell's Palsy: Dark glasses, artificial tears, cover eye at night
- 42 As the prostate enlarges it compresses the _____ and causes urinary _____.: Urethra, retention
- 43 At what age does BPH occur?: men over 50 years of age
- 44 What does BPH stand for?: Benign Prostatic Hypertrophy
- 45 IN BPH the man has (increased/decreased) frequency of urination: increased
- 46 In BPH the force of the urinary stream is (increased/decreased).: decreased
- 47 The man with BPH has a _____-stream of urine forked
- 48 The man with BPH has hesitancy. What does this mean? Difficulty starting to void
- 49 Will the man with BPH have enuresis, nocturia or hematuria?: Enuresis-No, Nocturia-Yes, and Hematuria-Maybe
- 50 Enuresis: inability to control the flow of urine and involuntary urination
- 51 What is the best way to screen men for BPH?: Digital rectal exam
- 52 Should fluids be forced or restricted in BPH?: forced
- 53 What does TURP stand for?: Transurethral resection of the prostate

- 54 **The most radical prostate surgery is the _____ prostatectomy.:** Per nea
- 55 **What type of diet is used in BPH?:** Acid Ash
- 56 **Acid Ash diet:** Decrease pH (makes urine acid)
Chz, eggs, Meat, fish, oysters, poultry, Bread, Cereals, Whole Grains, Pastries, Cranberries, Prunes, Plums, Tomatoes, Peas, Corn, Legumes.
- 57 **What is the primary purpose of a 3 way continuous bladder irrigation (CBI) after TURP?:** To keep the catheter clear of clots and to drain urine
- 58 **What solution is used for CBI?:** Normal saline (0.9 NaCl)
- 59 **How fast do you run the CBI?:** At whatever rate it takes to keep the urine flowing and free of clots
- 60 **What drug is used to treat bladder spasm?:** B&O suppositories (Benadon & Opiates)
- 61 **Should you take a rectal temp after prostatectomy? Give stool softeners?:** No rectal temperatures, yes stool softeners
- 62 **You should call the MD after TURP when you see _____ thick _____, _____ clots, and _____ urine drainage on the dressing.:** Bright thick blood, persistent clots, persistent urine on dressing (don't call MD for transient clots and urine on dressing.)
- 63 **If you see an increase in blood content of urine coming out of the catheter, you would first _____:** Put carefully on the catheter to apply local pressure on the prostate with the Foley balloon.
- 64 **If you see clots in the tubing you would first _____:** Increase the flow-rate.
- 65 **What exercises should the post prostatectomy patient do upon discharge? Why?:** Perineal exercises, start and stop stream of urine, because dribbling is a common but temporary problem post op
- 66 **Will the post prostatectomy patient be impotent?:** If TURP, no impotence, if perineal prostatectomy, yes impotence
- 67 **How often should the drainage bag be emptied?:** Every 8 hours
- 68 **What is the most common problem due to catheterization?:** UTI
- 69 **What is the most common organism to cause UTI with catheterization?:** E. coli
- 70 **What is the most common route for organisms to enter the bladder when a catheterization is used?:** Up through the inside of the catheter in the days following catheterization
- 71 **Name foods that make acid urine:** Cranberry juice, apple juice (avocado juices- they make alkaline urine)
- 72 **What is important about the level of the urinary drainage bag?:** Never have the bag at a higher level than the bladder.
- 73 **How is the catheter taped in a male client?:** To the thigh or abdomen
- 74 **How is the catheter taped in a female client?:** To the upper thigh
- 75 **What urinary pH prevents UTI?:** Acidity, low pH
- 76 **Should the drainage bag ever touch the floor?:** No
- 77 **Is it ok to routinely irrigate indwelling catheters?:** No
- 78 **What agents are best for catheter care?:** Soap and water
- 79 **What is the most effective way to decrease UTI with catheters?:** Keep the drainage system closed, do not disconnect junction of tubing
- 80 **Give some signs of infection in a Foley catheter:** Cloudy urine, foul smelling urine, hematuria
- 81 **Is urinary incontinence an indication for catheterization?:** No
- 82 **Give three appropriate indications for bladder catheterization?:** Urinary retention, to check for residual, to monitor hourly output
- 83 **What are the top 2 diagnoses for a client with a catheter? Which is #1?:** #1- Potential for infection; Potential impairment of urethral tissue integrity
- 84 **What is systole?:** The MAXIMAL force of blood on artery walls
- 85 **What is diastole?:** The LOWEST force of blood on artery walls
- 86 **Accurate blood pressure is obtained by using a cuff that has width of _____ of the arm.:** Two-thirds
- 87 **Which artery is most commonly used to measure blood pressure?:** Brachial
- 88 **Can the thigh EVER be used to obtain a blood pressure?:** Yes, but this is rare.
- 89 **When pressure is auscultated the first sound heard is the _____ measurement.:** Systolic
- 90 **The change in the character of the sounds is known as the _____:** First diastolic sound
- 91 **The cessation of sounds is known as the _____:** Second diastolic sound
- 92 **When 2 values are given in a blood pressure the first is the _____ measurement.:** Systolic
- 93 **When 2 values are given in a blood pressure, the bottom number stands for the change in sounds or cessation of sounds?:** Cessation of sounds
- 94 **What is the normal adult blood pressure?:** 120/80
- 95 **Abnormally high blood pressure is called _____:** Hypertension
- 96 **What is the pulse pressure?:** The difference between the systolic and the diastolic blood pressure
- 97 **If you deflate a cuff TOO SLOWLY, the reading will be too high or low? Why?:** High, venous congestion makes the arterial pressure higher (increases resistance)
- 98 **If you use too narrow of a cuff the reading will be too high or low?:** High
- 99 **Vasoconstriction will _____ blood pressure.:** Increase
- 100 **Vasodilation will _____ blood pressure.:** Decrease
- 101 **Shock will _____ blood pressure.:** Decrease
- 102 **Increased intracranial pressure will _____ the pulse pressure.:** Increase or Widen
- 103 **If my blood pressure is 190/110, what is my pulse pressure?:** 80 mmHg

- 104 **What blood test must be done before a transfusion?:** Type and cross match
- 105 **What does a type and cross match indicate?:** Whether the client's blood and donor blood are compatible.
- 106 **What should the nurse measure before starting a transfusion?:** Vital signs
- 107 **With what solution should blood be transfused?:** 0.9 normal saline
- 108 **How many nurses are required to check the blood? 2 nurses**
- 109 **What happens when blood is administered with Dextrose IVs?:** The cells clump together & don't flow
- 110 **If a transfusion reaction occurs what should the nurse do first?:** Stop the blood flow & start running the saline
- 111 **How long can a unit of blood be on the unit before it must be started?:** Less than 1/2 hour
- 112 **What should the nurse do with the IV line if transfusion reaction is suspected?:** Keep it open with saline
- 113 **If a transfusion reaction is suspected, what two samples are collected and sent to the lab?:** Urine & blood
- 114 **If a unit of blood is infused through a central line it must be _____:** Warmed
- 115 **Which of the following are signs of transfusion reaction? Bradycardia, Fever, Hives, Wheezing, Increased Blood Pressure, Low Back Pain: Low back pain, wheezing, fever, hives**
- 116 **What are three types of transfusion reactions that can occur?:** Hemolytic, febrile, allergic
- 117 **What would you do first if you suspected transfusion reaction?:** Stop the blood and start the saline
- 118 **What are the signs and symptoms of a hemolytic transfusion reaction?:** Shivering, HA, low back pain, increased pulse & respirations, decreasing BP, oliguria, hematuria
- 119 **What are the signs and symptoms of a febrile transfusion reaction?:** Low back pain, shaking HA, increasing temperature, confusion, hemoptysis
- 120 **What are the signs of symptoms of an allergic reaction to a transfusion?:** Hives-urticaria, wheezing, pruritus, joint pain, (arthralgia)
- 121 **Give three reasons for a blood transfusion:** Restore blood volume secondary to hemorrhage, maintain hemoglobin anemia, replace specific blood components
- 122 **What does blood-typing mean?:** Check for surface antigen on the red blood cell
- 123 **When does typing and cross matching need to be done?** Whenever a client is to get a blood product. It is only good for 24 hours.
- 124 **What does blood cross matching mean?:** Mixing a tube of the client's blood with the donor blood and looking for agglutination.
- 125 **When are hemolytic transfusion reactions likely to occur?** In the first 10 to 15 minutes
- 126 **When is a febrile reaction likely to occur?:** Within 30 minutes of beginning the transfusion
- 127 **What test identifies Rh factor?:** Coombs test detects antibodies to Rh
- 128 **What is the difference between whole blood and packed cells?:** Packed cells don't have nearly as much plasma or volume as whole blood does
- 129 **What would you do if the client had an increasing temperature and was to get blood?:** Call the MD because bloods often held with an elevated temperature
- 130 **How long should it take for one unit of blood to infuse?** From one hour to three hours
- 131 **How long should you stay with the patient after beginning a transfusion?:** At least 15 to 30 minutes
- 132 **What blood type is the universal recipient?:** AB
- 133 **What blood type is the universal donor?:** O
- 134 **What is the routine for vital sign measurement with a transfusion?:** Once before administration Q15 x 2 after administration has begun Q1 x 1 after transfusion has stopped
- 135 **What IV solution is hung with a blood transfusion?:** 0.9 normal saline (No glucose)
- 136 **What gauge needle is used with a blood transfusion?:** Large gauge, 18 gauge
- 137 **What other things are appropriate after a reaction?:** Call MD, get a blood sample, get urine sample, monitor vitals, send blood to lab
- 138 **Can blood be given immediately after removal from refrigeration?:** No, it has to be warmed first for only about 20 to 30 minutes.
- 139 **With what solution & when should a breast feeding mother cleanse the areola?:** Plain water, before & after each feeding
- 140 **For a woman who doesn't have retracted nipples, is towel drying or air drying better?:** Air drying of the nipples is best
- 141 **The goal is for the infant to breast feed for _____ minutes per side.: 20**
- 142 **How does the mother break the suction of the breast feeding infant?:** She inserts her thumb into the side of the infant's mouth
- 143 **When should the breast feeding infant be burped?:** After feeding from each breast
- 144 **Assuming no mastitis, on which side should the breastfeeding begin?:** Begin nursing on the side that the baby finished on the last feeding
- 145 **How long can breast milk be refrigerated?:** 24 hours
- 146 **How long can breast milk be frozen?:** 6 months
- 147 **In what type of container should breast milk be stored?:** Sealed plastic bags
- 148 **Can you microwave frozen breast milk in order to warm/thaw it?:** Never
- 149 **Which two nutrients is breast milk lower in?:** Folate and iron

- 150 **What should you tell a breast feeding mother about her milk supply when she goes home from the hospital?:** Milk should come in postpartum day 3. Breastfeed every 2-3 hours to establish good milk supply.
- 151 **Can a woman on oral contraceptives breastfeed?:** Should not use OCP during the first 6 weeks after birth because the hormones may decrease milk supply. Estrogens not recommended. Non-hormonal methods are recommended. Remember, breastfeeding is an unreliable contraceptive.
- 152 **What is another name for Buerger's disease?:** Thromboangiitis obliterans
- 153 **Which extremities are affected by it?:** Lower on
- 154 **Which sex does it affect the most often?:** Males
- 155 **The group with the highest incidence of Buerger's disease is _____:** Smokers
- 156 **Upon walking the patient with Buerger's experiences _____:** Intermittent Claudication
- 157 **What is intermittent claudication?:** Pain in calf upon walking
- 158 **A first degree burn is pale or red?:** Red
- 159 **A first degree burn has vesicles (T/F)?:** False
- 160 **A second-degree burn is pale or red?:** Red
- 161 **A second-degree burn is dull or shiny?:** Shiny
- 162 **A second-degree burn has vesicles? (T/F):** True
- 163 **A Second degree-burn is wet or dry?:** Wet
- 164 **A third-degree burn is white or red?:** White
- 165 **A third-degree burn is wet or dry?:** Dry
- 166 **A third degree burn is hard or soft?:** Hard
- 167 **Of first, second and third degree burns which has less pain? Why?:** Third degree burns, nerve damage has occurred
- 168 **For what purpose do you use the rule of nines? To estimate the percentage of body surface burned; is NOT used for children.**
- 169 **In the rule of nines, the head and neck receive _____: each arm receives _____:** 9%, 9%
- 170 **In the rule of nines, the front trunk gets _____, the posterior trunk gets _____, each leg gets _____ and the genitalia gets _____:** 18%, 18%, 18%, 1%
- 171 **What is the only IM given to a burn patient?:** Tetanus toxoid if they had a previous immunization; tetanus antitoxin if they have never been immunized before (or immunoglobulin)
- 172 **In the emergent phase do you cover burns? (in the field):** Yes, with anything clean and dry.
- 173 **Should you remove adhered clothing?:** No
- 174 **Name the 3 phases of burn:** Shock, diuretic, recovery
- 175 **Fluid moves from the _____ to the _____ in the SHOCK phase:** Bloodstream, interstitial space
- 176 **The shock phase lasts for the first _____ to _____ hours after a burn:** 24 to 48 hours
- 177 **During shock phase of a burn is potassium increased or decreased? Why?:** Increased, because of a decrease in damaged cells released from damaged cells.
- 178 **What acid-base disorder is seen in the shock phase of a burn?:** Metabolic Acidosis
- 179 **What is the #1 therapy in the shock phase?:** Fluid replacement/resuscitation
- 180 **What is the simple formula for calculating fluid replacement needs in the first 24 hours?:** $3cc \times Kg \times \% \text{ burned per day}$
- 181 **If the MD orders 2,800 cc of fluid in the first 24 hours after a burn, one-_____ of it must be infused in the first 8 hours:** Half (or 1,400 cc)
- 182 **What blood value will dictate IV flow rate?:** The hematocrit
- 183 **How will you know the patient has entered the fluid mobilization or diuretic phase?:** The urine output will increase
- 184 **How long does the fluid mobilization or diuretic phase of a burn last?:** 2 to 5 days
- 185 **In the diuretic phase, K+ levels fall or rise?:** Fall - remember diuresis always causes hypokalemia
- 186 **If the nurse accidentally runs the IVs at the shock phase rate during the diuretic phase the patient will experience?:** Pulmonary edema
- 187 **The burn patient will be on _____ urine output and daily _____:** Hourly, weight
- 188 **Sulfamylon cream _____:** Burns
- 189 **Silver nitrate cream _____ the _____:** Stains, skin
- 190 **Pain medications should be administered _____ before _____ care:** 30 minutes, wound care
- 191 **When using silver nitrate, the dressings must be kept _____:** Wet
- 192 **What is Curling's ulcer? Why is it a problem in burn patients? What drug prevents it?:** It is a stress GI ulcer, you get these with any severe physical stress. Tagamet, Zantac, Pepcid (any H2 receptor antagonist), Protonix, Prilosec
- 193 **In Abruptio Placenta, the placenta _____ from the uterine wall _____:** Separates, prematurely
- 194 **Abruptio Placenta usually occurs in (prima/multi) gravida over the age of _____:** Multigravida, 35 (HTN, trauma, cocaine)
- 195 **How is the bleeding of Abruptio Placenta different from that in placenta previa?:** usually painless; bleedings more voluminous in previa
- 196 **If you are the nurse starting the IV on the client with Abruptio Placenta, what gauge needle should you use?:** 18 (in preparation to give blood if necessary)
- 197 **How often should you measure the vital signs, vaginal bleeding, fetal heart rate during Abruptio Placenta?:** Q5-15 minutes for bleeding and maternal VS, continuous fetal monitoring, deliver at earliest sign of fetal distress
- 198 **How is an infant delivered when Abruptio Placenta is present?:** Usually C-section
- 199 **Is there a higher or lower incidence of fetal death with Abruptio Placenta compared to Placenta Previa?:** Higher

- 200 In what trimester does Abruptio Placenta most commonly occur?: Third
- 201 At what age are accidental poisonings most common?: 2 years old
- 202 If a child swallows a potentially poisonous substance, what should be done first?: call medical help
- 203 Should vomiting be induced after ingestion of gasoline?: No- not for gas or any other petroleum products
- 204 When taking a child to the ER after accidental poisoning has occurred what must accompany the child to the ER?: the suspected person
- 205 An elderly client is a (high/low) risk for accidental poisoning? What about a school age child?: high - due to poor eyesight, high
- 206 What types of chemicals cause burns to oral mucosa when ingested?: Lye, caustic cleaners
- 207 Children at highest risk for seizure activity after ingestion are those who have swallowed _____ and _____.: drugs, insecticides
- 208 Can impaired skin integrity ever be an appropriate nursing diagnosis when poisoning has occurred?: Yes, when eye or caustic agents have been ingested
- 209 What is the causative organism of acne?: P. acnes (propionibacterium acnes)
- 210 What structures are involved in acne vulgaris?: The sebaceous glands
- 211 Name 3 drugs given for acne?: Vitamin A, Antibiotics, Retinoids
- 212 Dietary indiscretions and uncleanliness are causes of acne?: Fats
- 213 What are the 3 causative factors in acne vulgaris?: Heredity, Bacteria, Hormones
- 214 Uncleanliness is a cause of acne?: Fats
- 215 What is the most common retinoid given to people with acne?: Accutane
- 216 Accutane is an analog of which vitamin?: Vitamin A
- 217 What is the most common side effect of accutane? And what is most important in health teaching in administration?: Irritation of the lips; Causes birth defects
- 218 What is the antibiotic most commonly given to clients with acne?: Tetracycline
- 219 How long will it take for the person to see results when acne is being treated?: 4 to 6 weeks
- 220 Does stress make acne worse?: yes
- 221 How often should the client with acne wash his face each day?: twice a day
- 222 What instructions do you give to a client taking tetracycline?: Take it on an empty stomach and avoid the sun (photosensitivity)
- 223 What are comedones?: Blackheads and whiteheads
- 224 What virus causes AIDS?: HIV - Human immunodeficiency virus
- 225 The AIDS virus invades helper _____.: T-lymphocytes (or CD4 cells)
- 226 AIDS is transmissible through what four routes?: blood, sexual contact, breast feeding, across placenta in utero
- 227 HIV is present in all body fluids?: Yes, but not transmitted by saliva, on body fluids, semen and breast milk
- 228 Name the 5 risk groups for AIDS: Homosexual/bisexual men, IV drug users, hemophiliacs, heterosexual partners of infected people, newborn children of infected women
- 229 What is the first test for HIV antibodies?: ELISA
- 230 What test confirms the ELISA?: Western Blot
- 231 Which test is the best indicator of the progress of HIV disease?: CD4 count
- 232 A CD4 count of under _____ is associated with the onset of AIDS-related symptoms.: 500
- 233 A CD4 count of under _____ is associated with the onset of opportunistic infections.: 200
- 234 Give 6 symptoms of HIV disease.: Anorexia, fatigue, weakness, night sweats, fever, diarrhea
- 235 Which 2 classes of drugs are given in combination for HIV sero-positivity?: NRTI's (nucleoside reverse transcriptase inhibitors) and PI's (protease inhibitors)
- They prevent viral replication.
- 236 NRTI (nucleoside reverse transcriptase inhibitors): an antiviral drug used against HIV (incorporated into the DNA of the virus and stops the budding process; results in incomplete DNA that cannot create a new virus; often used in combination with other drugs)
- 237 PI's (Protease inhibitors): most potent of antiviral meds, inhibit protease synthesis that interferes with viral replication, does not cure but slows progression of AIDS and prolongs life, used prophylactically, used in AIDS to decrease viral load and opportunistic infections
- 238 What do NRTI's and PI's do?: They prevent viral replication
- 239 What does the physician hope to achieve with NRTI's and PI's for HIV?: A delayed onset of AIDS for as long as possible (usually can delay onset for 10-15 years)
- 240 What is the most common NRTI used?: AZT (zidovudine)
- 241 What is the most challenging aspect of combination of drug therapy for HIV disease?: The number of pills that must be taken in 24 hours can be overwhelming. The frequency also makes it hard to remember-an alarm watch is used.
- 242 Clients with AIDS (gain/lose) weight?: lose
- 243 The typical pneumonia of AIDS is caused by _____.: Pneumocystis carinii
- 244 What type of oral/esophageal infections do AIDS patients get?: Candida
- 245 What is the #1 cancer that AIDS patients get?: Kaposi's sarcoma
- 246 Kaposi's sarcoma is a cancer of the _____.: skin
- 247 T/F: AIDS patients get lymphomas?: True

- 248 **What lab findings are present in AIDS?:** Decreased RBC's, WBC's and platelets
- 249 **If the AIDS patient has leukopenia they will be on _____.: protective (reverse) so at on**
- 250 **Define Leukopenia:** decrease in wbc, indicated by r/nfection on
- 251 **Without leukopenia the AIDS patient will be on _____precautions.:** Standard precautions for blood and body fluid precautions
- 252 **When the AIDS patient has a low platelet count, what is indicated?:** bleeding precautions; No IM's, no rectal temperatures, other bleeding precautions
- 253 **Does AIDS require a single room?:** Yes - if WBC counts are low
- 254 **When do you need a gown with AIDS?:** If you are going to get contaminated with secretions
- 255 **When do you need a mask with AIDS?:** Not usually unless they have an infection caused by an airborne bug
- 256 **When do you need goggles with AIDS?:** Suctioning, central line start, arterial procedures
- 257 **If an AIDS patient's blood contaminates a counter top, with what do you clean?:** 1:10 solution of bleach and water
- 258 **Are all articles used by AIDS patients double-bagged?:** no - only those contaminated with secretions
- 259 **Can AIDS patients leave the floor?:** Yes, unless WBC's are very low
- 260 **Is dietary protein limited in AGN?:** Not usually, however if there is severe azotemia then it may be restricted
- 261 **Define azotemia?:** nitrogenous wastes in the blood (increased creatinine, BUN)
- 262 **What is the best indicator of renal function?:** The serum creatinine
- 263 **Do people recover from AGN?:** Yes, the vast majority of adults recover completely from it
- 264 **How can AGN be prevented?:** By having a sore throat cultured for strep and treating any strep infections
- 265 **What is the most important intervention in treating AGN?:** Bedrest - they can walk if hematuria, edema and hypertension are gone.
- 266 **What is the most common dietary restriction for AGN?:** Moderate sodium restriction. Fluid restrictions #2 if edema is severe.
- 267 **What are the urinalysis findings on AGN?:** Hematuria
Proteinuria +3 to +4
Specific gravity Up
- 268 **How long after strep infection does AGN develop?:** 2 to 3 weeks after infection
- 269 **How do you assess fluid excess in the child with AGN?:** Daily weight
- 270 **What organism causes acute glomerular nephritis?:** Group A beta hemolytic strep
- 271 **What happens to the kidney in AGN?:** It becomes congested with antigens-antibody complexes which then cause inflammation and loss of function.
- 272 **How often are vital sign measurements taken in AGN?:** Q4 hours with blood pressure
- 273 **Will the client have hypo or hypertension with AGN? Why?:** Hypertension, because of fluid retention
- 274 **What are the first signs of AGN?:** Puffiness of face, dark urine
- 275 **What are the three adult stages of development called?** early adulthood, middle adulthood and later adulthood
- 276 **What is the age range for early adulthood?:** 19 to 35 years of age
- 277 **What is the age range for middle adulthood?:** 35 to 64 years of age
- 278 **What is the age range for late adulthood?:** 64 years of age to death
- 279 **What is the developmental task for early adulthood?** Intimacy vs. Isolation
- 280 **What is the developmental task for middle adulthood?** Generativity vs. stagnation.
- 281 **Intimacy vs. Isolation:** Erikson's stage in which individuals form deep personal relationships, marry, begin families
- 282 **Generativity vs. Stagnation:** Erikson's stage of development in which middle-aged people begin to devote themselves more to fulfilling one's potential and doing public service
- 283 **What is the developmental task for later adulthood? Ego Integrity vs. Despair**
- 284 **Ego Integrity vs. Despair:** (Erikson) People in late adulthood either achieve a sense of integrity of the self by accepting the lives they have lived or yield to despair that their lives cannot be revised
- 285 **"Time is too short to start another life, though I wish I could," is an example of _____.: despair**
- 286 **"If I had to do it over again, I'd live my life just about the same," is an example of _____: Ego Integrity**
- 287 **What does AKA mean?:** Above the knee amputation
- 288 **What does BKA mean?:** Below the knee amputation
- 289 **If the patient had an AKA they should lie _____ several times per day.:** prone (to prevent flexion contracture)
- 290 **The #1 contracture problem in AKA is _____ of the _____: flexion, hip**
- 291 **What will prevent hip flexion contracture after AKA? Lying prone several times a day**
- 292 **What is the #1 contracture problem after BKA? Flexion of the knee**
- 293 **How do you prevent flexion contracture of the knee after BKA?:** Remobilize the patient to straighten the knee constantly while standing
- 294 **To prevent post-op swelling, the stump should be _____.: elevated**

- 295 **How long should the stump be elevated to prevent post op swelling?:** 12-24 hours
- 296 **How often should a stump be washed?:** da y
- 297 **When a stump is wrapped, the bandage should be tightest _____ and loosest _____:** d sta y (far from the center), prox ma y (neareast to the po nt)
- 298 **If after a right BKA, the client c/o pain in his right tow, he is experiencing _____:** phantom mb sensat on (wh ch s norma)
- 299 **When will phantom limb sensation subside?:** n a few months
- 300 **Name ways to toughen a stump so it will not breakdown due to the wear of the prosthetic leg?:** push the stump aga nst the wa , h tt ng t w th a p ow
- 301 **An aneurysim is an abnormal _____ of the wall of a(n) artery.:** w den ng (t s a so weaken ng)
- 302 **What artery is widened in a thoracic aneurysm?:** the aorta
- 303 **An aneurysm can result from an _____ and from _____:** nfect on, syph s
- 304 **The most common symptom of abdominal aneurysm is:** a pu sat ng mass above the umb c us
- 305 **Which aneurysm is most likely to have no symptoms?:** the abdom na s most often "s ent"
- 306 **Which vital signs are most important to measure in clients with aneurysm?:** The pu se and b ood pressure
- 307 **An aneurysm will most affect which of the following, the blood pressure or the pulse?:** the pu se (many t mes the aneurysm w rupture and much b ood w be ost before the b ood pressure starts to change.
- 308 **What activity order is the client with an aneurysm supposed to have?:** Bedrest. do not get these peop e up
- 309 **If the client with aneurysm is physically unstable, should you encourage turning, coughing and deep breathing?:** no, bedrest unt the c ent s stab e!
- 310 **What class of drugs is the client with an aneurysm most likely to be on?:** Ant hypertens ves
- 311 **What is the BIG danger with aneurysms of any type?** Rupture, eads to shock and death
- 312 **If an aneurysm is ruptured how would you know it?:** decreased LOC (rest essness), tachycard a, hypotens on - a s gns of shock
- 313 **If an aneurysm ruptures what is the #1 priority?:** Get them to the operat ng room ASAP
- 314 **Is there anything that can be done for the client with a ruptured aneurysm before they get to the operating room?:** Yes, f ava ab e you can get them nto ant shock trousers but not f th s causes a de ay n gett ng them to the operat ng room
- 315 **The post op thoracic aneurysm is most likely to have which type of tube?:** Chest tube, because the chest was opened
- 316 **The post op abdominal aneurysm repair client is most likely to have which type of tube?:** NG tube for decompress on of bowe
- 317 **If you care for a client who is post-op for a repair of a femoral popliteal resection what assessment must you make every hour for the first 24 hours?:** check the d sta extrem ty (far from center) for co or, temperature, pa n and PULSE, a so MUST document
- 318 **What causes angina pectoris?:** Decreased b ood supp y to myocard um, resu t ng n schem a and pa n
- 319 **Describe the pain of angina pectoris:** crush ng substerna chest pa n that may rad ate
- 320 **What drug treats angina pectoris?:** N trog ycer ne
- 321 **How do you tell if a client has angina or an MI? the pa n of the two s s m ar, the way to te the d fference s f n tro and rest re eve the pa n. For ang na, n tro and rest re eve the pa n, for MI, n tro and rest do not re eve the pa n**
- 322 **How many nitro tabs can you take before you call the doctor?:** 3
- 323 **How many minutes should lapse between the nitro pills you take?:** 5 m nutes - take one n tro tab every 5 m nutes 3 t mes, f no re ef, ca MD
- 324 **By what route do you take nitro?:** sub ngua
- 325 **What is the action of nitro?:** d ates coronary arter es to ncrease b ood supp y (O2 supp y) and reduces pre oad.
- 326 **What are the top 2 side effects of nitro?:** headache and hypotens on
- 327 **What precaution must the nurse take when administering topical nitro paste?:** wear g oves, nurse may get a dose of the med
- 328 **Everyone with angina needs bypass surgery? t/f.** Fa se
- 329 **Anorexics are usually _____ under the age of _____:** fema es, 25
- 330 **The diagnosis is made when there is a weight loss of _____% or more of body weight.:** 15 (we gh < 85% of norma body we ght), hosp ta ze f 30% we ght oss
- 331 **A major mental/emotional nursing diagnosis seen in anorexia nervosa is _____:** A tered body mage
- 332 **The pulse rate of anorexics is tachycardic or bradycardic? Bradycard c**
- 333 **List the most common gynecologic symptom of anorexia nervosa?:** amenorrhea
- 334 **What is found over the body of the client with anorexia nervosa?:** anugo (soft downy ha r)
- 335 **What is the top priority in the care of the client with anorexia nervosa?:** ntake of enough food to keep them a ve, have them ga n we ght
- 336 **The best goal to evaluate the progress of the client with anorexia nervosa?:** an adequate we ght ga n
- 337 **What is the apgar scale?:** qu ck object ve way to eva uate the v ta funct ons of the newborn
- 338 **When is apgar scoring performed on infants?:** at one m nute and aga n at 5 m nutes after the b rth
- 339 **Name the 5 criteria that are recorded on an apgar scale:** Card ac status, resp ratory effort, musc e tone, neuromuscu ar r tab ty, and co or

- 340 The total apgar score can range from: 0 to 10
- 341 The maximum score and infant can receive on any one of the criteria is: 2
- 342 A 10 on the apgar means the baby is: n t e r r f c h e a t h
- 343 A 0 on the apgar means the baby: s s t b o r n
- 344 On heart rate or cardiac status, a 2 means that the HR is above _____ BPM.: 100
- 345 On the HR criteria an infant scores a "1" if their HR is _____ than 0 and _____ 100: greater, less than
- 346 In order to score a 0 on HR the infant must have a rate of _____.: Zero
- 347 A high score of 2 is given for respiratory effort if the newborn _____.: C r e s v g o r o u s y
- 348 An infant is given a score of 1 if their respirations are _____ or _____.: S o w o r i r r e g u l a r
- 349 An infant is given a score of 0 for respiratory effort if _____.: They do not breathe
- 350 In order to get a score of 2 on muscle tone the infant must _____.: M o v e s p o n t a n e o u s y (a c t i v e y)
- 351 To get a score of 1 on the APGAR for muscle tone the newborn must place their extremities in _____.: F l e x i o n
- 352 A newborn receives a score of 0 on muscle tone when there is _____.: N o m o v e m e n t (f l o p)
- 353 To score the maximum of 2 points on neuromuscular reflex irritability the infant must _____.: C r y
- 354 If the neonate _____, they will score a 1 on neuromuscular irritability.: G r i m a c e s
- 355 To receive a 0 on reflex (neuromuscular) irritability the neonate must exhibit _____.: N o r e s p o n s e
- 356 To score a maximum score of 2 on color the child must be _____.: T o t a l l y p i n k
- 357 If the child's _____ are _____ and the trunk -face abdomen are _____, the child scores 1 on color: E x t r e m i t i e s a r e b l u e (c y a n o t i c), P i n k
- 358 To get a 0 on color the infant is: T o t a l l y b l u e, p a l e
- 359 Acrocyanosis: Temporary cyanotic condition, usually in newborns resulting in a blue discoloration around the lips, hands and fingers, feet and toenails. May last for a few hours and disappear with warming.
- 360 Appendicitis is an _____ of the appendix due to _____.: i n f l a m m a t i o n, o b s t r u c t i o n
- 361 Appendicitis occurs most in what age group?: 15 to 35
- 362 What is the most common complication of appendicitis?: P e r i t o n i t i s
- 363 Peritonitis: inflammation of the peritoneum
- 364 What is the first sign of appendicitis?: r i g h t u p p e r q u a d r a n t p a i n
- 365 What follows the RUQ abd pain of appendicitis?: N/V
- 366 Where does the pain of appendicitis finally end up?: R L Q
- 367 What is the name of the RLQ abd pain where appendicitis pain finally localizes?: M c B e n n e t t ' s p o i n t
- 368 What is present when rebound tenderness is present?: P e r t o n e a l r i g i d i t y
- 369 What is the highest that the temp will be in appendicitis?: 102 F
- 370 What blood count is elevated in appendicitis?: W B C
- 371 What is the name for an elevated WBC?: L e u k o c y t o s i s
- 372 What is the only treatment recommended for appendicitis?: s u r g e r y - a p p e n d e c t o m y
- 373 Before the client with suspected appendicitis sees the physician what should be avoided?: p a i n m e d s, e n e m a s, a n t i b i o t i c s, f o o d! N P O
- 374 To lessen pain place the client in _____ position: f l o w e r s (a s t t i n g p o s i t i o n) (a s o u s e p o s t o p)
- 375 Never apply _____ to the area of the appendix: h e a t (i t c a u s e s r u p t u r e)
- 376 After appendectomy, document in the nurses notes the return of _____: b o w e l s o u n d s (p e r s t a l t s)
- 377 What is the primary dietary prescription for calcium nephrolithiasis?: L o w c a l c i u m d i e t
- 378 For the client with calcium nephrolithiasis the diet should be _____ ash.: A c i d
- 379 If the kidney stone is calcium phosphate the diet must be low in _____ too.: P h o s p h o r o u s
- 380 The primary diet treatment for uric acid nephrolithiasis is _____ - _____.: L o w p r u i n e
- 381 The client with uric acid nephrolithiasis should have a diet low in _____.: M e t h o n e
- 382 What is methionine?: T h e p r e c u r s o r o f t h e a m i n o a c i d c y s t e i n e (p r e c u r s o r = m a t e r i a l o u t o f w h i c h s o m e t h i n g s a r e m a d e)
- 383 Name two foods high in methionine.: M e a t, e g g s
- 384 Clients with cystine nephrolithiasis should have a (n) _____ ash diet.: A l k a l i n e
- 385 Increasing fluids to over 3000 cc per day is more effective in treating renal calculi (kidney stones) than any dietary modification. (T/F): T r u e. I t ' s m o r e i m p o r t a n t t o f l u s h t h e u r i n a r y t r a c t t h a n w o r r y a b o u t w h a t y o u ' r e e a t i n g.
- 386 Neoplasm refers to benign and malignant tumors. (T/F) T r u e
- 387 Which type of tumor is more malignant? Differentiated or undifferentiated?: U n d i f f e r e n t i a t e d i s w o r s e t o h a v e (h i g h l y d i f f e r e n t i a t e d i s b e t t e r t o h a v e)
- 388 When cancer spreads to a distant site it is called? M e t a s t a s i s
- 389 The cause of cancer is known. (T/F) F a l s e
- 390 A person should have a yearly work up exam for cancer detection over the age of _____.: 40
- 391 In general, cancer drugs have side effects in which three body systems?: G I, H e m a t o l o g y (b l o o d), I n t e g u m e n t a r y

- 392 **What are the 3 most common chemotherapeutic GI side effects?:** N/V
Diarrhea
Stomatitis (oral sores)
- 393 **Clients receiving chemotherapy must be NPO. (T/F):** False
- 394 **Is it permissible to give lidocaine viscous ac (before meals) if the patient has chemotherapeutic stomatitis? (T/F):** True
- 395 **With what solution should the client with chemotherapeutic stomatitis rinse pc (after meals)?:** H₂O₂ - hydrogen peroxide
- 396 **What lubricant can safely be applied to the cracked lips of chemotherapy stomatitis?:** K-Y Jelly
- 397 **Name the 3 hematologic side effects of chemotherapy.:**
Thrombocytopenia
Leukopenia
Anemia
- 398 **Which cells are low in thrombocytopenia?:** Platelets
- 399 **What drug should NOT be given to the patient with chemotherapeutic thrombocytopenia?:** ASA (aspirin)
- 400 **When should the nurse WITHHOLD IM injections in the client on chemotherapy?:** Only when the PLATELET count is down.
- 401 **What are the 3 objective symptoms/signs of thrombocytopenia? Hint: P.E.E.:** Petechiae
Epistaxis
Ecchymosis
- 402 **What is epistaxis?:** Nosebleeds
- 403 **What is ecchymosis?:** Bruising
- 404 **What is petechiae?:** Small pinpoint hemorrhages on the skin.
- 405 **What blood cell is low in leukopenia?:** White blood cells
- 406 **When the Absolute Neutrophil Count ANC is below _____ the person on chemotherapy will be placed on reverse isolation.:** 500
- 407 **What is the #1 integumentary side effect of chemotherapy?:** Alopecia
- 408 **What is alopecia?:** Hair loss
- 409 **The hair loss due to chemotherapy is usually temporary? (T/F):** True
- 410 **Can scalp tourniquets prevent chemotherapy alopecia?:** In some cases, yes
- 411 **Can ice packs to the scalp prevent chemotherapy alopecia?:** In some cases, yes
- 412 **CD ranks _____ among the leading cause of maternal death.:** Fourth
- 413 **What is the #1 cause of CD of pregnancy?** Rheumatic heart disease
- 414 **Pregnancy requires a _____ increase in the cardiac output.:** 30-50%
- 415 **What is the #1 cause of maternal death in CD of pregnancy?:** Decompensation
- 416 **What is meant by decompensation?:** Failure of the heart to maintain adequate circulation.
- 417 **What will you see when you observe the neck of a client with CD of pregnancy?:** Distended neck veins -JVD
- 418 **What will you hear when you auscultate the heart of the client with CD of pregnancy?:** Murmurs
- 419 **What will you hear when you auscultate the lungs of the client with CD of pregnancy?:** Crackles-rales
- 420 **If the client with CD of pregnancy experiences sudden heart failure what is the MOST common thing you will see?:** Sudden onset of SOB (dyspnea).
- 421 **What is the #1 treatment of CD during pregnancy?** Rest
- 422 **What are the three most common drugs given to women with CD in pregnancy?:** Diuretics
Heparin
Digoxin
- 423 **Why are diuretics given to women with CD of pregnancy?**
To promote diuresis which will:
- lower circulation blood volume
- decrease preload
- decrease the amount of blood the heart pumps.
- 424 **Why are anticoagulants (heparin only) given to women with CD of pregnancy?:** To prevent thromboembolisms due to venous congestion, usually in legs.
- 425 **Why is digitalis given to women with CD of pregnancy?**
To increase the strength of the heart and to decrease the rate, rest the heart while making it more efficient
- 426 **Can a woman with CD of pregnancy be given analgesics during labor?:** Yes, in fact they should be given analgesics, may get too anxious which is bad for the patient
- 427 **Can morphine be given to a woman with CD during labor?**
Yes, even though it negatively affects the fetus, remember morphine decreases preload and pain which rests the heart.
- 428 **What is the most common dietary modification for the woman with CD who shows signs of decompensation?:** Decreased sodium, decreased water (restriction)
- 429 **Is a C-section mandatory for delivery of a woman with CD of pregnancy?:** No
- 430 **Second to rest, what is very important treatment for CD of pregnancy?:** Weight control
- 431 **How long must the woman with CD of pregnancy be on bed rest after delivery?:** At least one week
- 432 **What nutrients should be supplied in the diet of the pregnant woman with CD?:** Iron
Folic acid

Prevent anemia (anemia always makes the heart work more)
- 433 **What are the two most common subjective complaints of the woman who is decompensating during labor?:** SOB
Palpitations
- 434 **In addition to the things you assess for in every woman during labor, what additional assessment must you make for a woman with CD?:** You must assess lung sounds frequently

- 435 **How often must you assess the lung sounds during the first stage of labor? During active labor? During transition labor?:** Every 30 to 10 minutes
- 436 **In which position should a woman with CD in labor be?**
Semi-recumbent, HOB up
- 437 **The nurse should limit the client's efforts to _____ during labor when CD is present.: Bear down**
- 438 **What is the big danger to staff when caring for a client with cesium implant?:** Radiation hazard
- 439 **What are the three principles to protect yourself from radiation hazard?:** Distance
Shielding
Time
- 440 **Will the woman with a cesium implant have a foley? Yes**
- 441 **From where should the nurse provide care to the client with cesium implant?:** The head of the bed
- 442 **How can the woman with cesium implant move in bed?**
Only from side to side
- 443 **What four symptoms in a patient with a cesium implant should be reported to the physician?:** Profuse vaginal discharge
Elevated temp
Nausea
Vomiting
- (these indicate infection and perforation)
- 444 **Should pregnant staff care for a client with a cesium implant?:** No
- 445 **Can the woman with a cesium implant have the HOB elevated?:** Yes, only 45 degrees maximum
- 446 **From where should the nurse talk to the client?:** The entrance to the room
- 447 **Is bed rest necessary when a woman has cesium implant in place?:** Yes, absolute bed rest
- 448 **What type of diet is this woman with a cesium implant on?:** Low residue (decrease bowel motility)
- 449 **No nurse should attend the client with a cesium implant more than _____ per day.: 1/2 hour**
- 450 **What would you do if the cesium implant came out?:** Pick it up with forceps only - never touch with hand even if you are wearing gloves.
- 451 **Should the nurse provide perineal care for the client with a cesium implant?:** No, risk of radiation hazard
- 452 **What part of your hand do you use to handle a wet cast?**
The palm
- 453 **Upon what do you support a cast while it dries?:** Paws
(no plastic covers)
- 454 **How long does it take a cast to dry? 24 hours**
- 455 **Should you cover a wet cast?:** No
- 456 **Should you use a heat lamp or hair dryer or fan to help dry a cast?:** No heat lamp and hair dryer
Yes fan
- 457 **What signs or symptoms would you report if they were present after cast application?:** Numbness
Tingling
Burning
Pain
Unequal or absent pulses
Unequal color
- 458 **If there is inflammation under a cast, it will be evident in a _____ spot.: Hot**
- 459 **To prevent irritation of the skin near the edges of a cast the edges should be _____.: Padded**
- 460 **What type of cast causes cast syndrome?:** A body cast
- 461 **What causes cast syndrome?:** Anxiety and stress leading to sympathetic shutdown of the bowel
- 462 **What is the #1 symptom of cast syndrome?** Nausea and vomiting due to bowel obstruction
- 463 **What is the #1 treatment of cast syndrome?** NPO and NG tube for decompression
- 464 **A dry cast is gray or white?:** White
- 465 **A dry cast is dull or shiny?:** Shiny
- 466 **A dry cast is dull or resonant to percussion?** Resonant
- 467 **Traction is used to _____ and _____ a fracture, relieve _____ and prevent _____.: Reduce and immobilize, muscle spasm; deformities**
- 468 **Can skin traction be removed for skin care?:** Yes
- 469 **Can the client be removed from skeletal traction?:** No
- 470 **Name 3 types of skin traction:** Bucks
Bryants
Perc
- 471 **Name 3 types of skeletal traction:** Cranial tongs
Thomas splints with Peason attachments
90 degrees to 90 degrees
- 472 **What type of traction is most commonly used for hip fracture in adults?:** Bucks
- 473 **What type of traction is most commonly used for hip fractures in children?:** Bryants
- 474 **In what position should the bed be if the patient is in pelvic traction?:** Semi-fowlers with knee gatch
- 475 **To insure that Bryant's traction is working the child's hip/sacrum should be _____:** Off the bed enough to slip a hand between the sacrum and the bed.
- 476 **What is the advantage of balanced counteraction?:** You can easily move the patient around in bed
- 477 **Patients in Russell's traction are particularly prone to _____.: Thrombophlebitis**
- 478 **When a patient is in a Buck's traction they may turn to the _____ side.: Unaffected**
- 479 **Define cataract:** Opacity of the crystalline lens
- 480 **Is surgery done immediately upon diagnosis of cataract?**
No, they usually wait until it interferes with ADLs.

- 481 **What three most common visual defects occur with cataract?:** Cloudiness
Diplopia (double vision)
Photophobia (sensitivity to light)
- 482 **What are the two common treatments of cataract?:** Laser, surgical removal. Surgery can be intraocular or extraocular lens extraction
- 483 **What does the eye look like when a client has cataracts?:** Cloudy, milky-white pupil
- 484 **What will the client be wearing after cataract surgery?** A protective patch/shield on the operative eye for 24 hours, then a meta shield (AT NIGHT on eye) for 3 weeks
- 485 **When the client asks about the use of glasses or contacts after cataract surgery what would you say?:** If an intraocular lens is implanted they will NOT need glasses. If no lens is implanted, then contacts will be fitted for 3 months post-op, temporary thick glasses given immediately but will get a different prescription in 2 to 3 months
- 486 **What will be a high priority nursing diagnosis for a client post cataract surgery?:** Safety
- 487 **Should the client ambulate independently after cataract surgery?:** No the patient should not ambulate independently, depth perception is altered.
- 488 **What positions are to be avoided after cataract surgery?** Lying face down. Also, do not lean on operative side for a month.
- 489 **What are the post-operative signs of hemorrhage into the eye?:** Severe pain
Restlessness
- 490 **What movements are to be avoided after cataract surgery?:** Coughing
Sneezing
Bending at the waist
Straining at stool
Rubbing or touching eyes
Rapid head movements
- 491 **What positions are okay after cataract surgery?** Do not lean on operative side; do not lean on back
- 492 **Should you use talcum powder with a post-operative cataract client?:** No, it may cause sneezing; also should avoid pepper.
- 493 **What are the three signs of increased intraocular pressure?:** Pain (moderate to severe)
Restlessness
Increased pulse rate
- 494 **What is the major objective in caring for a client after surgical cataract removal?:** To prevent pressure on or on the eyes
- 495 **When the lens is to be extracted for cataracts, what drugs are given preoperatively?:** Mydriatics
Dilators
Antibiotic drugs (gtts)
- 496 **What three drugs are given post-operatively for surgical cataract removal?:** Stool softeners
Antiemetics
Analgesics (mild to moderate)
- 497 **Give five causes of cataracts?:** Injury
Congenital
Exposure to heat
Hereditary
Age
- 498 **Celiac's disease is a _____ disease:** Malabsorption
- 499 **The client with celiac's cannot tolerate _____:** Gluten
- 500 **Gluten is a _____:** Protein
- 501 **What does gluten do to the intestines of the client with celiac's disease?:** It destroys the lining of the intestine.
- 502 **The stools of a client with celiac's disease are _____, _____ and _____ - _____:** Large
Greasy
Foul-smelling
- 503 **Clients with celiac's disease do not absorb what mineral?:** Iron
- 504 **Clients with celiac's disease don't absorb fats; therefore they don't absorb _____:** Fat-soluble vitamins
- 505 **What are the four fat-soluble vitamins?:** A, D, E, K
- 506 **Malabsorption of which vitamin leads to bleeding disorder?:** Vitamin K, remember do not mix up potassium with Vitamin K
- 507 **What will the abdomen of clients with celiac's disease look like?:** Distended with flatus
- 508 **What is the #1 treatment of celiac's disease?** Gluten-free diet
- 509 **Veggies are allowed or not allowed in diet of client with Celiac's disease?:** Allowed
- 510 **Fruits are allowed or not allowed?:** Allowed
- 511 **Grains of all kinds are prohibited. (T/F):** False
- 512 **What grains are allowed in a gluten-free diet?:** Rice and corn
- 513 **What grains are not allowed in a gluten-free diet?:** Wheat
Oats
Rye
Aflatoxin
Barley
- 514 **Are foods made with wheat, oat, or rye flour allowed?** No
- 515 **Is milk allowed on a gluten-free diet?:** Yes
- 516 **Are meats allowed on a gluten-free diet?:** Yes, but watch for breaded meats and hot dogs/unch meats- may have grain in them and are not allowed
- 517 **Are eggs allowed on a gluten-free diet?:** Yes
- 518 **Is commercial ice cream allowed on a gluten-free diet?:** No, even though it's a milk product, commercial ice cream has GRAIN in it.
- 519 **Are puddings allowed on a gluten-free diet?:** No, for the same reason ice cream isn't.
- 520 **Which soups are not allowed on a gluten free diet?:** Creamed soups- these often have flour
- 521 **The #1 problem with central lines _____:** Infection
- 522 **How often should central line dressings be changed?:** QOD- every other day

- 523 **What type of dressing is applied to a central line insertion site?:** Sterile occlusive
- 524 **Can drugs be piggybacked into central --TPN?:** No, use another lumen.
- 525 **When changing central line tubing the patient should be told to _____?:** Turn his head away from the site, hold breath, and perform the Valsalva maneuver
- 526 **If a central line is found accidentally open the patient should be positioned on his _____:.** Left side
- 527 **A CVA is a _____ of the brain cells due to decreased _____ and _____:.** Destruction; blood flow and oxygen
- 528 **Women have a (higher/lower) incidence of stroke than men?:** Lower
- 529 **Name the three types of CVA:** Embolus
Thrombus
Hemorrhage
- 530 **Use of oral contraceptives increases the risk of CVA (T/F):** True
- 531 **Chronic abuse of alcohol increases risk of CVA. (T/F)** False
- 532 **Obesity increases risk of CVA (T/F):** True
- 533 **Smoking increases the risk of CVA. (T/F):** True
- 534 **Atrial fibrillation increases the risk of CVA (T/F):** True, emboloparticulary
- 535 **What is a TIA?:** Transient Ischemic Attack
Warning sign of impending CVA (transient neurological deficits of any kind can last 30 seconds to 24 hours)
- 536 **Do patients experiencing a CVA have a headache?:** Yes
- 537 **The first sign of CVA is usually a _____:.** Change in LOC
- 538 **The activity order in early management of CVA is _____:.** Absolute Bed Rest
- 539 **The patient with a recent CVA is most likely to have fluids restricted or forced?:** Restricted
- 540 **How far should the HOB be up after CVA?:** 30 degrees
- 541 **Can the stroke victim be turned side-to-side?:** Yes
- 542 **How often should the CVA patient be turned or repositioned?:** Every 2 hours
- 543 **The CVA patient should be turned onto his paralyzed side no longer than 2 hours. (T/F):** False, the patient should not be on the paralyzed side for more than 20 minutes.
- 544 **ROM exercises should occur every 2 hours in CVA patients. (T/F):** False-- every 4 hours or 3 times a day is enough
- 545 **To prevent urinary incontinence; the CVA patient should be catheterized. (T/F):** False- remember incontinence will never be allowed as a reason for catheterization
- 546 **Which type of paralysis is typical of CVA- paraplegia, hemiplegia or quadriplegia?:** Hemiplegia
- 547 **What anatomical fact accounts for the left side of the body being controlled by the right brain?:** The motor-pyramidal tracts cross over to the other side (decussate in the medulla)
- 548 **If the patient has right hemiplegia, he cannot move his _____ and _____ and the stroke was on the _____ side of the brain:.** Right arm and right leg, left
- 549 **What is hemianopsia?:** Not being able to see one half of the field of vision.
- 550 **The client with hemianopsia should be taught to _____:.** Scan
- 551 **What is scanning?:** Moving the head from side to side to see the whole field of vision.
- 552 **If the client has right homonymous hemianopsia, the food on the _____ side of the tray may be ignored:.** Right
- 553 **After meals, the nurse must always check _____ of the CVA client for _____:.** Mouth (cheek), food
- 554 **Should a CVA patient have all four side rails up at all times? Should they be restrained?:** See rationale. Restraints- no, unless they are a danger to themselves or others
- 555 **When a patient does not understand INCOMING language he is said to have _____ aphasia:.** Receptive
- 556 **When the CVA client understands your question but can't respond verbally correctly, he is said to have _____ aphasia:.** Expressive
- 557 **What is global aphasia?:** Both receptive and expressive
- 558 **Aphasia is most common if the stroke occurred in the (dominant/non-dominant) hemisphere of the brain:.** Dominant
- 559 **How do you tell which side of the person's brain is dominant?:** It is the side that controls the dominant hand, i.e., a left-handed person has a dominant right hemisphere and conversely a right-handed person has a dominant left hemisphere
- 560 **For which type of aphasia are slow, short, simple directions most useful?:** Receptive
- 561 **For which type aphasia is careful listening and needs anticipation most useful?:** Expressive
- 562 **The loss of the ability to perform purposeful, skilled acts, i.e. brushing teeth, is called _____:.** Apraxia
- 563 **Cytosar cyclophosphamide:** Hemorrhagic cystitis
- 564 **Cisplatin:** Peripheral neuropathy, constipation, ototoxicity
- 565 **Bleomycin:** Pulmonary fibrosis
- 566 **Adriamycin:** Cardiotoxicity
- 567 **Vincristine:** Peripheral neuropathy (foot drop, numbness and tingling, hoarseness, jaw pain)
constipation (adynamic ileus due to neurotoxicity)
- 568 **DTIC- dome:** Flu-like symptoms

Chemo-therapeutic Agent Toxicties
- 569 **Methotrexate:** Toxic to just about every organ except to heart, toxicity made worse with asparagin
- 570 **The infant fears _____ most when hospitalized:.** Separation from loved object
- 571 **The toddler fears _____ most when hospitalized:.** Separation from family

- 572 **The preschooler fears separation as well as _____ when hospitalized.:** Mut at on- remember preschoolers have v v d mag nat ons...fantasy
- 573 **The toddler and preschooler will think that illness is caused by_____.**: Someth ng they d d wrong.
- 574 **The school-aged hospitalized child is afraid of separation from _____.**: Age group
- 575 **The school-aged child perceives the cause of illness to be external or internal?:** Externa , she knows that nness s not a resu t of bad behav or.
- 576 **The adolescent who is hospitalized fears separation from _____ and loss of _____.**: Peers, ndependence
- 577 **Preschoolers may require physical restraint during painful procedures. (T/F):** True
- 578 **Which age group engages in stalling tactics before painful procedures most?:** Schoo -Age
- 579 **Which age groups are most likely to physically resist the nurse during procedures?:** Schoo -age, ado escents
- 580 **Toddlers may require physical restraint for painful procedures. (T/F):** True
- 581 **The meats that are highest in cholesterol are _____ meats.:** Organ meats
ver, heart, bra ns, k dneys
- 582 **The meats that are second highest in cholesterol are the _____:** She seafood- shr mp, crab, obster
- 583 **Egg white is (high/low) in cholesterol?:** Low
- 584 **Egg yolk is (high/low) in cholesterol?:** H gh
- 585 **The three meats lowest in cholesterol are _____, _____ and _____.**: Ch cken, pork, mutton
- 586 **Milk is (high/low) in cholesterol.:** Low
- 587 **Is cheese high in cholesterol?:** On y moderate, not rea y that h gh
- 588 **Which oils are high in cholesterol?:** An ma o s
- 589 **Is cholesterol a triglyceride?:** No
- 590 **Do plant foods contain any cholesterol?:** No, not many
- 591 **What is otitis media?:** Chron c nfectous/ nf ammatory d sease of the m dd e ear
- 592 **Is otitis a disease of the adult or child?:** Usua y the ch d
- 593 **What part of the ear is involved in otitis media?:** M dd e ear
- 594 **What are the 2 common subjective signs of otitis media?:**
Hear ng oss
Fee ng of fu ness n the ear
- 595 **What are the 2 common objective signs of otitis media?:**
Hyperpyrex a (fever)
Dra nage from ear
- 596 **What commonly happens secondary to otitis media?:**
Perforat on of the ear drum
- 597 **Do all the children with otitis media need tubes in their ears?:** No
- 598 **What are the two most common medical treatments for otitis media?:** System c ant b ot cs
Ant b ot c ear drops
- 599 **What is the most severe complication of otitis media?:** Men ng t s or masto d t s
- 600 **What is cholesteatoma?:** An ep dem a cyst n the ear h gh y assoc ated w th ot t s med a.
- 601 **What are the restrictions to be followed when tubes are in a child's ear?:** No sw mm ng, no shower ng, no d v ng
- 602 **What is cleft lip?:** The p s open to the nares
- 603 **What is cleft palate?:** The roof of the mouth s open to the nasopharynx.
- 604 **Is it possible to have only one: cleft lip or cleft palate?**
Yes, you can have one or or the other or both
- 605 **When will the cleft lip be repaired?:** Between 10 weeks and 6 months
- 606 **When is cleft palate repaired?:** Between 1 and 5 years of age
- 607 **Why is cleft lip repaired early?:** Feed ng s eas er after repa r and appearance after repa r s more acceptab e to parents.
- 608 **Describe the nipples on bottles used to feed babies with cleft lip?:** Large-ho ed, soft n pp es
- 609 **The infant with cleft lip/palate needs more frequent _____.**: Bubb ng, burp ng
- 610 **Children with cleft lip/palate should be fed in what position?:** An a most upr ght pos t on
- 611 **What is the #1 complication of cleft lip/palate?** Asp rat on
- 612 **Children with cleft lip and cleft palate have long-term problems _____, _____ and _____.**: hear ng speech teeth
- 613 **In how many surgeries is cleft palate repaired?:** Two surger es
one at 12 to 18 months
the ast at 4 to 5 years
- 614 **Why is final repair of the palate delayed until 4 to 5 years?:** Ear er surgery wou d nterfere w th tooth deve opment.
- 615 **How are cleft lip and cleft palate primarily treated?:** Surg ca repa r
- 616 **Is the infant restrained BEFORE repair?:** No, just AFTER repa r
- 617 **Should children with cleft palate BEFORE surgery be allowed to cry? To breast-feed?:** Yes, they can cry; may breast feed w th s mp e c eft p however pa ate nterferes w th feed ng
- 618 **AFTER repair of cleft lip is infant allowed to cry? To breast feed?:** No, the nfant shou d be he d to PREVENT CRYING; the nfant s not a owed to breast-feed because suck ng s not good after p repa r.
- 619 **After clep lip repair, what device will the baby wear?** A Logan bow
- 620 **What is the purpose of a Logan Bow?:** To prevent stress on the suture ne
- 621 **With what device will the infant be restrained?** E bow restra nts

- 622 **How do you care for an infant with a Logan Bow?:** Remove the gauze before feeding and cleanse after feeding with peroxide and saline.
- 623 **Can cleft lip/palate babies sleep on their backs?:** Yes
- 624 **What position is contraindicated after cleft lip repair?:** NEVER lie on the right abdomen
- 625 **What will be used to feed the infant after cleft lip repair?:** A dropper/syringe with rubber tip to discourage sucking
- 626 **What must the mother do after feeding the baby who has had cleft lip/palate repair?:** Rinse the infant's/child's mouth with water
- 627 **What is a colostomy?:** A surgically created opening of the colon out onto the abdomen wall.
- 628 **Name the 3 most common reasons for a colostomy.:**
Cancer
Diverticulitis
Ulcerative Colitis
- 629 **What is meant by the term "temporary colostomy"?:** A colostomy that is not intended to be permanent—the bowel will be reconnected at a later date and the client will defecate normally
- 630 **What is meant by the term "double barrel" colostomy?:** A procedure where the colon is cut and both ends are brought out onto the abdomen.
- 631 **Colostomies performed for cancer tend to be (temporary/permanent).:** Permanent
- 632 **Colostomies performed for a gunshot are usually (temporary/permanent):** Temporary
- 633 **In a double-barrel colostomy, from which stoma (barrel) will the stool come out?:** Proximal
- 634 **A fresh new stoma is _____, _____ and _____.**: Red, large, no stoma
- 635 **When a client voices embarrassment over the noises that their colostomy makes on the first post-op day, what would you say?:** The noises will go away in a few days to a week.
- 636 **What behavior on the part of the client is the BEST indicator that they have accepted their stoma?:** When they do their own stoma care
- 637 **By what day post-op should the client begin to take care of their own stoma?:** By the 3rd to 4th day, they should be looking at it and asking questions by day 2.
- 638 **The MORE colon is removed the more _____ the stool.:** Liquid
- 639 **What technique is used to remove feces and flatus from the bowel through a colostomy?:** Colostomy irrigation
- 640 **How many times per day will the client irrigate his colostomy?:** Once
- 641 **Which solution is used to irrigate a colostomy?:** Tap water
- 642 **How warm should the irrigation solution be?:** Warmer than body temperature, i.e., 99-100F
- 643 **In what position should the client be when they irrigate their colostomy?:** Sitting
- 644 **Illeostomy:** liquid stool
odor mild
stool very damaging to the skin
continuous drainage
high risk for fluid/electrolyte imbalances
noncontaminated
never irrigate
- 645 **Transverse Colostomy:** soft stool
typical stool odor
stool damages the skin
empties several times per day
may or may not be at risk for fluid/electrolyte imbalances
may irrigate
- 646 **Descending Colostomy:** formed stool
typical stool odor
stool doesn't irrigate undissolved arrhea
predominately 2 to 3 times per day emptying
lowest risk for fluid/electrolyte imbalances
contaminated
do irrigate
- 647 **CHF can be right-sided, left sided or both-sided. (T/F):** True—left sided usually comes FIRST
- 648 **What does right sided CHF mean?:** Right ventricle has decompensated

Dependent Edema (legs and sacrum)
Jugular venous distention
Abdominal distention
Hepatomegaly
Splenomegaly
Anorexia and nausea
Weight gain
Nocturnal diuresis
Swelling of the fingers and hands
Increased BP
- 649 **What does left sided CHF mean?:** Left ventricle has decompensated
- 650 **CHF can result from MI. (T/F):** True
- 651 **When cardiac output fails, name three ways the heart will try to compensate.:** Ventricular hypertrophy
Diastolic and heart rate will increase
- 652 **What is meant by "cardiac decompensation"?:** It means that the compensatory mechanisms—hypertrophy, distention, tachycardia—are not working and the heart has failed.
- 653 **Name the three groups of drugs used to treat CHF?:**
Diuretics
Vasodilators
Digoxin
- 654 **What is the activity order for clients with CHF?:** Bed Rest
- 655 **What special item do clients with CHF have to wear to decrease venous stasis in the legs?:** TED hose
- 656 **How often should anti-embolism hose (TED) be removed?:** Daily
- 657 **When during the day should TED hose be applied?:** Before the client gets out of bed

- 658 **Is it okay to use powder with TED hose?** Yes
- 659 **Should you massage the calves of the client with CHF?**
Never
- 660 **Before you give digitalis, what action must you take?**
Measure the ap ca pu se
- 661 **If the adult client's apical pulse is below 60, what should you do?:** Do not g ve d g ta s
For a ch d don't g ve for a pu se under 70
For an nfant don't g ve for a pu se under 90
- 662 **What daily measurement best indicates the amount of fluid the client is retaining?:** Da y we ght
- 663 **Should clients with CHF have a Foley catheter?:** Yes, on d uret cs and fu d ba ance s mportant
- 664 **What complication is common in CHF?:** Pu monary edema
- 665 **When the client is taking diuretics, what mineral is the CHF client most likely to lose?:** Potass um--K+
- 666 **You should tell the client with CHF to immediately report to his/her doctor if he/she gains ____ pounds in one week.:** Three
- 667 **Name the four most common toxic effects of digitalis.:**
Anorex a
N&V-- very common
Ye ow v s on
Arrythm a
- 668 **Should hearing aids be removed before going for surgery?:** Yes, but just before surgery
- 669 **Hearing aids are more useful in sensory or conductive hearing loss?:** Conduct ve
- 670 **Some women experience discomfort when wearing contact lenses during pregnancy or menstrual periods. (T/F):** True
- 671 **Should a client sleep with the hearing aide in place?:** No, a c ent shou d not s eep w th a hear ng a de n p ace.
- 672 **What the two most common causes of whistling and squealing of a hearing aid?:** Loose earmold
Low battery
- 673 **What solution should be used to clean a hearing aid?:**
Soap and water
- 674 **What solution is best to use if you intend to remove a client's contact lenses?:** Ster e sa ne
- 675 **Hearing aids make sounds more distinct and clear. (T/F):**
Fa se, they on y amp fy--make t oulder, they do not c ar fy
- 676 **Can you use alcohol on the earmold of a hearing aid?:** No, t dres and cracks t
- 677 **The connecting tube of a hearing aid can be cleansed with_____:** A p pe ceaner
- 678 **What is the most common complication of malpositioned lenses in the comatose or confused patient?:** Cornea u cerat on
- 679 **1 kg:** 1000 cc
- 680 **1 inch:** 2.5 cm
- 681 **1 ml:** 1 cc
- 682 **1 tsp:** 4 to 5 cc
- 683 **1 g:** 1000 mg
- 684 **1 L:** 1000 cc
- 685 **1 oz:** 30 cc
- 686 **1 kg:** 2.2 bs
- 687 **1 tbs:** 15 cc
- 688 **1 tbs:** 3 tsp
- 689 **1 gm:** 15 gr
- 690 **1 gr:** 60 mg
- 691 **Cushings syndrome is _____ secretion of _____, _____ and _____ by the _____.**
Oversecret on; g ucocort co ds, m nera ocort co ds, androgen c hormones; adrena g and
- 692 **In Cushings the blood sugar is (increased/decreased).:**
Increased
- 693 **In Cushings the sodium level is (increased/decreased):**
Increased
- 694 **In Cushings syndrome, the client develops _____ face.:** Moon
- 695 **In Cushings syndrome, the trunk is _____ and the extremities are _____.**: Obese, th n
- 696 **What is seen on the abdomen of the patient with Cushings?:** Str ae--purp e hor zonta nes
- 697 **Men with Cushings develop _____.**
Gynecomast a
- 698 **What is gynecomastia?:** Fema e-type breasts
- 699 **Women with Cushings develop?:** H rsut sm
Amenorrhea
- 700 **What is hirsuitism?:** Ha r where you don't want t
- 701 **The Cushings syndrome patient will have a _____ on their upper back.:** Buffa o hump
- 702 **The patient with Cushings Syndrome will have (increased/decreased) blood pressure.:** Increased, remember reta n ng water and sod um
- 703 **The Cushings syndrome patient will have _____ natremia, _____ kalemia and _____ glycemia.:** Hyper; hypo; hyper
- 704 **Cushings clients will have (increased/decreased) resistance to infection.:** Decreased
- 705 **Chronic _____ therapy imitates Cushings.:** Stero d
- 706 **Cushings Man aka Cush Man:** moon face w th nfect on buffa o hump on back
b g trunk
th n extrem t es
oses potass um
keeps g ucose and sa t
has str at ons on abdomen and breasts
- 707 **Is CF hereditary?:** Yes
- 708 **What glands are affected in CF?:** Exocr ne g ands

- 709 **What is the appearance of the stool in a client with CF?**
remember the 4 Fs: Fat
Frothy
Foul-smelling
Floating
Steatorrhea
- 710 **What are the top 2 nursing diagnoses for a client with CF?**
Decreased airway clearance
Alteration in nutrition or absorption
- 711 **What is the classic test for CF?** Iontophoresis - sweat test
- 712 **In which two systems/organs are the most problems in CF?** Lungs
Pancreas
- 713 **How does the client evaluate the activity of their pancreas?** Observe stools for steatorrhea
- 714 **What is the typical diet for CF client?** High calorie
High protein
Modified fat
- 715 **The major problem in CF is _____:** Increased viscosity of the secretions of exocrine glands lead to obstruction.
- 716 **The most common intervention for the CF client with a diagnosis of decreased airway clearance is _____:** Postural drainage
- 717 **What vitamins need to be replaced in CF?** Fat soluble
water soluble form -- A, D, E, K
- 718 **What do CF clients need to do (ingest) in hot weather?**
Take NaCl tablets
- 719 **The child with the diagnosis of CF probably had a history of _____ at birth:** Meconium ileus -- bowel obstruction due to the thickness of the stool.
- 720 **Why is the child with CF receiving pancreas/enzyme/pancreatin?** They are enzymes which aid absorption of nutrients.
- 721 **When should the child with CF take his pancreatin/enzyme/pancreas?** With meals, so that when the food is present, the whole purpose is to increase absorption of ingested food.
- 722 **Define Cystoscopy?** Direct visualization of the urethra and bladder through a cystoscope.
- 723 **What would you do if the client had any one of the following after cystoscopy: bladder spasm, burning, frequency?** Record it but no need to call the MD
- 724 **What would you do if the client's urine was pink-tinged after cystoscopy?** Record it in the notes, no need to call the MD.
- 725 **Is the client NPO before cystoscopy?** No, not unless a child with a general anesthetic -- in fact with adults you should encourage fluids.
- 726 **Are enemas required before cystoscopy?** No, but may be ordered.
- 727 **Should you encourage fluids after cystoscopy?** yes
- 728 **Is a signed informed consent required for cystoscopy?**
Yes
- 729 **What vital sign changes are most ominous after cystoscopy?** A fall in the blood pressure and increase in the pulse -- increasing hemorrhage
- 730 **Is the client sedated for a cystoscopy?** It is done under LOCAL anesthesia. General anesthesia may be used for a child.
- 731 **What drugs are most commonly given before cystoscopy?** Valium or Demerol
- 732 **Increasing dietary fiber lowers the risk of _____ of the _____:** Cancer, colon
- 733 **Foods lose some or all of their fiber when they are _____, _____, _____ or _____:**
Processed, cooked, peeled, refined
- 734 **Whole grains and grain products are (high/low) in fiber:**
High
- 735 **Fruits are (high/low) in fiber:** High
- 736 **Veggies are (high/low) in fiber:** High
- 737 **Milk and milk products are (high/low) in fiber:** Low
- 738 **Meats are (high/low) in fiber:** Low
- 739 **Nuts, seeds, and legumes are (high/low) in fiber:** Low
- 740 **Which has highest fiber? Grains, fruits, veggies, nuts:**
Grains, especially bran
- 741 **When a person increases fiber in the diet they should do so _____:** Slowly
- 742 **Side effects of a high fiber diet include _____ and malabsorption of _____:** Gas (flatulence), mineral
- 743 **Of milled bread, enriched bread, fortified bread and whole grain bread; which is highest in fiber?** Whole grain
- 744 **What structures in the brain are most affected in Parkinson's?** Basalganglia
- 745 **The neurotransmitter imbalance that causes Parkinson's is a _____ in _____:** Decrease, dopamine activity
- 746 **What drugs can cause a Parkinson-like syndrome?** Haloperidol, major tranquilizers -- drugs that end in -azine
- 747 **What is the classic motor manifestation of Parkinson's?** Prolonged and tremors
- 748 **What type of rigidity is typical of Parkinson's?** Cogwheel
- 749 **Parkinson's patients move fast or slow?** Slow
- 750 **What type of gait is seen in Parkinson's?** Shuffling slow gait
- 751 **Patient's with Parkinson's have _____ speech:** Monotone
- 752 **Patients with Parkinson's tend to have constipation or diarrhea?** Constipation
- 753 **Name four drugs used to treat Parkinson's:** Levodopa, Selegiline, Symmetrel, Cogentin, Artane, Parlodel
- 754 **In what type of chair should Parkinson's patients sit?** Firm, hard-backed
- 755 **What time of day can be particularly dangerous for the Parkinson's patient?** Mealtimes, due to choking
- 756 **When a patient is taking Levodopa he should have assistance getting out of bed because...:** Orthostatic hypotension

- 757 **What vitamin should patients on Levodopa avoid?:** B6
pyridoxine
- 758 **Levodopa should be given with or without food?:** With
- 759 **What might Levodopa do to patients urine?:** Make it very dark
- 760 **The tremors of Parkinson's will get better or worse when they purposefully move or perform a task?:** Better, they tremor more when not performing an action
- 761 **The client on a PCA pump is less likely to have post-operative complications than the client without a PCA pump. (T/F):** True, because the comfortable patient moves around more and is less likely to get thromboembolisms, pulmonary embolism, fat embolism and pneumonia
- 762 **Clients with COPD are not good candidates for PCA pumps. (T/F):** True, due to the effects of narcotics on central respiratory control
- 763 **Name the three most common uses of PCA techniques:**
Post-operative pain, cancer pain, sickle-cell crisis pain
- 764 **PCA pumps allow a more constant level of serum drug than conventional analgesia. (T/F):** True
- 765 **A major disadvantage of PCA pump is that the client can take too much medication. (T/F):** False, it is not possible for the client to overdose due to the lock-out feature
- 766 **Clients on PCA pumps use more medication than those receiving IM injections. (T/F):** False, they use less
- 767 **A disadvantage of PCA pumps is that the client does not ambulate as early due to the machine. (T/F):** False, PCA clients ambulate earlier and they put the machine with them.
- 768 **When discontinuing a PCA infusion it is acceptable to discard the drug cartridge. (T/F):** False, the whole cartridge system must be returned to the pharmacy due to federal narcotic controls.
- 769 **Comfort range or relative humidity is...:** 30-60%
- 770 **Which patients should be forbidden to smoke? Smoke alone?:** Those with oxygen in the room, confused, sleepy, drugged clients
- 771 **When applying restraints remember to...:** Avoid bruising skin, cutting off circulation, accidental entanglement
- 772 **List ways to ensure privacy...:** Use drapes and screens during care in semi-private rooms
- 773 **Plastic pillow cases are _____. (disadvantages):** Hot and slippery
- 774 **When using restraints with clients who object, don't forget about _____-_____:** False imprisonment
- 775 **Individuals who are ill are _____ sensitive to noise than individuals who are well.:** more
- 776 **When you are not at the bedside the bed should always be...:** In the lowest position
- 777 **Can nurses be held liable for an accident resulting from a client not being told how to use the call light?:** yes
- 778 **Dangers associated with drafts are...:** Circulation of microorganisms on air currents
- 779 **The first thing a nurse should do when a client objects to side rails is...:** Explain why they are being used.
- 780 **The comfort range of temperature is...:** 68 to 74 degrees
- 781 **Is having the client verbally identify himself considered adequate safety?:** No, only identification bands are acceptable.
- 782 **Bed side rails should be up for the following individuals...:** Elderly clients, unconscious, babies, young children, restless, confused
- 783 **The symptoms of sensory overload and sensory deprivation are...:** Fear, panic, depression, inability to concentrate, restlessness, agitation
- 784 **If a family member asks to have the side rails down while they are in the room you should...:** Remember that you are responsible for the client's safety-- not his family, it might be unsafe to permit this
- 785 **Pillows are sterilized between uses. (T/F):** False
- 786 **What is the common name for pediculosis?:** Lice
- 787 **What is the common finding with pediculosis pubis?:** Reddish-brown dust in the underwear
- 788 **What common household solution is used to remove nits?:** Vinegar. Nits are the eggs of lice that adhere to the hair shaft
- 789 **What shampoo is used for lice?:** Kwell
- 790 **Where are head lice most commonly found?:** At the back of the head and behind the ears
- 791 **On what do lice feed?:** Blood
- 792 **After treatment how long do you have to inspect for lice?**
Inspect for 2 weeks to be sure that they are gone
- 793 **What is the most common symptom of lice?** Itching
- 794 **What is the most dangerous toxicity of Kwell?:** CNS toxicity
- 795 **What is the typical of the lesions of pemphigus? Foul-smelling, blisters break easily, seen in the elderly, cause unknown**
- 796 **What is the characteristic lesion of pemphigus?:** Large vesicular bullae
- 797 **What are bullae?:** Large blisters
- 798 **What chemical is added to the bath water of a client with pemphigus?:** Potassium permanganate
- 799 **What precaution must be taken with potassium permanganate?:** Be careful that no undissolved crystals touch the client; it will burn the skin
- 800 **What is the typical skin care of pemphigus?:** Cool wet dressing
- 801 **What unusual nursing diagnosis is high priority in pemphigus?:** Alteration in fluid and electrolyte balance
- 802 **What are the top three nursing interventions in pemphigus?:** Oral care, protection from infection, encouraging fluid intake
- 803 **What kinds of fluids will clients with pemphigus drink best?:** Cold fluids
- 804 **What drugs are most commonly used?:** Steroids

- 805 **Should steroids be given with meals?:** A ways
- 806 **What is the #1 cause of death in pemphigus?**
Overwhelming infection
- 807 **Pemphigus:** An acute or chronic disease of adults, characterized by occurrence of successive crops of blisters that appear suddenly or apparently normal skin and disappear, leaving pigmented spots. It may be attended by itching and burning and constitutional disturbance. The disease if untreated is usually fatal. A characteristic finding is a positive Nikolsky sign: When pressure is applied tangent to the surface of affected skin, the outer layer of epidermis will detach from the lower layer. (Probably autoimmune)
- 808 **Peritoneal Dialysis (PD):** The removal of wastes, electrolytes and fluids from the body using peritoneum as dialysis membrane
- 809 **When PD is being used the client must be on heparin.**
(T/F): False, you do not need to be heparinized for peritoneal, but you do need to be heparinized for hemodialysis
- 810 **How long does one episode/course of PD last?** Could be 10 hours
- 811 **With PD there is a high/low risk of peritonitis?** High
- 812 **When fluid accumulates in the abdomen during PD what problem does the client experience first?:** Dyspnea - SOB or difficulty breathing, due to the inability of the diaphragm to descend
- 813 **What nutrient is lost in highest amounts during PD?:**
Protein
- 814 **Can a client who had recent bowel surgery get PD?** No
- 815 **Should a client who is having breathing problems receive PD?:** No
- 816 **What body surface must be punctured to administer PD?:**
The abdomen
- 817 **The solution introduced into the peritoneum during PD is called...:** Dialysate
- 818 **Before allowing the dialysate to flow into the peritoneal cavity it must be _____ to _____ temperature.:** Warmed, body
- 819 **Before PD it is important the client be...:** Weighed, to assess water loss or gain
- 820 **What force is used to introduce the dialysate into the peritoneum?:** Gravity only, no pumps
- 821 **How fast does the dialysate usually flow into the peritoneum?:** In 10 minutes
- 822 **How long is the dialysate allowed to remain in the peritoneum before it is drained out?:** 15-30 minutes
- 823 **How long does it usually take for the dialysate to drain out of the peritoneum?:** 10 minutes: (10 minutes flow in, 30 minutes in abdominal cavity, 10 minutes flow out = total of 50 minutes)
- 824 **If the dialysate does not drain out well, you would first...:**
Have them turn side to side
- 825 **What color is the dialysate when it comes out?** Straw-colored - clear
- 826 **Should you raise the HOB to increase drainage of the dialysate?:** Yes
- 827 **How often do you measure vital signs during PD?** Every 15 minutes during the first cycle and every hour thereafter
- 828 **Can a client on PD: Sit in a chair? Eat? Urinate? Defecate?:** Yes to all
- 829 **If too much fluid is removed during PD, the client will experience...:** Decreased blood pressure (hypotension)
- 830 **If the client absorbs too much of the dialysate the client will experience...:** Increased blood pressure (circulatory overload)
- 831 **If the client complains of dyspnea during PD you would first _____, then _____.** Slow the flow, elevate HOB
- 832 **If the client complains of abdominal pain during PD you would first...:** Encourage them to move about
- 833 **Cloudy drainage in the dialysate commonly means...:**
Peritonitis (Not good, call MD)
- 834 **What would you do if you noticed a small amount of blood come out in the first few bottles that were infused?:**
Nothing, this is normal: the blood is due to the needle puncture of the abdomen
- 835 **What precautions are important in the care of the client receiving PD?:** Safety, because they get dizzy.
- 836 **Is I&O important to record during PD?** Yes
- 837 **How high should the dialysate bag be when its infused?**
Shoulder height
- 838 **What factor do clients with pernicious anemia lack?**
Intrinsic factor. It has no other name.
- 839 **What vitamin is not absorbed in a patient with pernicious anemia?:** Vitamin B-12
- 840 **What is another name for Vitamin B-12?:** Intrinsic factor
- 841 **Why isn't Vitamin B-12 absorbed in pernicious anemia?:**
Because these patients lack intrinsic factor
- 842 **What happens when patients with pernicious anemia don't absorb Vitamin B-12?:** The RBC's do not mature and they become seriously anemic.
- 843 **What other disease can be confused with pernicious anemia?:** Angina pectoris
- 844 **What are some classic and unique signs of pernicious anemia?:** Beefy red tongue
Numbness and tingling of the hands
Sores in the mouth
Chest pain
- 845 **What is the medical treatment for pernicious anemia?:** IM injections of Vitamin B-12
- 846 **How long must the client receive this medical treatment?**
For the rest of life
- 847 **Can we cure pernicious anemia?:** No, just treat the symptoms.
- 848 **What unique urine test is done to diagnose pernicious anemia?:** The Schilling test

- 849 **Is it okay to give B12 orally to a client with pernicious anemia?** No, it will never be absorbed due to a lack of intrinsic factor
- 850 **What neurologic test do they do for this anemia?** The Romberg test (a test for balance), in normal people this test is negative, in the client with pernicious anemia this test becomes positive
- 851 **What is conservation? In what stage does it develop?** When the child reaches that number, weight, volume remain the same even when outward appearances change; Concrete Operation
- 852 **What is the age range of formal operation thinking?** 12-15
- 853 **What is the sensori-motor stage of intellectual development?** It is the introductory stage of children from birth to 2 years
- 854 **What is the age range of concrete operational thinking?** 7-11
- 855 **What is the age range of pre-operational thinking? Hint: Think of PRE-schoolers.** 3-6
- 856 **What is the classic pattern in formal operational thinking?** Abstract reasoning
- 857 **What is egocentricity? In what stage is it found?** The child views everything from his frame of reference, common in pre-operation thinking
- 858 **In Placenta Previa the placenta is implanted _____ than it should be and lays over the _____.** Lower, cervical
- 859 **What is the classic symptom of Placenta Previa? Pa n ess 3rd trimester bleeding (hint: Pa n ess P acenta Prev a)**
- 860 **In whom is Placenta Previa most likely to occur? Primigravida's or multigravida's?** Multigravida
- 861 **What is meant when the physician/nurse use the terms total (complete) or partial (incomplete) in reference to placenta previa?** Total or complete: placenta covers whole cervix opening
Partial or incomplete: placenta covers only part of the cervix opening
- 862 **What are the 3 complications of placenta previa?** Shock
Maternal death
Fetal death
- 863 **What is the best and safest way to confirm placenta previa?** Ultrasound
- 864 **Should a woman with placenta previa be hospitalized?** Yes, always followed
- 865 **If a surgeon delays doing a C-section for Placenta Previa it is due to: (reason for delay).** Immaturity of the fetus (they want the child to mature)
- 866 **As soon as Placenta Previa is diagnosed, most pregnancies will be terminated via C-section if the fetus is mature. (T/F):** True
- 867 **If a woman is admitted with active bleeding with Placenta Previa you should monitor fetal heart tones _____.** Continuous via fetal monitor
- 868 **It is not necessary to use electronic fetal monitoring when there is active bleeding in Placenta Previa. (T/F):** False, infant must always be monitored
- 869 **Will a woman with active bleeding in Placenta Previa be given any systemic pain relief during labor?** No, they don't want to depress the fetus
- 870 **If you were told to start the IV on the woman admitted for Placenta Previa, what gauge needle would you use?** 18 gauge, or any other large enough to administer blood
- 871 **Pneumonia is an _____ in the _____ of the _____:** Infection, alveoli, lungs
- 872 **Pneumonia is only caused by bacteria. (T/F):** False, it can be caused by viruses and aspiration.
- 873 **Which blood gas disorder is most common in pneumonia?** Respiratory alkalosis, because the hyperventilation blows off more CO₂, than the consumption in the blood
- 874 **What is polycythemia vera?** A blood disease in which there is an increase in erythrocytes, leukocytes and platelets
- 875 **What is the typical complexion of a client with polycythemia vera?** Ruddy red, a moist purple
- 876 **What procedure is done to relieve symptoms in polycythemia vera?** Phlebotomy
- 877 **What is phlebotomy?** Draw off 200-500 cc of blood from body (opposite of transfusion).
- 878 **What type of diet will people with polycythemia vera be on?** Low iron
- 879 **What are three signs of polycythemia vera?** Headache
Weakness
Itching
- 880 **Is hemoglobin increased or decreased in this disease?** Increased
- 881 **What oral problem will people with polycythemia vera have?** Bleeding mucous membranes
- 882 **What organ will be enlarged in polycythemia vera?** The spleen, because it destroys the excessive RBC's.
- 883 **Due to increased destruction of RBC's seen in polycythemia vera what blood level will be increased?** Urinary acid levels will be high (remember - urinary acids are always high when cells are being destroyed as in hemolysis, chemotherapy or radiation therapy)
- 884 **What drug is most commonly used in polycythemia vera?** Myelaran -- (this is usually used for bone marrow cancer)
- 885 **How often should the client cough and deep breath post-operatively?** Every 2 hours
- 886 **How often should the post-operative patient turn?** Every 2 hours
- 887 **How often should the patient use the incentive spirometer?** Every 1-2 hours
- 888 **How often should the nurse auscultate the lung sounds post-operatively?** Every 4 hours
- 889 **How often should the bedridden post-operative patient do leg exercises?** Every 2 hours

- 890 The post-operative patient should void by _____ hours post-operatively or you must call the MD.: 6 to 8
- 891 Will the typical post-operative client have lung sounds? Bowel sounds? Increased temperature?: Lung - yes; bowe sounds - no; Low grade temperature - yes
- 892 Unless contraindicated the patient should be out of bed no later than _____ hours post-operatively.: 24
- 893 Deep vein thrombosis is most common in what type of surgery?: Low abdom na or pe v c
- 894 The most common complication of deep vein thrombosis _____.: Pu monary embo sm
- 895 The best way to prevent thrombophlebitis is TED hose. (T/F): Fa se,ambu at on/exerc se are the best ways.
- 896 What is paralytic ileus?: Para ys s of the bowe due to surgery (common --espec a y n abdom na surgery)
- 897 If a post-operative patient complains of gas and cramping you should first _____ then _____.: Assess thenambu ate
- 898 The typical post-operative inflammatory temperature elevation is in the range of _____.: 99.8 to 101 degrees
- 899 The onset of post operative infection is on the _____ or _____ day post-operative day.: 2nd or 3rd, never before that (remember e vated temperatures ear er than the 2nd post-operat ve day s NOT nfect on)
- 900 Define dehiscence: Separat on of the nc s ona edges
- 901 Define evisceration: Protrus on of abdom na contents through a deh scence.
- 902 What do you do for dehiscence?: Decrease HOB (but not f at); cover w th ster e gauze mo stened w th ster e sa ne, ca MD
- 903 What do you do, in order, for evisceration?: Decrease HOB (but not f at); cover w th ster e gauze mo stened w th ster e sa ne, ca MD
- 904 ante-: Before n t me or p ace (e. "anteparta - before g v ng b rth)
- 905 Im-; in-: "Not" or "nto"
- 906 intra-: Occurr ng w th n
- 907 inter-: Between
- 908 per-: Throughout, comp ete y, a arge amount
- 909 ec-: Out of
- 910 e-; ex-: Out from, away from, outs de
- 911 iso-: A comb n ng form mean ng 'equa'
- 912 para-: S m ar, bes de
- 913 Pregnancy (decreases/increases) the body's insulin requirements.: Increases
- 914 Can pregnancy convert a non-diabetic woman into a diabetic?: Yes
- 915 What name is is given to diabetes that is brought on by pregnancy?: Gestat ona d abetes
- 916 Diabetes with pregnancy is (more/less) common as the woman ages.: More
- 917 What is the #1 cause of infant illness when the mother has diabetes?: Hypog ycem a
- 918 When is infant hypoglycemia most likely to occur during labor and delivery?: In the hours mmed ate y fo ow ng de vey
- 919 Hormones of pregnancy work against insulin. (T/F): True
- 920 A sign of gestational diabetes is excessive (weight gain/weight loss): We ght ga n
- 921 (Obese/very thin) women are most likely to become diabetic during pregnancy.: Obese
- 922 In gestational diabetes the client experiences a (decrease/increase) in thirst: Increase (po yd ps a)
- 923 In gestational diabetes the client experiences a (decrease/increase) in urine output.: Increase (po yur a)
- 924 Gestational diabetes is associated with what OB history? Prev ous arge baby (over 9 bs), unexp a ned st b rth, m scarr age, congen ta anoma es
- 925 Women who have gestational diabetes tend to deliver infants who are (small/large).: Large for gestat ona age
- 926 Gestational diabetics tend to get _____ infections: Mon a (yeast)
- 927 What test confirms the diagnoses of gestational diabetes?: 3 hour g ucose to erance test
- 928 What are the two main treatment methods in gestational diabetes?: D et, nsu n
- 929 How often should a woman visit the doctor prenatally if diabetes is present?: Tw ce a month, then once per week n the 3rd tr mester
- 930 How many pounds per week is the diabetic allowed to gain the 2nd and 3rd trimesters?: 1 pound a week
- 931 Is severe carbohydrate restriction required in gestational diabetics?: No, t cou d ead to ketos s
- 932 Of protein, fat, and carbohydrates, which ones (percent-wise) increase in the diet of gestational diabetics?: Prote n, fat
- 933 When is insulin used in the treatment of gestatinal diabetes?: When d etary contro does not keep the b ood sugar w th n norma m ts
- 934 If insulin is used, the dose is the same in all 3 trimesters. (T/F): Fa se, t vares
- 935 Oral hypoglycemics should never be used during pregnancy. (T/F): True, they cause b rth defects (teratogen c)
- 936 When should a diabetic be delivered?: Between 37 and 39 weeks
- 937 What IV solution is used during labor for the diabetic? D5W
- 938 The mother's insulin requirements will (fall/rise) markedly after delivery.: Fa
- 939 During pregnancy what complications is most dangerous for the fetus of a diabetic?: ketos s
- 940 If ketosis is a big problem for the baby during pregnancy what the big problem after delivery?: Hypog ycem a

- 941 **Why is hypoglycemia such a dangerous problem?:** Bra n ce s d e w thout g u c o s e , bra n da m a g e
- 942 **(Multi/prima) gravida clients are most likely to get PIH:** P r m a g r a v d a
- 943 **Which age group(s) are most likely to experience PIH?:** P a t e n t s u n d e r 1 8 a n d o v e r 3 5
- 944 **When does pre-eclampsia usually begin in pregnancy (week)?:** A f t e r 2 0 w e e k s
- 945 **Name the three symptoms of PIH:** H y p e r t e n s i o n , w e i g h t g a i n (e d e m a) , p r o t e i n u r i a
- 946 **If pre-eclampsia is mild will the woman be hospitalized?:** N o , j u s t r e s t a t h o m e
- 947 **What type of diet is indicated for a woman with pre-eclampsia?:** I n c r e a s e d p r o t e i n / n o r m a l s a t u r e (n o r e s t r i c t i o n o n t y p i c a l y)
- 948 **What measurement must the woman with pre-eclampsia make every day?:** S h e m u s t w e i g h h e r s e l f
- 949 **What is the activity order for a woman with severe pre-eclampsia?:** L e f t s i d e y o g
- 950 **What is the dietary order for the woman with severe pre-eclampsia?:** L o w s a t u r e , h i g h p r o t e i n
- 951 **Are diuretics used for women with pre-eclampsia?:** Y e s
- 952 **When a woman is hospitalized for severe pre-eclampsia the nurse should test...:** # 1 r e f l e x e s , t h e u r i n e f o r p r o t e i n
- 953 **When pre-eclampsia gets worse the deep tendon reflexes will be (hyper/hypo) reflexia.:** H y p e r - r e f l e x a
- 954 **Pre-eclampsia makes the neuromuscular system more or less irritable?:** M o r e
- 955 **What vision problem do women with pre-eclampsia have?:** B l u r r e d v i s i o n
- 956 **What types of precautions will be in effect for a woman with severe pre-eclampsia?:** S e z u r e p r e c a u t i o n s
- 957 **Name 5 things included in seizure precautions.:** S u c t i o n m a c h i n e i n r o o m O 2 i n r o o m P a d d e d r a s u p X 4 M u s t s t a y o n u n t A m b u l a t o n w i t h s u p e r v i s o n o n y N o M o r e t h a n 1 p e r s o n
- 958 **When is pre-eclampsia called eclampsia?:** O n c e c o n v u s i o n s h a v e o c c u r e d
- 959 **In eclamptic client what ominous sign almost always precedes a seizure?:** S e v e r e e p i s t o t i c p a r a m
- 960 **What are the three major treatment objectives in eclampsia?:** D e c r e a s e b l o o d p r e s s u r e C o n t r o l c o n v u s i o n s D i u r e s i s
- 961 **The urine output of the eclamptic client will (decrease/increase).:** D e c r e a s e
- 962 **How would you palpate the uterus to see if the eclamptic woman was having contractions?:** P l a c e t h e h a n d f l a t o n t h e a b d o m e n o v e r t h e f u n d u s w i t h f i n g e r s a p a r t a n d p r e s s g e n t l y
- 963 **Premature rupture of membranes (PROM) is a _____ break in the amniotic sac _____ the _____ of contractions.:** S p o n t a n e o u s , b e f o r e , o n s e t
- 964 **Usually labor starts within _____ hours of rupture membranes.:** 2 4
- 965 **What is the danger with PROM?:** I n f e c t i o n
- 966 **How would you tell if the woman with PROM had an infection?:** M a t e r n a l f e v e r F e t a l t a c h y c a r d i a F o u s e d v a g i n a l d i s c h a r g e
- 967 **To test amniotic fluid the nurse should check the _____ of the fluid.:** p H
- 968 **Amniotic fluid is (acidic/alkaline):** A l k a l i n e
- 969 **Being alkaline means have a (high/low) pH:** H i g h
- 970 **Amniotic fluid turns nitrazine paper deep _____ (color).:** B l u e
- 971 **When PROM occurs, the age of the fetus must be determined. The best way to assess lung maturity is to check the _____ ratio.:** L / S (l e c t h i n / s p h i n g o m y e l i n)
- 972 **An L/S ratio greater than _____ indicates lung maturity.:** 2 . 0
- 973 **If labor does not begin within _____ hours after PROM, labor will likely be induced.:** 2 4
- 974 **If PROM occurs before viability, what is the typical management?:** T e r m n a t i o n o f p r e g n a n c y
- 975 **If PROM occurs after viability but before 36 weeks, what is the typical management?:** H o s p i t a l i z e , w a t c h f o r i n f e c t i o n , t r y t o g a i n t i m e f o r t h e i n f a n t t o m a t u r e
- 976 **If there are any signs of infection after PROM, what must occur immediately?:** D e v e r y o f f e t u s
- 977 **PROM always occurs in a gush of fluid. (T/F):** F a l s e
- 978 **The woman must avoid sexual intercourse if PROM has occurred. (T/F):** T r u e
- 979 **What does self-disclosure mean?:** W h e n t h e n u r s e t e l l s t h e p a t i e n t p e r s o n a l i n f o r m a t i o n a b o u t h e r s e l f
- 980 **Is it always bad for the nurse to self-disclose? No, you can self-disclose as long as you do it cautiously and you are 100% sure it's therapeutic.**
- 981 **If the nurse uses self-disclosure it should be _____ and the conversation should be...:** S h o r t , q u i c k l y r e f o c u s e d b a c k o n t h e p a t i e n t
- 982 **Insight means the ability of the patient to _____ his problem.:** U n d e r s t a n d
- 983 **During what phase should the nurse examine his/her own feelings?:** P r e - i n t e r a c t i o n p h a s e
- 984 **Flight of ideas is when the patient changes topics of conversation_____.** R a p i d l y
- 985 **The basis for a therapeutic nurse/patient relationship begins with the _____, self _____ and _____.** N u r s e ' s , a w a r e n e s s , s e l f u n d e r s t a n d i n g

- 986 **What are the steps of the nurse/patient therapeutic relationship?:** Pre-nteract on phase
Or entat on phase
Work ng phase
Term nat on phase
- 987 **Should the nurse self-disclose if the patient asks the nurse to?:** No, not un ess t s spec f ca y therapeut c.
- 988 **The nurse should introduce information about the end of the nurse/patient relationship during the _____ phase.:**
Or entat on
- 989 **Termination phase begins in the _____ phase.:**
Or entat on
- 990 **Pulmonary edema is accumulation of _____ in the lung:**
F u d
- 991 **Pulmonary edema is a common complication of _____ disorders.:** Card ovascu ar
- 992 **Pulmonary edema usually results from _____ failure.:** Left ventr cu ar
- 993 **What force causes the pulmonary edema in left ventricular failure?:** Increased hydrostat c pressure n the pu monary cap ar es
- 994 **Can letting IVs run too fast cause pulmonary edema? Yes**
n the c ent w th poor card ovascu ar funct on
- 995 **What are the four classic signs of pulmonary edema?**
Dyspnea on exert on, paroxysma nocturna dyspnea, orthopnea, cough ng
- 996 **What is meant by dyspnea on exertion?:** Shortness of breath when act ve.
- 997 **What is meant by paroxysmal nocturnal dyspnea?:** Sudden ep sodes of d ff cu ty breath ng
- 998 **What is meant by orthopnea?:** Shortness of breath when y ng fat
- 999 **Is heart rate fast or slow in pulmonary edema? Fast,**
tachycard a
- 1000 **What will the nurse auscultate over the lungs when pulmonary edema occurs?:** Crack es (ra es)
- 1001 **When pulmonary edema is severe what does the sputum look like?:** B oody and frothy
- 1002 **What drug is used in pulmonary edema to reduce fluid in the lungs?:** A d uret c (Las x)
- 1003 **What drug is used to increase ventilation in clients with pulmonary edema?:** Am nophy ne (bronchod ator)
- 1004 **Is O2 given in pulmonary edema? Yes**
- 1005 **Since pulmonary edema is caused by left ventricular failure what drug is given?:** D g ta s
- 1006 **Why is morphine given to clients with pulmonary edema?**
To decrease apprehens on and decrease pre oad, th s rests the heart
- 1007 **If your client suddenly goes into pulmonary edema what would you do first?:** E evate the HOB, then ncrease O2, then ca the MD
- 1008 **Pulmonary embolus is an obstruction of the pulmonary _____ bed by a dislodged _____ or foreign substance.:**
Cap ary, thrombus
- 1009 **Where do the emboli that cause pulmonary embolus usually come from?:** The legs
- 1010 **Besides a thrombus what else can cause an embolus in the lung?:** A r, fat, tumor ce s
- 1011 **What treatment modality can lead to pulmonary embolus?:** Bed rest
- 1012 **What class of drugs can lead to pulmonary embolus?**
Ora contracept ves
- 1013 **What heart problem can lead to pulmonary embolus?**
Atr a f br at on (RIGHT atr a f br at on casues pu monary embo us; LEFT atr a f br at on causes cerebra embo us)
- 1014 **What genetic disorder can lead to pulmonary embolus?**
S ck e ce anem a
- 1015 **What is the first sign of pulmonary embolus?:** Dyspnea
- 1016 **The dyspnea of pulmonary embolus is accompanied by _____.**
P eur t c pa n
- 1017 **Does the heart rate increase or decrease in pulmonary embolus?:** Increase
- 1018 **With severe pulmonary embolus the client will look as though they are _____.**
In Shock
- 1019 **What are the two major treatments of pulmonary embolus?:** O2, ant coagu ants
- 1020 **Name the anitcoagulant given for immediate anticoagulation by IV or SQ route.:** Hepar n
- 1021 **A drug for long term anticoagulation in any disorder would be?:** Coumad n
- 1022 **What two lab tests monitor coumadin therapy?:**
Prothromb n t me (PT) and the INR
- 1023 **When coumadin is therapeutic, the INR should be between _____ and _____.**
2.0 and 3.0
- 1024 **What is lovenox?:** It s a ow-dose Hepar n used for ant coagu at on n POST-OP THROMBOPHLEBITIS PREVENTION NOT USED FOR PULMONARY EMBOLUS
- 1025 **Heparin therapy is monitored by daily measurement of the _____.**
PTT (part a thrombop ast n t me)
- 1026 **Effective heparin therapy rises the PTT to approximately _____ times normal.:** 2.5
- 1027 **Clients on heparin should use an electric razor or safety razor?:** E ectr c razor
- 1028 **What is the best way to prevent pulmonary embolus in post-operative patients?:** Ear y ambu at on
- 1029 **Is it appropriate to massage the legs of the client to preven pulmonary embolus?:** No, never
- 1030 **Heparin is used in the acute phase of pulmonary embolus. What drug is used for 6 months after pulmonary embolus?:** Coumad n
- 1031 **Coumadin therapy is monitored by what daily test?:** PT (prothromb n t me)
- 1032 **What is pyelonephritis?:** A bacter a nfect on of the k dneys
- 1033 **Which organism causes pyelonephritis?:** E. Co

- 1034 **Name the symptoms that pyelonephritis and cystitis have in common?:** Frequency, urgency, burning, cloudy, foul smelling urine
- 1035 **What medical intervention is necessary in pyelonephritis?:** IV antibiotics for one to two weeks, must get urine culture 2 weeks after antibiotic therapy is over
- 1036 **How does pyelonephritis differ from cystitis in meaning?:** Cystitis means bladder infection; pyelonephritis means an infection of kidney pelvis
- 1037 **What causes or precedes pyelonephritis?:** Cystitis always does
- 1038 **Will the client with pyelonephritis have daily weights?**
Yes, as would any client with kidney problem
- 1039 **Name the five signs/symptoms that pyelonephritis has that cystitis does not have?:** Fever, flank pain, chills, increased WBC, malaise
- 1040 **What is the BIG danger with pyelonephritis?** Permanent scarring and kidney damage
- 1041 **How is pyelonephritis prevented?:** By preventing or treating a cystitis (UTI's)
- 1042 **Will the client with pyelonephritis have hematuria?** It is common but not always present
- 1043 **The patient with pyelonephritis will have (hypertension/hypotension)?:** Hypertension
- 1044 **Where is the pyloric sphincter?:** At the distal (duodena) end of the stomach
- 1045 **What does stenosis mean?:** Narrowed
- 1046 **What is done to correct pyloric stenosis?:** Surgery (pyloromyotomy)
- 1047 **In what position should the child with Pyloric Stenosis be during feeding?:** High Fowler's
- 1048 **The feedings for an infant with pyloric stenosis should be thick or thin?:** Thickened
- 1049 **What test is done to confirm a diagnosis of pyloric stenosis?:** Upper GI series (barium swallow)
- 1050 **These infants are prone to develop _____ and failure to _____.: Dehydration, thrive**
- 1051 **Why does the pyloric valve become stenosed in pyloric stenosis?:** It hypertrophies
- 1052 **In what position should a child with pyloric stenosis be after a feeding?:** Right side with HOB up
- 1053 **The infant with pyloric stenosis appears _____ even after vomiting.: Hungry**
- 1054 **What do you see during and after feeding?** Peristaltic waves from left to right
- 1055 **Is vomiting projectile or non-projectile in patients with pyloric stenosis? Is the vomiting bile-stained or not bile-stained?:** Projectile, not bile-stained
- 1056 **What assessment finding is found under the right rib cage?:** An oval sized bulge (the hypertrophied pylorus)
- 1057 **The symptoms of pyloric stenosis mostly commonly appear at age _____ to _____.: 4 to 6 weeks**
- 1058 **Describe the typical child with pyloric stenosis.: Firstborn, full term, white, boys**
- 1059 **For what reason are Montgomery straps used? Permit you to remove & replace dressings without using tape (protects the skin)**
- 1060 **Sutures in general are removed by the _____ day.: 7th**
- 1061 **Leaving a wound open to air decrease infection by eliminating what 3 environmental conditions?:** Dark, warm, moist
- 1062 **To remove tape always pull (toward/away) from the wound.: Toward (this way you don't put pressure/pull on the suture line.)**
- 1063 **Define contusion.: Bruise (internal)**
- 1064 **Define debridement.: Removal of necrotic tissue from a wound.**
- 1065 **What is the purpose of a wound drain?:** Remove secretions from the area so healing occurs.
- 1066 **To prevent germs from getting into or out of a wound you should use what type of dressing?:** An occlusive dressing
- 1067 **What solution is put onto the skin to protect it from the irritating effects of the tape?:** Tincture of benzoin
- 1068 **With what is a wound closed in first intention?:** Sutures or staples
- 1069 **What is another name of second intention?** Granulation
- 1070 **When swabbing an incision you would start at the incision or 1 Inch away from the incision?:** Start at the incision and move outward.
- 1071 **After you remove soiled dressings and before you put on the sterile dressing you must.....: Wash your hands and put on sterile gloves**
- 1072 **What is meant by the phrase "advance the drain 1 inch"?** You pull the drain out 1 inch.
- 1073 **After advancing a Penrose drain you (should/should not) cut off the excess drain?:** Should
- 1074 **When a dressing saturated, germs can enter the wound from the outside. (T/F):** True, by a process called capillary action
- 1075 **When is a bad time to change dressings?** Mealtimes
- 1076 **Define laceration.: Cut**
- 1077 **Scoliosis is a _____ curvature of the _____.: Lateral, spine**
- 1078 **Scoliosis is MOST common in the _____ and _____ sections of the spinal column.: Thoracic and lumbar**
- 1079 **Scoliosis in the thoracic spine is usually convex to the (left/right).: Right**
- 1080 **Scoliosis in the lumbar spine is usually convex to the (left/right).: Left (*Hint: curve Left in Lumbar)**
- 1081 **With which other two spine deformities is scoliosis associated?:** Kyphosis (humpback), Lordosis (swayback)
- 1082 **What is Kyphosis?:** Humpback in the thoracic area
- 1083 **What is Lordosis?:** Swayback in the lumbar region (Lumbar, Lordosis)

- 1084 **What is the difference between structural and functional scoliosis?:** Structural - you are born with it; Functional - you get from bad posture
- 1085 **What age group should be routinely screened for scoliosis?:** Young teens
- 1086 **What are the 3 subjective complaints of clients with scoliosis?:** Back pain, dyspnea, fatigue
- 1087 **What test/exam CONFIRMS the diagnosis of scoliosis?:** X-rays of the spine
- 1088 **What type of brace is most commonly used for scoliosis?:** Milwaukee
- 1089 **Name 4 exercises used to treat mild scoliosis.:** Heel lifts; sit-ups; hyperextension of the spine; breathing exercises
- 1090 **What kind of treatment is done for severe scoliosis?:** Surgical fusion with rod insertion
- 1091 **What type of cast is used post-operatively?:** Risser cast
- 1092 **What kind of rod is used to "fix" curvature?** Harrington Rod
- 1093 **Scoliosis MOST commonly affects _____ (type of clients).:** Teenage females
- 1094 **How many hours a day should the client wear a Milwaukee brace?:** 23
- 1095 **What solution should be used on the skin where the brace rubs?:** Tincture of benzoin or a cohesive, non-occlusive ointment - you want to toughen the skin not soften it
- 1096 **Clients with a Milwaukee brace should avoid vigorous exercise. (T/F):** True
- 1097 **After corrective SURGERY how is the client turned?** Lored (in a body cast)
- 1098 **How often should the neurovascular status of the extremities of a client in a Risser cast be measured? Fresh post-operatively?:** Every 2 hours
- 1099 **What is a common complication of a client in a body cast (like a Risser cast)?:** Cast syndrome
- 1100 **What is cast syndrome?:** Nausea, vomiting and abdominal distention that can result in intestinal obstruction
- 1101 **What group of people get cast syndrome?:** ANYONE in a body cast
- 1102 **What is the treatment of for cast syndrome?:** Removal of the cast, NG tube to decompress, NPO
- 1103 **How would you, the nurse, assess for developing cast syndrome?:** Ask the client if they are experiencing any abdominal symptoms - keep track of bowel movements & passing flatus (if not having BMs or passing flatus, cast syndrome is suspected)
- 1104 **What causes cast syndrome, specifically in a Risser cast?:** Hyperextension of the spine by a body cast: the hyperextension interrupts the nerve & blood supply to the gut
- 1105 **The inheritance pattern of sickle-cell anemia is _____.** Autosomal recessive
- 1106 **What does heterozygous mean?:** It means you only have 1 defective gene from 1 parent.
- 1107 **People who are (hetero/homo) have sickle cell trait.:** Heterozygous
- 1108 **What does homozygous mean?:** It means you have the defective gene from both parents.
- 1109 **People who are (hetero/homo)zygous have sickle cell disease.:** Homozygous
- 1110 **People with sickle cell TRAIT only carry the disease, they DO NOT have symptoms. (T/F):** True - usually it has occurred that in times of SEVERE stress, the TRAIT does cause some symptoms but not usually.
- 1111 **What are the #1 and #2 causes of sickle cell crisis?** Hypoxia, dehydration
- 1112 **The most common type of crisis that occurs is a _____ - _____ crisis.:** Vaso-occlusive
- 1113 **In vaso-occlusive crisis the vessels become occluded with _____.** Abnormal RBCs
- 1114 **The abnormal hemoglobin produced by people with sickle cell anemia is called Hgb _____.** Hgb S - "sickles"
- 1115 **What shape does Hgb S make the RBC's?:** Crescent-shaped
- 1116 **Why do the crescent-shaped RBCs cause occlusion of the vessels?:** They clump together and create a sledge.
- 1117 **What are the top 3 priorities in care of the client with sickle-cell crisis?:** Oxygenation, hydration, and PAIN control
- 1118 **What activity order will the client with sickle cell CRISIS have?:** Bed rest
- 1119 **Or Tylenol, Morphine, Demoral, Aspirin which is NEVER given to a sickle-cell patient?:** Aspirin - it can cause acidosis which makes the crisis and sickling worse
- 1120 **At what age is death most likely in sickle cell anemia?:** Young adulthood
- 1121 **Sickle-cell anemia symptoms do not appear before the age of _____ months due to the presence of _____.** 6; fetal hemoglobin
- 1122 **Sickle cell anemia is most commonly seen in (blacks/whites).:** Blacks
- 1123 **Should a child in sickle-cell crisis wear tight clothes? No, it can occlude vessels even more.**
- 1124 **Spinal cord injuries are more common in males. (T/F):** True
- 1125 **In what age range is spinal cord injury most common?:** 15 to 25
- 1126 **The #1 goal in emergency treatment of spinal cord injury is...:** Immobilization of the spine
- 1127 **When halo traction is being used to immobilize the spinal cord the client is allowed to _____.** Ambulate
- 1128 **When the patient with spinal cord injury is in tongs or on a stryker frame or on a circoelectric bed they are on.....:** Abolite bed rest
- 1129 **The 2 most common surgeries used to treat spinal cord injury are _____ and _____.** Laminectomy and spinal fusion

- 1130 **What is spinal shock?:** It is a common occurrence in spinal cord injury in which the spinal cord swells above and below the level of injury
- 1131 **When does spinal shock occur?:** Immediately or within 2 hours of injury
- 1132 **How long does spinal shock last?:** 5 days to 3 months
- 1133 **When the spinal cord injury is at level of ____ to ____ the patient will be a quadriplegic.:** C1 to C8
- 1134 **When the spinal cord injury is between ____ and ____, there is permanent respiratory paralysis.:** C1 and C4
- 1135 **Can the patient with spinal cord injury at C7 level have respiratory arrest?:** Yes, because even though his injury was below C4, spinal shock can lead to loss of function above the level, however the will not be permanently ventilator dependent-he will breathe on when once spinal shock goes away.
- 1136 **Spinal cord injury in the thoracic/lumbar regions result in ____plegia.:** Paraplegia
- 1137 **If airway obstruction occurs at the accident site and you suspect spinal cord injury, what maneuver is used to open the airway?:** Modified jaw thrust
- 1138 **In spinal cord injury never ____ the neck.:** Move, hyperextend
- 1139 **How should you change the position of the spinal cord injury patient after he has an order to be up? Why?:** Slowly, because of severe orthostatic hypotension (they use at table)
- 1140 **For the patient with neurogenic bladder you should straight catheterize every ____ hours.:** Every 6 hours
- 1141 **The patient with spinal cord injury will have (flaccid/spastic) muscles.:** Spastic
- 1142 **Name 3 drugs used to treat spasms.:** Valium, Baclofen, Dantrium
- 1143 **What is automatic dysreflexia or hyperreflexia?:** A common complication of quadriplegics in response to a full bladder or bowel.
- 1144 **What are the vital sign changes seen in autonomic dysreflexia?:** Sweating, headache, nausea & vomiting, gooseflesh, and severe HYPERTENSION
- 1145 **What do you do first for the client experiencing autonomic dysreflexia?:** Raise HOB
- 1146 **What do you do second for the client experiencing autonomic dysreflexia?:** Check the bladder, check the bowel
- 1147 **Do you need to call the doctor for autonomic dysreflexia?:** No, only call the doctor if draining the bladder & removing impact does not work
- 1148 **What is the #1 treatment for autonomic dysreflexia?:** Drain the bladder, empty the bowel
- 1149 **What is the purpose of restricting activity after spinal tap?:** To prevent headache due to CSF loss
- 1150 **Should the client drink after a spinal tap?:** Yes, encourage fluids to replace CSF
- 1151 **Do you need an informed consent for a spinal tap?:** Yes
- 1152 **Should CSF contain blood?:** No
- 1153 **Does the client have to be NPO before a spinal tap? No**
- 1154 **What is the normal color of cerebrospinal fluid?:** Clear, colorless
- 1155 **Into what space is the needle inserted during a spinal tap?:** Subarachnoid space
- 1156 **Can the client turn side-to-side after a spinal tap?:** Yes
- 1157 **In what position should the client be during a spinal tap?:** Lateral decubitus (on the right side) position and knees to chest
- 1158 **Identify the activity restriction necessary after lumbar puncture?:** Lefat for 6 to 12 hours
- 1159 **What are the 2 purposes of a spinal tap?:** To measure or relieve pressure and obtain a CSF sample
- 1160 **Does the client have to be sedated before a spinal tap? No**
- 1161 **Antibiotic (Define):** A drug that destroys or inhibits growth of microorganisms
- 1162 **Asepsis (Define):** Absence of organisms causing disease
- 1163 **Antiseptic (Define):** A substance used to destroy or inhibit the growth of pathogens but not necessarily the spores (not generally safe to use on persons)
- 1164 **Disinfectant (Define):** A substance used to destroy pathogens but not necessarily the spores (not generally intended for use on persons)
- 1165 **Bactericide (Define):** Substance capable of destroying microorganisms but not necessarily the spores
- 1166 **Bacteriostatic (Define):** Substance that prevents or inhibits the growth of microorganisms
- 1167 **Anaerobe (Define):** Microorganisms that do not require free oxygen to live
- 1168 **Aerobe (Define):** Microorganisms requiring free oxygen to live
- 1169 **Pathogen (Define):** Microorganism that causes disease
- 1170 **Clean technique (Define):** Practices that help reduce the number & spread of microorganisms (synonym for medical asepsis)
- 1171 **Sterile (Define):** An item on which all microorganisms have been destroyed
- 1172 **Coagulate (Define):** Process that thickens or congeals a substance
- 1173 **Host (Define):** An animal or a person upon which or in which microorganisms live
- 1174 **Portal of entry (Define):** Part of the body where organisms enter
- 1175 **Contaminate (Define):** To make something unclean or unsterile
- 1176 **Surgical asepsis (Define):** Practices that render & keep objects & areas free from all microorganisms (synonym for sterile techniques)
- 1177 **Medical asepsis (Define):** Practices that help reduce the number & spread of microorganisms (synonym for clean techniques)
- 1178 **Spore (Define):** A cell produced by a microorganism which develops into active microorganisms under proper conditions.

- 1179 **Which hand should hold the suction catheter? Which should hold the connecting tube?:** The dominant, the nondominant
- 1180 **The nurse should use (medical/surgical) asepsis during airway suction?:** Surgical asepsis (sterile technique)
- 1181 **What kind of lubricant should be used on the suction catheter?:** Sterile water-soluble
- 1182 **Should the suction be continuous or intermittent?:** Intermittent to prevent mucosal damage
- 1183 **For how long should suction be applied during any one entry of the catheter?:** 10 seconds
- 1184 **How often should the nurse clear the tubing during suctioning?:** After each pass/entry/removal
- 1185 **Which way would you turn the client's head to suction the right mainstem bronchus? The left mainstem bronchus?:** To the left, to the right
- 1186 **The best client position during airway suctioning is _____:** Semi-prone
- 1187 **The suction should be delivered while (inserting/removing) the catheter:** While removing the catheter
- 1188 **What outcomes would indicate that suctioning was effective?:** Clearer breathing sounds, normal vital signs
- 1189 **How often should the client's airway be suctioned? When is it needed to be, for example most breathing sounds, tachycardia, restlessness (hypoxia), ineffective cough**
- 1190 **The unconscious client should assume what position during suctioning?:** Side-lying, facing nurse
- 1191 **If not contraindicated, what action by the nursing before suctioning would most likely reduce hypoxia during suctioning?:** Administer a few breaths at 100% oxygen before beginning
- 1192 **What solution should be used to clear the tubing during suctioning?:** Sterile saline
- 1193 **With what size catheter should an adult's airway be suctioned?:** 12 to 16 French
- 1194 **How much suction should be used for an infant? Less than 80 mm Hg**
- 1195 **How much suction should be used for a child? 80 to 100 mm Hg**
- 1196 **How much suction should be used for an adult? 120 to 150 mm Hg**
- 1197 **Do you assess for suicide potential whenever a patient makes any statement about wanting to die or kill self?:** Yes, in fact whenever a patient makes a statement about wishing or wanting to die or kill self you must ALWAYS AND FIRST assess for suicide potential *stop everything and assess for suicide potential (except CPR, or course)
- 1198 **Children are at _____ risk for suicide:** Low
- 1199 **Adolescents are (low/high) risk for suicide:** High
- 1200 **Young adults are (low/high) risk for suicide:** High to moderate
- 1201 **People between 25 and 50 years are (low/moderate/high) risk for suicide:** Low to moderate
- 1202 **People over 50 years are (low/high) risk for suicide:** High
- 1203 **The patient who has a definite plan is (low/high) risk for suicide:** Moderate to high, depends upon feasibility and ease of plan
- 1204 **The use of pills makes the patient (low/moderate/high) risk for suicide:** Moderate
- 1205 **The patient who has NO definite plan is (low/high) risk for suicide:** Low
- 1206 **The use of _____, _____, and _____ to kill self, make high risk suicide:** Guns, ropes, knives
- 1207 **Who is at higher risk for suicide, a man or a woman?:** Man
- 1208 **Of: married, divorced, and separated, which marital status is highest risk for suicide? Lowest risk of suicide?:** Highest-separated then divorced
Lowest-married
- 1209 **The goal of action while the suicidal patient is still of the phone is to get _____ person _____ the _____:**
Another person on the scene (then immediately decreases risk)
Remember: people who are alone are always high risk
- 1210 **What are the four classic suicide precautions?:** Search person belongings for drugs & alcohol, remove any sharp objects, remove any device for hanging or strangling; must be on constant one-to-one observation (NEVER out of sight)
- 1211 **Once the patient is admitted for attempted suicide should you ever discuss the attempt with them?:** No, you should not focus on the attempt, focus on the present and future.
- 1212 **-pathy:** Disease, suffering
- 1213 **-penia:** Lack, deficiency of
- 1214 **-sect:** To cut
- 1215 **-plast:** Plastic surgery on a specified part
- 1216 **-sclerosis:** Hardening of a tissue by: inflammation, deposition of mineral salts; an inflammation of connective tissue fibers
- 1217 **-centesis:** A perforation or puncture
- 1218 **-genic:** Produce, or generate, become
- 1219 **-emia:** Blood
- 1220 **-otomy:** Cutting
- 1221 **-pexy:** Fixation of something
- 1222 **-atresia:** Condition of occurrence
- 1223 **-desis:** Binding, fusing
- 1224 **-cele:** Combining form meaning a tumor or swelling or a cavity
- 1225 **-cis:** Cut, k
- 1226 **-rhaphy; -rrhaphy:** Joining in a seam, suturing
- 1227 **-scope; -scopy:** Instrument for observation
- 1228 **-osis:** Indicates condition, process
- 1229 **-oma:** Tumor
- 1230 **-ostomy:** Surgical opening
- 1231 **-stasis:** Stopping
- 1232 **-itis:** Inflammation
- 1233 **-ology:** Study of; knowledge, science

- 1234 **-lysis:** Break ng down
- 1235 **-ectomy:** Surg ca remova of
- 1236 **-tripsy:** Crush ng of someth ng by a surg ca nstrument
- 1237 **-ase:** Used n nam ng enzymes
- 1238 **-gram; -graphy:** Wr te; record
- 1239 **Syphilis is sexually transmiited. (T/F):** True
- 1240 **Syphilis first infects the _____:** Mucous membranes
- 1241 **What are the stages of syphilis?:** Pr mary, secondary, atent, ate
- 1242 **Syphilis is a fatal disease if untreated. (T/F):** True
- 1243 **What organism causes syphilis?:** Treponema pa ad um
- 1244 **What is the lesion like in primary syphilis?:** The chancre (pronounced shanker)
- 1245 **The chancres of syphilis are (painful/painless):** Pa n ess
- 1246 **Chancres disappear without treatment. (T/F):** True
- 1247 **Late syphilis attacks which 3 body organs?:** L ver, heart, bra n
- 1248 **What test CONFIRMS the presence of syphilis?:** Dark-f e d um nat on of the treponema pa ad um
- 1249 **What is the treatment of choice for syphilis?:** Pen c n
- 1250 **Why is penicillin administered with Procaine?**
With Probenecid?: Proca ne makes the shot ess pa nfu ; Probenec d b ocks the excret on of pen c n
- 1251 **What is the most common sign of neurosyphillis?:** Atax a (ga t prob ems)
- 1252 **Mastitis and breast engorgement are more likely to occur in (primipara/multipara):** Pr m para
- 1253 **Where does the organism that causes mastitis come from?:** The nfant's nose or mouth
- 1254 **Which organism most commonly causes mastitis?:** Staph
- 1255 **Prolonged intervals between breast-feeding (decrease/increase) the incidence of mastitis.: Increase**
- 1256 **Can too tight bras lead to mastitis?:** Yes, prevent ng empty ng of ducts
- 1257 **Mastitis usually occurs at least _____ days after delivery.: 10**
- 1258 **When mastitis is present the breasts are _____, _____, and _____:** Hard, swo en, warm
- 1259 **Mastitis is accompanied by a fever over _____:** 102 degrees
- 1260 **If mastitis is caused by an organism, what causes breast engorgement?:** Temporary ncrease n vascu ar and ymph supp y to the breast n preparat on for m k product on
- 1261 **If mastitis occurs 1+ weeks after delivery, when does breast engorgement occur?:** 2 to 5 days after de very
- 1262 **Does breast engorgement interfere with nursing?:** Yes, the nfant has a d ff cu t t me atch ng on (gett ng n pp e n ts mouth)
- 1263 **What class of drugs is used to treat mastitis?** Ant b ot cs
- 1264 **Antibiotics are used to treat breast engorgment? (T/F):** Fa se
- 1265 **Application of (warm H2O compress/ice packs) is the preferred treatment for breast engorgement.: Ice packs to decrease swe ng**
- 1266 **The mother with mastitis should stop breast feeding. (T/F):** Fa se, the mother must keep breast feed ng. (Offer unaffected breast f rst)
- 1267 **If the mother has an open abscess on her breast, must not breast-feed. (T/F):** True
- 1268 **For breast engorgement, the non-breastfeeding mother should be told to express breast milk. (T/F):** No, that wou d ncrease m k product on and wou d make the prob em worse (warm compresses or warm shower to et m k "eak" s okay-ice s best)
- 1269 **What is the best treatment for breast engorgement?** Breast-feed ng - t w ba ance supp y and demand
- 1270 **What is mastoiditis?:** Inf ammat on/ nfect on of the masto d process
- 1271 **What is the most common cause of mastoiditis?:** Chron c ot t s med a
- 1272 **What are 4 signs and symptoms of mastoiditis?:** Dra nage from ear, h gh fever, headache and ear pa n, tenderness over masto d process
- 1273 **What unusual post-operative complication can result from mastoidectomy?:** Fac a nerve para ys s due to acc denta damage dur ng surgery (aw su t t me!)
- 1274 **What should you do to assess for facial nerve paralysis post-mastoidectomy?:** Have the pat ent sm e and wr nk e forehead.
- 1275 **What is the medical treatment for mastoiditis?:** System c ant b to cs
- 1276 **What is the surgery for mastoiditis called?:** S mp e or rad ca masto dectomy
- 1277 **Will a simple mastoidectomy worsen hearing?:** No, a rad ca masto dectomy may
- 1278 **Should the nurse change the post-mastoidectomy dressing?:** No, re nforce t. Phys c an changes f rst post op dress ng
- 1279 **What is a common side effect of mastoidectomy?** D zz ness (vert go)
- 1280 **What is a major nursing diagnosis post-mastoidectomy?** Safety
- 1281 **In the chain of infection, hand washing breaks the mode of _____:** Transm ss on
- 1282 **The best way to decrease nosocomial infection is sterile technique. (T/F):** Fa se, hand wash ng s the best way.
- 1283 **Sterile gloved hands must always be kept above the waist. (T/F):** True
- 1284 **When putting on the second of a set of sterile gloves, you should grasp the cuff. (T/F):** Fa se, reach under the cuff w th the t p of the g oved f ngers.
- 1285 **When putting on the first glove of a set of sterile gloves, you should grasp the cuff. (T/F):** True

- 1286 **When putting on the second glove of a set of sterile gloves, you must not use the thumb of the first hand. (T/F):**
True
- 1287 **Airborne microorganisms travel on _____ or _____ particles.: Dust or water**
- 1288 **Another name for medical asepsis is...: Clean technique**
- 1289 **Sensitivity (susceptibility) means...: The susceptibility of an organism to the bactericidal action of a particular agent**
- 1290 **When unwrapping a sterile pack how should you unfold the top point?: Away from you**
- 1291 **Virulence means...: Ability of an organism to produce disease**
- 1292 **Another name for surgical asepsis is...: Sterile technique**
- 1293 **What is the best location in a client's room to set up a sterile field?: On the over-bed table**
- 1294 **Medical aseptic techniques are aimed at reducing the number of organisms (T/F): True, doesn't eliminate all of them just decreases the number**
- 1295 **What does bacteriostatic mean?: Having the capability to stop growth of the bacteria**
- 1296 **What does bacteriocidal mean?: Having the capability to kill bacteria.**
- 1297 **What does nosocomial infection mean?: Infection acquired through contact with contamination in the hospital**
- 1298 **When pouring liquid onto a sterile field you should pour from a height of _____ to _____ inches above sterile field.: 6 to 8**
- 1299 **When you plan to use gloves for a procedure you do not need to wash hands before it. (T/F): False, always wash even if you plan to use gloves**
- 1300 **Culture means...: Growing colony of organisms, usually for the purpose of identifying them**
- 1301 **Surgical aseptic techniques render and keep articles free from all organisms. (T/F): True**
- 1302 **You must never turn your back to a sterile field. (T/F): True**
- 1303 **What must you do if you reach across a sterile field? Consider the area contaminated and not use the articles in the area**
- 1304 **Micro-organisms grow best in a _____, _____, _____ place.: Warm, dark, moist**
- 1305 **It is common practice to regard the edges of any sterile field as contaminated. (T/F): True, the outer 1 inch is considered contaminated. You must not touch it with your sterile gloves.**
- 1306 **Immediately after opening a bottle of sterile water, can you pour it directly into a sterile basin?: No, you must pour a few cc's out of the bottle into a waste container before you pour into the sterile basin. (This is called "ppng" the bottle)**
- 1307 **Which is the best method for identifying clients accurately?: By ID name-band**
- 1308 **An emulsion is a mixture of _____ and _____: Oil and H₂O**
- 1309 **Syrups and elixirs are of particular concern to diabetic clients because...: they contain sugars**
- 1310 **Oral medications have a (faster/slower) onset of action than IM drugs.: Slower**
- 1311 **Oral medications have a (shorter/longer) duration of action than IM medications.: Longer**
- 1312 **How should drugs that stain teeth be administered?: By a straw**
- 1313 **A drug given by a parenteral route acts outside the GI tract. (T/F): True**
- 1314 **Name the four most common parenteral routes of administration.: SQ, IM, IV, ID (intradermal)**
- 1315 **When blood is administered by IV, the needle/catheter should be _____ gauge.: 18 gauge**
- 1316 **You can administer up to _____ cc of a drug per site by IM injection in adults.: 3 cc**
- 1317 **Children should receive no more than _____ cc per site by IM injection.: 2 cc**
- 1318 **The preferred IM injection site for children under 3 is the _____.: Vastus lateralis**
- 1319 **Why is the dorsogluteal site not recommended for IM injection the children less than 3 years of age?: Because the muscles not well developed yet.**
- 1320 **Can 3 cc of fluid be administered per IM into the deltoid of an adult?: No, maximum of 1 cc**
- 1321 **The #1 danger when using the dorsogluteal site for IM injection is _____.: Damage to the sciatic nerve**
- 1322 **The preferred angle of injection to be used for IM administration is _____.: 90 degrees**
- 1323 **The preferred length of needle to administer an IM injection is...: 1 to 2 inch**
- 1324 **The preferred gauge of needle for IM injection is...: 21 to 22 gauge**
- 1325 **Which type of medications are given by Z-track injection?: Irritating, staining**
- 1326 **How long is the needle kept inserted during Z-track injection?: 10 seconds**
- 1327 **What must be done to the equipment before injecting by Z-track method?: Change the needle**
- 1328 **When giving a Z-track injection, the overlying skin is pulled (up/down/medially/laterally): Laterally**
- 1329 **Subcutaneous injection must be given at 45 degrees. (T/F): True (for boards), false- whatever angle gets it SQ without going IM**
- 1330 **The preferred gauge of needle for injection for SQ injection _____.: 25 gauge**
- 1331 **The preferred length of needle for SQ injection is _____.: 5/8 inch**
- 1332 **The intradermal route is primarily used for _____.: Skin testing**
- 1333 **Name the two sites used for intradermal injection.: Inner forearm
Upper back**

- 1334 In general, the nurse should wear gloves when applying skin preparations such as lotions. (T/F): True
- 1335 After using nose drops, the client should remain _____ for _____ minutes.: Supine, 5
- 1336 Strict aseptic techniques is required when administering a vaginal medication. (T/F): False—only "clean" technique or medication asepsis necessary
- 1337 Before administering vaginal medications the client is more comfortable if you ask them to _____.: Void
- 1338 After administration of a vaginal drug the client should remain _____ for _____ minutes.: Supine, 10
- 1339 Rectal suppositories with an oil base should be kept refrigerated. (T/F): True
- 1340 Strict sterile technique is required when administering a drug per rectum. (T/F): False, clean or medication asepsis
- 1341 The best way to ensure effectiveness of a rectal suppository is to...: Push the suppository against the wall of the rectum
- 1342 A rectal suppository is inserted _____ inches in an adult and _____ inches in a child.: 4, 2
- 1343 The client should remain supine for 5 minutes after having received a rectal suppository. (T/F): False— they should be lying on the side for 5 minutes, not supine
- 1344 A suppository given rectally must be lubricated with a water soluble lubricant. (T/F): True, lubricant fingers also
- 1345 Eye medications can be given directly over the cornea. (T/F): False, into the conjunctiva sac, never the cornea; hold the dropper 1/2 inch above the sac
- 1346 Eye drops should be placed directly into the _____.: Conjunctiva sac
- 1347 To prevent eye medications from getting into the systemic circulation you apply pressure to the _____ for _____ seconds.: Nasoacromial sac, 10 (press between the inner canthus and the bridge of the nose)
- 1348 The eye should be irrigated so that the solution flows from outer to inner canthus. (T/F): False, it must flow from inner canthus to outer (alphabetically: I to O)
- 1349 If ear medications are not given at room temperature the client may experience...: Dizziness, nausea
- 1350 To straighten the ear canal in the ADULT, the nurse should pull the pinna _____ and _____.: Up and back
- 1351 To straighten the ear canal in the young CHILD under 3 the pinna should be pulled _____ and _____.: Down and back
- 1352 After receiving ear drops the client should remain in _____ position for _____ minutes.: Seelying, 5
- 1353 How far above the ear canal should you hold the dropper while administering ear drops?: 1/2 inch
- 1354 Liquid doses of medications should be prepared at _____ level.: Eye
- 1355 Liquid drugs should be poured out of the side (opposite of/the same as) the label.: Opposite
- 1356 It is safe practice to administer drugs prepared by another nurse. (T/F): False
- 1357 In order to leave drugs at the bedside you must have a physician's order. (T/F): True
- 1358 Young infants accept medication best when given with a _____.: Dropper
- 1359 It is safe practice to recap needles after injection. (T/F): False, Never re-cap
- 1360 What do you do if you get blood in the syringe upon aspiration?: Remove the syringe immediately and apply pressure; you must discard the syringe and redraw medication into a new syringe
- 1361 Tagamet: Give with meals, remember Zantac does not have to be given with meals
- 1362 Capoten: Give on empty stomach, one hour before meals (antihypertensive)
- 1363 Apresoline: Given with meals (antihypertensive)
- 1364 Iron with nausea: Give with meals
- 1365 Sulfonamides: Take with LOTS OF WATER regardless of whether you give it at mealtime or not -- Bactrim, Septra, Gantricine, used to treat UTI
- 1366 Codeine: Take with sips of water regardless of meals -- to prevent constipation
- 1367 Antacids: Give on empty stomach 1 hour after meals
- 1368 Ipecac: Give with 200-300 cc water-- not related to mealtime - this is an emetic (to make you vomit after ingestion of poisons -- don't give if the poisons were caustic, or petroleum based)
- 1369 Rifampin: Give on empty stomach (anti-tuberculosis) remember Rifampin causes red urine
- 1370 Non-steroidal anti-inflammatory drugs: Give with food (for arthritis)
- 1371 Aldactone: Give with meals (K-sparing diuretic)
- 1372 Iron (without nausea): Give on empty stomach with orange juice to increase absorption
- 1373 Penicillin: Give on empty stomach
- 1374 Erythromycin: Give on empty stomach (antibiotics)
- 1375 Stool Softeners: Take with sips of water regardless of mealtime
- 1376 Griseofulvin: Give with meals-- especially high fat meals (anti-fungal)
- 1377 Tetracycline: Do not give with milk products, do not give to pregnant women or children before age 8 or damage to tooth enamel occurs
- 1378 Theophylline derivative: Give with meals, e.g., Aminophylline, Theodur (anti-asthmatic bronchodilator)
- 1379 Steroids: Give with meals-- remember taper the patient off these drugs slowly
- 1380 Pancreas pancreatin isozyme: Give with meals--these are oral enzymes used with children with cystic fibrosis to increase the absorption of the food they eat
- 1381 Para-amino salicylate sodium (PAS): Give with meals/food-- anti-tuberculosis

- 1382 **Colchicine:** Give with meals -- ant gout, remember f d diarrhea develops, stop the drug
- 1383 **Thorazine:** Take with LOTS OF WATER regardless of meals to prevent constipation.
- A drugs that end in "-zine" are major tranquilizers that also cause Pseudo Parkinson's or extra-pyramidal effects.
- 1384 **Carafate and sulcrafate:** Give on empty stomach 1 hour before meals and at bedtime -- remember these coat the GI tract and interfere with the absorption of other medications (give them by themselves)
- 1385 **Allopurinol:** Give with meals and give with lots of water--ant uric acid-- used to treat gout and the purine buildup seen in chemotherapy for cancer
- 1386 **Define Meniere's Disease:** An increase in endolymph in the inner ear, causing severe vertigo.
- 1387 **What is the famous triad of symptoms in Meniere's?:** Paroxysmal whirling vertigo -- sensorineural hearing loss--tinnitus (ringing in the ears)
- 1388 **Does Meniere's occur more in men or women?:** Women
- 1389 **What should the client do if they get an attack?:** Bed Rest
- 1390 **What safety measures should be followed with Meniere's?:** Seclude x 4, ambulate on y with assistance
- 1391 **What age group in Meniere's highest in?:** 40 to 60
- 1392 **What can PREVENT the attacks of Meniere's?:** Avoid sudden movements
- 1393 **What electrolyte is given to people with Meniere's?:** Ammonium chloride
- 1394 **What is the surgery done for Meniere's?:** Labyrinthectomy
- 1395 **What disease often follows labyrinthectomy?:** Bell's palsy--facial paralysis, will go away in a few months
- 1396 **What is the activity order after labyrinthectomy?:** Bed rest
- 1397 **When surgery is performed for Meniere's, what are the consequences?:** Hearing is totally lost in the surgical ear
- 1398 **What should the client avoid after labyrinthectomy?:** Sudden movements and increased Na food
- 1399 **What type of diet is the client with Meniere's on?:** Low salt
- 1400 **What two classes of drugs are given in Meniere's?:** Anticholinergics and diuretics (Diamox)
- 1401 **Meningitis is an inflammation of the _____ of the _____ and spinal _____:** Meninges, brain, cord
- 1402 **Meningitis can be caused by _____, _____, and _____:** Viruses, bacteria, chemicals
- 1403 **The four most common organisms that cause meningitis are...:** Pneumococcus
Meningococcus
Streptococcus
H. influenza
- 1404 **The child with meningitis is most likely to be (lethargic/irritable) at first.: Irritable**
- 1405 **What visual symptom will the patient with meningitis have?:** Photophobia (oversensitivity to light)
- 1406 **What is the most common musculo-skeletal symptom of meningitis?:** Stiff neck-nuchal rigidity
- 1407 **Will the patient with meningitis have a headache?:** Yes
- 1408 **Kernig's sign is positive when there is pain in the _____ when attempting to straighten the leg with _____ flexed.: Knee; hip**
- 1409 **What type of vomiting is present in meningitis?:** Projectile
- 1410 **What is the definitive diagnostic test for meningitis?:** Lumbar puncture with culture of CSF (cerebrospinal fluid)
- 1411 **If the patient has meningitis, the CSF shows _____ pressure, _____ WBC, _____ protein, _____ glucose.: Increased, increased, increased, decreased**
- 1412 **On what type of isolation will the patient with meningitis be?:** Contact and respiratory precautions
- 1413 **How long will the patient with meningitis be on these precautions?:** Until they have been on an antibiotic for 48 hours
- 1414 **The room of a patient with meningitis should be _____ and _____.: Dark and quiet**
- 1415 **The client with meningitis can develop _____.: Seizures**
- 1416 **What is opisthotonos?:** Arching of back (entire body) from hyperextension of the neck and ankles, due to severe meningoradiculitis.
- 1417 **If a patient has opisthotonos, in what position would you place them?:** Side-lying
- 1418 **Average duration of menstrual flow is _____. The normal range is _____ to _____ days.: 5 days, 3 to 6**
- 1419 **Average blood loss during menstruation is _____ cc.: 50 to 60 cc**
- 1420 **Name the two phases of ovarian cycle.: Follicular phase (first 14 days)
Luteal phase (second 14 days)**
- 1421 **In the menstrual cycle, day 1 is the day on which...: Menstrual discharge begins**
- 1422 **How long does an ovarian cycle last?:** Average of 28 days
- 1423 **How many days after ovulation does menstruation begin?:** 14 days
- 1424 **What hormones are active during follicular phase?:** FSH and Estrogen
- 1425 **During the luteal phase of the ovarian cycle, which of the following hormones increase: estrogen, progesterone or LH?:** Progesterone and LH
- 1426 **What is the major function of the luteal phase of the ovarian cycle?:** To develop and maintain the corpus luteum which produces progesterone to maintain pregnancy until placenta is established.
- 1427 **If an ovum is fertilized during the luteal phase what hormone will be secreted?:** HCG (human chorionic gonadotropin)
- 1428 **During menstruation, the average daily loss of iron is _____ mg.: 0.5 to 1.0 mg**

- 1429 **What occurs during the follicular phase of the ovarian cycle?:** It accomplishes maturation of the graafian follicle which results in ovulation
- 1430 **What type of environmental modification is best for a migraine?:** Dark and quiet environment
- 1431 **The long term treatment of migraine focuses upon..:** Assessing things that bring on stress and then planning to avoid them.
- 1432 **What type of pain is typical of migraines?:** Throbbing
- 1433 **Are migraines more or less common in men?:** Less
- 1434 **Besides pain, people with migraines complain of what other symptoms?:** Nausea, vomiting and visual disturbances
- 1435 **What are the processes occurring in migraines?:** Reflex constriction then dilation of cerebral arteries.
- 1436 **Where is the pain of migraine most likely located?:** Temporal, supraorbital
- 1437 **Name a drug given to treat migraine?:** Sansert (methsergide), Cafegot
(Prophylaxis: Imipramine)
- 1438 **Are migraine headaches usually unilateral or bilateral?:** Unilateral
- 1439 **When Inderal is given in migraine headache, it is used to prevent or treat an attack?:** To prevent. It DOES NOT treat.
- 1440 **MS is a progressive _____ disease of the CNS:** Demyelinating
- 1441 **Myelin promotes _____, _____ of nerve impulses:** Fast, smooth conduction
- 1442 **MS affects men more than women. (T/F):** False
- 1443 **What age group usually gets MS?:** 20 to 40
- 1444 **MS usually occurs in (hot/cool) climates :** Cool
- 1445 **What is the first sign of MS?:** Blurred or double vision
- 1446 **MS can lead to urinary incontinence. (T/F):** True
- 1447 **MS can lead to impotence in males. (T/F):** True
- 1448 **Patients with MS should be taught to walk with a _____ gait.:** Wide based
- 1449 **Why are Adrenocorticotropic Hormone (ACTH) and prednisone given during acute MS?:** To decrease edema in the demyelination process
- 1450 **For acute exacerbations of MS _____ per IV is often used.:** ACTH (Corticotropin)
- 1451 **What drug can be given to treat urinary retention in MS?:** Urecholine, Bethanecol
- 1452 **Will the muscles of MS clients be spastic or flaccid?** Spastic
- 1453 **What three drugs can be given for muscle spasms?** Valium, Baclofen (Lioresal), Dantrium
- 1454 **Baclofen causes (constipation/diarrhea):** Constipation
- 1455 **Dantrium causes (constipation/diarrhea):** Diarrhea (hint: D's go together, Dantrium and Diarrhea)
- 1456 **Patient's with MS should have (increased/restricted) fluids.:** Increased to decrease urine and reduce incidence of UTI.
- 1457 **The diet of a patient with MS should be _____ash:** Acid
- 1458 **What major sense is affected most in MS (besides vision)?:** Tactile (touch)-- they burn themselves easily
- 1459 **Which will bring on a MS exacerbation: over-heating or chilling?:** Both; but they tend to do better in cool weather (summer walks may be a bad time for MS patients)
- 1460 **In Myasthenia Gravis (MG) there is a disturbance in transmission of impulses at the _____.:** Neuromuscular junction
- 1461 **The #1 sign of MG is _____:** Severe muscle weakness
- 1462 **What is the unique adjective given to describe the early signs of MG?:** The early signs (difficulty swallowing, visual problems) are referred to as BULBAR signs.
- 1463 **MG affects men more than women. (T/F):** False, affects women more than men
- 1464 **When women get MG they are usually old or young?** Young
- 1465 **When men get MG they are usually old or young?:** Old
- 1466 **What neurotransmitter is problematic in MG?:** Acetylcholine
- 1467 **What class of drugs is used to treat MG?** Anticholinesterases
- 1468 **What ending do anticholinesterases have?:** -stigmine
- 1469 **Are anticholinesterases sympathetic or parasympathetic?:** Parasympathetic
- 1470 **Anticholinesterases will have (sympathetic/cholinergic) side effects.:** Cholinergic (they mimic the parasympathetic nervous system)
- 1471 **What surgery CAN be done for MG?:** Thymectomy (removal of thymus)
- 1472 **The severe muscle weakness of MG gets better with exercise. (T/F):** False, it's worse with activity
- 1473 **What will the facial appearance of a patient with MG look like?:** Mask-like with a snarling smile (called a myasthenic smile)
- 1474 **If a patient has MG, what will be the results of the Tensilon Test?:** The patient will show a dramatic sudden increase in muscle strength
- 1475 **Besides the Tensilon Test, what other diagnostic tests confirm a diagnosis of MG?:** Electromyogram (EMG)
- 1476 **What is the most important thing to remember about giving Mestinon and other anticholinesterases?:** They must be given EXACTLY ON TIME; at home, they might need to set the alarm
- 1477 **Do you give anticholinesterases with or without food?** With food, about 1/2 hour after; giving on an empty stomach strengthens muscles of swallowing
- 1478 **What type of diet should the patient with MG be on?** Soft
- 1479 **What equipment should be at the bedside of an MG patient?:** Suction apparatus (for meals), tracheostomy/endotracheal tube (for ventilation)

- 1480 **Name the two types of crises that a MG patient can have:**
Cholinergic (too much Mest non)
Myasthenic (not enough Mest non)
- 1481 **The #1 danger in both Myasthenic and Cholinergic crisis is _____:** Respiratory arrest
- 1482 **What words will the client use to describe the pain of an MI?:** Crushing, heavy, squeezing, radiating to left arm, neck, jaw, shoulder
- 1483 **What is an MI?:** Either a clot, spasm or plaque that blocks the coronary arteries causing loss of blood supply to the heart and myocardial cell death
- 1484 **What is the #1 symptom of an MI?** Severe chest pain unrevealed by rest and nitroglycerine
- 1485 **Males are more likely to get an MI than females. (T/F)** True
- 1486 **Due to MI occurs within _____ of symptom onset in 50% of all patients.:** One hour
- 1487 **What pain medication is given for the pain of a MI (Give three).:** Morphine, Demerol, Nitroglycerine
- 1488 **What is the reason for giving post MI patients ASA?** To prevent platelets from forming clots in the coronary arteries
- 1489 **Name a new drug with anti-platelet activity.:** Pavalix
- 1490 **The three most common complications after MI are _____, _____, and _____:** Cardiogenic shock, arrhythmia, CHF
- 1491 **Give another name for an MI.:** Heart attack
- 1492 **What will the activity order be for the post-MI client?** Bed rest with bedside commode
- 1493 **What is the most common arrhythmia after a MI?:** Premature ventricular contractions (PVCs)
- 1494 **What cardiac enzymes indicate an MI?:** Elevated CPK, LDH, SGOT
- 1495 **What serum protein rises soonest after myocardial cell injury?:** Troponin
- 1496 **Do people without cell damage have troponin in their blood?:** No, it is only present when myocardial cells are damaged.
- 1497 **How soon after cell damage does troponin increase?:** As soon as 3 hours (can remain elevated for 7 days)
- 1498 **When will the client with an MI be allowed to engage in sexual intercourse after an MI?:** 6 weeks after discharge
- 1499 **Will fluid resuscitation (administering large amounts of IV fluid) treat cardiogenic shock?:** No, you must use cardiac drugs (giving IVs and blood will not help this kind of shock)
- 1500 **Will the client with a MI be nauseated?...diaphoretic?:** yes, yes
- 1501 **What will the extremities of the client with a MI feel like?** Cold, clammy
- 1502 **What is the permanent EKG change seen post MI?** ST wave changes
- 1503 **Of CPK and LDH which rises earliest?** CPK
- 1504 **What drug will be used to treat PVCs of MI?** Lidocaine
- 1505 **Will the client with a MI need 100% O2 for their entire stay in the hospital?:** No, just moderate flow (42% or 3 to 6 liters for first 48 hours)
- 1506 **What information does the measurement of skin fold thickness yield?:** The amount of body fat
- 1507 **In general, males have a higher risk of heart disease than females. (T/F):** True
- 1508 **Post-menopausal females have a lower risk of heart disease than males aged 25-40. (T/F):** False. They have a higher risk.
- 1509 **Family history of diabetes increases the risk for heart disease. (T/F):** True
- 1510 **Family history of liver disease increases the risk of heart disease. (T/F):** False
- 1511 **Cigarette smoking increases the risk of heart disease. (T/F):** True
- 1512 **Oral contraceptives decrease the risk of heart disease. (T/F):** False, use increases the risk
- 1513 **Routine exercise decreases the risk of heart disease. (T/F):** True
- 1514 **What is done in a graft for hemodialysis?:** A blood vessel is sutured between an artery and a vein.
- 1515 **What is done in an AV fistula?:** A surgical anastomosis is made between the artery and a vein.
- 1516 **Does anything exit the skin in an AV fistula?:** No
- 1517 **How long can an AV fistula be used?:** Indefinitely
- 1518 **Who is the most likely to receive a graft for dialysis?** People with diabetes mellitus.
- 1519 **How often do clients with renal failure undergo dialysis?** 3 times per week
- 1520 **Is hemodialysis short term or long term?:** Both- but most short term dialysis is achieved by hemodialysis
- 1521 **How long does the average dialysis last?:** 4 to 6 hours
- 1522 **What are 3 ways to gain access to the circulation in hemodialysis?:** AV shunt
AV fistula
AV graft
- 1523 **What is the most common site for an AV shunt?:** Radial artery to radial vein
- 1524 **What should be avoided in the arm of the client with an AV shunt?:** No venipuncture or blood pressure allowed in the arm with a shunt, graft or fistula.
- 1525 **What syndrome results when too much fluid is exchanged during hemodialysis too quickly?:** Disequilibrium syndrome
- 1526 **What are the symptoms of disequilibrium syndrome?:** Change in LOC
N/V
Headache
Twitching
- 1527 **Does anything exit the skin in an AV shunt?:** Yes, the plastic tube that connects the artery and vein outside the arm
- 1528 **How long can AV shunt be used?:** Just for a few weeks
- 1529 **Hemophilia is a _____ disorder.:** Bleeding

- 1530 Hemophilia A is a deficiency of Factor # _____.: VIII
- 1531 During an acute bleeding episode, you should apply _____ for 15 minutes and apply _____.: Pressure, ce
- 1532 The inheritance patterns for hemophilia is:: Sex linked recessive
- 1533 In hemophilia, the PTT is (up/down), the coagulation or clotting time is (up/down) and the platelet count is (up/down).: Up (increased or longer)
Up (increased or longer)
Neither (hemophilia does not affect platelets)
- 1534 What does hemarthrosis mean?: Bleeding into the joints
- 1535 During bleeding into the joints you should (mobilize/immobilize) the extremity.: Immobilize to prevent dislodging the clots that do form.
- 1536 To treat hemarthrosis you should _____ the extremity above the _____.: Elevate, heart
- 1537 What is the name of frozen factor VIII given to hemophiliacs?: Cryoprecipitate
- 1538 Once you have stopped the bleeding into the joint, how long should the hemarthrosis patient wait before bearing weight or doing range of motion?: 48 hours
- 1539 What drug can you apply topically to stop bleeding?: Epsilon, or topical fibrin foam
- 1540 Which of these symptoms are NOT seen in hemophilia? Prolonged bleeding, petechiae, ecchymosis or hematoma?: Petechiae
- 1541 Hepatitis is an _____, _____ disease of the _____.: Acute, inflammatory, liver
- 1542 Hepatitis A,B,C and D are all (bacterial/viral) diseases.: Viral
- 1543 An early sign of hepatitis A is _____.: Anorexia or fatigue
- 1544 Early stage hepatitis often looks like the _____.: Flu
- 1545 In later stages of hepatitis, the _____ turns dark: Urine
- 1546 What does pre-icteric mean?: The stage BEFORE the patient exhibits jaundice.
- 1547 What is the icteric stage?: When the patient exhibits jaundice.
- 1548 What skin symptoms do you see in hepatitis? (Give 2): Pruritus (itching)
Jaundice (Both are due to bilirubin accumulation)
- 1549 Which disease has more severe symptoms-- Hepatitis A or B?: Hepatitis B
- 1550 Patients with hepatitis have an aversion to _____.: Cigarettes
- 1551 In hepatitis the _____ are light colored: Stools: remember the urine is dark and stools are light. (Bilirubin ends up in the skin and urine instead of the stool where it should have gone.)
- 1552 What is the common name for Herpes Zoster?: Shingles
- 1553 What type of rash occurs with shingles? A vesicular rash over the pathway of a sensory nerve
- 1554 How long does it take for shingles to heal? 30 days
- 1555 Who is the most common subjective symptoms of shingles?: Pain, pain, Pain
- 1556 What three drugs are given for shingles?: Acyclovir (ant-infective)
Tegretol (anticonvulsant--given to stabilize nerve cell membranes)
Steroids (anti-inflammatory)
- 1557 What other disease is related to shingles?: Chickenpox
- 1558 What organism causes shingles?: Varicella--herpes zoster
- 1559 What is the #1 nursing diagnosis with shingles? A threat to comfort: pain, #2 Impaired skin integrity
- 1560 Hepatitis A: Enteric precautions
Fecal/oral route of transmission
Incubates 3 to 5 weeks
Vaccine available (Can give immune globulin after exposure)
HAsAg (tests what the blood test show) Hepatitis A surface Antigen
- 1561 Hepatitis B: Watch those needles
HBsAg (tests what blood tests show) Hepatitis B surface antigen
HBIG - vaccine
Vaccination available, can give immune globulin after exposure
Transmitted by blood and body fluids
Incubates 5 to 35 weeks
- 1562 Hepatitis C: Watch those needles
Incubates 2 to 23 weeks
Transmitted by blood only
No vaccine, immune globulin doesn't work
- 1563 Which types of client should have their toenails trimmed only by an MD?: Diabetics, peripheral vascular disease, very thick nails
- 1564 Two purposes of bed bath are...: Cleanses the skin
Provides comfort
- 1565 The typical hospital client (should/should not) wear their dentures.: Should
- 1566 What type of movement should be used for cleansing eyes?: Inner to outer canthus
- 1567 Before applying elastic hose the nurse should...: Elevate the clients legs for 3 to 5 minutes to decrease venous stasis
- 1568 Clients on what class of drugs should use an elastic razor?: Anticoagulants (heparin/coumadin/ovenox)
- 1569 When a client is unable to hold his dentures firmly in his mouth, the nurse should...: Leave them out
- 1570 How often should mouth care be performed for those clients on oxygen?: Every 2 hours
- 1571 Should lemon and glycerine swabs be used to cleanse the mouth?: No, they are not cleansing agents. They are used AFTER cleansing as a moistening agent
- 1572 How should a client's toenails be trimmed?: Straight across
- 1573 Are nurses permitted to give perineal care to clients of the opposite sex?: Yes, nurses are permitted to give perineal care to clients of the opposite sex.

- 1574 **Clients on what type of therapy must use a safety blade razor (non electric)?:** Oxygen therapy, since an electric razor could cause sparks
- 1575 **How should a nurse carry soiled linen?:** In a neat bundle held away from the body.
- 1576 **When giving a bed bath, on which body party should the nurse begin to work?:** The eyes
- 1577 **Give three reasons for giving a back rub:** Comfort
Stimulate circulation and muscles
Relaxation
- 1578 **The greatest danger in placing water in the mouth of the unconscious patient during oral hygiene is...:** Aspiration
- 1579 **When shaving a client, water used should be more (hot/cold) than bath water?:** Hot
- 1580 **What does evening or hour of sleep (HS) care consist of?:**
Oral hygiene
Washing face/hands
Back rub
Tightening gowns
- 1581 **What is dentifrice?:** Agents which promote adherence of dentures to gums, e, Polyrp
- 1582 **What is sordes?:** Crusts on the tongue and gums due to improper oral hygiene
- 1583 **What action will facilitate the trimming of brittle toenails?:** Soaking in warm water
- 1584 **Should the client roll the elastic stocking down to wash legs? Why or why not?:** No, it can cause a constricting band around the ankle/foot.
- 1585 **Elastic stockings should be removed for the bath. (T/F):** True
- 1586 **When should a patient put on TED hose?:** Before getting out of bed (before the swelling occurs).
- 1587 **Hyperemesis Gravidarum is _____ and _____ vomiting that persists into the _____ trimester.:** Severe and prolonged; 2nd trimester (normal vomiting should be gone before 2nd trimester)
- 1588 **Give three possible causes of hyperemesis gravidarum.:**
Pancreatitis
Multiple pregnancies
Hydatidiform mole
- 1589 **Has hyperemesis gravidarum ever been associated with mixed feelings about pregnancy?:** Yes, increased incidence of twin women who are ambivalent about pregnancy
- 1590 **What are the two most common complications of hyperemesis gravidarum?:** Electrolyte imbalance (dehydration)
Starvation
- 1591 **What is the initial diet order for clients with hyperemesis gravidarum?:** NPO
- 1592 **Why are doctors cautious in using antiemetics to treat hyperemesis gravidarum?:** They don't want to harm the fetus
- 1593 **What are the instructions given to clients recovering from hyperemesis gravidarum in relation to mealtime?:** Remain seated upright for 45 minutes after each meal
- 1594 **What is the biggest challenge in nursing care of the client with hyperemesis gravidarum?:** Getting them to eat
- 1595 **Hypertension is an _____ or sustained elevation in the (systolic/diastolic) _____.:** Intermittent, diastolic blood pressure
- 1596 **Hypertension is often fatal if untreated. (T/F):** True
- 1597 **Hypertension is more common in blacks or whites?:** Blacks
- 1598 **Ageing decreases the risk of hypertension. (T/F):** False, it increases the risk
- 1599 **Obesity increases the risk of hypertension. (T/F):** True
- 1600 **Oral contraceptives (increase/decrease/do not effect) the blood pressure.:** Increase
- 1601 **What four organs does hypertension affect the most?:**
Brain (stroke)
Eyes (blindness)
Heart (MI)
Kidney (renal failure)
- 1602 **How many measurements must be made before you can say a person has hypertension?:** At least three
- 1603 **What blood pressure is considered to be hypertension?:** Anything greater than 140/90 mm Hg
- 1604 **Which pressure is most damaging, an increased (systolic/diastolic)?:** An increased diastolic
- 1605 **When a doctor takes three different blood pressure readings at different times, how far apart must the measurements be made?:** At least one week
- 1606 **Can hypertension be cured?:** No, just treated
- 1607 **What class of drugs is used to first treat hypertension?:** Diuretics
- 1608 **Name the two most common dietary prescriptions used to treat hypertension?:** Calorie reduction for weight loss
Sodium restriction
- 1609 **What two non-dietary lifestyle changes are used commonly to treat hypertension?:** Decreases stress
Increase activity
- 1610 **When you take the blood pressure of the client with hypertension you would measure _____ - _____, with the client _____, _____ and _____.:** Both arms; sitting and standing
- 1611 **What do caffeine and smoking do to blood pressure?:** Increase it
- 1612 **What is the #1 side effect of antihypertensives?**
Orthostatic hypotension (means you feel weak when you rise to a standing position because your blood pressure falls)
- 1613 **Would vasodilators or vasoconstrictors treat hypertension?:** Vasodilators (decreases resistance)
- 1614 **Would sympathetic stimulators or sympathetic blockers treat hypertension?:** Sympathetic blockers (decrease cardiac output and decrease resistance)
- 1615 **In hypovolemic shock there is a _____ in the circulating _____ volume -- this _____ tissue perfusion with _____.:** Decrease; blood; decreases; oxygen

- 1616 **What gauge catheter would you use to start an IV in hypovolemic shock?:** 16 or larger
- 1617 **What is the #1 cause of hypovolemic shock?** Acute blood loss
- 1618 **What happens to the blood pressure in hypovolemic shock?:** It decreases
- 1619 **What happens to the pulse pressure in hypovolemic shock?:** It narrows (becomes a smaller number)
- 1620 **How do you calculate the pulse pressure?:** You subtract the diastolic from systolic
- 1621 **If J. Doe's blood pressure is 100/60, what is his pulse pressure?:** 40 (100 minus 60 equals 40)
- 1622 **What is the normal pulse pressure?:** 40 (+ or -10)
- 1623 **In hypovolemic shock the level of consciousness (LOC) is (increased/decreased).:** Decreased
- 1624 **Which heart rate is associated with hypovolemic shock, bradycardia or tachycardia?:** Tachycardia
- 1625 **In hypovolemic shock the output of urine will be less than _____ cc per hour.:** 25 to 30 cc
- 1626 **The client's skin will be _____, _____, and _____:** Cool, pale, clammy (due to arterial constriction to shunt blood from skin to vital organs)
- 1627 **Which acid-base disorder is MOST commonly associated with hypovolemic shock?:** Metabolic acidosis (due to lactic acid accumulation - no oxygen = anaerobic metabolism)
- 1628 **Of all the following, which one(s) increase in hypovolemic shock? Blood pressure, output, heart rate, pH, LOC, pulse pressure, respiratory rate:** Only the heart rate and respiratory rate
- 1629 **What are the first two signs of hypovolemic shock?** Change in LOC and tachycardia
- 1630 **What is the #1 medical treatment of hypovolemic shock?** Replace blood and fluids
- 1631 **What are mast trousseurs?:** Pneumatic device placed around the legs and lower body that is inflated to force blood centrally
- 1632 **Do clients in hypovolemic shock have to have a Foley inserted?:** Yes, to measure urine output (when output is >30 cc per hour the shock has resolved)
- 1633 **In what position would you place a client in suspected hypovolemic shock?:** On back with arms and legs elevated
- 1634 **How often are vital signs measured in hypovolemic shock?:** Every 15 minutes
- 1635 **If the blood pressure (systolic) falls below 80 mmHg, what would you do first in hypovolemic shock?:** Increase the oxygen flow rate
- 1636 **What is a hysterectomy?:** It is surgical removal of the uterus
- 1637 **How long must a woman wait before having intercourse after hysterectomy?:** 4 to 6 weeks
- 1638 **Is the woman likely to have a foley catheter in after a hysterectomy?:** Yes
- 1639 **Are enemas common before a hysterectomy?:** Yes
- 1640 **What would you do if the client complains of flank pain (back pain) after hysterectomy?:** Call the MD, probably had a ureter tied off accidentally in surgery
- 1641 **What are 2 common psychological reactions to hysterectomy?:** Grief, depression
- 1642 **What causes thrombophlebitis after hysterectomy?:** Venous stasis in the abdomen (the woman was in the vaginalotomy position for hours)
- 1643 **What sign would indicate the presence of thrombophlebitis?:** A hard, red swelling in the posterior calf
- 1644 **Should you assess for Homan's sign?:** No. Homan's sign is no longer recommended as a test for thrombophlebitis because it can cause a clot to embolize
- 1645 **How long does the woman have to be off oral contraceptives before hysterectomy?:** Oral contraceptives should be discontinued 3 to 4 weeks preoperatively.
- 1646 **How long should a woman wait before lifting heavy objects after a hysterectomy?:** 2 months
- 1647 **How long does a lady have to wait before driving after a hysterectomy?:** 3 to 4 weeks
- 1648 **If the client complains of abdominal gas after a hysterectomy, the best intervention is.....:** Ambulation
- 1649 **What are two major complications of a hysterectomy besides hemorrhage?:** Thrombus and pulmonary embolus
Urinary retention
- 1650 **What body position should be avoided after hysterectomy? Why?:** Knee flexion (because it increases the chance of thrombophlebitis)
- 1651 **When will bowel sounds return after a hysterectomy?:** After 24 hours but before 72 hours
- 1652 **Ectopic pregnancy is implantation of a fertilized ovum _____ the _____.**: Outside, uterus
- 1653 **The most common site for ectopic pregnancy is in the _____.**: Fallopian tube - 90%
- 1654 **Have intrauterine devices to prevent pregnancy ever been linked to ectopic pregnancy?:** Yes and so have pelvic infections.
- 1655 **What is the most common sign of fallopian tube ectopic pregnancy?:** Unilateral pelvic pain
- 1656 **What is the most dangerous side effect/complication of fallopian ectopic pregnancy?:** Rupture of the fallopian tube
- 1657 **If the fallopian tube ruptures due to ectopic pregnancy, nursing care is the same as that for _____.**: Shock and peritonitis
- 1658 **The uterus feels _____ after rupture of a fallopian ectopic pregnancy?:** Boggy-tender, soft
- 1659 **The first sign that a fallopian ectopic pregnancy had ruptured is....:** Sharp abdominal pain
- 1660 **Ectopic pregnancy is (usually/almost never) carried to term.:** Almost never
- 1661 **The most common medical-surgical treatment for ectopic pregnancy is _____.**: Surgical removal of fetus and some surrounding tissue

- 1662 **Name the surgery performed for an ectopic pregnancy:**
Exploratory laparotomy
- 1663 **What is ECT?:** The use of electrical shock current delivered to the brain to induce a seizure that treats depression.
- 1664 **The client is (awake/under local anesthesia/under general anesthesia) during ECT?:** Under general anesthesia – must be artificially ventilated
- 1665 **What conditions does ECT treat?:** Depression primarily
- 1666 **Is an informed consent necessary for ECT?:** Yes
- 1667 **Name the three most common complications of ECT?:**
Aspiration of emesis (most common) into the lung
Dislocations of joints
Fractures due to convulsions – rare today
- 1668 **What class of drugs is given with ECT?** Muscle relaxant – succinylcholine
- 1669 **What intellectual ability is impaired after ECT?:** Memory
- 1670 **How long will a client's memory be impaired after ECT?:** 2 to 3 weeks
- 1671 **Immediately after ECT, how will the client normally act?:**
Drowsy
Dull
Apathetic
- 1672 **In what position should the client be immediately after ECT?:** On the right side – to prevent aspiration
- 1673 **What typical pre-operative type of orders will be ordered before ECT?:** NPO after midnight
Remove dentures
Client to void before surgery
Sedate as usual
- 1674 **The convulsion (seizure) that the electrical current produced is violent. (T/F):** False, it used to be, but it isn't any more with the use of muscle relaxants
- 1675 **What does an EEG measure?:** Measures electrical activity generated by the brain
- 1676 **When are there activity restrictions after an EEG?:** ONLY when sedatives are used, and then it's only necessary to keep sedation up.
- 1677 **Should the client wash his hair before an EEG?:** Yes
- 1678 **What would you tell a client who says what if I get shocked during my EEG?:** That's impossible since the test measures electrical activity coming FROM him, never TO him.
- 1679 **Does a client have to be NPO before an EEG?:** No, they should never be NPO, it could cause hypoglycemia and alter the EEG results.
- 1680 **What instructions are MOST important to give a client during an EEG?:** Try not to move
- 1681 **What should the client do after an EEG?:** Wash the hair
- 1682 **Should sedatives be given before an EEG?:** Only if ordered as a pre-test medication.
- 1683 **How much sleep should the client get the night before an EEG?:** At least 4 to 5 hours – unless it's a sleep deprivation EEG
- 1684 **Do you need a signed informed consent for an EEG?:** No
- 1685 **Should caffeine be limited before an EEG?:** Yes. It should be eliminated for 24 hours before the test.
- 1686 **What will excessively fatty stool be like?:** Large, pale, foul smelling, greasy
- 1687 **What are the large, pale, foul smelling, greasy stools called?:** Steatorrhea
- 1688 **Name the three types of parasites abnormally found in stool.:** Roundworm
Tapeworm
Pinworm
- 1689 **What does occult blood in the feces mean?:** Bleeding somewhere in the GI tract
- 1690 **Are fats a normal constituent of feces?:** Yes but it should be WNL
- 1691 **A decrease in urobilin in stool results in stool that is _____.:** Clay-colored
- 1692 **Name two things for which stool specimens are tested.:** Occult blood, fat, ova and parasites
- 1693 **Is blood a normal constituent of feces?:** No
- 1694 **What is melena?:** A black, tarry stool indicating a GI bleed
- 1695 **What position is best for clients with emphysema under normal circumstances?:** Semi-fowlers or high chair
- 1696 **What flow rates of O2 are appropriate for the client with emphysema?:** Low flow – <2.5 L/min; never exceed 2.5L/min COPD
- 1697 **If a client with emphysema has a severe dyspneic episode what position is best?:** Sitting upright with arms folded on the overbed table
- 1698 **What will you observe on the hands of the client with emphysema?:** Clubbing of the fingernails
- 1699 **In emphysema, the alveoli are over-_____ and under-_____.:** Over-enlarged, under-ventilated so that air is trapped in alveoli
- 1700 **The development of emphysema is most associated with a history of _____.:** Smoking
- 1701 **In emphysema, the appetite _____ the weight _____ and the anterior-posterior diameter of the chest _____.:** Decreases, decreases, increases
- 1702 **What is the increase in anterior-posterior diameter of emphysema called?:** Barrel chest
- 1703 **The person with emphysema have _____, _____ lips and (slow/rapid) breathing.:** Grunting, pursed, rapid
- 1704 **What dietary prescription is most appropriate for the client with emphysema?:** Frequent small meals to prevent tiring
- 1705 **What fluid order should the emphysema client have? 3 liters of fluid per day (this is an increase)**
- 1706 **The client with emphysema is (ruddy/pale/cyanotic):** Cyanotic
- 1707 **Hyperthyroid (High metabolism):** Graves Disease
- 1708 **High growth hormone in a child (give another name):** Gigantism

- 1709 **Over secretion of mineralcorticoids only (give another name):** Conn's disease
- 1710 **Low growth hormone (give another name):** Pituitary dwarfism
- 1711 **High growth hormone in an adult.:** Acromegaly
- 1712 **Under-secretion of adrenal cortex:** Addison's disease
- 1713 **Hypothyroidism in an adult.:** Myxedema
- 1714 **Over secretion of adrenal cortex:** Cushing's syndrome
- 1715 **Over secretion of adrenal medulla:** Pheochromocytoma
- 1716 **Hypothyroid in a child:** Cretinism
- 1717 **Oversecretion of ACTH:** Cushing's disease
- 1718 **What is endometriosis?:** Growth of endometrial tissue outside of uterus
- 1719 **Endometriosis most commonly occurs in women between ages of _____ and _____.:** 25 to 40
- 1720 **After menopause, endometriosis (decreases/increases).:** Decreases
- 1721 **What is the MOST common side effect of endometriosis?:** Dysmenorrhea (painful menstruation)
- 1722 **What is the major complication of endometriosis?:** Infertility
- 1723 **What diagnostic procedure confirms the diagnosis of endometriosis?:** Laparoscopy
- 1724 **What class of drugs is used to conservatively treat endometriosis?:** Androgens
- 1725 **Which androgen drug is most commonly used to treat endometriosis?:** Danazol
- 1726 **Women with endometriosis should be counseled to use (tampons/pads) during menstruation?:** Pads only
- 1727 **Will client die of endometriosis? What would you say?**
Not life-threatening
- 1728 **What advice is best for women with endometriosis who want to have children?:** Do not postpone pregnancy, may not be able to have children
- 1729 **What is the #1 danger of epiglottitis?:** Airway obstruction
- 1730 **Epiglottitis most commonly occurs in children from age _____ to _____.:** 1 to 8 years
- 1731 **What organism causes epiglottitis?:** Hemophilus influenzae B
- 1732 **What level of fever is present in epiglottitis?:** Over 102 degrees
- 1733 **What symptoms are classic epiglottitis?:** Muffled voice
Drooping
Stridor
- 1734 **Will a child with epiglottitis cough?:** No, there will be a lack of spontaneous cough.
- 1735 **How will the child with epiglottitis breathe?:** Leaned forward with flared nostrils
- 1736 **If a child is suspected of having epiglottitis, should you put a tongue depressor in their mouth to look?:** No, never put any instrument in the child's mouth unless you are prepared to do an immediate intubation.
- 1737 **Would you do a throat culture for a child with epiglottitis?:**
No, never put anything in the mouth.
- 1738 **If epiglottitis is suspected, what should the parents be told?:** To take the child to the ER as soon as possible.
- 1739 **What drug is used to fight epiglottitis?:** Penicillin, ampicillin
- 1740 **Children with epiglottitis often need a tracheotomy. What behavior would indicate the need for a tracheotomy?:**
Restlessness
Increased HR
Retractions
- 1741 **What is recommended for the prevention of epiglottitis?:**
All children two months and over should receive an H. influenzae B vaccine.
- 1742 **Autonomy vs Shame and Doubt:** Toddler
- 1743 **Industry vs Inferiority:** School Age
- 1744 **18 to 25 years:** Young Adult
- 1745 **Says "no":** Toddler
- 1746 **Encourage creativity and collecting things:** School Age
- 1747 **Give choices:** Toddler
- 1748 **Centers on having basic needs met:** Infancy
- 1749 **18 months to 3 years:** Toddler
- 1750 **3 to 6 years:** Pre-schooler
- 1751 **12 to 20 years:** Adolescent
- 1752 **Initiative vs Guilt:** Pre-schooler
- 1753 **6 to 12 years:** School age
- 1754 **Trust vs Mistrust:** Infancy
- 1755 **Peer group important:** Adolescent
- 1756 **Encourage fantasy:** Pre-schooler
- 1757 **Identity vs Role confrontation:** Adolescent
- 1758 **Intimacy vs Isolation:** Young adult
- 1759 **Birth to 18 months:** Infancy
- 1760 **Define EGD:** Insertion of a fiberoptic scope to visualize the esophagus, stomach and duodenum
- 1761 **What can be done during an EGD besides visualization?:**
Remove polyps
Take specimens
Coagulate bleeding vessels
- 1762 **Can EGD be done on an uncooperative client?:** No
- 1763 **Does client need to have side rails up after EGD? Yes, until sedative effects of valium have worn off**
- 1764 **Can an EGD be done on clients with GI bleeding?:** Yes
- 1765 **Is the client sedated before EGD? Yes, with valium (diazepam) or another sedative**
- 1766 **What pre-test activities must be performed before the EGD?:** Remove dentures and eyeglasses
Sign consent
NPO after midnight
- 1767 **When can an EGD client begin to eat after the test? When gag reflex returns (knocked out with xylocaine)**
- 1768 **Is an EGD a fasting procedure? Yes, after midnight**

- 1769 **What drug is given to anesthetize the pharynx?** Xylocaine (a local anesthetic)
- 1770 **What are the complications of EGD?** Perforation of gut
Aspiration secondary to emesis
Respiratory arrest (due to vagus)
- 1771 **What two discomforts are common during an EGD?**
Vomiting
Gagging
- 1772 **What is the most dangerous complication of EGD?**
Secondary respiratory arrest (vagus)
- 1773 **What is the most common complaint after an EGD?** Sore throat
- 1774 **Carbonic Anhydrase Inhibitors:** Treating glaucoma
Decreases aqueous humor production
Diamox is an example
- 1775 **Anticholinergic:** Dilates pupils
Causes photophobia
Used preoperatively for cataract removal
Don't use in glaucoma
Atropine is an example
- 1776 **Miotic:** Constricts pupils; Timoptic
Pilocarpine are examples
- 1777 **Mydriatic:** Tachycardia
Photophobia
Dilates pupils
Do not use in glaucoma
Neo-synephrine is an example
- 1778 **What do carbonic anhydrase inhibitors do to the eye?**
Decrease production of aqueous humor and thus decrease intraocular pressure.
- 1779 **Name the most common side effect of carbonic anhydrase inhibitors?** Diuresis
- 1780 **Which two groups of these drugs cause photophobia?**
Mydriatics
Anticholinergics
- 1781 **Which of these classes of drugs causes contact dermatitis?** Motilids
- 1782 **What do mydriatics do for the eye?** Dilate the pupil (Mydriatic "D" for dilate)
- 1783 **What do miotics do for the eye?** Constrict the pupil
- 1784 **Name one mydriatic:** Neo-synephrine or Atropine
- 1785 **What do anticholinergics do for the eye?** Dilate the pupil
Cycloplegia
Paralyze accommodation
- 1786 **What is cycloplegia?** Paralysis of the iris/pupil
- 1787 **Which two of these classes of drugs cause tachycardia?**
Mydriatics
Anticholinergics (sympathetic effects)
- 1788 **What is the most common use for anticholinergics in the eye?:** To cause cycloplegia
Dilate
Allowing eye exam
- 1789 **How should eye ointments be given?** Placed on the lower inner eyelid, then have patient close eyes
- 1790 **Name two anticholinergics used in the eye.:** Cyclogel, atropine
- 1791 **Name one carbonic anhydrase inhibitor:** Diamox
- 1792 **How should the eye drops be given?** Place drops into the lower conjunctival sac
- 1793 **How is the flow of eye irrigational fluid directed?** From inner canthus to outer canthus
- 1794 **Name two miotics:** Pilocarpine, Timoptic (or any drug ending in -olol)
- 1795 **Define nuclear family:** A family of parents and their offspring
- 1796 **When does a nuclear family become an extended family?:** When aunts or uncles or grandparents live with the family
- 1797 **In America, the family is the basic unit of society. (T/F):** True
- 1798 **Give the 2 major roles of the family in society:** To protect and socialize
- 1799 **What percentage of North American families are single-parent?:** 50%
- 1800 **90% of single-parent families are headed by a _____:** Female
- 1801 **In what step of the nursing process does the nurse ask the family about their beliefs on illness?:** Assessment phase
- 1802 **What is the first thing a nurse must do to help families in crisis?:** Nurse must first examine her own values
- 1803 **Anxiety-producing thoughts are called _____:** Obsessions
- 1804 **Repetitive actions designed to reduce anxiety are called _____:** Compulsions – such as washing hands over and over, dusting furniture 3 hours per day, refusing to turn your back to anyone
- 1805 **Which defense mechanism is most closely associated with obsessive-compulsive disorder?:** Displacement
- 1806 **Should you allow an obsessive-compulsive person perform their compulsive behavior?:** Yes, give them time to do the ritual and try to set limits and redirect
- 1807 **Should you ever make an obsessive-compulsive person stop their compulsive behavior?:** No, they will become very anxious
- 1808 **Is the patient with obsessive-compulsive disorder neurotic or psychotic?:** Neurotic – they know reality
- 1809 **Should you confront the obsessive-compulsive patient with the absurdity of their behavior?:** No, just say things like: "You washed your hands for so long you must have been very anxious."

- 1810 **What should you do if an obsessive-compulsive patient is always late due to their rituals?:** Get them started earlier-- for example if they wash their hands for 1/2 hours before meals and are always late for breakfast, just get them started 1/2 hour earlier.
- 1811 **What are the two types of oral contraceptives?:** Progestin only and combination progesterone and estrogen
- 1812 **How many days of the menstrual cycle do you take the progestin only pill?:** A 28 days
- 1813 **How many days of the menstrual cycle do you take the combination pill?:** You take it on days 5-24, but not on days 24-28 and 1-4 (8 days off)
- 1814 **How long before surgery must you discontinue oral contraceptives?:** One week before surgery
- 1815 **If a woman forgets to take pill one day, what should she do?:** Take it as soon as she remembers it, and take next pill at regular time.
- 1816 **What if a woman forgets to take the pill for two days in a row? What should she do?:** Take 2 pills a day for two days in a row and then resume normal schedule.
- 1817 **What should a woman do if she forgets to take her pill for 3 days or more?:** Throw away pack and start new pack same day. Use back-up contraceptive method for 7 days
- 1818 **If a woman doesn't stop oral contraceptives one week before surgery she is at risk for developing_____:**
Thrombophlebitis
- 1819 **People who smoke more than _____ cigarettes per day should not be on oral contraceptives.:** 15, because if you smoke you have constriction of vessels and this potentiates the chances that a woman on oral contraceptives will get thrombophlebitis
- 1820 **If a woman on oral contraceptives misses a period, should she still take pills?:** Yes, however, if 2 missed periods occur, stop and have a pregnancy test.
- 1821 **Will breakthrough bleeding, nausea and vomiting and breast tenderness go away when a woman is on oral contraceptives?:** Yes, after about 3-6 months of treatment.
- 1822 **Osteoarthritis is a _____ disease of the _____:**
Degenerative, joint
- 1823 **Osteoarthritis is most commonly caused by the wear and tear of life. (T/F):** True
- 1824 **The most common symptom of osteoarthritis is _____:**
Joint pain
- 1825 **What two joints are most commonly affected in osteoarthritis?:** knee and hip
- 1826 **To control the pain of osteoarthritis one should use heat or cold?:** Heat
- 1827 **What three medications are used in osteoarthritis?:** Aspirin, non-steroidal anti-inflammatory (NSAIDs) Indocin, ibuprofen, steroids
- 1828 **What do you observe on the fingers of the client with osteoarthritis?:** Heberden's nodes
- 1829 **Are Heberden's nodes painful?:** Not in the beginning, can be later as swelling occurs
- 1830 **Are rest periods and range of motion exercises appropriate in the care of osteoarthritis?:** Yes, rest is probably the most effective thing they can do.
- 1831 **The pain of osteoarthritis is usually better or worse with rest? With activity?:** Better with rest, worse with activity
- 1832 **What age group gets osteoarthritis?:** 60-80 years old
- 1833 **Osteoarthritis is more common in females. (T/F):** False, it occurs with equal frequency
- 1834 **For cervical osteoarthritis the client should wear...:** A cervical collar
- 1835 **What is arthroplasty:** Joint replacement
- 1836 **What is arthodesis?:** Joint fusion
- 1837 **What is otosclerosis?:** Overgrowth of spongy bone in the middle ear that doesn't allow the bones of the middle ear to vibrate
- 1838 **What will the client with otosclerosis complain of besides hearing loss?:** Buzzing or ringing, in the ears (tinnitus)
- 1839 **Do people have a loss of hearing with otosclerosis?:** Yes
- 1840 **What is corrective surgery for otosclerosis called?:** Stapedectomy
- 1841 **Should side rails be up after stapedectomy?:** Yes, client may feel dizzy
- 1842 **What should the client avoid post-stapedectomy?:**
coughing
sneezing
blowing nose
swimming
showers
frying
- 1843 **What warning should you give the client about getting up after stapedectomy?:** Get up slowly
- 1844 **What should the client expect regarding hearing post-stapedectomy?:** Anticipate a decrease with the benefits of surgery not ceasing in 6 weeks
- 1845 **What should the post-stapedectomy client do if he must sneeze?:** Open his mouth, this decompresses the middle ear.
- 1846 **What type of hearing loss is associated with otosclerosis?:** Conductive
- 1847 **Which sex has a higher incidence of otosclerosis?:** Women
- 1848 **Do hearing aids help in otosclerosis?:** Yes
- 1849 **What will be the results of the Rinne test in otosclerosis?:** Bone conduction will be better than air conduction
- 1850 **Is stapedectomy done under general or local anesthesia?:** Local
- 1851 **If the client complains of decreased hearing after stapedectomy what would you say?:** It is normal due to edema. The hearing will start to improve within six weeks.
- 1852 **Which side will the client be allowed to lie upon post-stapedectomy?:** Depends on M: operative side promotes drainage, non-operative side prevents graft dislodgement. Don't make a big deal of position post-op

- 1853 **What two drugs are commonly give post-stapedectomy?**
Codeine/Demerol for pain, Dramamine for dizziness
- 1854 **Cysts on the ovaries are usually malignant. (T/F):** False, usually benign
- 1855 **What is the #1 reason why MD's remove ovarian cysts?**
Remove before they transform into malignancy.
- 1856 **Do small ovarian cysts cause symptoms?:** No, only large ones
- 1857 **Common signs of large ovarian cysts are...:** Low back pain
Pelvic pain
Abnormal bleeding
- 1858 **What does torsion of an ovarian cyst mean?:** Twisting of cyst with interruption of its blood supply
- 1859 **What is the big danger from torsion?:** Necrosis and rupture of ovary
- 1860 **What other disorders resemble rupture of ovarian cysts?:**
Appendicitis, rupture of a fallopian tube pregnancy
- 1861 **What affect do oral contraceptives have on ovarian cysts?:** They cause it to stop growing and decrease in size.
- 1862 **What are the three most common signs of ovarian cyst rupture?:** Pain, abdominal distention, abdominal rigidity
- 1863 **Compare signs of non-ruptured ovarian cysts with the signs of a ruptured ovarian cyst. (Give 3 for each):** Non-ruptured: low back pain, dull pelvic pain, abnormal uterine bleeding especially with menstruation

Ruptured: acute pain, abdominal distention, and abdominal rigidity
- 1864 **After surgery to remove an ovarian cyst the woman can return to normal activities between _____ to _____ weeks,:** 4-6 weeks
- 1865 **How soon after removal of an ovarian cyst can a woman resume sexual intercourse?:** 4-6 weeks
- 1866 **Should a woman douche after surgery to remove an ovarian cyst?:** No, it's not good to douche on a regular basis, it destroys natural protective vaginal flora
- 1867 **What does lightening mean?:** When the fetal head descends into the pelvis
- 1868 **When does lightening occur in pregnancy?:** 2-3 weeks before birth for primipara
- 1869 **What is the most common positive effect of lightening?:** After it occurs the woman can breathe much easier
- 1870 **Name the two earliest signs that a woman is likely in labor.:** Low back pain and show (blood-tinged mucous plug passed)
- 1871 **What is the most RELIABLE or VALID indication that a woman is in labor?:** The onset of regular contractions that result in progressive dilatation/effacement of the cervix
- 1872 **What is the meaning of cervical effacement?:** The cervix thins
- 1873 **Into how many stages is labor and delivery divided?** 4
- 1874 **What is accomplished during the first stage of labor and delivery?:** Full effacement and dilatation
- 1875 **How long is the first stage of labor and delivery for a primigravida? For a multigravida?:** 12 hours, 6 hours
- 1876 **The cervix is fully dilated when it is _____ cm.:** 10
- 1877 **The 2nd stage of labor and delivery accomplishes...:** Delivery of the infant
- 1878 **The 2nd stage of labor and delivery begins with _____ and ends with _____ of the _____.:** Full dilatation, delivery, infant
- 1879 **The 2nd stage of labor and delivery lasts _____ hours for a primigravida and _____ hours for a multigravida.:** 1 1/2 hours, 1/2 hour
- 1880 **The 3rd stage of labor and delivery accomplishes...:** Expulsion of the placenta
- 1881 **The 3rd stage of labor and delivery lasts...:** Less than one hour
- 1882 **What occurs during the 4th stage of labor and delivery?** Recovery
- 1883 **When does the 4th stage of labor and delivery end?** 2 hours after expulsion of the placenta
- 1884 **What is the average blood loss during labor?:** 500 cc
- 1885 **When the terminology "the three phases of labor" is used, what does it mean?:** If the statement refers to phases of labor, it means the 3-step process of latency, followed by an active and transitional
- 1886 **Normal length of pregnancy is _____ to _____ days:** 240 to 300
- 1887 **Pregnancy is divided into _____ trimesters.:** 3
- 1888 **During the first trimester the woman experiences decreased or increased vaginal secretions?:** Increased
- 1889 **When are urine pregnancy tests positive?:** At the time of the first missed period
- 1890 **Pregnancy tests test for the presence of what hormone?** HCG (human chorionic gonadotropin hormone)
- 1891 **Urine and blood pregnancy tests are enough evidence to be certain of pregnancy. (T/F):** False, these tests only suggest pregnancy
- 1892 **What is Hegar's sign?:** Uterine softening
- 1893 **What is Chadwick's sign?:** Bluish tint to the cervix
- 1894 **The first trimester goes from week _____ to week _____:** 1, 13
- 1895 **The second trimester goes from week _____ to week _____:** 14, 27
- 1896 **Which week can mother first feel the fetus move?:** 16th to 20th week (the end of the 4th month into the 5th month)
- 1897 **What is the word used to identify the feeling that the mother experiences when the fetus moves?:** Quickening
- 1898 **The 3rd trimester goes from week _____ to week _____:** 28, 40
- 1899 **In which trimester does the woman most feel backache?:** Third
- 1900 **Which trimester is the fetus most susceptible to effects of outside agents?:** First

- 1901 **What is the name of the process in which outside agents cause birth defects in the fetus?:** Teratogenesis
- 1902 **Which trimester is nausea and vomiting most common?** First
- 1903 **Which trimester do Braxton-Hicks contractions begin?** Third
- 1904 **In addition to the nares, where else should the nurse assess for skin irritation when nasal cannulae are in use?:** Behind and on top of the ears
- 1905 **What are the two early signs of hypoxia?:** Restlessness, tachycardia
- 1906 **What is the highest flow rate appropriate for nasal cannulae?:** 6 L/min
- 1907 **How often should the nares of a client with O₂ by nasal cannulae be assessed for skin breakdown?:** Every 6-8 hours
- 1908 **What is the maximal O₂ flow rate for the client with COPD?:** 2 L/min
- 1909 **What are the signs of O₂ toxicity?:** Confusion, headache
- 1910 **What can happen if the client with COPD is given a high flow rate of O₂?:** They may stop breathing
- 1911 **What is the problem with giving high flow rates of O₂ by nasal cannulae?:** Dries the mucous membranes.
- 1912 **Can a client smoke in the room when the O₂ is turned off?:** No, the O₂ delivery device must be removed from the wall or the tank out of the room before a client can smoke
- 1913 **When O₂ is administered, it must be...:** Humidified
- 1914 **Masks deliver higher or lower concentrations of O₂ than nasal cannulae?:** Higher
- 1915 **How often should the nurse check the flow rate of the O₂?:** At least once per shift
- 1916 **O₂ is an explosive (T/F):** False, it does not explode-- it supports combustion
- 1917 **What is the #1 difference between sealed & unsealed radiation?:** Both are internal forms of radiotherapy however, in sealed, a solid object is placed in a body cavity; in unsealed a radioactive substance is injected in liquid form into a vein
- 1918 **What are the 3 principles the nurse uses to protect self when caring for a client with a sealed radioactive implant?:** Time, distance, shielding
- 1919 **What is another name for external radiation therapy?:** Beam or X-rays
- 1920 **What is the difference between external radiation treatment and internal radiation treatment?:** In external the tumor is bombarded with x-rays & nothing is placed in the body; in internal there is some radioactive substance introduced into the body
- 1921 **Of sealed internal, unsealed internal, and external radiation treatment, which is MOST dangerous for the nurse?:** Sealed internal then unsealed internal, external radiation treatment is of no danger to the nurse unless the nurse is in the radiation treatment room during the treatment
- 1922 **Should pregnant nurses care for patient receiving sealed internal radiotherapy?:** Never. (Lawsuit time!)
- 1923 **Should pregnant nurses care for a patient receiving unsealed internal radiotherapy?:** Maybe, as long as they don't contact body secretions.
- 1924 **What skin products should the patient receiving external radiotherapy AVOID?:** No ointments with metals like zinc oxide, no talcum powder
- 1925 **Describe the hygiene measures the you teach the patient receiving external radiotherapy?:** Use plain water only, no soaps, pat dry, can use cornstarch for itch
- 1926 **What are the major side effects of radiotherapy?:** Pruritus, erythema, burning, soreness of skin, anorexia, nausea & vomiting, diarrhea, bone marrow depression
- 1927 **When the patient is receiving radioactive iodine what precautions is/are most important?:** Wearing gloves when possible contact with urine, special precautions taken to dispose of the urine.
- 1928 **Rape is a crime of passion. (T/F):** False, it is a violent act
- 1929 **Most rapes occur involving two people of different races. (T/F):** False, usually the same race
- 1930 **When must psychological care of the rape victim begin?:** In the emergency room
- 1931 **Name the two phases of Rape Trauma Syndrome:** Disorganization phase, re-organization phase
- 1932 **Immediately after rape, a woman who is calm & composed is adjusting well. (T/F):** False, calmness & a composed attitude are SIGNS of Rape Trauma syndrome, (calm person is just as disorganized as the crying and upset lady)
- 1933 **Name the 3 physical symptoms of Rape Trauma Syndrome.:** GI irritability, itching or burning on urination, skeletal muscle tension* don't forget PAIN
- 1934 **Victims of rape often blame _____:** Themselves
- 1935 **In the long term reorganization phase the woman is likely to change _____:** Residence or/and telephone number
- 1936 **In the long term reorganization phase the woman is likely to experience ____ during sleep.:** Nightmares
- 1937 **In the long term reorganization phase the woman has 4 common fears. Name them....:** 1. Indoors or outdoors (depending on where the rape occurred)
2. Being alone or in crowds
3. People being behind them
4. Sexual fears
- 1938 **Before evident from the woman's body can be gathered for rape, _____ must be completed.:** Consent forms
- 1939 **Should a female staff member be present when the rape victim is being examined?:** Always
- 1940 **The rape victim requires only a pelvic exam & a head to toe exam is not done, so the client is not stressed. (T/F):** False, the exam is a very long, invasive head-to-toe exam

- 1941 **During exam the vaginal speculum is lubricated before it is placed in the vagina? (T/F):** False, lubrication could alter the evidence
- 1942 **What drug is often used to prevent pregnancy after rape?** **Kits approved by FDA:** Preven (levonorgestrel & ethinyl estradiol) or Plan B: Levonorgestrel (ess N&V)
- 1943 **When working with a rape victim they should be treated with _____ and _____.** Dignity & respect
- 1944 **After rape, a woman needs follow-up exam/test for _____.** Sexually transmitted disease (STD's), i.e.: AIDS, gonorrhea, syphilis...
- 1945 **After discharge contact with the rape victim is maintained via the _____.** Telephone
- 1946 **Raynaud's is an arterial or venous disease?** Arterial disease characterized by spasms
- 1947 **What part of the body is most affected by Raynaud's?** The fingers
- 1948 **Raynaud's affects males or females mostly?** Women (young)
- 1949 **What 3 things precipitate a Raynaud's attack?** Exposure to cold, emotional stress, tobacco use
- 1950 **The digits in Raynaud's are hot or cold?** Cold
- 1951 **What will the fingers look like?** Pale, sometimes blue
- 1952 **What will you find when you assess the legs of these patients?** Weak/absent pulses, cool, pale, loss of hair, shiny thin skin
- 1953 **What 3 sensations will the client experience?** Pain, numbness, tingling
- 1954 **What should the client with Raynaud's avoid?** Cold weather. (They should wear gloves & stop smoking)
- 1955 **In the recovery room (PACU) the patient should be positioned.....:** On either side
- 1956 **What reflex is commonly routinely tested in the recovery room?** Gag reflex
- 1957 **When will the artificial airway be removed in the recovery room?** When the gag reflex returns
- 1958 **Vital signs are measured _____ in the recovery room:** Every 15 minutes
- 1959 **In the recovery room the head should be:** To the side with the cheek & neck extended slightly down
- 1960 **In the recovery room the neck should be ...:** Slightly extended
- 1961 **Can post-operative pain medications be given in the recovery room?:** Yes
- 1962 **Give 3 stages of acute renal failure:** Oliguric, diuretic, recovery
- 1963 **Define renal failure.:** Inability of the kidney to excrete wastes & maintain fluid & electrolyte balance
- 1964 **What is the BIG danger in renal failure?** Hyperkalemia and its effect on the heart
- 1965 **What is anuria?:** Less than 50 cc of urine in 24 hours
- 1966 **What is oliguria?:** Less than 500 cc of urine in 24 hours
- 1967 **What are the dietary modifications for the recovery phase of acute renal failure?:** Increased carbohydrates, increased protein.
- 1968 **What are the dietary modifications for the diuretic phase of acute renal failure?:** Increased carbohydrates, increased protein. Moderate potassium & sodium. (May need to increase fluids in diuresis results in dehydration.)
- 1969 **What are the dietary modifications for the oliguric phase of acute renal failure?:** Increased carbohydrates, decreased protein, decreased sodium, decreased potassium, decreased water.
- 1970 **What causes the itching seen in renal failure?** Accumulation of wastes in the blood and the associated signs. This occurs in the end stage renal failure.
- 1971 **What is the first phase in acute renal failure?** The oliguric phase
- 1972 **In the oliguric phase, blood volume is _____, sodium is _____, and potassium is _____.** High, high, high
- 1973 **How long does the oliguric phase last?** 7-10 days
- 1974 **In the diuretic phase, blood volume is _____, sodium is _____, and potassium is _____.** Low, low, low
- 1975 **How long does the diuretic phase last?** 3-4 days, maximum time 2-3 weeks
- 1976 **In the diuretic phase: urine output can=_____ to _____ liters/24 hours.:** 4-5 liters per 24 hours
- 1977 **Which is more dangerous, oliguria or anuria? Why?** Oliguria, because since you are losing more fluids you are actually hemo-concentrating the hyperkalemia more
- 1978 **Respiratory Distress Syndrome occurs in full-term infants. (T/F):** False, it occurs in premature infants
- 1979 **Respiratory Distress Syndrome hardly ever occurs after week _____ of gestation.:** 37
- 1980 **Respiratory Distress Syndrome is also known as:** Hyaline Membrane Disease (HMD)
- 1981 **The cause of RDS is a lack of _____:** Surfactant
- 1982 **Surfactant _____ surface tension inside _____.** Decreases, alveoli
- 1983 **Surfactant prevents the _____ of the alveoli:** Collapse
- 1984 **Lack of surfactant causes the neonate to lose lung capacity with each _____.** Breath
- 1985 **Death from Respiratory Distress Syndrome most commonly occurs within _____ hours of birth.:** 96
- 1986 **Within in minutes of birth, what 3 respiratory difficulties occur?:** Retractions, nasal flaring, and grunting
- 1987 **What medication is given? By what route?** Surfactant (Surfactant) via ET tube. Repeat doses are often required.
- 1988 **What acid/base disorder is seen in Respiratory Distress Syndrome?:** Respiratory acidosis (CO2 retained)

- 1989 **What will you auscultate over the lungs of the neonate with Respiratory Distress Syndrome?:** Decreased lung sounds with crackles
- 1990 **What lab test assesses the risk of Respiratory Distress Syndrome?:** L/S ratio (Lecithin/Sphingomyelin ratio)
- 1991 **What L/S ratio indicated fetal lung maturity?:** 2/1
- 1992 **What other test is used to confirm fetal lung maturity?:** Amniotic fluids analyzed for presence of PG
- 1993 **Severe cases of Respiratory Distress Syndrome requires ventilation with _____:** PEEP (Positive end expiratory pressure) & CPAP. (Continuous positive airway pressure), to keep a vein open while on the ventilator. High frequency jet ventilation sometimes used.
- 1994 **What may be added to the IV to correct the acidosis?** Bicarbonate
- 1995 **High flow rates of O₂ delivered in Respiratory Distress Syndrome can cause _____:** Retrolental fibroplasia (an eye problem)
- 1996 **Retrolental fibroplasia can result in _____:** Blindness from retinal damage
- 1997 **High ventilatory pressures result in what chronic lung problem?:** Bronchopulmonary dysplasia
- 1998 **At what time of year does rheumatoid arthritis flare up?:** Spring
- 1999 **As with any inflammatory disease clients with rheumatoid arthritis have a low-_____:** grade fever
- 2000 **What factor is present in the blood when the client has rheumatoid arthritis?:** The rheumatoid factor