ReMar

2023-2024

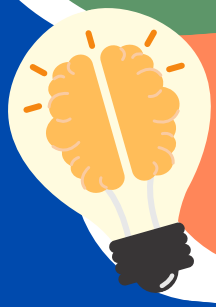
ULTIMATE NEXT GEN NCLEX

STUDY GUIDE

All you need to know about

NCLEX CHANGES!

- ☑ CJMM Steps
- ☑ Case studies
- ☑ NGN Question Types
- ☑ LAB Values and many more!



NEXT GEN PRACTICE EXAMS INSIDE!

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Are you ready for NCLEX changes?

WHY IS THE NCLEX CHANGING?

NGN was developed to strengthen the linkage between test items and clinical judgment using the Clinical Judgment Model.

PUBLIC SAFETY

- **50%** of novice nurses had errors.
- **65%** of the errors were related to some poor judgement of either a task or an environment.
- **20%** of employers believed they received novice nurses who were effectively prepared to make clinical decisions.

Top 5 Skills Required to Practice Nursing

1. CLINICAL JUDGEMENT
2. PROBLEM SOLVING
3. CRITICAL - THINKING
4. ACTIVE LISTENING
5. PROFESSIONAL COMMUNICATION

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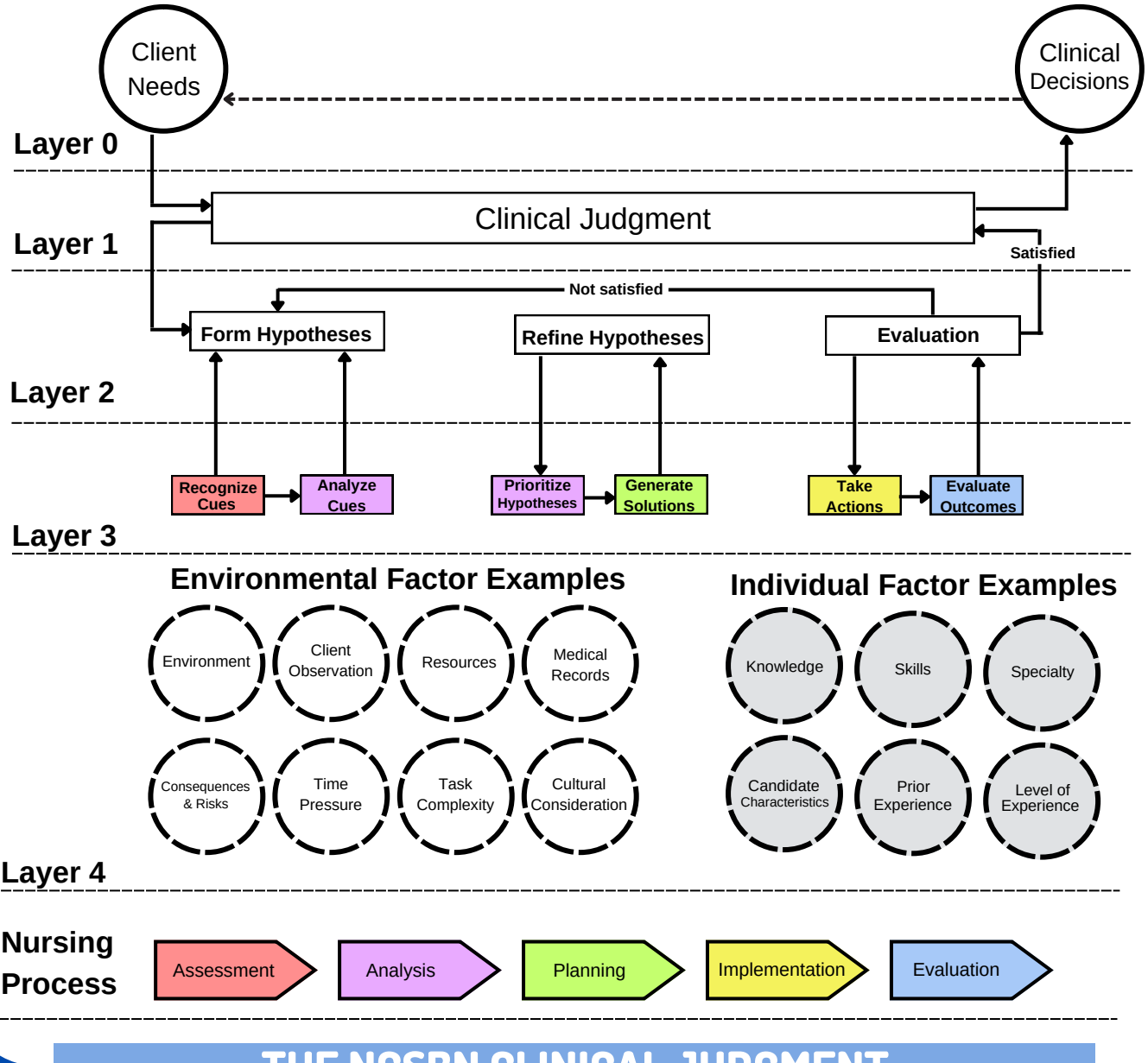
The Clinical Judgment Measurement Model (CJMM) is what the new NCLEX is built on. Each layer represents the thought process needed to make a correct clinical judgment about a client who needs nursing care.

Layer 0 represents the nurse determining the client's needs.

Layer 1 represents the entire process of clinical judgment.

According to the client response in layer 2, the nurse then moves through layers 3 and 4.

Layer 3 is the area where testing can take place to determine the education of entry-level nurses and how they develop clinical judgment over a period of time. The six steps within layer 3 make up a repetitious process the student can improve over time with nursing experience and clinical exposure. This is considered the "action layer." Layer 4 creates a realistic client scenario. The CJMM is appropriate for use in the lab setting, clinical setting, and on a standard written or computer examination.



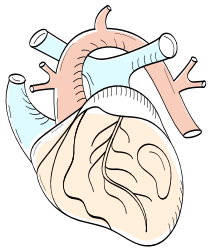
THE NCSBN CLINICAL JUDGMENT MEASUREMENT MODEL

The "Action Layer of Layer 3" has 6 steps that are important for nursing students to memorize and understand. Layer 3 is how Case Studies are written. Review the graph below. There are expected steps that a nursing student must take based on the information that is presented. Each case study will have 6 questions as a part of an unfolding case.

Cognitive Operations (NCSBN CJMM Layer 3)	Factor Conditioning (NCSBN CJMM Layer 4)	Expected Behaviors / Actions
STEP 1 **RECOGNIZE CUES**	**Environmental cues:** ▶ Location : Emergency Department ▶ Parent present **Client observation cues:** ▶ Present age: 8-10 years ▶ Present: sign/symptoms of dehydration: dry mucous membranes, cool extremities, capillary refill 3-4 seconds ▶ Present/imply: lethargy **Medical record cues:** ▶ Present/imply: Hx of diabetes ▶ Present/imply: Vital signs **Time pressure cues:** ▶ Set time pressure to vary with onset/acuity of symptoms	▶ Recognize signs/symptoms of dehydration ▶ Identify history of diabetes ▶ Recognize abnormal vital signs ▶ Hypothesize dehydration ▶ Hypothesize diabetes
STEP 2 **ANALYZE CUES**	▶ Requires knowledge of pediatric development ▶ Requires knowledge of dehydration symptoms ▶ Requires knowledge of diabetes symptoms	▶ Describe relationship between level of blood sugar and dehydration ▶ Use evidence to determine client issues

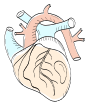
Cognitive Operations (NCSBN CJMM Layer 3)	Factor Conditioning (NCSBN CJMM Layer 4)	Expected Behaviors / Actions
STEP 3 **PRIORITIZE HYPOTHESES**	➤ Give vital sign monitors as resources ➤ Set time pressure to vary with vital signs	➤ Prioritize dehydration ➤ Address dehydration ➤ Avoid glucose
STEP 4 **GENERATE SOLUTIONS**	➤ Requires knowledge of pediatric developmentally appropriate approach ➤ Requires knowledge of dehydration treatment and intervention ➤ Requires knowledge of diabetes treatment and intervention	
STEP 5 **TAKE ACTIONS**	**Experience:** ➤ Requires experience of administering isotonic fluid	➤ Administer isotonic fluid
STEP 6 **EVALUATE OUTCOMES**	**Experience:** ➤ Requires experience of administering isotonic fluid **Client observation cues:** ➤ Show client awake and talking ➤ Imply improvement in vital signs based on actions	➤ Reassess vital signs ➤ Reassess lethargy

CONGESTIVE HEART FAILURE
CASE STUDY



REPORT	A 65 years old male client is admitted to cardiopulmonary unit with a diagnosis of congestive heart failure. During admission in ER the client reported dyspnea, easily tires when completing a task, swelling in the legs, feet and ankle, history revealed that the client is a known smoker and with hypertension on medication. During rounds in the unit bilateral pedal edema +2 is noted, nasal flaring and used of accessory muscles when breathing noted. Upon checking vital signs, it is noted that the BP is 165/100 mmHg.
LABORATORY RESULTS	Brain natriuretic peptide (BPN) level 450 pg/mL CK-MB 10 IU/L Troponin I 0ng/mL Na 140 mmol/L K 5.0 mmol/L Cl 103 mEq/L
DIAGNOSTIC TEST IMPRESSION/ RESULT	ECG - abnormal findings Echocardiogram - Systolic dysfunction Chest X-ray interpretation - cardiac silhouette enlargement with secondary findings of congestive heart failure.
MEDICATION	Digoxin 0.25 mg PO OD Furosemide 20 mg IV q8 Metoprolol 50 mg BID PO

CONGESTIVE HEART FAILURE
CASE STUDY



PRACTICE EXAM

QUESTION #1

Among all the signs and symptoms manifested by the client, identify which 3 assessment findings is mostly expected. Select N that apply.

☐Dyspnea

☐Fatigue

☐Bilateral pedal edema +2

☐Blood pressure 165/100 mmHg

☐Fever

QUESTION #2

For each assessment check to classify if the finding is HELPFUL or Not HELPFUL in diagnosing CHF in client.

Diagnostic / Laboratory results	Helpful	Not Helpful
Brain natriuretic peptide (BPN) level 450 pg/mL	☐	☐
CK-MB 10 IU/L	☐	☐
Echocardiogram - Systolic dysfunction	☐	☐
Troponin I 0ng/mL	☐	☐
Na 140 mmol/L	☐	☐
ECG - abnormal findings	☐	☐
K 5.0 mmol/L	☐	☐

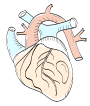
QUESTION #3

Relate one condition and two assessment to fill in each blank of the following sentence.

The client is at highest risk for [ ] as evidenced by the
condition

client's [ ] and [ ]
assessment 1 assessment 2

Conditions	Assessments
☐Decreased cardiac output	☐ Dyspnea
☐Ineffective airway clearance	☐ Edema
☐Risk for injury	☐ BP 165/100 mmHg
☐Ineffective breathing pattern	☐ Fatigue



PRACTICE EXAM

QUESTION #4

Check the anticipated provider orders from each of the following categories:

Each category have 2 potential orders.

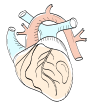
Categories	Anticipated Orders
Diet	☐Low sodium diet ☐High protein diet ☐High fiber diet
Activity / Restrictions	☐Avoid strenuous activity ☐Complete bed rest with bathroom privileges ☐Aerobic activity with rest periods
Monitoring	☐Blood pressure ☐Oxygen saturation ☐Pulse rate

QUESTION #5

For each possible intervention check to evaluate if the intervention is ESSENTIAL or CONTRAINDICATED.

Possible interventions	Essential	Contraindicated
IV fluids	☐	☐
Diuretics	☐	☐
NSAIDs	☐	☐
Vasodilators	☐	☐
Cardiac glycosides	☐	☐

CONGESTIVE HEART FAILURE
CASE STUDY



PRACTICE EXAM

QUESTION #6

Highlight the findings that indicate the client is ready for discharge.

Nurses notes:
The client's vital signs has been constantly within normal range, also the client did not report further episodes of dyspnea. The client stated that he was able to sleep at least 7 hours per night and that he has regained his appetite. The client also stated that he is learning to watch for changes in his heart rate, blood pressure and weight. Also, he agreed to limit his sodium intake to improve his condition.

- answer key at the back of the packet -

Next Gen NCLEX Question Types You Must Know

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12 NGN UNFOLDING ITEM TYPES

☀ Highlight	⛶ Drag & Drop	↓ Drop Down	◉ Matrix/Grid	⋮ Extended Multiple Response
• Text • Table	• Cloze • Rationale	• Cloze • Rationale • Table	• Multiple Response • Multiple Choice	• SATA • SNTA • Grouping

STAND-ALONE ITEM TYPES

Trend	Bow-tie

EASY NCLEX LABS

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LABS	VALUES
Hgb	male: 14-16.5 g/dl female: 12-15 g/dl
RBC	male: 4.5-6.2 % female: 4-5.5 %
Hematocrit	male: 41-51 % female: 36-46 % *This number increases with DEHYDRATION
WBC	5,000-10,000 uL or mm3
K	3.5-5.1 mEg/L
Na	135-145 mEg/L
Ca	8.6-10 mEg/L
Mg	1.6-2.6 mEg/L
Cl	95-105 mEg/L
CO2	22-32 mEg/L
BUN	8-25 mg/dL
Creatinine	0.6-1.3 mg/dL *High creatinine signals renal failure
Liver Enzymes 1. aspartate aminotransferase (AST) or (Sgot) 2. alanine aminotransferase (ALT) or (Sgpt)	**1.** 10 to 40 IU/L **2.** 5-35 U/L *This number increases with HEPATITIS and JAUNDICE
Glucose	70-110 mg/dL
aPTT	Clotting should occur in 30-45 seconds. Blood thinners will make value 1.5-2 times longer.
INR (international normalized ratio)	1-2
Urine specific gravity	1.016-1.022
Platelets What common medication will quickly disrupt platelet function?	150,000-400,00 uL Aspirin

REMAR DRUG CARDS

CLASS: NITRATES

THERAPEUTIC USES:

- Decreases myocardial oxygen consumption.
- Decreases preload with venous pooling.
- Decreases afterload by decreasing peripheral vascular resistance.

ADVERSE EFFECTS:

Headache, lightheadedness, dizziness, flushing, orthostatic hypotension, reflex tachycardia, edema.

NURSING CARE & TEACHING:

Sit down when taking, change positions slowly, keep tablets away from light, moisture, and body heat; change tablets every 6 months rotate site of ointment or patch; remove ointment or patch and clean skin for daily nitrate-free period for acute angina: take 1 tablet sublingual (or 1 spray under the tongue) every 5 minutes up to three doses; seek emergency treatment if there is no pain relief.

Warn clients not to take sildenafil (viagra), vardenafil (levitra), or tadalafil (cialis) within 24 to 36 hours of taking nitrates (combination will cause a dangerous drop in blood pressure).

GENERIC NAME: Mycomyst

CLASS: MUCOLYTICS

SAFE DOSE: 70 mg/kg by mouth every 4 hours for 17 doses; may be given by nebulizer, intratracheal or nasogastric.

THERAPEUTIC USES:

- Acetaminophen overdose.
- Acute and chronic bronchopulmonary disease, tracheostomy care, pulmonary complications of cystic fibrosis.

ADVERSE EFFECTS:

Bronchospasm, hypersensitivity reaction.

NURSING CARE & TEACHING:

When using for acetaminophen poisoning – give as direct instillation via nasogastric tube into stomach.

Other uses give as nebulizer.

GENERIC NAME: Isoniazid

CLASS: ANTI-TUBERCULARS

SAFE DOSE: 5 mg/kg up to 900 mg PO/IM daily for 6 to 18 months

THERAPEUTIC USES:

- Agent that interferes with DNA of M. tuberculosis.

ADVERSE EFFECTS:

HEPATOTOXICITY, agranulocytosis, aplastic anemia, thrombocytopenia.

NURSING CARE & TEACHING:

Take on empty stomach.

Advise client to also take pyridoxine (vitamin B6) to help prevent peripheral neuropathy.

GENERIC NAME: Cromolyn nasal (nasalcrom)

CLASS: MAST CELL STABILIZER

SAFE DOSE: 1 spray each nostril 3-4 times/daily

THERAPEUTIC USES:

- Allergic rhinitis.

ADVERSE EFFECTS:

Nasal burning, epitaxis, sneezing, bronchospasm.

NURSING CARE & TEACHING:

Will take up to one week to see improvement of symptoms.

REMAR DRUG CARDS

GENERIC NAME: Zafirlukast (accolate), montelukast (singulair)
CLASS:

LEUKOTRIENE-RECEPTOR ANTAGONISTS

THERAPEUTIC USES:
- Asthma and exercise induced bronchospasm.

ADVERSE EFFECTS:
Angioedema, anaphylaxis, erythema nodosum, aggressive behavior, hallucinations, depression churg-strauss syndrome.

NURSING CARE & TEACHING:
Monitor respiratory status.
Give 2 hours before meals.
Report any changes in urinary patterns.

GENERIC NAME: Phenobarbital, primidone (mysoline)
CLASS:

BARBITURATES

THERAPEUTIC USES:
- Seizure disorder, essential tremors, status epileptics, medical induced sedation.

ADVERSE EFFECTS:
Life-threatening: respiratory depression, erythema multiforme, stevens-johnson syndrome, angioedema, megaloblastic anemia, TTP, blood dyscrasias, suicidality.

NURSING CARE & TEACHING:
Monitor respiratory status.
Monitor signs of depression and suicide.
Therapeutic drug level: 10-40 mcg/mL.
Do not give to elderly or clients with impaired renal function.

GENERIC NAME: Ethosuximide (zarontin)
CLASS:
SAFE DOSE: 250 mg by mouth twice daily

SUCCINIMIDES

THERAPEUTIC USES:
- Absence seizures.

ADVERSE EFFECTS:
Anorexia, dyspepsia, nausea, vomiting, abdominal pain, weight loss, lupus erythematosus, paranoid psychosis.

NURSING CARE & TEACHING:
Therapeutic drug levels: 40-100 mcg/mL (toxic level > 150 mcg/mL).
Monitor for signs and symptoms of depression, behavior changes, suicidality.

GENERIC NAME: Ropinirole (requip, requip XL), bromocriptine (cycloset, parlodel), amantadine (symmetrel)
CLASS:

DOPAMINE AGONISTS

THERAPEUTIC USES:
- Parkinson disease, extrapyramidal disorders, neuroleptic malignant disease, hyperprolactinemia, acromegaly- replacement therapy to increase dopamine levels.

ADVERSE EFFECTS:
Heart failure, arrhythmias, cardiac arrest, psychosis, coma, respiratory failure, pulmonary edema
most common: nausea, dizziness, insomnia, depression, anxiety, irritability, hallucinations, confusion.

NURSING CARE & TEACHING:
Wear MedicAlert® identification.
Taper off drug.
Do not give to clients with impaired renal function.

REMAR DRUG CARDS

GENERIC NAME: Benztropine (cogentin) -give in evening, trihexyphenidyl (artane)
CLASS:

ANTICHOLENERGICS

THERAPEUTIC USES:

- Decreases excess cholinergic effect of dopamine deficiency by competing with acetylcholine for muscarinic receptor sites, parkinsonism.

ADVERSE EFFECTS:

***Hyperthermia, heat stroke, neuroleptic malignant syndrome, tardive dyskinesia most common: xerostomia, blurred vision, dizziness, nausea, anxiety, confusion.

NURSING CARE & TEACHING:

Do not give with angle-closure glaucoma.
Taper off drug.
Give with food.

GENERIC NAME: Cyclobenzaprine (amrix, fexmid, flexeril), carisoprodol (soma)
CLASS:

SKELETAL MUSCLE RELAXING AGENTS

THERAPEUTIC USES:

- Muscle spasms, acute musculoskeletal pain.

ADVERSE EFFECTS:

Seizures, cardiac conduction disturbances, arrhythmias, myocardial infarction, stroke, heat stroke drowsiness, dry mouth, dizziness fatigue, headache, constipation, hepatitis.

NURSING CARE & TEACHING:

Taper off drug.
Avoid abrupt withdrawal.
Do not give with MAOI.
Change position slowly after taking due to dizziness.

GENERIC NAME: Etanercept (enbrel)
CLASS:

BIOLOGICS

THERAPEUTIC USES:

- Inflammation-ankylosing spondylitis, moderate-to-severe chronic psoriasis plaque, psoriatic arthritis, mod-severe rheumatoid arthritis.

ADVERSE EFFECTS:

Serious infection, sepsis, opportunistic infection, tuberculosis, malignancy.

NURSING CARE & TEACHING:

Do not give if client is sick or immunosuppressed.
Do not give at the same time as live vaccinations.
Administer a tuberculin skin test prior to start of treatment--make sure client does not have cancer.

GENERIC NAME: Ethylenediaminetetraacetic acid (EDTA), penicillamine (cuprimine)
CLASS:

CHELATING AGENT

THERAPEUTIC USES:

- Binds to metals and poisons (ex. lead, mercury) arsenic.

ADVERSE EFFECTS:

Thrombocytopenia, leukopenia, aplastic anemia, anorexia, epigastric pain, nausea, vomiting, diarrhea.

NURSING CARE & TEACHING:

Do not use with gold salts.
Do not give if sensitive to PCN.***
Do not give during pregnancy.
Give on empty stomach.
Take temperature at bedtime.

REMAR DRUG CARDS

GENERIC NAME: Probenecid (benemid)
CLASS:

ANTI-GOUT MEDICATIONS

THERAPEUTIC USES:

- Helps reduce uric acid levels.
- Gouty arthritis.

ADVERSE EFFECTS:

Anemia, liver damage, N&V, vomiting sore gums, urinary frequency.

NURSING CARE & TEACHING:

Do not give if creatinine clearance is less than 50.
Do not give if client already has kidney stones.
Client has to follow low purine diet.
Do not abruptly stop medication.
Start with the lowest dose.
Do not give with NSAIDs.
Client should drink 2-3 liters of fluid daily.

GENERIC NAME: Permethrin topical (nix, elimite)
CLASS:

ANTI-SCABIES, LICE KILLER

THERAPEUTIC USES:

- To get rid of body critters.

ADVERSE EFFECTS:

Burning, pruritus, erythema, numbness and tingling.

NURSING CARE & TEACHING:

Wear gloves when administering this medication.
Avoid eyes, face, and mucous membranes.
All clothes/bedding needs to be washed in hot water.
Teach clients itching can still last for up to 6 weeks.
Do not give to infants.

GENERIC NAME: Metronidazole topical (metro cream), ketoconazole topical (extina, nizoral A-D, nizoral topical, xolegel) selenium sulfide topical (selsun, selsun Blue)
CLASS:

ANTI-FUNGALS (Topical meds for the skin)

THERAPEUTIC USES:

- Acne rosacea, tinea corporis pedis, versicolor, and cruris; seborrheic dermatitis, dandruff/seborrhea.

ADVERSE EFFECTS:

Skin irritation, hair loss, hair discoloration.

NURSING CARE & TEACHING:

Wash skin thoroughly.
Wear gloves when applying this medication.
Client may need to wear sunscreen.
Call physician if sore throat, fever, or rash develops.

GENERIC NAME: Metoclopramide (metozolv, reglan)
CLASS:

ANTI-EMETIC, CHOLINERGIC/DOPAMINE BLOCKER

THERAPEUTIC USES:

- GERD, nausea, vomiting.

ADVERSE EFFECTS:

Extrapyramidal symptoms, acute dystonia, parkinsonism, tardive dyskinesia, neuroleptic malignant syndrome.

NURSING CARE & TEACHING:

Do not confuse with methotrexate or metolazone (zaroxolyn).
Do not give if client has GI bleeding.
Report symptoms of involuntary movements.

REMAR DRUG CARDS

GENERIC NAME: Magnesium citrate, magnesium hydroxide (milk of magnesia, phillips' milk of magnesia), magnesium sulfate

CLASS:

MAGNESIUM SALTS

THERAPEUTIC USES:

- Constipation, bowel prep, hypomagnesemia, ventricular arrhythmias, preeclampsia seizures, tocolysis.

ADVERSE EFFECTS:

Nausea, vomiting, anorexia, cramps, **depressed reflexes, may cause respiratory depression.

NURSING CARE & TEACHING:

Calcium gluconate is the antidote.

Monitor for depressed reflexes.

Signs of magnesium toxicity, i.e., thirst, confusion, hyporeflexia.

GENERIC NAME: Aluminum hydroxide gel (alternagel, amphojel)

CLASS:

ALUMINUM SALTS

THERAPEUTIC USES:

- Binds to phosphorus.

ADVERSE EFFECTS:

Aluminum intoxication, osteomalacia, encephalopathy, constipation, hypophosphatemia, abdominal pain.

NURSING CARE & TEACHING:

Avoid foods containing phosphorus such as dairy products, eggs, and carbonated beverages.

Report decreased reflexes.

GENERIC NAME: Bismuth subsalicylate (kaopectate)

CLASS:

ANTIDIARRHEAL AGENTS

THERAPEUTIC USES:

- Binds to phosphorus.

ADVERSE EFFECTS:

Encephalopathy, reye syndrome, blackened stools and tongue, constipation, tinnitus.

NURSING CARE & TEACHING:

Do not give if client is pregnant 2 or 3 trimester.

Do not give if client has renal failure or GI bleed.

G6PD deficiency contraindicated-red blood cell disorder more common in males.

Give 2 hours before any other oral medications.

GENERIC NAME: Sulfasalazine (azulfidine), mesalamine (apriso, asacol, liada, pentasa)

CLASS:

INFLAMMATORY BOWEL REDUCERS

THERAPEUTIC USES:

- Ulcerative colitis, crohn's disease.

ADVERSE EFFECTS:

Neuropathy, interstitial nephritis, renal failure, hepatotoxicity.

NURSING CARE & TEACHING:

Do not give if client is allergic to salicylates.

Store in airtight, light-resistant container.

Teach client to avoid direct sunlight when taking this medication.

REMAR DRUG CARDS

GENERIC NAME: Levothyroxine (levothroid, levoxyl, synthroid, tirosint, unithroid), liothyronine (cytomel, triostat)
CLASS:

THYROID AGENTS

THERAPEUTIC USES:
- Hypothyroidism, myxedema.

ADVERSE EFFECTS:
tachycardia, headache, irritability, nervousness, tremor, diaphoresis, diarrhea, vomiting.

NURSING CARE & TEACHING:
Avoid iodine rich foods such as seafood, fish liver oils, and iodized salt.

Avoid stimulants, caffeinated beverages.

Must take single dose with full glass (8 ounces) of water on an empty stomach.

GENERIC NAME: Potassium iodide (iosat, SSKI, thyrosafe, thyroshield)
CLASS:

IODINE SOLUTIONS

THERAPEUTIC USES:
- Pre-op thyroidectomy, thyrotoxicosis.

ADVERSE EFFECTS:
Arrhythmias, GI bleed, angioedema parotitis, goiter, thyroid adenoma, metallic taste, dyspepsia, urticaria.

NURSING CARE & TEACHING:
Do not abruptly.

Wear MedicAlert® identification.

Avoid iodine rich foods.

GENERIC NAME: Vasopressin (pitressin), desmopressin acetate
CLASS:

POSTERIOR PITUITARY AGENT

THERAPEUTIC USES:
- Diabetes insipidus, vasodilatory shock.

ADVERSE EFFECTS:
*hyponatremia,

*water intoxication, seizures.

NURSING CARE & TEACHING:
Wear MedicAlert® identification.

Do not give to clients with cardiac disease, CHF.

GENERIC NAME: Oprelvekin (neumega), aldesleukin (proleukin)
CLASS:

INTERLEUKINS (IL)

THERAPEUTIC USES:
- Inhibit tumor growth in cancer clients.

ADVERSE EFFECTS:
Pleural effusion, pulmonary edema, capillary leak syndrome, cardiac arrhythmias, anemia.

NURSING CARE & TEACHING:
Monitor for signs of infection.

Do not use aspirin, blood thinners, shaving.

REMAR DRUG CARDS

GENERIC NAME:
1st generation: Cephalexin (Keflex)
2nd generation: Cefaclor (Ceclor)
3rd generation: Ceftriaxone (Rocephin)
4th generation : Cefepime (Maxipime)

CLASS:

CEPHALOSPORINS

THERAPEUTIC USES:

- Bacterial infections, STDS, PID, UTIs.

ADVERSE EFFECTS:

Anaphylaxis, encephalopathy, seizures, leukopenia rash, injection site reaction, diarrhea, elevated ALT & AST, nausea.

NURSING CARE & TEACHING:

Do not give if client allergic to PCN.

Avoid drinking alcohol while taking medication.

GENERIC NAME: Pyrantel (pin-x, pronto plus pinworm treatment, reese's pinworm), albendazole (albenza)

CLASS:

ANTHELMINTIC AGENTS - PARASITIC WORM KILLERS

THERAPEUTIC USES:

- Pinworms.

ADVERSE EFFECTS:

Abnormal liver enzyme tests, abdominal pain, nausea, vomiting.

NURSING CARE & TEACHING:

Do not give if the client is pregnant and do not get pregnant for two months after.

Treat all family members.

Avoid tub baths clients need to take showers during treatments.

Take full course of antibiotics.

GENERIC NAME: Streptokinase, alteplase (tPA),tenecteplase

CLASS:

THROMBOLYTIC MEDICATIONS

THERAPEUTIC USES:

- Blood clots (DVT, PE, Ischemic stroke).

ADVERSE EFFECTS:

Increased bleeding, hypotension, allergic reaction.

NURSING CARE & TEACHING:

Give within 4-6 hours of onset.

Use IV aminocaproic acid.

Administer h2 antagonists to prevent GI bleeding.

Do not give if there is a history of intracranial bleeding.

NCLEX ANTIDOTES

DRUG	ANTIDOTE
Anticholinergics	Physostigmine
Acetaminophen	N-acetylcysteine (mucomyst)
Mercury, lead, arsenic	Chelation Therapy
Benzodiazepines	Flumazenil (romazicon)
Spider bite (black widow)	Antivenin
Warfarin	Phytonadione, vitamin K

REMAR DRUG CARDS

GENERIC NAME: Morphine, fentanyl, codeine, oxycodone
CLASS:

OPIOID

THERAPEUTIC USES:

- Pain, decreased motility, cough suppression.

ADVERSE EFFECTS:

Respiratory depression, constipation, urinary retention, orthostatic hypotension.

NURSING CARE & TEACHING:

Do not give if respirations less than 12.

Do not give with other CNS depressants.

NALOXONE (Narcan) is the antidote.

GENERIC NAME: DTaP- Diphtheria, tetanus, pertussis
CLASS:

VACCINATION

THERAPEUTIC USES:

- DTaP protection.

ADVERSE EFFECTS:

Seizures, local reaction, encephalopathy.

NURSING CARE & TEACHING:

IM injection.

Do not give if there is a history of encephalopathy.

Given at 2 months.

GENERIC NAME: Methylphenidate (ritalin), adderall, caffeine, dextroamphetamine (dexedrine)
CLASS:

CENTRAL NERVOUS SYSTEM STIMULANTS

THERAPEUTIC USES:

- ADHD, narcolepsy, obesity.

ADVERSE EFFECTS:

Irregular heart rhythms, weight loss, CNS stimulant.

NURSING CARE & TEACHING:

Do not give to clients with hyperthyroidism.

Do not give with MAOIs.

Monitor blood pressure and heart rate.

Trend Item Question Type

Trend item #1

The nurse is caring for a client with CKD stage II. The client's labs values and vital signs were recorded as below:

Lab	Metabolic Panel Glucose: 85 mg/dL BUN: 14 mg/dL Creatinine: 1.67 mg/dL eGFR: 54 % Serum Sodium: 127 mmol/L Serum Potassium: 3.4 mmol/L Serum Chloride: 93 mmol/L; Serum Calcium: 8.7 mg/dL;			
Vital Signs		8:00	10:00	12:00
	BP	90/55	80/60	90/50
	HR	68	70	68
	RR	16	18	18

1 The nurse anticipates that the client is likely having:_____

Possible Condition
1. Hypoglycemia with hypotension
2. Hyponatremia with hypotension
3. Hyperkalemia with hypotension
4. Hypocalcemia with hypotension

2 Physician's orders were placed, the nurse selects the following intervention to prioritize:

Physician Orders
Monitor vital signs every 15 minutes.
Start with IV line of PNSS and administer 500 cc IV bolus.
Administer NaCl tab BID.
Record fluid input and output.
Administer potassium sparing diuretics.
Encourage low salt and low fat diets.
Insert an indwelling catheter if urine output is <30cc per hour.

Trend item #2

A 45 year old female client with hyperthyroidism who received a thyroidectomy.

Post-Op Day	Nurses Notes
1	The client is awake and converses but short. She denies painful swallowing and difficulty breathing. Wound dressing is intact, mildly soaked with pink discharge. The client is afebrile with BP = 110/80; HR = 80; RR = 18.
2	The client can tolerate short conversation with a weak voice. She reports tingling sensation in her hands and toes. Wound dressing is dry and intact. Vital signs are stable.
3	The client can swallow and breath without any difficulty however still having a weak voice. She noticed mild muscle twitching at times. Vital signs are stable.

3 The nurse relays to the health care provider the persistent findings, which electrolyte is expected to be tested first?

1. Sodium
2. Chloride
3. Calcium
4. Potassium
5. Magnesium
6. TSH

4 In order to absorb calcium faster, the nurse anticipates to give : _____

Select
Magnesium
Sodium
Calciferol
Potassium

Matrix Question Type

5 The nurse is caring for a 33 year old, female client in the Emergency Department (ED).

NURSE'S NOTES:
03/01/2022

0930: A 33 year old multigravida at 37 weeks gestation is seen in the ED. She exhibits elevated BP of 155/98 mmHg, RR 25 bpm, PR 79 bpm, Temp 36.1 C, and oxygen saturation of 96% via pulse oximeter. She has +2 edema on both ankles, nauseous and in pain. Presently, she is being treated for severe preeclampsia and the health care provider plans to start a magnesium sulfate infusion at 3 g/hour.

The nurse is reviewing the entries in the nurses' notes for the plan of care. For each potential nursing intervention, check to specify whether the intervention is APPROPRIATE or INAPPROPRIATE for the care of the client.

Possible Interventions	Appropriate	Not appropriate
Maintain fetal monitoring.		
Encourage friends and relatives to remain at their bedside.		
Assess for reflexes, clonus, visual disturbances, and headache.		
Monitor maternal liver studies every hour.		
Start IV fluids.		

6 The nurse is caring for a 34 year old female with suspected placenta previa.

NURSE'S NOTES:
08/02/2022

0700:The client is seen in the ED with her husband. She is a 34 year old, female, gravida 2 para 1, 36 weeks age of gestation, experiencing moderate vaginal bleeding but painless. She is also reported a feeling of cramping and tightening over her abdomen every 5 minutes. Upon further assessment, dull lower back pain is noted. Reports of uterine tetany and intermittent pain with spotting, none noted.

Vital Signs checked:
BP 133/76 mmHg
PR 78 bpm
RR 21 bpm
Temp 36.7

The nurse assesses the client's findings. Check to specify the signs and symptoms that indicate a SIGNIFICANT or NOT SIGNIFICANT finding related to placenta previa.

Signs & Symptoms	Significant	Not significant
Uterine contractions of 5 mins interval		
Painless moderate vaginal bleeding		
Blood pressure of 133/76 mmHg		
Intermittent pain with spotting		
Dull lower back pain		

7 The nurse is caring for a 23 year old female client in the maternity ward.

NURSE'S NOTES:
07/15/2022

0930:

The client was recently admitted in the maternity ward for close monitoring. She is at 15 weeks age of gestation and admitted with dark brown vaginal bleeding and continuous nausea and vomiting. Her blood pressure is 142/98 mmHg, RR 25 bpm, PR 97 bpm, temperature of 37.1 C. Her oxygen saturation is at 97% via pulse oximeter, and her fundal height is 19 cm.

The health care provider is planning for the care of a client with suspected hydatidiform mole.

The nurse is reviewing the entries in the nurses' notes for the plan of care.

For each potential nursing intervention, check to specify whether the intervention is APPROPRIATE OR NOT APPROPRIATE to maintain safety for this client.

Possible interventions	Appropriate	Not appropriate
Start IV fluids		
Keep the client NPO for 24 hours		
Administer magnesium sulfate		
Obtain an ultrasound		
Start laboratory work up		

8 The nurse is caring for a 52 year old client with myocardial infarction.

NURSE'S NOTES:
8/07/2022

1645: The 52 year old, male client was recently admitted and diagnosed with myocardial infarction. Upon routine assessment, he is restless and agitated, and reports low urine output for the day.

Vital signs checked BP 85/69 mmHg, RR 31 bpm, PR 69 bpm, temp 37 C, oxygen saturation at 95% via pulse oximeter.

Health care provider notified, and suspects a developing cardiogenic shock.

The nurse assesses the client's findings. Check to specify the signs and symptoms that indicate a SIGNIFICANT OR NOT SIGNIFICANT finding related to the client's condition.

Signs and symptoms	Significant	Not significant
Oliguria		
Restlessness		
Blood pressure 85/69 mmHg		
Temp 37 C		
Decreased urine output		

Bow Tie Question type

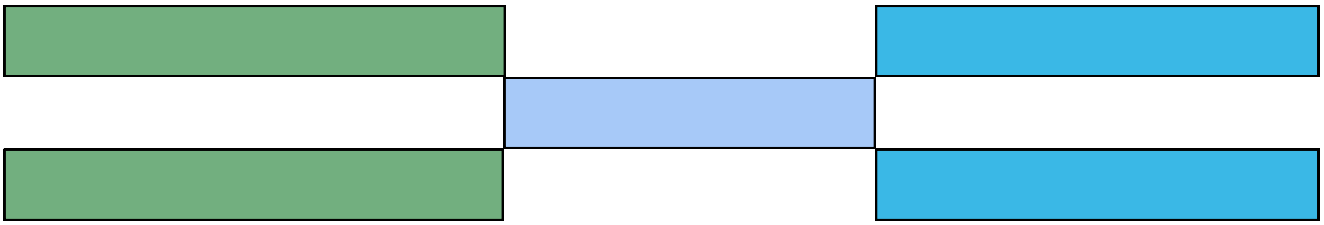
Case #1

The client with a history of anemia and hypertension presented lightheadedness and intentional weight loss. The nurse took vital signs and documented as below:

Vital signs	
Supine: T- 36.4C P- 102 R- 18 BP- 140/100	Standing: T- 36.7C P- 76 R- 18 BP- 110/80

9 Complete the diagram by selecting the choices below to specify what condition the client is most likely to experience, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client's progress.

Actions to take	Potential conditions	Parameters to monitor
1. Health teaching on a diet rich in folate and B12.	1. Pernicious anemia.	1. Complete blood count.
2. Review antihypertensive medication.	2. Orthostatic hypotension.	2. Blood pressure and heart rate.
3. Counsel on physical activity modification such as rising slowly and avoiding crossing of legs.	3. Orthostatic hypertension.	3. Temperature and heart rate.
4. Restrict fluid intake.	4. Macrocytic anemia.	4. Blood pressure and temperature.
5. Refer to radiology for brain MRI.		5. Diet and lifestyle.



Case #2

A 69 year old, female presenting with the following symptoms:

Progress Notes

History of Present illness

A 69 year old female presents to the emergency department secondary to right breast pain and arm swelling. She has a history of breast cancer in 2016 and had a partial mastectomy at that time. She underwent alternative treatments, not chemotherapy and radiation. The client admits that over the course of the past year there is been changes to the breast. It is now contracted erythematous and painful. Her right arm has begun to swell over the past couple of days. She is traveling a lot and is considering moving to the area. However, she has no contacts here and was very anxious about coming into the hospital. She is otherwise healthy and takes no medications.

Physical examination

General: Alert, no acute distress. Skin: Warm, dry. Head: Norm cephalic. Neck: Supple. Eye: Pupils are equal, round, and reactive to light, normal conjunctiva. Ears, nose, mouth, and throat: Oral mucosa moist. Cardiovascular: Regular rate and rhythm, Normal peripheral perfusion. Respiratory: Lungs are clear to auscultation, and respirations are non-labored. Chest wall: right breast has been surgically removed. The breast is very contracted with overlying erythema. There is no necrotic tissue present extending up into the axilla. Musculoskeletal: Normal ROM, normal strength, right arm has some edema and slight erythema, but no warmth compared to the left. Normal flexion-extension of the wrist with good peripheral perfusion. Gastrointestinal: Soft, non-tender, non-distended. Neurological: Alert and oriented to person, place, time, and situation. Psychiatric: Cooperative, appropriate mood & affect.

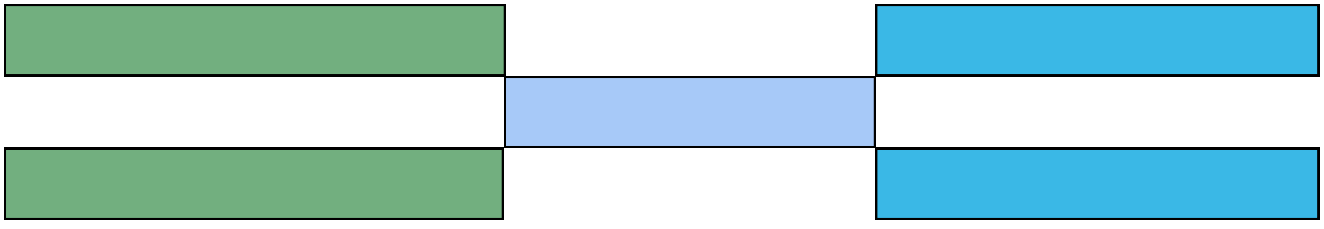
Reexamination / Reevaluation

Time: 4/28/2018 15:42:00

Notes: A 69 year old female present to the emergency department secondary to right breast pain and right arm swelling. She has a history of breast cancer. It has occurred with clear visual changes to the right breast. Concern for significantly invasive malignant carcinoma. She is neurovascular intact but does have demonstrated swelling to the right upper extremity. Ultrasound does demonstrate a DVT and she is being started on anticoagulation. She seems upset that they cannot just cut out cancer because she does not want to have it on her chest wall anymore. I explained that she would likely benefit from radiation and chemotherapy. The case was discussed with a medical oncologist for appropriate follow-up. She had many questions which I took significant time to answer and offered reassurance and discharged her home.

10 Complete the diagram by selecting the choices below to specify what condition the client is most likely to experience, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client's progress.

Actions to take	Potential conditions	Parameters to monitor
1. Administer oral antibiotics as prescribed.	1. Infectious mastitis.	1. Routine MMG.
2. Provide chemo education.	2. Inflammatory breast cancer.	2. Treatment response from antibiotics.
3. Educate client on meticulous wound care.	3. Breast lymphoma.	3. Molecular genetics.
4. Prepare the client for PET CT.	4. Ductal ectasia.	4. Toxicity check from chemotherapy.
5. Prepare the client for wound debridement.		5. Wound culture and sensitivity.



Highlight Question Type

11 The nurse is caring for an 8 year old, male client with a hip spica cast.
Highlight the following points of information that should be the most important for the nurse to consider.

Nurse's Notes
7/10/2022 0900: During assessment, the client is resting on his bed after brushing his teeth. Vital signs are within normal limits. The child verbalizes that he cannot play with his toys when he gets discharged. The mother emphasizes that she will have to make some adjustments when her kid gets home. She said that the child's bedroom is on the second floor and added that his sister offers help in assisting him climbing the stairs at least twice daily.

12 The nurse is caring for a pediatric client suffering with torticollis.
In planning the discharge for a client diagnosed with torticollis, the nurse recognizes that the client and the mother are ready for discharge. Highlight the text that supports these statements.

Nurse's Notes
3/5/2021 0745: The mother of the 4 year old child is anxious regarding the condition of her child. She is conversant and asks " What should I do after discharge? How do I take care of my boy? Health teachings were rendered such as doing gentle exercises daily, coordinating with a physical therapist, and clinic visits for worsening conditions. 0800: The child finished his meal for breakfast and was moving his upper extremities gently as the mother assisted. His mother demonstrates passive exercises, and verbalizes " I think I will see the physical therapist monthly".

13 The nurse is caring for a client with chronic hypertension.
Highlight the findings below that would indicate the common adverse effects of clonidine.

Nurse's Notes
08/01/2022 1835: A 50 year old, male client is admitted for chronic hypertension in the medical ward. His medication includes clonidine 0.1 mg 1 tablet twice daily. He ate his dinner with ease and without discomfort. No feeling of drowsiness felt during the whole afternoon. 1940: Client reported hyperventilation, fast and pounding heartbeat, dry mouth and itchiness over his skin. He is anxious and feeling restless. Vital signs checked: BP: 158/95 mmHg, PR: 123 bpm, RR: 32 bpm, temp: 37.4 C, oxygen saturation is at 92%. Referred immediately to Dr. Sans, his healthcare provider for a possible adverse effect of clonidine.

14 The nurse is caring for a 10 year old female diagnosed with a brain tumor.
Highlight the findings below that would indicate about the client's condition.

Nurse's Notes
7/10/2022 0700: A 10 year old female client was seen in the Emergency Department (ED) and was diagnosed with brain tumor. She was accompanied by her father during the admission process. The client was fearful and teary eyed as she was holding her long hair. She was afraid that her hair would be cut off. During the interview, her father verbalizes that his child has an increasing appetite, a persistent headache that's worse in the morning, and acts lethargic, or extra sleepy, for no apparent reason. Upon assessment, the child is tilting her head, lethargic, and suddenly vomits. The healthcare provider orders a brain CT scan for the client.

Extended Multiple Response Question Type

15 The nurse is caring for a 28 year old, primigravida client for a prenatal visit.

Nurse's Notes 4/15/2022	0800: A 28 year old, female client, primigravida is seen in the clinic for routine prenatal care. Presently, she is at 35 weeks age of gestation, gravida 1 para 0, and is due for her monthly visit. She reports that she is nervous at the same time ambivalent about her condition.
Laboratory	Hepatitis b surface antigen (HbSAg) - Positive

Which of the following would the nurse suggest regarding the plan of care for the mother and newborn at birth?

Select all that apply.

☐1. Administration of hepatitis b immune globulin at birth.

☐2. Follow the series of three (3) hepatitis b vaccinations as scheduled.

☐3. Initiate hepatitis screening for her newborn.

☐4. Isolate the newborn after birth.

☐5. Maintain universal precautions for both mother and the newborn.

☐6. Advice to defer breastfeeding because the mother is HbsAg positive.

16 The nurse is caring for a client who is experiencing pain during the first stage labor.

Nurse's Notes 02/17/2022	1145: The client is moved to the labor room for extreme pain. She is at her first stage of labor. Her pain scale is at 6/10. Internal examination revealed at 4 cms, 50% effaced cervix, station - 3, intact bag of water.

What the nurse should instruct the client do to manage her pain?

Select all that apply.

☐1. Ambulate in the labor room.

☐2. Have the client do slow chest breathing.

☐3. Request pain medication as needed.

☐4. Massage her abdomen lightly.

☐5. Sip ice water or ice chips.

☐6. Allow her to talk her frustrations and pain.

17 The nurse is discussing dietary concerns with a pregnant teen.

Nurse's Notes 07/25/2022	1300: A 19 year old, first time pregnant client is at the outpatient department. She is interested in proper nutrition during pregnancy. During the prenatal visit, she asks " What are the following meal choices that I need to eat?".

Which of the following choices are convenient for teenagers yet nutritious for both mother and the fetus? Select all that apply.

☐1. One milkshake or yogurt with fresh fruit or one granola bar.

☐2. Chicken nuggets with tater tots.

☐3. Cheese pizza with spinach and pepperoni topping.

☐4. Peanut butter with crackers and a juice drink.

☐5. Cheesy light popcorn with diet soda.

☐6. Burger with cheese, tomato and lettuce.

18 The nurse is caring for a 35 year old multigravida client in the obstetrics clinic.

Nurse's Notes 08/03/2022	0930: A 35 year old multigravida returns to the clinic for a routine prenatal visit at 36 weeks' gestation. She has had a prior pregnancy with pregnancy-induced hypertension. The assessments during this visit include BP 150/96 mmHg, PR 87 bpm, RR 22 bpm, temp of 36.1, with an oxygen saturation of 97% via pulse oximeter. She also exhibits stomach pain, +2 edema of the ankles and feet. Furthemore, she reported frequent headaches when working during the day. Upon checking, she showed the urinalysis test she had the other day that states Protein: ++ Glucose: negative

Based on the client's history and assessment, what assessment information should the nurse determine if this client is becoming preeclamptic? Select all that apply.

☐1. Headache

☐2. +2 edema of the ankles and feet

☐3. Protein:++ in urinalysis

☐4. BP 150/96 mmHg

☐5. Oxygen saturation of 97%

☐6. Stomach pain

Drag and Drop

Question Type

19 The nurse admitted a client with chief complaints of chest pain and shortness of breath.

HPI	The client is a 45 year old female who followed a weight loss program and underwent gastric bypass. The surgery was successful however a week after the surgery the client went to ED with chief complaints of chest pain. She reported that she did not move around to avoid too much exertion however she also experienced fatigue and abdominal discomfort for the past 2 days.

The client is likely having: (A) _____ persistent with findings : (B) _____

A	B
Myocardial infarction	Chest pain and dyspnea
GERD	Chest pain, dyspnea and fatigue
Pulmonary embolism	Chest pain, dyspnea and calves swelling
Pneumonia	Chest pain, dyspnea and abdominal discomfort

20 The nurse is assessing a 32 year old female with chest discomfort.

Presentation	The client presented substernal burning which is radiating to the neck and she reports tasting unpleasant liquid in her mouth. She reports that it worsens when she bends down or is lying supine. She denies shortness of breath and early satiety.
ECG	Report revealed sinus rhythm with occasional premature atrial contractions (PACs). Normal axis and intervals. No ischemic changes.

The client is likely having: (A) _____ which can be best controlled with : (B) _____

A	B
Peptic ulcer disease	Dicyclomine
Gastroesophageal reflux disease	Aluminum hydroxide
Dyspepsia	Alprazolam
Gastritis	Esomeprazole

ReMar

Practice Exam

Answer Key

1.) 2: Hyponatremia with hypotension

Rationale: The client is experiencing hyponatremia with hypotension. serum sodium : 127 mmol/L (normal range: 134-144 mmol/L) BP : less than 90/60.

2.) Start with IV line of PNSS and administer 500 cc IV bolus.

Rationale: This will hydrate the client and will address the hypotension and hyponatremia.

3.) 3: Calcium

Rationale: There could be temporarily low calcium level following the thyroidectomy, and less commonly, have a persistent low calcium level d/t the absence of TSH. This may be manifested by tingling sensation in the hands and feet and sometimes around the mouth, and muscle twitching.

4.) Calciferol

Rationale: Calciferol or vitamin D. enhances the absorption of calcium.

5.)

Possible Interventions	Appropriate	Not appropriate
Maintain fetal monitoring.	X	
Encourage friends and relatives to remain at their bedside.		X
Assess for reflexes, clonus, visual disturbances, and headache.	X	
Monitor maternal liver studies every hour.		X
Start IV fluids.	X	

Rationale: In maintaining the well-being of the maternal-fetal health, it is a priority that the Central Nervous System (CNS) is properly functioning and free from injury. If the mother suffers CNS damage related to hypertension or stroke, oxygenation status is compromised and the well-being of both mother and infant are at risk. Continuous fetal monitoring is an assessment strategy for the infant and would be of importance to maternal CNS assessment because maternal oxygenation will dictate fetal oxygenation and well-being. In preeclampsia, frequent assessment of maternal reflexes, clonus, visual disturbances, and headache give clear evidence of the condition of the maternal CNS system. Monitoring the liver studies does give an indication of the status of the maternal system but not every hour. Psychosocial care is a priority and can be accomplished in ways other than having the family remain at the bedside.

6.)

Signs & Symptoms	Significant	Not significant
Uterine contractions of 5 mins interval	X	
Painless moderate vaginal bleeding	X	
Blood pressure of 133/76 mmHg		X
Intermittent pain with spotting		X
Dull lower back pain		X

Rationale: Placenta previa refers to the placental tissue that covers any portion of the internal cervical os. The most common assessment finding associated with placenta previa is painless vaginal bleeding. Sudden painless vaginal bleeding often begins; the blood may be bright red, and bleeding may be heavy, sometimes resulting in hemorrhagic shock. The symptoms usually begin during late pregnancy. In some clients, uterine contractions accompany bleeding.

ReMar

Practice Exam

Answer Key

7.)

Possible interventions	Appropriate	Not appropriate
Start IV fluids	X	
Keep the client NPO for 24 hours		X
Administer magnesium sulfate		X
Obtain an ultrasound	X	
Start laboratory work up	X	

Rationale: The nurse should prepare the client for an ultrasound to figure out what's causing the symptoms. Elevated blood pressure at this stage of pregnancy may indicate chronic hypertension or hydatidiform mole. The fundal height of 19 cm is greater than is typical at 15 weeks of gestation and indicates a molar pregnancy (hydatidiform mole). In isolation, dark brown vaginal bleeding could indicate an abortion, but when combined with the other symptoms, it is more likely to be a hydatidiform mole. Continuous nausea and vomiting is unusual at this stage of pregnancy and may be caused by the high levels of progesterone produced by a molar pregnancy. Starting IV fluids is necessary for medication administration, while checking the laboratory is essential to confirm levels of progesterone. There is no fetus involved; the blood pressure elevation and the continuous nausea and vomiting will resolve with evacuation of the mole, negating the need for magnesium sulfate therapy and placing the client on NPO status.

8.)

Signs and symptoms	Significant	Not significant
Oliguria	X	
Restlessness	X	
Blood pressure 85/69 mmHg	X	
Temp 37 C		X
Decreased urine output	X	

Rationale: Oliguria occurs as a result of decreased blood flow to the kidneys during cardiogenic shock. Low blood pressure, a rapid and weak pulse, decreased urine output, and signs of decreased blood flow to the brain, such as confusion and restlessness, are all common symptoms of cardiogenic shock. Cardiogenic shock is a potentially fatal complication of MI, with a mortality rate approaching 90%. Fever is not a common symptom of cardiogenic shock.

9.)

2. Review antihypertensive medication.

-To determine the cause of orthostatic hypotension, if it is iatrogenic.

3. Counsel on physical activity modification such as rising slowly and avoiding crossing of legs.

-Crossing of legs and getting up quickly contributes to orthostatic hypotension.

2. Orthostatic hypotension

-There is a significant drop of BP from supine to standing position.

2. Blood pressure and heart rate.

-To monitor for progression or improvement of orthostatic hypotension.

5. Diet and lifestyle.

-Modification can lead to progression or improvement of orthostatic hypotension.

10.)

2. Provide chemo education.

-IBC treatment modalities include: neo/adjuvant chemo/surgery/radiation therapy/immunotherapy. Depending on ER/PR/HER2 status, client may beneft from hormonal therapy.

4. Prepare the client for PET CT.

-For cancer re-staging.

2. Inflammatory breast cancer.

-Rapid onset of breast pain characterized with lymph node involvement, usually starts as ductal invasive then it progresses to dermal invasion.

3. Molecular genetics.

-Monitor for germline mutations in cancer and also determine targeted therapy.

4. Toxicity check from chemotherapy.

-Monitor iatrogenic effects of chemotherapy.

ReMar

Practice Exam

Answer Key

11.) child verbalizes that he cannot play with his toys when he gets discharged. , child's bedroom is on the second floor. , sister offers help in assisting him climbing the stairs at least twice daily.

Rationale: It is important to let the child do all age-appropriate activities at home that will improve his mobility. The bed of the child with a hip spica cast who is going home and whose room is on the second floor needs to be moved to a place where the family can spend more time together. A child in a hip spica cast would find it hard and probably dangerous to go up and down a flight of stairs at least twice a day, when they wake up in the morning and before they go to bed at night. Since the family is involved in the discharge, the sister should also be taught how to take care of the child.

12.) moving his upper extremities gently as the mother assisted. , mother demonstrates passive exercises "I think I will see the physical therapist monthly".

Rationale: The most important part of the child's care plan is physical therapy. Most cases of torticollis get better when the parents do gentle stretching exercises every day. The child needs regular physical therapy so that the progress can be tracked. Surgery is only done after several months of physical therapy and if it is not effective.

13.) hyperventilation, fast and pounding heartbeat, dry mouth , itchiness over his skin. He is anxious and feeling restless.

Rationale: Clonidine is used alone or together with other medicines to treat hypertension. High blood pressure adds to the workload of the heart and arteries. If it continues for a long time, the heart and arteries may not function properly. This can damage the blood vessels of the brain, heart, and kidneys, resulting in a stroke, heart failure, or kidney failure. High blood pressure may also increase the risk for heart attacks. These problems may be less likely to occur if the blood pressure is controlled. Clonidine (catapres) is a central acting adrenergic antagonist. It reduces sympathetic outflow from the central nervous system. Dry mouth, impotence, and sleep disturbances are possible adverse effects.

14.) persistent headache that's worse in the morning , acts lethargic, or extra sleepy, for no apparent reason. tilting her head, lethargic, and suddenly vomits.

Rationale: The signs and symptoms of a child with a brain tumor is worsening headache, head tilting, nausea and vomiting, and lethargy are hallmark signs during assessment. Clinical manifestations are the result of location and size of the tumor. Increase in appetite is a result of growth spurt can cause a person to eat more, and it is not always a sign of a brain tumor.

15.) ☒1. Administration of hepatitis b immune globulin at birth.
☒2. Follow the series of three (3) hepatitis b vaccinations as scheduled.
☒5. Maintain universal precautions for both mother and the newborn.

Rationale: The mother has active hepatitis and is a carrier, according to the test results. Hepatitis b immune globulin given at birth protects against hepatitis b passively and acts as a preventive treatment. Also, the newborn needs to get the first of three shots of the vaccine. Since the baby already has hepatitis b, he should not be screened or put in a separate room. As with all clients, universal precautions should be taken, which are enough to stop the spread of viruses. Women who have a positive test for hepatitis b surface antigen can still breastfeed.

Practice Exam

Answer Key

16.) ☒1. Ambulate in the labor room.

☒2. Have the client do slow chest breathing.

☒4. Massage her abdomen lightly.

Rationale: During the first stage of labor, most of the pain comes from the lower part of the uterus stretching, the cervix and perineum opening up, pressure on nearby structures, and lack of oxygen to the uterine and cervical muscle cells during contractions. Walking will help the muscles relax and get more blood to the area. Slow chest breathing can help a woman in the early stages of labor get more oxygen and feel calmer. While the woman or her coach is taking slow chest breaths, the abdomen can be gently massaged (effleurage). The uterine muscles get more oxygen and relax when you breathe into your chest and massage them. Since most pain medications slow down labor, they are not used in the first stage. Anesthesia may be used in the second stage. Even though drinking ice water can help you stay hydrated, it will not help address pain.

17.) ☒1. One milkshake or yogurt with fresh fruit or one granola bar.

☒3. Cheese pizza with spinach and pepperoni topping.

☒4. Peanut butter with crackers and a juice drink.

Rationale: Fresh fruits and vegetables, dairy products, protein-rich foods (such as cheese and peanut butter), and fruits and vegetables are all great options. Fried foods, such tater tots and chicken nuggets, as well as foods like cheeseburgers and buttered popcorn, are rich in fat; carbonated beverages, including diet colas, as well as foods like pickles and ketchup, are high in sodium. These meals can cause ankle edema and encourage weight gain by providing empty calories.

18.) ☒1. Headache

☒2. +2 edema of the ankles and feet

☒3. Protein:++ in urinalysis

☒4. BP 150/96 mmHg

☒6. Stomach pain

Rationale: Protein in the urine and a blood pressure increase of 140/90 mmHg or more are the main signs of preeclampsia. Since the client's blood pressure meets the criteria for gestational hypertension, the next step for the nurse is to find out if she has protein in her urine. If not, she might be having momentary high blood pressure. The person with preeclampsia will have very swollen hands and face. Even though headaches can be caused by many different things, they are a major cause of high blood pressure during pregnancy. The client's blood glucose level has nothing to do with a diagnosis of preeclampsia.

19.) The client is likely having: Pulmonary embolism persistent with findings : Chest pain, dyspnea and swelling of calves.

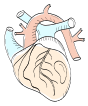
Rationale: Pulmonary embolism happens when there is a blood clot formation resulting from prolonged immobilization or blood disorders. This can be manifested by chest pain, shortness of breath, swelling of legs, crackles ,wheezing, cough, distended neck veins or hypotension.

20.) The client is likely having Gastroesophageal reflux disease which can be best controlled with esomeprazole.

Rationale: GERD is a disorder that occurs when stomach contents reflux creates bothersome symptoms or complications. GERD affects 20% of individuals, with at least weekly occurrences of heartburn reported, and up to 10% reporting daily symptoms. Although the majority of clients have moderate symptoms, up to one-third have esophageal mucosal injury (reflux esophagitis), and a few develop more significant problems.

To minimize acid production and facilitate healing, this client should be given a proton pump inhibitor (PPI). Although an H2 receptor antagonist may be beneficial, PPIs are recommended. An antacid would reduce stomach acid, but its effects would be short-lived in comparison to PPIs and H2 receptor inhibitors.

CONGESTIVE HEART FAILURE
CASE STUDY



Answer Key

QUESTION #1

Among all the signs and symptoms manifested by the client, identify which 3 assessment findings is mostly expected.

Select N that apply.

☒ Dyspnea

☒ Fatigue

☒ Bilateral pedal edema +2

Rationale: Most clients with congestive heart failure signs and symptoms may include: shortness of breath with activity or when lying down, fatigue and weakness, swelling in the legs, ankles and feet. Heart failure doesn't mean the heart has stopped working. rather, it means that the heart works less efficiently than normal. Due to various possible causes, blood moves through the heart and body at a slower rate, and pressure in the heart increases, but heart failure can occur even with a normal ejection fraction. This happens if the heart muscle becomes stiff from conditions such as high blood pressure.

QUESTION #2

For each assessment check to classify if the finding is HELPFUL or NOT HELPFUL in diagnosing CHF in client.

Diagnostic / Laboratory results	Helpful	Not Helpful
Brain natriuretic peptide (BPN) level 450 pg/mL	☒	☐
CK-MB 10 IU/L	☐	☒
Echocardiogram - Systolic dysfunction	☒	☐
Troponin I 0ng/mL	☐	☒
Na 140 mmol/L	☐	☒
ECG - abnormal findings	☒	☐
K 5.0 mmol/L	☐	☒

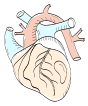
Rationale: Diagnosis of congestive heart failure is achieved through a comprehensive assessment of the heart muscle, including evaluation of its pumping action and thickness of its walls. This testing also helps to determine the underlying cause of heart failure. Diagnostic tests for congestive heart failure may include: ECG, Echocardiogram, CT scan, BPN (brain natriuretic peptide) level.

QUESTION #3

Relate one condition and two assessment to fill in each blank of the following sentence.

The client is at highest risk for [Decreased cardiac output] (condition) as evidenced by the client's [Dyspnea] (assessment 1) and [BP 165/100 mmHg] (assessment 2)

Rationale: The heart fails to pump enough blood to meet the metabolic needs of the body. The blood flow that supplies the heart is also decreased; therefore, decrease in cardiac output occurs. Blood then is insufficient and making it difficult to circulate the blood to all parts of the body, thus may cause changes in BP (hypotension/hypertension), increased heart rate (tachycardia), dysrhythmias, ECG change, dyspnea, extra heart sounds (S_3, S_4), decreased urine output (oliguria).



Answer Key

QUESTION #4

Check the anticipated provider orders from each of the following categories:

Each category have 2 potential orders.

Categories	Anticipated Orders
Diet	☒ Low sodium diet ☐ High protein diet ☒ High fiber diet
Activity / Restrictions	☒ Avoid strenuous activity ☐ Complete bed rest with bathroom privileges ☒ Aerobic activity with rest periods
Monitoring	☒ Blood pressure ☐ Oxygen saturation ☒ Pulse rate

Rationale: While sodium helps keep a normal balance of fluid in your body, those living with heart failure need to follow a low-sodium diet because it helps control symptoms and can prevent other heart problems.

High-fiber foods may have other heart-health benefits, such as reducing blood pressure and inflammation.

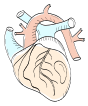
QUESTION #5

For each possible intervention check to evaluate if the intervention is ESSENTIAL or CONTRAINDICATED.

Possible interventions	Essential	Contraindicated
IV fluids	☐	☒
Diuretics	☒	☐
NSAIDs	☐	☒
Vasodilators	☒	☐
Cardiac glycosides	☒	☐

Rationale: Vasodilators are an important adjunct to the inpatient treatment of CHF. They work mainly by reducing the afterload on the myocardium although preload reduction also occurs. Effective diuretic therapy provides impressive symptomatic relief in clients with CHF. Hemodynamically, forced diuresis results in a decrease in pulmonary circulation wedge pressure, and stroke volume and cardiac output decrease initially. Cardiac glycosides are medicines for treating heart failure and certain irregular heartbeats. They are one of several classes of drugs used to treat the heart and related conditions.

The administration of IV fluids may worsen the congestive symptoms. Researchers decided to investigate the use of IV fluids in clients with heart failure. Many clients hospitalized with severe heart failure are receiving potentially harmful treatment with intravenous fluids. Existing CHF may worsen after use of NSAIDs by inhibition of diuretic therapy and by adverse renal effects, especially in elderly clients with renal impairment and cardiovascular comorbidity.



Answer Key

QUESTION #6

Highlight the findings that indicate the client is ready for discharge.

Nurses notes:
The client's vital signs has been constantly within normal range, also the client did not report further episodes of dyspnea. The client stated that he was able to sleep at least 7 hours per night and that he has regained his appetite. The client also stated that he is learning to watch for changes in his heart rate, blood pressure and weight. Also, he agreed to limit his sodium intake to improve his condition.

Rationale: Client with improved condition may demonstrate adequate cardiac output as evidenced by vital signs within acceptable limits, dysrhythmias absent/controlled, and no symptoms of failure (e.g., hemodynamic parameters within acceptable limits, urinary output adequate). Also, the client will report decreased or no episodes of dyspnea. You will need to learn to watch for changes in your heart rate, pulse, blood pressure, and weight. You will also need to limit salt in your diet, stop drinking alcohol, quit smoking, exercise, lose weight, if you need to, and get enough rest. You will need to eat less salt. Salt can make you thirsty and being thirsty can cause you to drink too much fluid. Extra salt also makes fluid stay in your body.

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