

1. In Abruption Placenta, the placenta _____ from the uterine wall _____.	Separates, prematurely	15. Children at highest risk for seizure activity after ingestion are those who have swallowed _____ and _____.	drugs, insecticides
2. Abruption Placenta usually occurs in (prima/multi) gravida over the age of _____.	Multigravida, 35 (HTN, trauma, cocaine)	16. Can impaired skin integrity ever be an appropriate nursing diagnosis when poisoning has occurred?	Yes, when lye or caustic agents have been ingested
3. How is the bleeding of Abruption Placenta different from that in Placenta Previa?	Usually painful; bleeding is more voluminous in placenta previa	17. What is the causative organism of acne?	P. acnes (propionibacterium acnes)
4. If you are the nurse starting the IV on the client with Abruption Placenta, what gauge needle should you use?	18 (in preparation to give blood if necessary)	18. What structures are involved in acne vulgaris?	The sebaceous glands
5. How often should you measure the VS, vaginal bleeding, fetal HR during Abruption Placenta?	Q5-15 minutes for bleeding, maternal VS and continuous fetal monitoring Deliver baby at earliest sign of fetal distress	19. Name 3 drugs given for acne?	Vitamin A, Antibiotics, Retinoids
6. How is an infant delivered when Abruption Placenta is present?	Usually C-section	20. Dietary indiscretions and uncleanliness are causes of acne?	False
7. Is there a higher or lower incidence of fetal death with Abruption Placenta compared to Placenta Previa?	Higher	21. What are the 3 causative factors in acne vulgaris?	Hereditary, Bacterial, Hormonal
8. In what trimester does Abruption Placenta most commonly occur?	Third	22. Uncleanliness is a cause of acne?	False
9. At what age are accidental poisonings most common?	2 years old	23. What is the most common retinoid given to people with acne?	Accutane
10. If a child swallows a potentially poisonous substance, what should be done first?	Call for medical help	24. Accutane is an analog of which vitamin?	Vitamin A
11. Should vomiting be induced after ingestion of gasoline?	No- not for gas or any other petroleum products	25. What is the most common side effect of accutane? And what is most important in health teaching in administration?	Inflammation of the lips; Causes birth defects
12. When taking a child to the ER after accidental poisoning has occurred what must accompany the child to the ER?	the suspected poison	26. What is the antibiotic most commonly given to clients with acne?	Tetracycline
13. An elderly client is a (high/low) risk for accidental poisoning? What about a school age child?	high - due to poor eyesight, high	27. How long will it take for the person to see results when acne is being treated?	4 to 6 weeks
14. What types of chemicals cause burns to oral mucosa when ingested?	Lye, caustic cleaners	28. Does stress make acne worse?	yes
		29. How often should the client with acne wash his face each day?	Twice a day
		30. What instructions do you give to a client taking tetracycline?	Take it on an empty stomach and avoid the sunlight (photosensitivity)
		31. What are comedones?	Blackheads and white heads
		32. What virus causes AIDS?	HIV - Human immunodeficiency virus
		33. The AIDS virus invades helper _____.	T-lymphocytes (or CD4 cells)

34. AIDS is transmissible through what four routes?	blood sexual contact breast feeding across placenta in utero	45. PI's (Protease inhibitors)	Most potent of antiviral meds Inhibit cell protein synthesis that interferes with viral replication. Does not cure but slows progression of AIDS. Prolongs life, used prophylactically and used in AIDS to decrease viral load and opportunistic infections.
35. HIV is present in all body fluids?	Yes, but it is not transmitted by all, only blood, semen and breast milk	46. What do NRTI's and PI's do?	They prevent viral replication.
36. Name the 5 risk groups for AIDS	Homosexual/bisexual men IV drug users Hemophiliacs Heterosexual partners of infected people Newborn children of infected women	47. 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)
37. What is the first test for HIV antibodies?	ELISA	48. What is the most common NRTI used?	AZT (zidovudine)
38. What test confirms the ELISA?	Western Blot	49. 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 wristwatch is used.
39. Which test is the best indicator of the PROGRESS of HIV disease?	CD4 count	50. Clients with AIDS (gain/lose) weight?	Lose weight
40. A CD4 count of under _____ is associated with the onset of AIDS-related symptoms.	500	51. The typical pneumonia of AIDS is caused by _____.	Pneumocystic carinii
41. A CD4 count of under _____ is associated with the onset of OPPORTUNISTIC INFECTIONS.	200	52. What type of oral/esophageal infections do AIDS patients get?	Candida
42. Give 6 symptoms of HIV disease.	anorexia fatigue weakness diarrhea night sweats fever	53. What is the #1 cancer that AIDS patients get?	Kaposi's sarcoma
43. 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.	54. Kaposi's sarcoma is a cancer of the _____.	skin
44. NRTI (nucleoside reverse transcriptase inhibitors)	An antiviral drug used against HIV Is incorporated into the DNA of the virus and stops the building process Results in incomplete DNA that cannot create a new virus Often used in combination with other drugs	55. T/F: AIDS patients get lymphomas?	True
		56. What lab findings are present in AIDS?	Decreased RBC's, WBC's and platelets

57. If the AIDS patient HAS leukopenia they will be on _____.	Protective (reverse) Isolation	75. What are the urinalysis findings on AGN?	Hematuria Proteinuria +3 to +4 Specific Gravity Up
58. Define Leukopenia	Decrease in WBC, indicated viral infection	76. How long after strep infection does AGN develop?	2 to 3 weeks after initial infection
59. Without leukopenia the AIDS patient will be on _____ precautions.	Standard precautions or blood and body fluid precautions	77. How do you assess fluid excess in the child with AGN?	Daily weight
60. When the AIDS patient has a low platelet count, what is indicated?	Bleeding precautions; No IM's, no rectal temperatures, other bleeding precautions	78. What organism causes acute glomerular nephritis?	Group A beta hemolytic strep
61. Does AIDS require a single room?	Yes - if WBC counts are low	79. What happens to the kidney in AGN?	It becomes clogged with antigen-antibody complexes which then cause inflammation and loss of function.
62. When do you need a gown with AIDS?	If you are going to get contaminated with secretions	80. How often are vital sign measurements taken in AGN?	Q4 hours with blood pressure
63. When do you need a mask with AIDS?	Not usually unless they have an infection caused by an AIREBORNE bug	81. Will the client have hypo or hypertension with AGN? Why?	Hypertension, because of fluid retention
64. When do you need goggles with AIDS?	Suctioning Central line start Arterial procedures	82. What are the first signs of AGN?	Puffiness of face Dark urine
65. If an AIDS patient's blood contaminates a counter top, with what do you clean?	1:10 solution of bleach and water	83. What are the three adult stages of development called?	Early adulthood Middle adulthood Late adulthood
66. Are all articles used by AIDS patients double-bagged?	no - only those contaminated with secretions	84. What is the age range for early adulthood?	19 - 35
67. Can AIDS patients leave the floor?	Yes, unless WBC's are very low	85. What is the age range for middle adulthood?	35 - 64
68. Is dietary protein limited in AGN?	Not usually, however if there is severe azotemia then it may be restricted	86. What is the age range for late adulthood?	64 - death
69. Define azotemia?	Nitrogenous wastes in the blood (increased creatinine, BUN)	87. What is the developmental task for EARLY adulthood?	Intimacy vs. Isolation
70. What is the best indicator of renal function?	The serum creatinine	88. What is the developmental task for middle adulthood?	Generativity vs. Stagnation
71. Do people recover from AGN?	Yes, the vast majority of all clients recover completely from it.	89. Intimacy vs. Isolation	Erikson's stage in which individuals form deeply personal relationships, marry, begin families
72. How can AGN be prevented?	By having all sore throats cultured for strep and treating any strep infections.		
73. What is the most important intervention in treating AGN?	Bedrest - they can walk if hematuria, edema and hypertension are gone.		
74. What is the most common dietary restriction for AGN?	Moderate Na ⁺ restriction. Fluid restriction is #2 if edema is severe.		

90. Generativity vs. Stagnation	Erikson's stage of social development in which middle-aged people begin to devote themselves more to fulfilling one's potential and doing public service	102. To prevent post-op swelling, the stump should be _____ for 12 to 24 hours.	elevated
91. What is the developmental task for LATER adulthood?	Ego Integrity vs. Despair	103. How long should the stump be elevated to prevent post op swelling?	12-24 hours
92. 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 relived	104. How often should a stump be washed?	Daily
93. "Time is too short to start another life, though I wish I could," is an example of _____.	Despair	105. When a stump is wrapped, the bandage should be tightest _____ and loosest _____.	distally (far from the center), proximally (nearest to the point)
94. "If I had to do it over again, I'd live my life just about the same," is an example of _____.	Ego Integrity The result of the positive resolution of the final life crisis. Viewed as the key to harmonious personality development; the individual views their whole life with satisfaction and contentment.	106. If after a right BKA, the client c/o pain in his right toe, he is experiencing _____.	phantom limb sensation (which is normal)
95. What does AKA mean?	Above the knee amputation	107. When will phantom limb sensation subside?	In a few months
96. What does BKA mean?	Below the knee amputation	108. Is it acceptable for the patient to push the stump against a wall?	Yes, this is one way to toughen a stump so it will not breakdown due to the wear of the prosthetic leg; hitting it with pillows is another good method.
97. If the patient had an AKA they should lie _____ several times per day.	Prone (to prevent flexion contracture)	109. An aneurysm is an abnormal _____ of the wall of a(n) artery.	widening (it is also weakening)
98. The #1 contracture problem in AKA is _____ of the _____.	flexion, hip	110. What artery is widened in a thoracic aneurysm?	the aorta
99. What will prevent hip flexion contracture after AKA?	Lying prone several times a day	111. An aneurysm can result from an _____ and from _____.	infection, syphilis
100. What is the #1 contracture problem after BKA?	Flexion of the knee	112. The most common symptom of abdominal aneurysm is:	A pulsating mass above the umbilicus
101. How do you prevent flexion contracture of the knee after BKA?	Remind the patient to straighten their knee constantly while standing	113. Which aneurysm is most likely to have no symptoms?	the abdominal is most often "silent"
		114. Which vital signs are most important to measure in clients with aneurysm?	The pulse and blood pressure

115. An aneurysm will most affect which of the following, the blood pressure or the pulse?	The pulse --many times the aneurysm will rupture and much blood will be lost before the blood pressure starts to change.	128. What drug treats angina pectoris?	Nitroglycerine
116. What activity order is the client with an aneurysm supposed to have?	Bedrest. DO NOT get these people up.	129. How do you tell if a client has angina or an MI?	The pain of the two is similar, the way to tell the difference is if nitro and rest relieve the pain. Angina = nitro and rest relieve the pain MI = nitro and rest DO NOT relieve the pain
117. If the client with aneurysm is physically unstable, should you encourage turning, coughing and deep breathing?	No, BEDREST until the client is stable!	130. How many nitroglycerine tablets can you take before you call the doctor?	3 tablets
118. What class of drugs is the client with an aneurysm most likely to be on?	Antihypertensives	131. How many minutes should lapse between the nitro pills you take?	5 minutes - take 1 nitro tab every 5 minutes 3 times, if no relief, call MD
119. What is the BIG danger with aneurysms of any type?	Rupture, leads to shock and death	132. By what route do you take nitro?	Sublingual
120. If an aneurysm is ruptured how would you know it?	All signs of shock Decreased LOC (restlessness) Tachycardia Hypotension	133. What is the action of nitro?	Dilates coronary arteries to increase blood supply (O2 supply) and reduces preload.
121. If an aneurysm ruptures what is the #1 priority?	Get them to the operating room ASAP	134. What are the top 2 side effects of nitro?	hypotension and headache
122. Is there anything that can be done for the client with a ruptured aneurysm before they get to the operating room?	Yes, if available you can get them into ANTISHOCK TROUSERS but not if this causes a delay in getting them to the operating room	135. What precaution must the nurse take when administering topical nitro paste?	wear gloves, nurse may get a dose of the med
123. The post op thoracic aneurysm is most likely to have which type of tube?	Chest tube, because the chest was opened	136. Everyone with angina needs bypass surgery. (T/F)	False
124. The post op abdominal aneurysm repair client is most likely to have which type of tube?	NG tube for decompression of bowel	137. Anorexics are usually _____ under the age of ____.	females, 25
125. 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 distal extremity (far from center) color temperature pain pulse also MUST document	138. The diagnosis of anorexia nervosa is made when there is a weight loss of _____% or more of body weight.	15 (pt weighs less than 85% of normal body weight) Hospitalize if 30% weight loss
126. What causes angina pectoris?	Decreased blood supply to myocardium, resulting in ischemia and pain	139. A major mental/emotional nursing diagnosis seen in anorexia nervosa is _____.	Altered body image
127. Describe the pain of angina pectoris	Crushing substernal chest pain that may radiate	140. The pulse rate of anorexics is tachycardic or bradycardic?	Bradycardic
		141. List the most common gynecologic symptom of anorexia nervosa?	amenorrhea
		142. What is found over the body of the client with anorexia nervosa?	lanugo (soft downy hair)

143. What is the top priority in the care of the client with anorexia nervosa?	Intake of enough food to keep them alive, have them gain weight	160. A newborn receives a score of 0 on muscle tone when there is _____	No movement (limp)
144. The best goal to evaluate the progress of the client with anorexia nervosa?	An adequate WEIGHT GAIN	161. To score the maximum of 2 points on neuromuscular reflex irritability the infant must _____.	Cry
145. What is the apgar scale?	Quick objective way to evaluate the vital functions of the newborn	162. If the neonate _____, they will score a 1 on neuromuscular irritability.	Grimaces
146. When is APGAR scoring performed on infants?	At 1 minute and again at 5 minutes after the birth	163. To receive a 0 on reflex (neuromuscular) irritability the neonate must exhibit _____	No response
147. Name the 5 criteria that are recorded on an apgar scale	Cardiac status Respiratory effort Muscle tone Neuromuscular irritability Color	164. To score a maximum score of 2 on color the child must be _____.	Totally pink
148. The total apgar score can range from	0 to 10	165. If the child's _____ are _____ and the trunk -face abdomen are _____, the child scores 1 on color	Extremities are blue (cyanotic), Pink
149. The maximum score an infant can receive on any one of the criteria is...	2	166. To get a 0 on color the infant is	Totally blue, pale
150. A 10 on the apgar means the baby is	in terrific health	167. Acrocyanosis	Temporary cyanotic condition, usually in newborns resulting in a bluish color around the lips, hands and fingernails, feet and toenails. May last for a few hours and disappear with warming.
151. A 0 on the APGAR is _____ (bad/good).	Bad, the baby is stillborn	168. Appendicitis is an _____ of the appendix due to _____.	inflammation, obstruction
152. On heart rate or cardiac status, a 2 means that the HR is above _____ BPM.	100	169. Appendicitis occurs most in what age group?	15 to 35
153. On the HR criteria an infant scores a "1" if their HR is _____ than 0 and _____ 100	greater, less than	170. What is the most common complication of appendicitis?	Peritonitis
154. In order to score a 0 on HR the infant must have a rate of _____.	Zero	171. Peritonitis	Inflammation of the peritoneum
155. A high score of 2 is given for respiratory effort if the newborn _____.	Cries vigorously		
156. An infant is given a score of 1 if their respirations are _____ or _____.	Slow or irregular		
157. An infant is given a score of 0 for respiratory effort if _____.	They do not breathe		
158. In order to get a score of 2 on muscle tone the infant must _____.	Move spontaneously (actively)		
159. To get a score of 1 on the APGAR for muscle tone the newborn must place their extremities in _____.	Flexion		

172. What is the first sign of appendicitis?	RUQ pain	191. When the body does not receive enough carbs it burns _____ and _____.	protein, fat
173. What follows the RUQ abdominal pain of appendicitis?	N/V	192. The most concentrated source of energy for the body is _____.	Fats
174. Where does the pain of appendicitis finally end up?	RLQ	193. Fats provide _____ Kcalories per 1 gram.	9
175. What is the name of the RLQ abdominal pain where appendicitis pain finally localizes?	McBurney's Point	194. Fats carry vitamins	A,D,E,K
176. What is present when rebound tenderness is present?	Peritoneal inflammation	195. The nutrient needed most for growth and repair of tissues is _____.	Protein (2nd best is Vitamin C)
177. What is the highest that the temp will be in appendicitis?	102 F	196. Proteins provide _____ Kcalories per 1 gram.	4
178. What blood count is elevated in appendicitis?	WBC	197. Vitamins and minerals provide energy for the body. (T/F)	False- they are necessary for a body's chemical reactions.
179. What is the name for an elevated WBC?	Leukocytosis	198. Water is present in ALL body tissues. (T/F)	True (even bone)
180. What is the only treatment recommended for appendicitis?	surgery - appendectomy	199. Water accounts for _____ to _____% of an adult's total weight?	50 to 60%
181. Before the client with suspected appendicitis sees the physician what should be avoided?	Pain meds, enemas, laxatives and food! NPO	200. Name the four basic food groups	Milk & Cheese Meat & Legumes Veggies & Fruits Bread & Cereal
182. To lessen the pain, place the client with appendicitis in _____ position.	Fowlers (a sitting position) (also use post op)	201. Water accounts for _____ to _____% of an infant's total weight.	70 to 75%
183. Never apply _____ to the area of the appendix.	Heat (it causes rupture)	202. An individual is overweight if they are _____% above the ideal weight.	10
184. After appendectomy, document in the nurses notes the return of _____	Bowel sounds (peristalsis)	203. An individual is obese if they weigh _____% above the ideal weight.	20
185. Name the five/six essential nutrients	carbs fats proteins vitamins minerals water	204. What solution and material are used to cleanse the eyes of an infant?	Plain water Cotton balls Washcloths
186. The major source of energy for the body is	carbs	205. Can you use cotton swabs to clean the eyes, nares or ears of an infant?	No, this is dangerous
187. carbs provide _____ Kcalories per 1 gram	4	206. Can you use the same cotton ball/washcloth edge for both eyes?	No, it would cross contaminate.
188. Sucrose is a sugar found in _____ and _____.	fruits, veggies	207. Should you cover an unhealed umbilical site with the diaper?	No fold the diaper down.
189. What is glycogen?	It is a stored form of glucose/energy manufactured by the liver	208. What temperature is appropriate for the water used to bathe an infant?	100 to 105
190. Lactose is a sugar found in ?	Milk		

209. What is the #1 purpose of a tepid sponge bath?	Lower body temperature during fever	224. Give three eye interventions for the client with Bell's Palsy.	Dark glasses Artificial tears Cover eye at night
210. How should the temperature of the water be tested if no thermometer is available?	Dropping water on inside surface of your forearm.	225. As the prostate enlarges it compresses the _____ and causes urinary _____.	Urethra, retention
211. With which body part do you begin when bathing an infant?	Eyes always	226. At what age does BPH occur?	Men over 50 years of age.
212. When cleansing an infant's eye, cleanse from outer to inner canthus?	No, inner to outer	227. What does BPH stand for?	Benign Prostatic Hypertrophy
213. 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, cleansed and replaced.	228. In BPH, the man has (increased/decreased) frequency of urination.	Increased
214. When sponge-bathing with tepid water the correct temp is _____.	98.6 F	229. In BPH the force of the urinary stream is (increased/decreased).	decreased
215. How long does it take for the umbilical stump to fall off?	7 to 14 days	230. The man with BPH has a _____ - stream of urine.	forked
216. 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.	231. The man with BPH has hesitancy. What does this mean?	Difficulty starting to void.
217. You may use friction to remove vernix caseosa from an infant's skin. (T/F)	False, it causes damage/bruising.	232. Will the man with BPH have enuresis, nocturia or hematuria?	Nocturia and maybe hematuria, NOT enuresis
218. What solution is commonly used for care of umbilical cord?	70% alcohol to promote drying (trend is toward soap and water)	233. Enuresis	inability to control the flow of urine and involuntary urination
219. What cranial nerve is affected in Bell's Palsy?	#7, facial nerve	234. What is the best way to screen men for BPH?	Digital rectal exam
220. What is the #1 symptom of Bell's Palsy?	One sided (unilateral) facial paralysis	235. Should fluids be forced or restricted in BPH?	Forced
221. Complete recovery from the paralysis of Bell's Palsy should occur in _____ to _____ months.	4 to 6	236. What does TURP stand for?	Transurethral resection of the prostate
222. In addition to the facial paralysis, the sense of _____ is also affected in Bell's Palsy.	taste	237. The most radical prostate surgery is the _____ prostatectomy.	Perineal
223. Will the patient with Bell's Palsy be able to close their eye on the affected side?	No	238. What type of diet is used in BPH?	Acid Ash
		239. Acid Ash diet	Decrease pH (makes urine acid) chz, eggs, meat, fish, oysters, poultry bread, cereal, whole grains, pastries cranberries, prunes, plums, tomatoes, peas, corn, legumes.
		240. 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
		241. What solution is used for continuous bladder irrigation?	Normal saline (0.9 NaCl)

242. How fast do you run the CBI?	At whatever rate it takes to keep the urine flowing and free of clots	258. What urinary pH prevents UTI?	Acidity, low pH
243. What drug is use to treat bladder spasm?	B&O suppositories	259. Should the drainage bag ever touch the floor?	No
244. Should you take a rectal temp after prostatectomy? Give stool softeners?	No rectal temperatures, yes stool softeners	260. Is it ok to routinely irrigate indwelling catheters?	No
245. 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 transitory clots and urine on dressing.)	261. What agents are best for catheter care?	Soap and water
246. If you see an increase in blood content of urine coming out of the catheter, you would first _____.	Pull carefully on the catheter to apply local pressure on the prostate with the Foley balloon.	262. What is the most effective way to decrease UTI with catheters?	Keep the drainage system closed, do not disconnect junction of tubing
247. If you see clots in the tubing you would first _____.	Increase the flow-rate.	263. Give some signs of infection in a foley catheter.	Cloudy urine Foul smelling urine Hematuria
248. What exercises should the post prostectomy patient do upon discharge? Why?	Perineal exercises, start and stop stream of urine, because dribbling is a common but temporary problem post op	264. Is urinary incontinence an indication for catheterization?	No
249. Will the post prostectomy patient be impotent?	If TURP, no impotence, if perineal prostatectomy, yes impotence	265. Give three appropriate indications for bladder catheterization?	Urinary retention To check for residual To monitor hourly output
250. How often should the drainage bag be emptied?	Every 8 hours	266. 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
251. What is the most common problem due to catheterization?	UTI	267. What is systole?	The MAXIMAL force of blood on artery walls.
252. What is the most common organism to cause UTI with catheterization?	E. coli	268. What is diastole?	The LOWEST force of blood on artery walls
253. 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.	269. Accurate blood pressure is obtained by using a cuff that has width of _____ of the arm.	Two-thirds
254. Name foods that make acid urine	Cranberry juice Apple juice (avoid citrus juices- they make alkaline urine)	270. Which artery is most commonly used to measure blood pressure?	Brachial
255. What is important about the level of the urinary drainage bag?	Never have the bag at a higher level than the bladder.	271. Can the thigh EVER be used to obtain a blood pressure?	Yes, but this is rare.
256. How is the catheter taped in a male client?	To the lateral thigh or abdomen	272. When pressure is auscultated the first sound heard is the _____ measurement.	Systolic
257. How is the catheter taped in a female client?	To the upper thigh	273. The change in the character of the sounds is known as the _____	First diastolic sound
		274. The cessation of sounds is known as the _____	Second diastolic sound
		275. When 2 values are given in a blood pressure the first is the _____ measurement.	Systolic

276. 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	295. What should the nurse do with the IV line if transfusion reaction is suspected?	Keep it open with saline
277. What is the normal adult blood pressure?	120/80	296. If a transfusion reaction is suspected, what two samples are collected and sent to the lab?	Urine and blood
278. Abnormally high blood pressure is called_____.	Hypertension	297. If a unit of blood is infused through a central line it must be_____.	Warmed
279. What is the pulse pressure?	The difference between the systolic and the diastolic blood pressure.	298. 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`
280. 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)	299. What are three types of transfusion reactions that can occur?	Hemolytic Febrile Allergic
281. If you use too narrow of a cuff the reading will be too high or low?	High	300. What would you do first if you suspected transfusion reaction?	Stop the blood and start the saline
282. Vasoconstriction will _____ blood pressure.	Increase	301. What are the signs and symptoms of a hemolytic transfusion reaction?	shivering headache low back pain increased pulse and respirations decreasing BP oliguria hematuria
283. Vasodilation will _____ blood pressure.	Decrease	302. What are the signs and symptoms of a febrile transfusion reaction?	Low back pain Shaking HA Increasing temperature Confusion Hemoptysis
284. Shock will _____ blood pressure.	Decrease	303. What are the signs of symptoms of an allergic reaction to a transfusion?	Hives- urticaria, wheezing, pruritus, joint pain, (arthralgia)
285. Increased intracranial pressure will _____ the pulse pressure.	Increase or Widen	304. Give three reasons for a blood transfusion	Restore blood volume secondary to hemorrhage Maintain hemoglobin in anemia Replace specific blood components
286. If my blood pressure is 190/110, what is my pulse pressure?	80 mmHg	305. What does blood-typing mean?	Check for surface antigen on the red blood cell
287. What blood test must be done before a transfusion?	Type and cross match	306. 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.
288. What does a type and cross match indicate?	Whether the client's blood and donor blood are compatible.		
289. What should the nurse measure before starting a transfusion?	Vital signs		
290. With what solution should blood be transfused?	0.9 normal saline		
291. How many nurses are required to check the blood?	2 nurses		
292. What happens when blood is administered with Dextrose IVs?	The cells clump together and don't flow well		
293. If a transfusion reaction occurs what should the nurse do first?	Stop the blood flow and start running the saline		
294. How long can a unit of blood be on the unit before it must be started?	Less than 1/2 hour		

307. What does blood cross matching mean?	Mixing a little of the client's blood with the donor blood and looking for agglutination.	323. For a woman who doesn't have retracted nipples, is towel drying or air drying better?	Air drying of the nipples is best
308. When are hemolytic transfusion reactions likely to occur?	In the first 10 to 15 minutes	324. The goal is for the infant to breast feed for _____ minutes per side.	20
309. When is a febrile reaction likely to occur?	Within 30 minutes of beginning the transfusion	325. How does the mother break the suction of the breast feeding infant?	She inserts her little finger into the side of the infant's mouth
310. What test identifies Rh factor?	Coombs test detects antibodies to Rh	326. When should the breast feeding infant be burped?	After feeding from each breast
311. 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	327. Assuming no mastitis, on which side should the breastfeeding begin?	Begin nursing on the side that the baby finished on the last feeding
312. What would you do if the client had an increasing temperature and was to get blood?	Call the MD because blood is often held with an elevated temperature	328. How long can breast milk be refrigerated?	24 hours
313. How long should it take for one unit of blood to infuse?	From one hour to three hours	329. How long can breast milk be frozen?	6 months
314. How long should you stay with the patient after beginning a transfusion?	At least 15 to 30 minutes	330. In what type of container should breast milk be stored?	Sealed plastic bags
315. What blood type is the universal recipient?	AB	331. Can you microwave frozen breast milk in order to warm/thaw it?	Never
316. What blood type is the universal donor?	O	332. Which two nutrients is breast milk lower in?	Fluoride and iron
317. What is the routine for vital sign measurement with a transfusion?	Once before administration Q15 x 2 after administration is begun Q1 x 1 after transfusion has stopped	333. 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.
318. What IV solution is hung with a blood transfusion?	0.9 normal saline (No glucose)	334. 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. Estrogen is not recommended. Non-hormonal methods are recommended. Remember breastfeeding is an unreliable contraceptive.
319. What gauge needle is used with a blood transfusion?	Large gauge, 18 gauge	335. What is another name for Buerger's disease?	Thromboangiitis obliterans
320. What other things are appropriate after a blood transfusion reaction?	Call MD Get a blood sample Get urine sample Monitor vitals Send blood to lab	336. Which extremities are affected by Buerger's Disease?	Lower only
321. Can blood be given immediately after removal from refrigeration?	No it has to be warmed first for only about 20 to 30 minutes.	337. Which sex does Buerger's Disease affect the most often?	Males
322. With what solution and when should a breast feeding mother cleanse the areola?	Plain water, before and after each feeding		

338. The group with the highest incidence of Buerger's disease is _____.	Smokers
339. Upon walking, the patient with Buerger's experiences _____.	Intermittent Claudication
340. What is intermittent claudication?	Pain in calf upon walking
341. A first degree burn is pale or red?	Red
342. A first degree burn has vesicles. (T/F)	False
343. A second-degree burn is pale or red?	Red
344. A second-degree burn is dull or shiny?	Shiny
345. A second-degree burn has vesicles? (T/F)	True
346. A Second degree-burn is wet or dry?	Wet
347. A third-degree burn is white or red?	White
348. A third-degree burn is wet or dry?	Dry
349. A third degree burn is hard or soft?	Hard
350. Of first, second and third degree burns which has less pain? Why?	Third degree burns, nerve damage has occurred
351. For what purpose do you use the rule of nines?	To estimate the percentage of body surface burned; is NOT used for children.
352. In the rule of nines, the head and neck receive _____: each arm receives_____.	9%, 9%
353. In the rule of nines, the front trunk gets____, the posterior trunk gets____, each leg gets _____ and the genitalia gets_____.	18%, 18%, 18%, 1%
354. 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 immune globulin)
355. In the emergent phase do you cover burns? (in the field)	Yes, with anything clean and dry.
356. Should you remove adhered clothing on a burn patient?	No

357. Name the 3 phases of burn	Shock Diuretic Recovery
358. Fluid moves from the _____ to the _____ in the SHOCK phase.	Bloodstream, interstitial space
359. The shock phase lasts for the first _____ to _____ hours after a burn.	24 to 48 hours
360. During the shock phase of burn management, is potassium increased or decreased? Why?	Increased because of all the cells damaged- the K+ is released from damaged cells.
361. What acid-base disorder is seen in the shock phase of a burn?	Metabolic Acidosis
362. What is the #1 therapy in the shock phase of a burn?	Fluid replacement/resuscitation
363. What is the simple formula for calculating fluid replacement needs in the first 24 hours?	3cc X Kg X % burned per day
364. 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)
365. What blood value will dictate IV flow rate?	The hematocrit
366. How will you know the patient has entered the fluid mobilization or diuretic phase?	The urine output will INCREASE.
367. How long does the fluid mobilization or diuretic phase of a burn last?	2 to 5 days
368. In the diuretic phase, K+ levels fall or rise?	Fall- remember diuresis always causes hypokalemia
369. If the nurse accidentally runs the IVs at the shock phase rate during the diuretic phase the patient will experience?	Pulmonary edema
370. The burn patient will be on _____ urine output and daily _____.	Hourly, weight
371. Sulfamyon cream_____.	Burns
372. Silver nitrate cream_____ the _____.	Stains, skin
373. Pain medications should be administered _____ before _____ care.	30 minutes, wound care

374. When using silver nitrate, the dressings must be kept _____.	Wet	388. Which cells are low in thrombocytopenia?	Platelets
375. What is Curlings 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	389. What drug should NOT be given to the patient with chemotherapeutic thrombocytopenia?	ASA (aspirin)
376. Neoplasm refers to benign and malignant tumors. (T/F)	True	390. When should the nurse WITHHOLD IM injections in the client on chemotherapy?	Only when their PLATELET count is down.
377. Which type of tumor is more malignant? Differentiated or undifferentiated?	Undifferentiated is worse to have (highly differentiated is better to have)	391. What are the 3 objective symptoms/signs of thrombocytopenia? Hint: P.E.E.	Petechiae Epistaxis Ecchymosis
378. When cancer spreads to a distant site it is called?	Metastasis	392. What is epitaxis?	Nose bleeds
379. The cause of cancer is known. (T/F)	False	393. What is ecchymosis?	Bruising
380. A person should have a yearly work up exam for cancer detection over the age of _____.	40	394. What is petechiae?	Small dot like pinpoint hemorrhages on the skin.
381. In general, cancer drugs have side effects in which three body systems?	GI Hematologic (blood) Integumentary	395. What blood cell is low in leukopenia?	White blood cells
382. What are the 3 most common chemotherapeutic GI side effects?	N/V Diarrhea Stomatitis (oral sores)	396. When the Absolute Neutrophil Count ANC is below _____ the person on chemotherapy will be placed on reverse isolation.	500
383. Clients receiving chemotherapy must be NPO. (T/F)	False	397. What is the #1 integumentary side effect of chemotherapy?	Alopecia
384. Is it permissible to give lidocaine viscous ac (before meals) if the patient has chemotherapeutic stomatosis? (T/F)	True	398. What is alopecia?	Hair loss
385. With what solution should the client with chemotherapeutic stomatitis rinse pc (after meals)?	H2O2 - hydrogen peroxide	399. The hair loss due to chemotherapy is usually temporary? (T/F)	True
386. What lubricant can safely be applied to the cracked lips of chemotherapy stomatitis?	K-Y Jelly	400. Can scalp tourniquets prevent chemotherapy alopecia?	In some cases, yes
387. Name the 3 hematologic side effects of chemotherapy.	Thrombocytopenia Leukopenia Anemia	401. Can ice packs to the scalp prevent chemotherapy alopecia?	In some cases, yes
		402. CD ranks _____ among the leading cause of maternal death.	Fourth
		403. What is the #1 cause of CD of pregnancy?	Rheumatic heart disease
		404. Pregnancy requires a _____ increase in the cardiac output.	30-50%
		405. What is the #1 cause of maternal death in CD of pregnancy?	Decompensation
		406. What is meant by decompensation?	Failure of the heart to maintain adequate circulation.
		407. What will you see when you observe the neck of a client with CD of pregnancy?	Distended neck veins -JVD

408. What will you hear when you auscultate the heart of the client with CD of pregnancy?	Murmurs	420. Second to rest, what is very important treatment for CD of pregnancy?	Weight control
409. What will you hear when you auscultate the lungs of the client with CD of pregnancy?	Crackles-rales	421. How long must the woman with CD of pregnancy be on bed rest after delivery?	At least one week
410. 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).	422. 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)
411. What is the #1 treatment of CD during pregnancy?	Rest	423. What are the two most common subjective complaints of the woman who is decompensating during labor?	SOB Palpitations
412. What are the three most common drugs given to women with CD in pregnancy?	Diuretics Heparin Digitalis	424. 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 lungs sounds frequently
413. Why are diuretics given to women with CD of pregnancy?	To promote diuresis which will: -lower circulating blood volume -decrease preload -decrease the amount of blood the heart pumps.	425. 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
414. Why are anticoagulants (heparin only) given to women with CD of pregnancy?	To prevent thrombophlebitis due to venous congestion, usually in legs.	426. In which position should a woman with CD in labor be?	Semi recumbent, HOB up
415. 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	427. The nurse should limit the client's efforts to _____ during labor when CD is present.	Bear down
416. 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	428. What is the big danger to staff when caring for a client with cesium implant?	Radiation hazard
417. 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.	429. What are the three principles to protect yourself from radiation hazard?	Distance Shielding Time
418. What is the most common dietary modification for the woman with CD who shows signs of decompensation?	Decreased sodium, decreased water (restriction)	430. Will the woman with a cesium implant have a foley?	Yes
419. Is a C-section mandatory for delivery of a woman with CD of pregnancy?	No	431. From where should the nurse provide care to the client with cesium implant?	The head of the bed
		432. How can the woman with cesium implant move in bed?	Only from side to side
		433. 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)
		434. Should pregnant staff care for a client with a cesium implant?	No

435. Can the woman with a cesium implant have the HOB elevated?	Yes, only 45 degrees maximum	452. What is the #1 symptom of cast syndrome?	Nausea and vomiting due to bowel obstruction
436. From where should the nurse talk to the client?	The entrance to the room	453. What is the #1 treatment of cast syndrome?	NPO and NG tube for decompression
437. Is bed rest necessary when a woman has cesium implant in place?	Yes, absolute bed rest	454. A dry cast is gray or white?	White
438. What type of diet is this woman with a cesium implant on?	Low residue (decrease bowel motility)	455. A dry cast is dull or shiny?	Shiny
439. No nurse should attend the client with a cesium implant more than ____ per day.	1/2 hour	456. A dry cast is dull or resonant to percussion?	Resonant
440. 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.	457. Traction is used to _____ and _____ a fracture, relieve _____ and prevent _____.	Reduce and immobilize, muscle spasm; deformities
441. Should the nurse provide perineal care for the client with a cesium implant?	No, risk of radiation hazard	458. Can skin traction be removed for skin care?	Yes
442. What part of your hand do you use to handle a wet cast?	The palm	459. Can the client be removed from skeletal traction?	No
443. Upon what do you support a cast while it dries?	Pillows (no plastic covers)	460. Name 3 types of skin traction	Bucks Bryants Pelvic
444. How long does it take a cast to dry?	24 hours	461. Name 3 types of skeletal traction	Cranial tongs Thomas splints with Peason attachments 90 degrees to 90 degrees
445. Should you cover a wet cast?	No	462. What type of traction is most commonly used for hip fracture in adults?	Bucks
446. Should you use a heat lamp or hair dryer or fan to help dry a cast?	No heat lamp and hair dryer Yes fan	463. What type of traction is most commonly used for hip fractures in children?	Bryants
447. What signs or symptoms would you report if they were present after cast application?	Numbness Tingling Burning Pallor Unequal or absent pulses Unequal coolness	464. In what position should the bed be if the patient is in pelvic traction?	Semi-fowlers with knee gatched
448. If there is inflammation under a cast, it will be evident in a _____ spot.	Hot	465. 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.
449. To prevent irritation of the skin near the edges of a cast the edges should be _____.	Petaled	466. What is the advantage of balanced counteraction?	You can easily move the patient around in bed
450. What type of cast causes cast syndrome?	A body cast	467. Patients in Russell's traction are particularly prone to _____.	Thrombophlebitis
451. What causes cast syndrome?	Anxiety and stress leading to sympathoadrenal shut-down of the bowel	468. When a patient is in a Buck's traction they may turn to the _____ side.	Unaffected
		469. Define cataract	Opacity of the crystalline lens
		470. Is surgery done immediately upon diagnosis of cataract?	No, they usually wait until it interferes with ADLs .

471. What three most common visual defects occur with cataract?	Cloudiness Diplopia (double vision) Photophobia (sensitivity to light)	482. Should you use talcum powder with a post-operative cataract client?	No, it may cause sneezing; also should avoid pepper.
472. What are the two common treatments of cataract?	Laser, surgical removal. Surgery called intraocular or extraocular lens extraction	483. What are the three signs of increased intraocular pressure?	Pain (moderate to severe) Restlessness Increased pulse rate
473. What does the eye look like when a client has cataracts?	Cloudy, milky-white pupil	484. What is the major objective in caring for a client after surgical cataract removal?	To prevent pressure in or on the eyes
474. What will the client be wearing after cataract surgery?	A protective patch/shield on the operative eye for 24 hours, then a metal shield (AT NIGHT only) for 3 weeks	485. When the lens is to be extracted for cataracts, what drugs are given preoperatively?	Mydriatics Dilators Antibiotic drugs (gtts)
475. 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 three drugs are given post-operatively for surgical cataract removal?	Stool softeners Antiemetics Analgesics (mild to moderate)
476. What will be a high priority nursing diagnosis for a client post cataract surgery?	Safety	487. Give five causes of cataracts?	Injury Congenital Exposure to heat Heredity Age
477. Should the client ambulate independently after cataract surgery?	No the patient should not ambulate independently, depth perception is altered.	488. Celiac's disease is a _____ disease	Malabsorption
478. What positions are to be avoided after cataract surgery?	Lying face down. Also, do not lie on operative side for a month.	489. The client with celiacs cannot tolerate_____.	Gluten
479. What are the post-operative signs of hemorrhage into the eye?	Severe pain Restlessness	490. Gluten is a _____.	Protein
480. 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 does gluten do to the intestines of the client with celiac's disease?	It destroys the lining of the intestine.
481. What positions are okay after cataract surgery?	Do not lie on operative side; do not lie on back	492. The stools of a client with celiac's disease are _____, _____ and _____ - _____.	Large Greasy Foul-smelling
		493. Clients with celiac's disease do not absorb what mineral?	Iron
		494. Clients with celiac's disease don't absorb fats; therefore they don't absorb _____.	Fat soluble vitamins
		495. What are the four fat-soluble vitamins?	A,D,E,K
		496. Malabsorption of which vitamin leads to bleeding disorder?	Vitamin K, remember do not mix up potassium with Vitamin K
		497. What will the abdomen of clients with celiac's disease look like?	Distended with flatus
		498. What is the #1 treatment of celiac's disease?	Gluten-free diet

499. Veggies are allowed or not allowed in diet of client with Celiac's disease?	Allowed	517. A CVA is a _____ of the brain cells due to decreased _____ and _____.	Destruction; blood flow and oxygen
500. Fruits are allowed or not allowed?	Allowed	518. Women have a (higher/lower) incidence of stroke than men?	Lower
501. Grains of all kinds are prohibited. (T/F)	False	519. Name the three types of CVA	Embolus Thrombus Hemorrhage
502. What grains are allowed in a gluten-free diet?	Rice and corn	520. Use of oral contraceptives increases the risk of CVA (T/F).	True
503. What grains are not allowed in a gluten-free diet?	Wheat Oats Rye Alfalfa Barley	521. Chronic abuse of alcohol increases risk of CVA. (T/F)	False
504. Are foods made with wheat, oat, or rye flour allowed?	No	522. Obesity increases risk of CVA (T/F)	True
505. Is milk allowed on a gluten-free diet?	Yes	523. Smoking increases the risk of CVA. (T/F)	True
506. Are meats allowed on a gluten-free diet?	Yes, but watch for breaded meats and hot dogs/lunch meats- may have grain in them and are not allowed	524. Atrial fibrillation increases the risk of CVA (T/F)	True, emboli particularly
507. Are eggs allowed on a gluten-free diet?	Yes	525. What is a TIA?	Transient Ischemic Attack Warning sign of impending CVA (transient neurologic deficits of any kind can last 30 seconds to 24 hours)
508. Is commercial ice cream allowed on a gluten-free diet?	No, even though it is a milk product, commercial ice cream has GRAIN in it.	526. Do patients experiencing a CVA have a headache?	Yes
509. Are puddings allowed on a gluten-free diet?	No, for the same reason ice cream isn't.	527. The first sign of CVA is usually a_____.	Change in LOC
510. Which soups are not allowed on a gluten free diet?	Creamed soups- these often have flour	528. The activity order in early management of CVA is _____.	Absolute Bed Rest
511. The #1 problem with central lines _____	Infection	529. The patient with a recent CVA is most likely to have fluids restricted or forced?	Restricted
512. How often should central line dressings be changed?	QOD- every other day	530. How far should the HOB be up after CVA?	30 degrees
513. What type of dressing is applied to a central line insertion site?	Sterile occlusive	531. Can the stroke victim be turned side-to-side?	Yes
514. Can drugs be piggybacked into central --TPN?	No, use another lumen.	532. How often should the CVA patient be turned or repositioned?	Every 2 hours
515. 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	533. The CVA patient should be turned onto his paralyzed side no longer than 2 hours. (T/F)	False, the patient should not be on their paralyzed side for more than 20 minutes.
516. If a central line is found accidentally open the patient should be positioned on his _____.	Left side		

534. ROM exercises should occur every 2 hours in CVA patients. (T/F)	False-- every 4 hours or 3 times a day is enough
535. To prevent urinary incontinence; the CVA patient should be catheterized. (T/F)	False- remember incontinence will never be allowed as a reason for catheterization
536. Which type of paralysis is typical of CVA- paraplegia, hemiplegia or quadriplegia?	Hemiplegia
537. 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)
538. 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
539. What is hemianopsia?	Not being able to see one half of the field of vision.
540. The client with hemianopsia should be taught to _____.	Scan
541. What is scanning?	Moving the head from side to side to see the whole field of vision.
542. If the client has right homonymous hemianopsia, the food on the _____ side of the tray may be ignored.	Right
543. After meals, the nurse must always check _____ of the CVA client for _____.	Mouth (cheek), food
544. Should a CVA patient have all four side rails up at all times? Should they be restrained?	Side rails yes. Restraints- no, unless they are a danger to themselves or others
545. When a patient does not understand INCOMING language he is said to have _____ aphasia.	Receptive
546. When the CVA client understands your question but can't respond verbally correctly, he is said to have _____ aphasia.	Expressive
547. What is global aphasia?	Both receptive and expressive

548. Aphasia is most common if the stroke occurred in the (dominant/non-dominant) hemisphere of the brain.	Dominant
549. How do you tell which side of the person's brain is dominant?	It is the side that controls their dominant hand, ie, a left handed person has a dominant right hemisphere and conversely a right hand person has a dominant left hemisphere
550. For which type of aphasia are slow, short, simple directions most useful?	Receptive
551. For which type of aphasia is careful listening and needs anticipation most useful?	Expressive
552. The loss of the ability to perform purposeful, skilled acts, ie brushing teeth, is called _____.	Apraxia
553. Cytoxan cyclophosphamide	Hemorrhagic cystitis
554. Cisplatin	Peripheral neuropathy, constipation, ototoxicity
555. Bleomycin	Pulmonary fibrosis
556. Adriamycin	Cardiotoxicity
557. Vincristine	Peripheral neuropathy (foot drop, numbness and tingling, hoarseness, jaw pain) constipation (adynamic ileus due to neurotoxicity)
558. DTIC- dome	Flu-like symptoms
559. Methotrexate	Chemo-therapeutic Agent Toxicities Toxic to just about every organ except to heart, toxicity made worse with aspirin
560. The infant fears _____ most when hospitalized.	Separation from love object

561. The toddler fears _____ most when hospitalized.	Separation from family	580. Do plant foods contain any cholesterol?	No, not many
562. The preschooler fears separation as well as _____ when hospitalized.	Mutilation- remember preschoolers have vivid imaginations...fantasy	581. What is otitis media?	Chronic infectious/inflammatory disease of the middle ear
563. The toddler and preschooler will think that illness is caused by _____.	Something they did wrong.	582. Is otitis a disease of the adult or child?	Usually the child
564. The school-aged hospitalized child is afraid of separation from _____.	Age group	583. What part of the ear is involved in otitis media?	Middle ear
565. The school-aged child perceives the cause of illness to be external or internal?	External, she knows that illness is not a result of bad behavior.	584. What are the 2 common subjective signs of otitis media?	Hearing loss Feeling of fullness in the ear
566. The adolescent who is hospitalized fears separation from _____ and loss of _____.	Peers, independence	585. What are the 2 common objective signs of otitis media?	Hyperpyrexia (fever) Drainage from ear
567. Preschoolers may require physical restraint during painful procedures. (T/F)	True	586. What commonly happens secondary to otitis media?	Perforation of the ear drum
568. Which age group engages in stalling tactics before painful procedures most?	School-Age	587. Do all the children with otitis media need tubes in their ears?	No
569. Which age groups are most likely to physically resist the nurse during procedures?	School-age, adolescents	588. What are the two most common medical treatments for otitis media?	Systemic antibiotics Antibiotic ear drops
570. Toddlers may require physical restraint for painful procedures. (T/F)	True	589. What is the most severe complication of otitis media?	Meningitis or mastoiditis
571. The meats that are highest in cholesterol are _____ meats.	Organ meats liver, heart, brains, kidneys	590. What is cholesteatoma?	An epidemial cyst in the ear highly associated with otitis media.
572. The meats that are second highest in cholesterol are the _____.	Shell seafood- shrimp, crab, lobster	591. What are the restrictions to be followed when tubes are in a child's ear?	No swimming, no showering, no diving
573. Egg white is (high/low) in cholesterol?	Low	592. What is cleft lip?	The lip is open to the nares
574. Egg yolk is (high/low) in cholesterol?	High	593. What is cleft palate?	The roof of the mouth is open to the nasopharynx.
575. The three meats lowest in cholesterol are _____, _____ and _____.	Chicken, pork, mutton	594. Is it possible to have only one: cleft lip or cleft palate?	Yes, you can have one or the other or both
576. Milk is (high/low) in cholesterol.	Low	595. When will the cleft lip be repaired?	Between 10 weeks and 6 months
577. Is cheese high in cholesterol?	Only moderate, not really that high	596. When is cleft palate repaired?	Between 1 and 5 years of age
578. Which oils are high in cholesterol?	Animal oils	597. Why is cleft lip repaired early?	Feeding is easier after repair and appearance after repair is more acceptable to parents.
579. Is cholesterol a triglyceride?	No		

598. Describe the nipples on bottles used to feed babies with cleft lip?	Large-holed, soft nipples	614. What position is contraindicated after cleft lip repair?	NEVER lie on their abdomen
599. The infant with cleft lip/palate needs more frequent _____.	Bubbling, burping	615. What will be used to feed the infant after cleft lip repair?	A dropper/syringe with rubber tip to discourage sucking
600. Children with cleft lip/palate should be fed in what position?	An almost upright position	616. 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
601. What is the #1 complication of cleft lip/palate?	Aspiration	617. What is a colostomy?	A surgically created opening of the colon out onto the abdomen wall.
602. Children with cleft lip and cleft palate have long-term problems _____, _____ and _____.	hearing speech teeth	618. Name the 3 most common reasons for a colostomy.	Cancer Diverticulitis Ulcerative Colitis
603. In how many surgeries is cleft palate repaired?	Two surgeries one at 12 to 18 months the last at 4 to 5 years	619. 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
604. Why is final repair of the palate delayed until 4 to 5 years?	Earlier surgery would interfere with tooth development.	620. 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.
605. How are cleft lip and cleft palate primarily treated?	Surgical repair	621. Colostomies performed for cancer tend to be (temporary/permanent).	Permanent
606. Is the infant restrained BEFORE repair?	No, just AFTER repair	622. Colostomies performed for a gunshot are usually (temporary/permanent)	Temporary
607. Should children with cleft palate BEFORE surgery be allowed to cry? To breast-feed?	Yes, they can cry; may breast feed with simple cleft lip however palate interferes with feeding	623. In a double-barrel colostomy, from which stoma (barrel) will the stool come out?	Proximal
608. AFTER repair of cleft lip is infant allowed to cry? To breast feed?	No, the infant should be held to PREVENT CRYING; the infant is not allowed to breast-feed because sucking is not good after lip repair.	624. A fresh new stoma is _____, _____ and _____.	Red, large, noisy
609. After cleft lip repair, what device will the baby wear?	A Logan bow	625. When a client voices embarrassment over the noises that their colostomy makes on the first post-op day, what would you say?	The noise will go away in a few days to a week.
610. What is the purpose of a Logan Bow?	To prevent stress on the suture line	626. 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
611. With what device will the infant be restrained?	Elbow restraints	627. 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.
612. How do you care for an infant with a Logan Bow?	Remove the gauze before feeding and cleanse after feeding with peroxide and saline.		
613. Can cleft lip /palate babies sleep on their backs?	Yes		

628. The MORE colon is removed the more _____ the stool.	Liquid
629. What technique is used to remove feces and flatus from the bowel through a colostomy?	Colostomy irrigation
630. How many times per day will the client irrigate his colostomy?	Once
631. Which solution is used to irrigate a colostomy?	Tap water
632. How warm should the irrigation solution be?	Warmer than body temperature, ie, 99-100F
633. In what position should the client be when they irrigate their colostomy?	Sitting
634. Illeostomy	liquid stool odor mild stool very damaging to the skin continuous drainage high risk for fluid/electrolyte imbalances incontinent never irrigate
635. 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/electrolytes imbalances may irrigate
636. Descending Colostomy	formed stool typical stool odor stool doesn't irrigate unless diarrhea predictable 2 to 3 times per day emptying lowest risk for fluid/electrolyte imbalances continent do irrigate
637. CHF can be right-sided, left sided or both-sided. (T/F)	True- left sided usually comes FIRST

638. 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
639. What does left sided CHF mean?	Left ventricle has decompensated
640. CHF can result from MI. (T/F)	True
641. When cardiac output fails, name three ways the heart will try to compensate.	Ventricle hypertrophy Dilate and heart rate will increase
642. What is meant by "cardiac decompensation"?	It means that the compensatory mechanisms - hypertrophy, dilation, tachycardia are not working and the heart has failed.
643. Name the three groups of drugs used to treat CHF?	Diuretics Vasodilators Digitalis
644. What is the activity order for clients with CHF?	Bed Rest
645. What special item do clients with CHF have to wear to decrease venous stasis in the legs?	TED hose
646. How often should anti-embolism hose (TED) be removed?	Daily
647. When during the day should TED hose be applied?	Before the client gets out of bed
648. Is it okay to use powder with TED hose?	Yes
649. Should you massage the calves of the client with CHF?	Never
650. Before you give digitalis, what action must you take?	Measure the apical pulse

651. If the adult client's apical pulse is below 60, what should you do?	Do not give digitalis For a child don't give for a pulse under 70 For an infant don't give for a pulse under 90	666. Can you use alcohol on the earmold of a hearing aid?	No, it dries and cracks it
652. What daily measurement best indicates the amount of fluid the client is retaining?	Daily weight	667. The connecting tube of a hearing aid can be cleansed with_____.	A pipe cleaner
653. Should clients with CHF have a Foley catheter?	Yes, on diuretics and fluid balance is important	668. What is the most common complication of malpositioned lenses in the comatose or confused patient?	Corneal ulceration
654. What complication is common in CHF?	Pulmonary edema	669. 1 kg	1000 cc
655. When the client is taking diuretics, what mineral is the CHF client most likely to lose?	Potassium--K+	670. 1 inch	2.5 cm
656. You should tell the client with CHF to immediately report to his/her doctor if he/she gains _____pounds in one week.	Three	671. 1 ml	1 cc
657. Name the four most common toxic effects of digitalis.	Anorexia N&V-- very common Yellow vision Arrythmia	672. 1 tsp	4 to 5 cc
658. Should hearing aids be removed before going for surgery?	Yes, but just before surgery	673. 1 g	1000 mg
659. Hearing aids are more useful in sensory or conductive hearing loss?	Conductive	674. 1 L	1000 cc
660. Some women experience discomfort when wearing contact lenses during pregnancy or menstrual periods. (T/F)	True	675. 1 oz	30 cc
661. Should a client sleep with the hearing aide in place?	No, a client should not sleep with a hearing aide in place.	676. 1 kg	2.2 lbs
662. What the two most common causes of whistling and squealing of a hearing aid?	Loose earmold Low battery	677. 1 tbs	15 cc
663. What solution should be used to clean a hearing aid?	Soap and water	678. 1 tbs	3 tsp
664. What solution is best to use if you intend to remove a client's contact lenses?	Sterile saline	679. 1 gm	15 gr
665. Hearing aids make sounds more distinct and clear. (T/F)	False, they only amplify--make it louder, they do not clarify	680. 1 gr	60 mg
		681. Cushings syndrome is _____ secretion of _____, _____ and _____ by the _____.	Oversecretion; glucocorticoids, mineralocorticoids, androgenic hormones; adrenal gland
		682. In Cushings the blood sugar is (increased/decreased).	Increased
		683. In Cushings the sodium level is (increased/decreased)	Increased
		684. In Cushings syndrome, the client develops _____ face.	Moon
		685. In Cushings syndrome, the trunk is _____ and the extremities are _____.	Obese, thin
		686. What is seen on the abdomen of the patient with Cushings?	Striae--purple horizontal lines
		687. Men with Cushings develop_____.	Gynecomastia
		688. What is gynecomastia?	Female-type breasts
		689. Women with Cushings develop?	Hirsutism Amenorrhea
		690. What is hirsutism?	Hair where you don't want it
		691. The Cushings syndrome patient will have a _____ on their upper back.	Buffalo hump

692. The patient with Cushings Syndrome will have (increased/decreased) blood pressure.	Increased, remember retaining water and sodium	706. The most common intervention for the CF client with a diagnosis of decreased airway clearance is _____.	Postural drainage
693. The Cushings syndrome patient will have _____ natremia, _____ kalemia and _____ glycemia.	Hyper; hypo; hyper	707. What vitamins need to be replaced in CF?	Fat soluble in water soluble form -- A,D,E,K
694. Cushings clients will have (increased/decreased) resistance to infection.	Decreased	708. What do CF clients need to do (ingest) in hot weather?	Take NaCl tablets
695. Chronic _____ therapy imitates Cushings.	Steroid	709. 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.
696. Cushings Man aka Cush Man	moon face with infection buffalo hump on back big trunk thin extremities loses potassium keeps glucose and salt has striations on abdomen and breasts	710. Why is the child with CF receiving pancreas/viokase/pancreatin?	They are enzymes which aid absorption of nutrients.
697. Is CF hereditary?	Yes	711. When should the child with CF take his pancreatin/viokase/pancreas?	With meals, so it is in the gut while the food is present, the whole purpose is to increase absorption of ingested food.
698. What glands are affected in CF?	Exocrine glands	712. Define Cystoscopy?	Direct visualization of the urethra and bladder through a cystoscope.
699. What is the appearance of the stool in a client with CF? remember the 4 Fs	Fat Frothy Foul-smelling Floating Steatorrhea	713. 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
700. What are the top 2 nursing diagnoses for a client with CF?	Decreased airway clearance Alteration in nutrition or absorption	714. 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.
701. What is the classic test for CF?	Iontophoresis - sweat test	715. Is the client NPO before cystoscopy?	No, not unless a child with a general anesthetic-- in fact with adults you should encourage fluids.
702. In which two systems/organs are the most problems in CF?	Lungs Pancreas	716. Are enemas required before cystoscopy?	No, but may be ordered.
703. How does the client evaluate the activity of their pancreas?	Observe stools for steatorrhea	717. Should you encourage fluids after cystoscopy?	yes
704. What is the typical diet for CF client?	High calorie High protein Modified fat	718. Is a signed informed consent required for cystoscopy?	Yes
705. The major problem in CF is _____.	Increased viscosity of the secretions of exocrine glands lead to obstruction.	719. What vital sign changes are most ominous after cystoscopy?	A fall in the blood pressure and increase in the pulse-- increasing hemorrhage
		720. Is the client sedated for a cystoscopy?	It is done under LOCAL anesthesia. General anesthesia may be used for a child.

721. **What drugs are most commonly given before cystoscopy?**
Valium or demerol

722. **First Trimester**
Developmental Task: Accepting fact of pregnancy (I am pregnant)

↑ leukorrhea (normal with vaginal secretions)
nasal stuffiness
urinary frequency begins
fatigue
epistaxis (nose bleeds)
N/V
breast changes (tenderness-- pain, tingling, fullness)
ptyalism (perceived ↑ in salivation)
gingivitis

723. **Second Trimester**
Developmental Task: Accepting grown fetus as distinct from self and as a person to nurture (I am going to have a baby)

heartburn
striae gravidarum
linea nigra
urinary frequency lessens
pruritis
joint pain and joint mobility
pelvic pressure
pigmentation deepens (areola, vulva)
palmar erythema
chloasma "mask of pregnancy" (begins after week 16 and ↑ until delivery)
supine hypotension
hemorrhoids
backache
varicose veins appear
round ligament pain
carpal tunnel syndrome
oily skin and acne
constipation
palpitations
headaches
faintness
food cravings
pica (craving non-food items such as starch, dirt, clay)

724. **Third Trimester**
Developmental Task: preparing realistically for birth and parenting (I am going to be a mother.)

Pregnant women fear possible defects in the baby
Pregnant women fears labor and delivery - possible mutilation, pain, loss of control

SOB and dyspnea
urinary frequency returns
insomnia
Braxton-Hicks contractions
ankle edema (non-pitting)
leg cramps
perineal pressure

725. **Other Discomforts and Dangers in Pregnancy**
Mood swings - common throughout pregnancy
Ambivalence (mixed feelings regarding pregnancy, labor and delivery, parenting, etc.)
Spider nevi appear on neck, thorax, face, arms - 2nd or 3rd trimester

726. **Danger Signs**
Severe headaches
Urinary tract infection (may lead to infection of fetal membranes and premature labor)
Epigastric pain (signals impending convulsion [pre-eclamptic])
Severe abdominal pain
Seizures
Decreased fetal movements or absent fetal movements (movements first felt around 16 to 20, any change of pattern or abrupt cessation of fetal movement is ominous)
Blurry vision (sign of pre-eclampsia)
Vaginal bleeding
Persistent, severe vomiting (can lead to dehydration and electrolyte imbalance)
Edema of face or fingers (possible hypertension, pre-eclampsia)

727. **The goal of nursing intervention in the care of the violent client is to prevent loss of _____ or to restore _____.**
Control, control

728. Use of alcohol and/or drugs (decreases/increases) risk of violent behavior.	Increases	741. Purpose of defense mechanism is to reduce _____.	Anxiety
729. Pacing can be a warning sign of potential violence. (T/F)	True, as in any other form of increased motor activity	742. When a person is consciously choosing to disbelieve the truth, they are using _____.	Denial
730. If the client is not yet out of control, what is the #1 strategy to treat beginning violence?	Decrease environmental stimuli	743. Defense mechanisms are always unhealthy. (T/F)	False, in fact defense mechanisms are often and most always healthy because they reduce anxiety.
731. When a client is becoming violent you should move in close to them to provide a sense of security. (T/F)	False, allow them space or else they can get worse	744. When a patient hates someone but then expresses the opposite emotion, it is called _____.	Reaction formation -- you form the opposite reaction, ie, you love a person and that makes you anxious so you form the opposite reaction and you ignore them
732. When approaching a violent client the first thing you say is....	My name is _____ and I am a nurse.	745. When an angry patient says "I am not mad, he is..."; they are using _____.	Projection
733. After identifying yourself what do you say to the client next?	What you are going to do and ask if these are any questions.	746. When a person is unconsciously choosing to disbelieve the truth, they are using _____.	Repression
734. When the client is having an overt violent outburst you should NEVER be alone with them. (T/F)	True	747. When the patient makes an excuse about something bad that happened, they are _____.	Rationalizing
735. When you seek assistance to deal with the violent client, you should obtain _____ personnel.	Trained	748. When a patient becomes demanding and self-centered and attention-seeking, the defense mechanism used is _____.	Regression
736. Should you ever ask the family or other patients to help you physically overcome a violent client?	Never	749. Defense mechanisms are ways to lie to yourself. (T/F)	True, they all involve self-deception.
737. When a client is overtly and actively violent, they are given a chance to calm down themselves before being subdued. (T/F)	True, once enough trained personnel are present the client is told that if they don't control themselves they will be controlled by us	750. When a patient tells all kinds of details about very upsetting events but acts very cool and calm, they are using _____.	Intellectualization
738. To promote efficient and safe accomplishment of physically-controlling a violent client it is extremely important that...	Only one person talk during the procedure	751. When a patient expresses their emotions toward another object they are using _____.	Displacement
739. When a client is losing control it is very frightening to them if the nurse shows _____.	Fear	752. The defense mechanism most suspected of causing psychosomatic illness is _____.	Repression
740. The best staff approach to control impulsive outbreaks of violence is....	Setting limits and doing it consistently		

753. What is the most important thing to do immediately when retinal detachment is suspected?	Bedrest	771. Which are the first teeth to erupt?	Lower central incisors
754. Define detached retina	Separation of the retina from the back of the eye--the choroid	772. When does infant's teeth first erupt?	4 to 6 months
755. What is the most common complication of retinal reattachment?	Hemorrhage	773. What age can infant follow an object with its head?	2 months
756. What group of drugs are given to people with retinal detachment?	Tranquilizers	774. What age are children first afraid of strangers?	6 to 7 months
757. What is the most common visual defect with retinal detachment?	A veil or curtain in the line of sight	775. What age does an infant walk alone?	14 to 15 months
758. Give three common causes of retinal detachment?	Trauma Aging Cataract surgery	776. What age does an infant have a pincer grasp?	12 to 13 months
759. Does the client always need surgery for retinal detachment?	No, lasers can be used, as can freezing probes	777. What age can an infant roll over?	4 to 5 months
760. Will the clients eyes be bandaged after retinal surgery?	Both will be, also before surgery as well	778. What age can an infant sit up unassisted?	6 to 8 months
761. Can the client return to work after retinal surgery?	Not for 3 weeks-- and may not be able to go back active jobs 6 to 8 weeks after that	779. What age does an infant stand alone?	12 to 13 months
762. What environmental change is most appropriate for clients after retinal reattachment?	Dimmed lighting	780. What age does an infant crawl?	8 to 9 months
763. What are the two non-surgical treatments done for retinal detachment?	Laser surgery (photo coagulation) Cryosurgery (freezing)	781. What age does an infant walk holding onto furniture?	10 to 11 months
764. Give two odd visual sensations that these clients with retinal detachment have.	Flashes of light Floaters	782. What visual experiences will patients with digitalis toxicity have?	Yellow/green halos around lights
765. Name a surgical procedure done for retinal detachment.	Scleral buckling	783. The signs of lithium toxicity are _____ (muscle symptom), _____ (abdominal symptom) and thirst.	Tremors, nausea and vomiting
766. When does anterior fontanel close?	18 to 24 months	784. Lithium carbonate is given for _____ disorder.	Bipolar (manic-depressive)
767. Infant's birth-weight should _____ in 6 months.	Double	785. When a patient is on lithium you must watch for a decrease in _____.	Sodium
768. Infants birthweight should _____ in one year.	Triple	786. Theophylline is a broncho-_____ used to treat _____.	Dilator, asthma
769. Infant's respiratory rate is _____ to _____ breaths per minute.	30 to 60	787. Digitalis toxicity exists when blood levels exceeds _____.	2.0 ng/dl
770. Infant's HR is _____ to _____ per minute	110-160	788. The earliest sign of digitalis toxicity is.....	Nausea and vomiting with headache
		789. Is theophylline toxicity life-threatening?	Yes
		790. Lithium toxicity occurs when blood levels are higher than _____ mEq/L.	2.0
		791. The signs of theophylline toxicity are _____ (GI), _____ (heart), and _____ (muscle).	Nausea and vomiting (coffee ground emesis), tachycardia, tremors
		792. What is the therapeutic blood level of theophylline?	10 to 20

793. Digitalis is a cardiac _____, used to _____ the contraction of cardiac muscle.	Glycoside, increase	808. What conditions does ECT treat?	Depression primarily
794. Theophylline toxicity exists when the blood level is above _____.	20	809. Is an informed consent necessary for ECT?	Yes
795. Ectopic pregnancy is implantation of a fertilized ovum _____ the _____.	Outside, uterus	810. Name the three most common complications of ECT?	Aspiration of emesis (most common) into the lung Dislocations of joints Fractures due to convulsion-- rare today
796. The most common site for ectopic pregnancy is in the _____.	Fallopian tube - 90%	811. What class of drugs is given with ECT?	Muscle relaxant -- succinylcholine
797. Have intrauterine devices to prevent pregnancy ever been linked to ectopic pregnancy?	Yes and so have pelvic infections.	812. What intellectual ability is impaired after ECT?	Memory
798. What is the most common sign of fallopian tube ectopic pregnancy?	Unilateral pelvic pain	813. How long will a client's memory be impaired after ECT?	2 to 3 weeks
799. What is the most dangerous side effect/complication of fallopian ectopic pregnancy?	Rupture of the fallopian tube	814. Immediately after ECT, how will the client normally act?	Drowsy Dull Apathetic
800. If the fallopian tube ruptures due to ectopic pregnancy, nursing care is the same as that for _____.	Shock and peritonitis	815. In what position should the client be immediately after ECT?	On their side-- to prevent aspiration
801. The uterus feels _____ after rupture of a fallopian ectopic pregnancy?	Boggy- tender, also	816. What typical pre-operative type of orders will be ordered before ECT?	NPO after midnight Remove dentures Client to void before surgery Side rails up
802. The first sign that a fallopian ectopic pregnancy had ruptured is...	Sharp abdominal pain	817. 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
803. Ectopic pregnancy is (usually/almost never) carried to term.	Almost never	818. What does an EEG measure?	Measures electrical activity generated by the brain
804. The most common medical-surgical treatment for ectopic pregnancy is _____.	Surgical removal of fetus and some surrounding tissue	819. When are there activity restrictions after an EEG?	ONLY when sedatives are used, and then it's only necessary to keep side rails up.
805. Name the surgery performed for an ectopic pregnancy.	Exploratory laparotomy	820. Should the client wash his hair before an EEG?	Yes
806. What is ECT?	The use of electrical shock current delivered to the brain to induce a seizure that treats depression.	821. What would you tell a client who says what if I get shocked during my EEG?	That is impossible since the test measures electrical activity coming FROM him, never to him.
807. The client is (awake/under local anesthesia/under general anesthesia) during ECT?	Under general anesthesia - - must be artificially ventilated	822. 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.
		823. What instructions are MOST important to give a client during an EEG?	Try not to move
		824. What should the client do after an EEG?	Wash their hair
		825. Should sedatives be given before an EEG?	Only if ordered as a pre-test medication.

826. How much sleep should the client get the night before an EEG?	At least 4 to 5 hours-- unless it is a sleep deprivation EEG	844. In emphysema, the appetite _____ the weight _____ and the anterior-posterior diameter of the chest _____.	Decreases, decreases, increases
827. Do you need a signed informed consent for an EEG?	No	845. What is the increase in anterior-posterior diameter of emphysema called?	Barrel chest
828. Should caffeine be limited before an EEG?	Yes. It should be eliminated for 24 hours before the test.	846. The person with emphysema have _____, _____ lips and (slow/rapid) breathing.	Grunting, pursed, rapid
829. What will excessively fatty stool be like?	Large, pale, foul smelling, greasy	847. What dietary prescription is most appropriate for the client with emphysema?	Frequent small meals to prevent tiring
830. What are the large, pale, foul smelling, greasy stools called?	Steatorrhea	848. What fluid order should the emphysema client have?	3 liters of fluid per day (this is an increase)
831. Name the three types of parasites abnormally found in stool.	Roundworm Tapeworm Pinworm	849. The client with emphysema is (ruddy/pale/cyanotic).	Cyanotic
832. What does occult blood in the feces mean?	Bleeding somewhere in the GI tract	850. Hyperthyroid (High metabolism)	Graves Disease
833. Are fats a normal constituent of feces?	Yes but it should be WNL	851. High growth hormone in a child (give another name)	Gigantism
834. A decrease in urobilin in stool results in stool that is _____.	Clay-colored	852. Over secretion of mineralcorticoids only (give another name)	Conn's disease
835. Name two things for which stool specimens are tested.	Occult blood, fat, ova and parasites	853. Low growth hormone (give another name)	Pituitary dwarfism
836. Is blood a normal constituent of feces?	No	854. High growth hormone in an adult.	Acromegaly
837. What is melena?	A black, tarry stool indicating a GI bleed	855. Under-secretion of adrenal cortex	Addison's disease
838. What position is best for clients with emphysema under normal circumstances?	Semi-fowlers or higher	856. Hypothyroidism in an adult.	Myxedema
839. What flow rates of O2 are appropriate for the client with emphysema?	Low flow -- <2.5 L/min; never exceed 2.5L in COPD	857. Over secretion of adrenal cortex	Cushing's syndrome
840. If a client with emphysema has a severe dyspneic episode what position is best?	Sitting upright with arms folded on the overbed table	858. Over secretion of adrenal medulla	Pheochromocytoma
841. What will you observe on the hands of the client with emphysema?	Clubbing of the fingernail beds	859. Hypothyroid in a child	Cretinism
842. In emphysema, the alveoli are over-_____ and under-_____.	Over-enlarged, under-ventilated so that air is trapped in alveoli	860. Oversecretion of ACTH	Cushing's disease
843. The development of emphysema is most associated with a history of _____.	Smoking	861. What is endometriosis?	Growth of endometrial tissue outside of uterus
		862. Endometriosis most commonly occurs in women between ages of _____ and _____.	25 to 40
		863. After menopause, endometriosis (decreases/increases).	Decreases
		864. What is the MOST common side effect of endometriosis?	Dysmenorrhea (painful menstruation)
		865. What is the major complication of endometriosis?	Infertility
		866. What diagnostic procedure confirms the diagnosis of endometriosis?	Laparoscopy

867. What class of drugs is used to conservatively treat endometriosis?	Androgens	884. What is recommended for the prevention of epiglottitis?	All children two months and over should receive an H. influenza B vaccine.
868. Which androgen drug is most commonly used to treat endometriosis?	Danazol	885. Autonomy vs Shame and Doubt	Toddler
869. Women with endometriosis should be counseled to use (tampons/pads) during menstruation?	Pads only	886. Industry vs Inferiority	School Age
870. Will client die of endometriosis? What would you say?	Not life-threatening	887. 18 to 25 years	Young Adult
871. What advice is best for women with endometriosis who want to have children?	Do not postpone pregnancy, may not be able to have children	888. Says "no"	Toddler
872. What is the #1 danger of epiglottitis?	Airway obstruction	889. Encourage creativity and collecting things	School Age
873. Epiglottitis most commonly occurs in children from age _____ to _____.	1 to 8 years	890. Give choices	Toddler
874. What organism causes epiglottitis?	Hemophilus influenza B	891. Centers on having basic needs met	Infancy
875. What level of fever is present in epiglottitis?	Over 102 degrees	892. 18 months to 3 years	Toddler
876. What symptoms are classic epiglottitis?	Muffled voice Drooling Stridor	893. 3 to 6 years	Pre-schooler
877. Will a child with epiglottitis cough?	No, there will be a lack of spontaneous cough.	894. 12 to 20 years	Adolescent
878. How will the child with epiglottitis breathe?	Leaned forward with flaring nostrils	895. Initiative vs Guilt	Pre-schooler
879. 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.	896. 6 to 12 years	School age
880. Would you do a throat culture for a child with epiglottitis?	No, never put anything in their mouth.	897. Trust vs Mistrust	Infancy
881. If epiglottitis is suspected, what should the parents be told?	To take the child to the ER as soon as possible.	898. Peer group important	Adolescent
882. What drug is used to fight epiglottitis?	Penicillin, ampicillin	899. Encourage fantasy	Pre-schooler
883. Children with epiglottitis often need a tracheotomy. What behavior would indicate the need for a tracheotomy?	Restlessness Increased HR Retractions	900. Identity vs Role confrontation	Adolescent
		901. Intimacy vs Isolation	Young adult
		902. Birth to 18 months	Infancy
		903. Define EGD	Insertion of a fiber optic scope to visualize the esophagus, stomach and duodenum
		904. What can be done during an EGD besides visualization?	Remove polyps Take specimens Coagulate bleeding vessels
		905. Can EGD be done on an uncooperative client?	No
		906. Does client need to have side rails up after EGD?	Yes, until sedative effects of valium have worn off
		907. Can an EGD be done on clients with GI bleeding?	Yes
		908. Is the client sedated before EGD?	Yes, with valium (diazepam) or another sedative
		909. What pre-test activities must be performed before the EGD?	Remove dentures and eyeglasses Sign consent NPO after midnight

910. When can an EGD client begin to eat after the test?	When gag reflex returns (knocked out with xylocaine)	925. What do mydriatics do for the eye?	Dilate the pupil (My "D"riatic "D" for dilate)
911. Is an EGD a fasting procedure?	Yes, after midnight	926. What do miotics do for the eye?	Constrict the pupil
912. What drug is given to anesthetize the pharynx?	Xylocaine (a local anesthetic)	927. Name one mydriatic	Neo synephrine or Atropine
913. What are the complications of EGD?	Perforation of gut Aspiration secondary to emesis Respiratory arrest (due to valium)	928. What do anticholinergics do for the eye?	Dilate the pupil Cycloplegia Paralyzes accommodation
914. What two discomforts are common during an EGD?	Vomiting Gagging	929. What is cycloplegia?	Paralysis of the iris/pupil
915. What is the most dangerous complication of EGD?	Secondary respiratory arrest (valium)	930. Which two of these classes of drugs cause tachycardia?	Mydriatics Anticholinergics (sympathetic effects)
916. What is the most common complaint after an EGD?	Sore throat	931. What is the most common use for anticholinergics in the eye?	To cause cycloplegia Dilation Allowing eye exam
917. Carbonic Anhydrase Inhibitors	Treat glaucoma Decreases aqueous humor production Diuresis Diamox is an example	932. How should eye ointments be given?	Placed on the lower inner eye lid, then have client close eyes
918. Anticholinergic	Dilates pupils Causes photophobia Used preoperatively for cataract removal Don't use in glaucoma Atropine is an example	933. Name two anticholinergics used in the eye.	Cyclogel, atropine
919. Miotic	Constricts pupil; Timoptic Pilocarpine are examples	934. Name one carbonic anhydrase inhibitor	Diamox
920. Mydriatic	Tachycardia Photophobia Dilates pupil Do not use in glaucoma Neo-synephrine is an example	935. How should the eye drops be given?	Place drops into the lower conjunctival sac
921. What do carbonic anhydrase inhibitors do to the eye?	Decrease production of aqueous humor and thus decrease intraocular pressure.	936. How is the flow of eye irrigational fluid directed?	From inner canthus to outer canthus
922. Name the most common side effect of carbonic anhydrase inhibitors?	Diuresis	937. Name two miotics	Pilocarpine, Timoptic (or any drug ending in -lol)
923. Which two groups of these drugs cause photophobia?	Mydriatics Anticholinergics	938. Define nuclear family	A family of parents and their offspring
924. Which of these classes of drugs causes contact dermatitis?	Miotics	939. When does a nuclear family become an extended family?	When aunts or uncles or grandparents live with the family
		940. In America, the family is the basic unit of society. (T/F)	True
		941. Give the 2 major roles of the family in society	To protect and socialize
		942. What percentage of North American families are single-parent?	50%
		943. 90% of single-parent families are headed by a _____.	Female

944. In what step of the nursing process does the nurse ask the family about their beliefs on illness?	Assessment phase	965. What precautions should the person with herpes take in regard to sexual intercourse?	No intercourse while vesicles are evident
945. What is the first thing a nurse must do to help families in crisis?	Nurse must first examine her own values	966. When is C-section delivery indicated if the mother is infected with herpes?	If the vesicles are present, then C-section is indicated
946. Increasing dietary fiber lowers the risk of _____ of the _____.	Cancer, colon	967. How long will it take for the vesicles to heal?	2 to 4 weeks
947. Foods lose some or all of their fiber when they are _____, _____, or _____.	Processed, cooked, peeled, refined	968. Glaucoma is an eye disorder in which there is _____ intraocular pressure in the _____ chamber.	Increased, anterior
948. Whole grains and grain products are (high/low) in fiber.	High	969. The increase in pressure is due to an imbalance in the formation and drainage of _____ humor from the anterior chamber.	Aqueous
949. Fruits are (high/low) in fiber.	High	970. Glaucoma affects (one/both) eyes, usually.	Both (it is a bilateral disease)
950. Veggies are (high/low) in fiber.	High	971. The most common visual field defect in glaucoma is loss of _____.	Central vision (loss of peripheral vision--also called tunnel vision)
951. Milk and milk products are (high/low) in fiber.	Low	972. What are the two types of glaucoma?	Open-angle, closed angle
952. Meats are (high/low) in fiber.	Low	973. Which one is the typical type and the one you should know well?	Open angle--90% of all cases
953. Nuts, seeds, and legumes are (high/low) in fiber.	Low	974. Open-angle glaucoma is seen most commonly in _____ life.	Later
954. Which has highest fiber? Grains, fruits, veggies, nuts.	Grains, especially bran	975. Open angle glaucoma is (painless/painful); whereas closed angle is (painless/painful).	Open is painless; closed is painful
955. When a person increases fiber in the diet they should do so _____.	Slowly	976. What drugs (class) are given to treat glaucoma?	Miotics -- these constrict the pupil (remember: in glaucoma DO NOT DILATE the pupil)
956. Side effects of a high fiber diet include _____ and malabsorption of _____.	Gas (flatus), minerals	977. Name two miotics.	Pilocarpine Timoptic
957. Of milled bread, enriched bread, fortified bread and whole grain bread; which is highest in fiber?	Whole grain	978. Why is diamox given to glaucoma patients?	(any drug ending in -lol) It is a diuretic that decreases aqueous humor production thus lowering intraocular pressure.
958. What type of herpes virus causes genital herpes?	Herpes simplex II	979. What type of drugs are contraindicated for glaucoma patients?	ANY drug that DILATES the pupils are BAD (i.e. mydriatics)
959. Name the two most common ways genital herpes is transmitted?	Sexual intercourse/contact; through birth	980. Can surgery be done for glaucoma?	Yes
960. How long is the incubation period of genital herpes?	3 to 7 days (about the same for gonorrhea)		
961. What do lesions of herpes look like?	Fluid filled vesicles		
962. What are the two most common sites for herpes?	On the genitals and the mouth		
963. What drug is used to treat herpes?	Acyclovir (or Gancyclovir, Famciclovir, Penciclovir, Valacyclovir)		
964. The client should keep the lesions (dry/moist)	Dry		

981. What do you do if the patient complains of severe ocular pain after surgery?	Call the MD-- hemorrhage into eye is most likely
982. Gonorrhea is the most common venereal disease next to chlamydia. (T/F)	True
983. Gonorrhea can infect the eyes. (T/F)	True
984. Gonorrhea can lead to sterility. (T/F)	True, in women
985. Gonorrhea occurs most commonly in people _____ to _____ years of age.	19 to 35
986. The almost exclusive way gonorrhea is transmitted to an infant's eye is through _____.	The birth process, from mother to infant eyes
987. What is the name for the gonorrhea conjunctivitis that neonates get during birth?	Ophthalmia Neonatorum
988. In males, what is the most common sign of gonorrheal infection?	Dysuria or purulent discharge
989. How long is the incubation period of gonorrhea?	2 to 3 weeks
990. Which sex is most likely to be asymptomatic with gonorrhea?	Women
991. What is the most common symptom of gonorrhea in females?	Greenish-yellow discharge from the vagina
992. When does the purulent discharge of ophthalmia neonatorum begin?	2 to 3 days after birth
993. What is the most serious complication of ophthalmia neonatorum?	Blindness
994. Gonorrhea is caused by a gram (negative/positive) organism?	Negative
995. The drug of choice for gonorrhea is _____.	Penicillin - If resistant organism, Ciprofloxacin
996. Why is probenecid given before administration of penicillin?	To prevent the excretion of penicillin and thereby prolong its action
997. How is the penicillin given (what route)?	IM

998. What is pelvic inflammatory disease?	Infection of the reproductive tract in the female, usually but not always an advanced stage of gonorrheal infection.
999. How is pelvic inflammatory disease treated?	By IV penicillin
1000. In what position should a patient with pelvic inflammatory disease be positioned?	Semi- to high- fowlers to keep the infection in the pelvis
1001. What drug is given to neonate to prevent gonorrheal conjunctivitis?	Erythromycin or tetracycline drops in eyes
1002. The sequence of growth and development is predictable. (T/F)	True
1003. The rate of growth and development is even. (T/F)	False, it goes in spurts and is often very uneven.
1004. Growth and development is a pediatric concern only. (T/F)	False
1005. Heredity determines most development. (T/F)	True
1006. Environment determines most development. (T/F)	True
1007. The rate a person grows and develops is predictable. (T/F)	False, the sequence is more predictable than rate.
1008. Heredity has no influence on development. (T/F)	False, it is a secondary influence (it is not the primary influence-- environment is)
1009. The heart is a (fast/slow) growing organ.	Slow
1010. Which component of growth and development is predictable: time of onset, length or stage, effect of stage and sequence of stage?	Sequence
1011. What is meant by the phrase-- growth and development is cephalocaudal?	Growth and development starts with the head and moves to the extremities.
1012. Growth and development occurs first in _____ body parts and progresses to _____ body parts.	Proximal, distal

1013. In which phrase is rate and growth most rapid--infancy or adolescence?	Infancy	1029. What is the most aggressive medical therapy for GBS?	Plasma phoresis-- to remove antibodies from the blood.
1014. The proportion of the body that is water (rises/falls) with age?	Falls, in infants is 70% water and adult is 58%.	1030. What information does the measurement of skin fold thickness yield?	The amount of body fat
1015. An infant's stomach is (more/less) acid than adults.	Less	1031. In general, males have a higher risk of heart disease than females. (T/F)	True
1016. Lymphoid tissue mass grows steadily throughout life. (T/F)	False, it decreases in mass after adolescence	1032. Post-menopausal females have a lower risk of heart disease than males aged 25-40. (T/F)	False. They have a higher risk.
1017. An adult's height begins to decline after the average age of_____.	30	1033. Family history of diabetes increases the risk fo heart disease. (T/F)	True
1018. The brain is fully mature in size at birth. (T/F)	False, but by end of the first year of life you will have all the brain cells you will ever have	1034. Family history of liver disease increases the risk of heart disease. (T/F)	False
1019. By what age do most children have all their deciduous teeth?	End of the 2nd year of life.	1035. Cigarette smoking increases the risk of heart disease. (T/F)	True
1020. What is the #1 finding with Guillian-Barre?	Progressive ascending paralysis	1036. Oral contraceptives decrease the risk of heart disease. (T/F)	False, use increases the risk
1021. What causes the paralysis of GBS?	Demyelination of peripheral nerves (unknown cause)	1037. Routine exercise decreases the risk of heart disease. (T/F)	True
1022. What kind of infection precedes Guillian-Barre?	Viral	1038. What is done in a graft for hemodialysis?	A blood vessel is sutured between an artery and a vein.
1023. The patient completely recovers from Guillian-Barre. (T/F)	False, there are usually residual effects but they do recover most of what was lost.	1039. What is done in an AV fistual?	A surgical anastomosis is made between the artery and a vein.
1024. Recovery usually occurs within ____ to ____ months for patients with Guillian Barre.	4 to 6	1040. Does anything exit the skin in an AV fistula?	No
1025. What is the first symptom of Guillian-Barre?	Clumsiness in ambulation (function in legs and feet is lost first.)	1041. How long can an AV fistula be used?	Indefinitely
1026. What is the biggest danger of Guillian-Barre?	Respiratory arrest secondary to diaphragmatic paralysis	1042. Who is the most likely to receive a graft for dialysis?	People with diabetes mellitus.
1027. In the acute phase of Guillian-Barre, it is very important to assess _____ every 2 hours.	Motor function of all muscles (especially the diaphragm)	1043. How often do clients with renal failure undergo dialysis?	3 times per week
1028. Before feeding in a patient with Guillian-Barre you must_____.	Check the gag reflex	1044. Is hemodialysis short term or long term?	Both- but most short term dialysis is achieved by hemodialysis
		1045. How long does the average dialysis last?	4 to 6 hours
		1046. What are 3 ways to gain access to the circulation in hemodialysis?	AV shunt AV fistula AV graft
		1047. What is the most common site for an AV shunt?	Radial artery to radial vein

1048. 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.	1064. Which of these symptoms are NOT seen in hemophilia? Prolonged bleeding, petechiae, ecchymosis or hematoma?	Petechiae
1049. What syndrome results when too much fluid is exchanged during hemodialysis too quickly?	Disequilibrium syndrome	1065. Hepatitis is an _____, _____ disease of the _____.	Acute, inflammatory, liver
1050. What are the symptoms of disequilibrium syndrome?	Change in LOC N/V Headache Twitching	1066. Hepatitis A, B, C and D are all (bacterial/viral) diseases.	Viral
1051. Does anything exit the skin in an AV shunt?	Yes, the plastic tube that connects the artery and vein outside the arm	1067. An early sign of hepatitis A is _____.	Anorexia or fatigue
1052. How long can AV shunt be used?	Just for a few weeks	1068. Early stage hepatitis often looks like the _____.	Flu
1053. Hemophilia is a _____ disorder.	Bleeding	1069. In later stages of hepatitis, the _____ turns dark.	Urine
1054. Hemophilia A is a deficiency of Factor # _____.	VIII	1070. What does pre-icteric mean?	The stage BEFORE the patient exhibits jaundice.
1055. During an acute bleeding episode, you should apply _____ for 15 minutes and apply _____.	Pressure, ice	1071. What is the icteric stage?	When the patient exhibits jaundice.
1056. The inheritance patterns for hemophilia is:	Sex linked recessive	1072. What skin symptoms do you see in hepatitis? (Give 2)	Pruritis (itching) Jaundice (Both are due to bilirubin accumulation)
1057. 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)	1073. Which disease has more severe symptoms-- Hepatitis A or B?	Hepatitis B
1058. What does hemarthrosis mean?	Bleeding into the joints	1074. Patients with hepatitis have an aversion to _____.	Cigarettes
1059. During bleeding into the joints you should (mobilize/immobilize) the extremity.	Immobilize to prevent dislodging the clots that do form.	1075. 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.)
1060. To treat hemarthrosis you should _____ the extremity above the _____.	Elevate, heat	1076. What is the common name for Herpes Zoster?	Shingles
1061. What is the name of frozen factor VIII given to hemophiliacs?	Cryoprecipitate	1077. What type of rash occurs with shingles?	A vesicular rash over the pathway of a sensory nerve
1062. 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	1078. How long does it take for shingles to heal?	30 days
1063. What drug can you apply topically to stop bleeding?	Epinephrine, or topical fibrin foam	1079. Who is the most common subjective symptoms of shingles?	Pain, pain, Pain

1080. What three drugs are given for shingles?	Acyclovir (anti-infective) Tegretol (anticonvulsant--given to stabilize nerve cell membranes) Steroids (anti-inflammatory)	1092. Clients on what class of drugs should use an elastic razor?	Anticoagulants (heparin/coumadin/lovenox)
1081. What other disease is related to shingles?	chickenpox	1093. When a client is unable to hold his dentures firmly in his mouth, the nurse should...	Leave them out
1082. What organism causes shingles?	Varicella--herpes zoster	1094. How often should mouth care be performed for those clients on oxygen?	Every 2 hours
1083. What is the #1 nursing diagnosis with shingles?	Alteration in comfort: pain, #2 Impaired skin integrity	1095. 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
1084. Hepatitis A	Enteric precautions Fecal/oral route of transmission Incubates 3 to 5 weeks Vaccine available (Can give immune globulin after exposure) HAsAg (this is what the blood test show) Hepatitis A surface Antigen	1096. How should a client's toenails be trimmed?	Straight across
1085. Hepatitis B	Watch those needles HBsAg (this is 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	1097. 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.
1086. Hepatitis C	Watch those needles Incubates 2 to 23 weeks Transmitted by blood only No vaccine, immune globulin doesn't work	1098. Clients on what type of therapy must use a safety blade razor (non electric)?	Oxygen therapy, since an electric razor could cause sparks
1087. Which types of client should have their toenails trimmed only by an MD?	Diabetics, peripheral vascular disease, very thick nails	1099. How should a nurse carry soiled linen?	In a neat bundle held away from the body.
1088. Two purposes of bed bath are...	Cleanses the skin Provides comfort	1100. When giving a bed bath, on which body party should the nurse begin to work?	The eyes
1089. The typical hospital client (should/should not) wear their dentures.	Should	1101. Give three reasons for giving a back rub.	Comfort Stimulate circulation and muscles Relaxation
1090. What type of movement should be used for cleansing eyes?	Inner to outer canthus	1102. The greatest danger in placing water in the mouth of the unconscious patient during oral hygiene is...	Aspiration
1091. Before applying elastic hose the nurse should...	Elevate the clients legs for 3 to 5 minutes to decrease venous stasis	1103. When shaving a client, water used should be more (hot/cold) than bath water?	Hot
		1104. What does evening or hour of sleep (HS) care consist of?	Oral hygiene Washing face/hands Back rub Tightening linens
		1105. What is dentifrice?	Agents which promote adherence of dentures to gums, ie, Polygrip
		1106. What is sordes?	Crusts on the tongue and gums due to improper oral hygiene

1107. What action will facilitate the trimming of brittle toenails?	Soaking in warm water	1124. Oral contraceptives (increase/decrease/do not effect) the blood pressure.	Increase
1108. 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.	1125. What four organs does hypertension affect the most?	Brain (stroke) Eyes (blindness) Heart (MI) Kidney (renal failure)
1109. Elastic stockings should be removed for the bath. (T/F)	True	1126. How many measurements must be made before you can say a person has hypertension?	At least three
1110. When should a patient put on TED hose?	Before getting out of bed (before the swelling occurs).	1127. What blood pressure is considered to be hypertension?	Anything greater than 140/90 mm Hg
1111. Hyperemesis Gravidarum is _____ and _____ vomiting that persists into the _____ trimester.	Severe and prolonged; 2nd trimester (normal vomiting should be gone before 2nd trimester)	1128. Which pressure is most damaging, an increased (systolic/diastolic)?	An increased diastolic
1112. Give three possible causes of hyperemesis gravidarum.	Pancreatitis Multiple pregnancies Hydatidiform mole	1129. When a doctor takes three different blood pressure readings at different times, how far apart must the measurements be made?	At least one week
1113. Has hyperemesis gravidarum ever been associated with mixed feelings about pregnancy?	Yes, increased incidence of it in women who are ambivalent about pregnancy	1130. Can hypertension be cured?	No, just treated
1114. What are the two most common complications of hyperemesis gravidarum?	Electrolyte imbalance (dehydration) Starvation	1131. What class of drugs is used to first treat hypertension?	Diuretics
1115. What is the initial diet order for clients with hyperemesis gravidarum?	NPO	1132. Name the two most common dietary prescriptions used to treat hypertension?	Calorie reduction for weight loss Sodium restriction
1116. Why are doctors cautious in using antiemetics to treat hyperemesis gravidarum?	They don't want to harm the fetus	1133. What two non-dietary lifestyle changes are used commonly to treat hypertension?	Decreases stress Increase activity
1117. What are the instructions given to clients recovering from hyperemesis gravidarum in relation to mealtime?	Remain seated upright for 45 minutes after each meal	1134. When you take the blood pressure of the client with hypertension you would measure _____ - _____, with the client _____, _____ and _____.	Both arms; lying, sitting and standing
1118. What is the biggest challenge in nursing care of the client with hyperemesis gravidarum?	Getting them to eat	1135. What do caffeine and smoking do to blood pressure?	Increase it
1119. Hypertension is an _____ or sustained elevation in the (systolic/diastolic) _____.	Intermittent, diastolic blood pressure	1136. 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)
1120. Hypertension is often fatal if untreated. (T/F)	True	1137. Would vasodilators or vasoconstrictors treat hypertension?	Vasodilators (decreases resistance)
1121. Hypertension is more common in blacks or whites?	Blacks	1138. Would sympathetic stimulators or sympathetic blockers treat hypertension?	Sympathetic blockers (decrease cardiac output and decrease resistance)
1122. Aging decreases the risk of hypertension. (T/F)	False, it increases the risk		
1123. Obesity increases the risk of hypertension. (T/F)	True		

1139. In hypovolemic shock there is a _____ in the circulating _____ volume-- this _____ tissue perfusion with _____.	Decrease; blood; decreases; oxygen	1155. What are mast trousers?	Pneumatic device placed around the legs and lower body that is inflated to force blood centrally
1140. What gauge catheter would you use to start an IV in hypovolemic shock?	16 or larger	1156. 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)
1141. What is the #1 cause of hypovolemic shock?	Acute blood loss	1157. In what position would you place a client in suspected hypovolemic shock?	On back with arms and legs elevated
1142. What happens to the blood pressure in hypovolemic shock?	It decreases	1158. How often are vital signs measured in hypovolemic shock?	Every 15 minutes
1143. What happens to the pulse pressure in hypovolemic shock?	It narrows (becomes a smaller number)	1159. If the blood pressure (systolic) falls below 80 mmHg, what would you do first in hypovolemic shock?	Increase the oxygen flow rate
1144. How do you calculate the pulse pressure?	You subtract the diastolic from systolic	1160. What is a hysterectomy?	It is surgical removal of the uterus
1145. If J. Doe's blood pressure is 100/60, what is his pulse pressure?	40 (100-minus 60 equals 40)	1161. How long must a woman wait before having intercourse after hysterectomy?	4 to 6 weeks
1146. What is the normal pulse pressure?	40 (+ or -10)	1162. Is the woman likely to have a foley catheter in after a hysterectomy?	Yes
1147. In hypovolemic shock the level of consciousness (LOC) is (increased/decreased).	Decreased	1163. Are enemas common before a hysterectomy?	Yes
1148. Which heart rate is associated with hypovolemic shock, bradycardia or tachycardia?	Tachycardia	1164. 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
1149. In hypovolemic shock the output of urine will be less than _____ cc per hour.	25 to 30 cc	1165. What are 2 common psychological reactions to hysterectomy?	Grief, depression
1150. The client's skin will be _____, _____, and _____.	Cool, pale, clammy (due to arterial constriction to shunt blood from skin to vital organs)	1166. What causes thrombophlebitis after hysterectomy?	Venous stasis in the abdomen (the woman was in the vaginal lithotomy position for hours)
1151. Which acid-base disorder is MOST commonly associated with hypovolemic shock?	Metabolic acidosis (due to lactic acid accumulation- no oxygen = anaerobic metabolism)	1167. What sign would indicate the presence of thrombophlebitis?	A hard, red swelling in the posterior calf
1152. 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	1168. 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
1153. What are the first two sings of hypovolemic shock?	Change in LOC and tachycardia		
1154. What is the #1 medical treatment of hypovolemic shock	Replace blood and fluids		

1169. How long does the woman have to be off oral contraceptives before hysterectomy?	Oral contraceptives should be discontinued 3 to 4 weeks preoperatively.	1182. After positioning the HOB the nurse should then...	Call the doctor
1170. How long should a woman wait before lifting heavy objects after a hysterectomy?	2 months	1183. What activities/action MUST be avoided in the client with increased ICP?	Sneezing, coughing (non-productive), straining at stool or doing anything which requires the valsalva maneuver
1171. How long does a lady have to wait before driving after a hysterectomy?	3 to 4 weeks	1184. When a patient has increased ICP the nurse should (hyper/hypo) ventilate the patient?	Hyperventilate
1172. If the client complains of abdominal gas after a hysterectomy, the best intervention is.....	Ambulation	1185. The most common osmotic diuretic used to decrease ICP is...	Mannitol
1173. What are two major complications of a hysterectomy besides hemorrhage?	Thrombus and pulmonary embolus Urinary retention	1186. The most common loop diuretic given to decrease ICP is...	Lasix
1174. What body position should be avoided after hysterectomy? Why?	Knee flexion (because it increases the chance of thrombophlebitis)	1187. The most common anti-inflammatory drug given to decrease ICP is...	Decadron
1175. When will bowel sounds return after a hysterectomy?	After 24 hours but before 72 hours	1188. If analgesia is necessary for the patient with increased ICP the doctor should order_____.	Codeine
1176. What is the speculated cause of ITP?	Autoimmune	1189. Why is codeine alone used for analgesia in increased ICP?	Because it does not depress respiration or LOC as much as other narcotics, and it suppresses cough
1177. What two things do the clients with ITP complain of before clinical diagnosis?	Bleeding gums and epistaxis (nose bleed)	1190. What body system is attacked by mononucleosis?	Lymphatic
1178. What two observable skin signs are common with ITP?	Ecchymosis (bruises) Petechia (small dot-like hemorrhages)	1191. What blood count will be elevated in mononucleosis?	Lymphocytes increase, monocytes increase, granulocytes decrease
1179. What is papilledema and how is it related to increased ICP?	It is edema of the optic disc, it is present when increased ICP pushes brain tissue through the optic foramen. (You see it with an ophthalmoscope)	1192. How long is the average recovery from mononucleosis?	Three weeks
1180. What environmental changes are necessary when there is increased ICP?	Dark, calm, quiet environment	1193. What two medications are given to clients with mononucleosis?	ASA-- steroids if a bad case
1181. When there is increased ICP the nurse should first _____ the _____ of the bed to _____ degrees.	Position; head; 10-30 degrees	1194. What organism causes mononucleosis?	Epstein-barr herpes virus
		1195. Give four symptoms of mononucleosis.	Sore throat, malaise, stiff neck (nuchal rigidity) and nausea
		1196. Give three nursing measures for care of clients with mononucleosis.	Rest, ASA, fluids

1197. What age group most commonly gets mononucleosis?	15 to 35
1198. What organ should not be palpated in the client with mononucleosis?	The spleen, it could rupture which may lead to shock and death
1199. How is mononucleosis transmitted?	Respiratory droplets
1200. Upon physical exam of a client with mononucleosis, you find...	Increased temperature Enlarged lymph nodes Splenomegaly
1201. Name two complications of mononucleosis.	Hepatitis, ruptured spleen, meningoencephalitis
1202. Should you shampoo the scalp and hair of the patient before cranial surgery?	Yes
1203. What should you do with the hair shaved from the scalp pre-operatively?	Save it for the patient
1204. If surgery was supratentorial (cerebral, pituitary) position the patient _____ post-operatively.	On back or non-operative side, with HOB up 15 to 45 degrees.
1205. If the surgery was infratentorial (cerebellum/brainstem) position the patient...	Keep HOB flat
1206. Should the client turn, cough, deep breathe after a craniotomy?	Turn every 2 hours, deep breathe every hour, no cough (could cause increased ICP)
1207. Should the client with cranial surgery have fluids forced or restricted?	Restricted to 1500 cc.
1208. What are three common complications of craniotomy?	Diabetes Insipidus (frontal craniotomy), increased ICP, meningitis
1209. If the post-operative craniotomy patient has a high temperature in the first 48 hours post-operatively, it is probably due to _____.	Increased ICP, especially hypothalamus (remember surgical wound infections don't occur until day 3 or 4), post operative inflammatory temperatures are not usually over 100.8

1210. What drug will be used for post-operative analgesia?	Codeine
1211. Why is the patient taking dilantin post-craniotomy?	Prevent seizures
1212. Describe two ways to determine if drainage post-craniotomy is CSF.	Test for glucose (if positive then CSF), watch for halo effect on gauze (if present then CSF)
1213. What painful procedure must occur as part of an IVP?	IV puncture
1214. Does the client need to empty his bladder before an IVP?	Yes
1215. Is the client NPO for an IVP?	Yes, after midnight
1216. What subjective experience will the client have at the beginning of an IVP?	Hot flush, salty taste in mouth (these are transitory and will pass quickly)
1217. Does the client need to have a catheter inserted for an IVP?	No
1218. Is a dye always used during an IVP?	Yes
1219. What structures are visualized during an IVP?	Kidneys, renal pelvis, ureters, bladder
1220. If the client is allergic to iodine dye an IVP cannot be done. (T/F)	False, they will just give Benadryl or steroids for a few days pre-test
1221. What question should be asked to assess a client's risk of allergic reaction to IVP dye?	If the client is allergic to iodine or shellfish
1222. What is required the evening before an IVP?	An active bowel prep with laxatives (optional in infants and children)
1223. What are important post-test measures after an IVP?	Encourage fluids, ambulate with assistance
1224. Performance of an IVP on what group of clients is most dangerous?	Dehydrated elderly (can get renal failure)
1225. Intussusception is a condition in which the bowel _____ into itself.	Telescopes
1226. Intussusception is more common in (boys/girls).	Boys
1227. Name two ways to correct intussusception.	Barium enema (the barium pushes the bowel straight), or surgical repair

1228. The major complication of intussusception is _____ of the bowel.	Necrosis	1242. Untreated increased intracranial pressure (ICP) can lead to brain _____ and _____.	Herniation, death
1229. Intussusception occurs most commonly at age _____ months.	6	1243. ICP increases whenever anything unusual occupies _____ in the cranium.	Space
1230. Intussusception is commonly seen in children who have_____.	Cystic fibrosis	1244. The earliest sign of increased ICP is...	Change in LOC (Level of Consciousness)
1231. Describe the cry of the infant with intussusception.	Piercing cry	1245. The pulse pressure _____ when ICP is increased.	Widens
1232. In addition to experiencing severe abdominal pain tell what position the infant will assume.	Pull legs up to chest/abdomen	1246. Whenever there is increased ICP the _____ blood pressure rises.	Systolic
1233. Describe the stool of a child with intussusception.	Current-jelly stool, bloody mucous. If surgery is scheduled and the infant has a normal bowel movement, surgery may be canceled. Call MD	1247. When there is increased ICP the _____ blood pressure remains the same.	Diastolic
1234. Describe the vomitus of a child with intussusception.	Bile stained	1248. Which pulse rate is most commonly associated with increased ICP?	Bradycardia
1235. What organ is most frequently removed in ITP?	The spleen	1249. In increased ICP the temperature (rise/falls).	Rises
1236. Why is this organ removed in ITP?	The spleen destroys old platelets so if you removed the organ that destroys platelets, you increase your platelet count	1250. Describe the respiratory pattern seen in increased ICP.	First, central hyperventilation (very early on) and at the end, Cheyne-Stokes
1237. What lab value is most decreased in ITP?	Platelet count	1251. When ICP is increased, the pupils FIRST show...	Unilateral dilation with sluggish reaction
1238. Because these clients with ITP are on steroids they have an increased risk of...	Infection (fungal and viral primarily)	1252. Eventually in increased ICP the pupils become _____ and _____.	Fixed and dilated
1239. Transfusions with what product are common in ITP?	Platelets	1253. Will the client with increased ICP have a headache?	Yes
1240. What is the most-life threatening complications of ITP?	Hemorrhage	1254. What type of vomiting is present in increased ICP?	Projectile
1241. Name the class of drugs most commonly given to clients with ITP?	Steroids (decadron, prednisone, hexadrolsolucortef); Immunosuppressive agents (immuran)		

1255. Why does hyperventilation "treat" increased ICP?	It reduces CO ₂ , resulting in vasoconstriction. CO ₂ is a vasodilator in the brain, vasodilation would occupy more space and thus increase ICP more.
1256. When ICP increases the patient is more likely to have fluids (encouraged/restricted).	Restricted to decrease edema in the brain
1257. What is the primary dietary prescription for calcium nephrolithiasis?	Low calcium diet
1258. For the client with calcium nephrolithiasis the diet should be _____ ash.	Acid
1259. If the kidney stone is calcium phosphate the diet must be low in ____ too.	Phosphorous
1260. The primary diet treatment for uric acid nephrolithiasis is _____ - _____.	Low prurine
1261. The client with uric acid nephrolithiasis should have a diet low in _____.	Methionine
1262. What is methionine?	The precursor of the amino acid cystine (precursor = material out of which something is made)
1263. Name two foods high in methionine.	Milk, eggs
1264. Clients with cystine nephrolithiasis should have a (n) _____ ash diet.	Alkaline
1265. Increasing fluids to over 3000 cc per day is more effective in treating renal calculi (kidney stones) than any dietary modification. (T/F)	True. It's more important to flush the urinary tract than worry about what you're eating.
1266. RBC	4.0 to 6.0 mil/ul
1267. WBC	5,000 to 11,000
1268. Platelet Count	150,000 to 400,000
1269. Creatinine	0.6 to 1.2 mg/dl
1270. Na+	135 to 145
1271. HCO₃	22 to 26
1272. Hematocrit	36 to 54

1273. pCO₂	35 o 45
1274. K+	3.5 to 5.3
1275. pO₂	78 to 100
1276. BUN	8 to 25
1277. Hemoglobin	12 to 16 female; 14 to 18 male
1278. pH	7.35 to 7.45
1279. O₂ Sat	93 to 100
1280. What is the common name for LTB?	Croup
1281. What is the typical temperature elevation in croup?	Low grade, usually below 102 degrees, but can go up to 104 degrees
1282. Are antibiotics helpful for croup? For epiglottitis?	For croup, no. For epiglottitis, yes.
1283. Is croup viral or bacterial?	Viral
1284. With which condition is croup most often confused?	Epiglottitis
1285. Can croup be managed at home? Can epiglottitis be managed at home?	Yes. No, epiglottitis is a medical emergency
1286. Are sedatives used for children with croup?	No, because this would mask the signs of respiratory distress.
1287. What causes epiglottitis? A virus or bacteria?	H. influenza bacteria
1288. What is the best treatment for croup?	Cool moist air
1289. What should never be done to a child with epiglottitis?	Never put anything in the child's mouth, ie, a tongue blade can lead to obstruction
1290. What are the typical signs and symptoms of croup?	Barking cough, inspiratory stridor, labored respiratory pattern
1291. What three signs tell you that the child has epiglottitis instead of croup?	Muffled voice Drooling Increased fever
1292. When is croup baed enough to be evaluated by a doctor?	When retractions, and high pitched stridor are present
1293. What lead level needs intervention?	50 to 60 micrograms/dl
1294. With which class of drugs will a child with lead poisoning be treated?	Chelating agents
1295. What do chelating agents do?	They increase the excretion of heavy metals

1296. The most frequent cause of lead poisoning is...	Ingestion of lead-based paint chips	1311. When the leukemia child's platelets and WBCs are low, his activities should be...	Limited
1297. Name three common chelating agents for lead poisoning.	EDTA, desferal, BAL in oil	1312. When the platelet and WBCs are low the nurse should not insert a...	Suppository
1298. List specific symptoms of lead poisoning	Drowsiness, clumsiness, ataxia, seizures, coma, respiratory arrest	1313. Are IM injections and IV sticks permitted on a child with leukemia?	When the platelets and WBCs are low, IMs are to be avoided; IV sticks are to be limited, and only done when absolutely necessary (ie, to give chemotherapy or measure blood counts)
1299. Symptoms of lead poisoning show up in the _____ system.	Neurological	1314. Why are children on chemotherapy also on zylprim (allopurinol)?	To prevent uric acid kidney stones (remember when chemotherapy kills cancer cells, purines and uric acid build up and could cause kidney stones).
1300. Leukemia is cancer of the _____-forming tissues.	Blood	1315. Why do some children with leukemia have joint pain?	The immature WBCs infiltrate the joint and cause inflammation.
1301. The type of cell that is most common and problematic in leukemia is_____.	Immature WBC	1316. Why is a child with leukemia at risk for neurological symptoms due to increased intracranial pressure?	The immature WBCs infiltrate the brain and cause inflammation
1302. In leukemia the RBC count is (high/low).	Low, because the bone marrow is going "wild" producing all those immature WBCs--no energy or nutrients left over to make RBCs	1317. If the platelet count is low what drug should the child not take?	Aspirin
1303. In leukemia, the platelet count is (high/low).	Low, because the bone marrow is going "wild" producing all those immature WBCs-- no energy or nutrients to make platelets.	1318. Is the alopecia of chemotherapy permanent?	NO, it will grow back (remember, the alopecia of radiation therapy is permanent because the follicle is destroyed too)
1304. Because of the immature WBCs, the patient is at risk for_____.	Infection	1319. What does ANC stand for?	Absolute Neutrophil Count
1305. Because of low platelets, the patient is at risk for _____, _____, and _____.	Bruising, ecchymosis, bleeding petechiae	1320. What is the ANC used for in leukemia?	If the ANC is below 500, then the patient will be on protective isolation
1306. What causes lymph gland enlargement in leukemia?	All those small immature WBCs clog the lymphatic system	1321. Which is used more commonly to decide if the patient should be on isolation: the WBCs or the ANC?	The ANC is more reliable and valid.
1307. Should you take a rectal temperature on a child with leukemia?	No		
1308. Should you take an oral temperature on a child with leukemia?	Yes, as long as they are over four years old, in remission, and have no sores in their mouth		
1309. Should the child with active leukemia use straws, forks, cups?	No straws, No forks, Yes they can have cups		
1310. The nurse's priority in treating a child with newly diagnosed leukemia is...	Decreasing risk of infection		

1322. By the end of the first six months of life an infant's birth-weight should _____.	Double
1323. By the end of the first year of life an infant's birthweight should _____.	Triple
1324. The ideal food for infants is _____.	Breast milk
1325. Breast milk contains substances that increase immunities. (T/F)	True
1326. Bottle-fed infants do not bond well with their mothers. (T/F)	False
1327. The one nutrient that commercial formulas are typically low in is _____.	Iron
1328. Breast milk does not contain iron. (T/F)	False, however, it does not contain enough iron - so they should be fed iron fortified cereal starting at 6 months.
1329. At what age should the infant be fed cows/goats milk?	Not before 12 months
1330. What is the major problem with feeding an infant skim milk?	They don't get enough calories and don't grow. Dehydration from excessive solute load and inability to concentrate urine.
1331. When should the infant be introduced to textured solid food? (What age?)	4 to 6 months
1332. What is the first food that an infant should be introduced to?	Iron fortified rice cereal
1333. When forced to eat, the preschool child will....	Rebel
1334. Parents of preschool children should be taught that as long as the child eats _____ good nutritious meal per day, they should not make eating food an issue.	One
1335. Refusal to eat is common in preschoolers (T/F).	True, but still offer a variety
1336. Youngsters develop food preferences by...	Observing significant people in their environment
1337. School-aged children grow at a slower rate than infants, toddlers or adolescences. (T/F)	True

1338. What dietary strategy is most appropriate for the industrious school-age child?	Wholesome snacks, because they are often too busy to eat
1339. Girls in adolescence need more calories than adolescent boys. (T/F)	False, boys need more calories.
1340. Adolescents should take vitamin supplements. (T/F)	True
1341. Mastitis and breast engorgement are more likely to occur in (primipara/multipara).	Primipara
1342. Where does the organism that causes mastitis come from?	The infant's nose or mouth
1343. Which organism most commonly causes mastitis?	Staph
1344. Prolonged intervals between breast-feeding (decrease/increase) the incidence of mastitis.	Increase
1345. Can too tight bras lead to mastitis?	Yes, preventing emptying of ducts
1346. Mastitis usually occurs at least _____ days after delivery.	10
1347. When mastitis is present the breasts are _____, _____, and _____.	Hard, swollen, warm
1348. Mastitis is accompanied by a fever over _____.	102 degrees
1349. If mastitis is caused by an organism, what causes breast engorgement?	Temporary increase in vascular and lymph supply to the breast in preparation for milk production
1350. If mastitis occurs 1+ weeks after delivery, when does breast engorgement occur?	2 to 5 days after delivery
1351. Does breast engorgement interfere with nursing?	Yes, the infant has a difficult time latching on (getting nipple in its mouth)
1352. What class of drugs is used to treat mastitis?	Antibiotics
1353. Antibiotics are used to treat breast engorgement? (T/F)	False
1354. Application of (warm H2O compress/ice packs) is the preferred treatment for breast engorgement.	Ice packs to decrease swelling

1355. The mother with mastitis should stop breast feeding. (T/F)	False, the mother must keep breast feeding. (Offer unaffected breast first)	1370. In the chain of infection, hand washing breaks the mode of _____.	Transmission
1356. If the mother has an open abscess on her breast, must not breast-feed. (T/F)	True	1371. The best way to decrease nosocomial infection is sterile technique. (T/F)	False, hand washing is the best way.
1357. For breast engorgement, the non-breastfeeding mother should be told to express breast milk. (T/F)	No, that would increase milk production and would make the problem worse (warm compresses or warm shower to let milk "leak" is okay- Ice is best)	1372. Sterile gloved hands must always be kept above the waist. (T/F)	True
1358. What is the best treatment for breast engorgement?	Breast-feeding - it will balance supply and demand	1373. When putting on the second of a set of sterile gloves, you should grasp the cuff. (T/F)	False, reach under the cuff with the tip of the gloved fingers.
1359. What is mastoiditis?	Inflammation/infection of the mastoid process	1374. When putting on the first glove of a set of sterile gloves, you should grasp the cuff. (T/F)	True
1360. What is the most common cause of mastoiditis?	Chronic otitis media	1375. 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
1361. What are 4 signs and symptoms of mastoiditis?	Drainage from ear, high fever, headache and ear pain, tenderness over mastoid process	1376. Airborne microorganisms travel on _____ or _____ particles.	Dust or water
1362. What unusual post-operative complication can result from mastoidectomy?	Facial nerve paralysis due to accidental damage during surgery (law suit time!)	1377. Another name for medical asepsis is...	Clean technique
1363. What should you do to assess for facial nerve paralysis post-mastoidectomy?	Have the patient smile and wrinkle forehead.	1378. Sensitivity (susceptibility) means...	The susceptibility of an organism to the bacterial action of a particular agent
1364. What is the medical treatment for mastoiditis?	Systemic antibiotics	1379. When unwrapping a sterile pack how should you unfold the top point?	Away from you
1365. What is the surgery for mastoiditis called?	Simple or radical mastoidectomy	1380. Virulence means....	Ability of an organism to produce disease
1366. Will a simple mastoidectomy worsen hearing?	No, a radical mastoidectomy may	1381. Another name for surgical asepsis is...	Sterile technique
1367. Should the nurse change the post-mastoidectomy dressing?	No, reinforce it. Physician changes first post op dressing	1382. What is the best location in a client's room to set up a sterile field?	On the over-bed table
1368. What is a common side effect of mastoidectomy?	Dizziness (vertigo)	1383. Medical aseptic technique are aimed at reducing the number of organisms (T/F)	True, doesn't eliminate all of it just decreases the number
1369. What is a major nursing diagnosis post-mastoidectomy?	Safety	1384. What does bacteriostatic mean?	Having the capability to stop growth of the bacteria
		1385. What does bacteriocidal mean?	Having the capability to kill bacteria.
		1386. What does nosocomial infection mean?	Infection acquired through contact with contamination in the hospital

1387. When pouring liquid onto a sterile field you should pour from a height of ____ to ____ inches above sterile field.	6 to 8	1401. How should drugs that stain teeth be administered?	By a straw
1388. 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	1402. A drug given by a parenteral route acts outside the GI tract. (T/F)	True
1389. Culture means....	Growing colony of organisms, usually for the purpose of identifying them	1403. Name the four most common parenteral routes of administrations.	SQ, IM, IV, ID (intradermal)
1390. Surgical aseptic techniques render and keep articles free from all organisms. (T/F)	True	1404. When blood is administered by IV, the needle/catheter should be _____ gauge.	18 gauge
1391. You must never turn your back to a sterile field. (T/F)	True	1405. You can administer up to ____ cc of a drug per site by IM injection in adults.	3 cc
1392. What must you do if you reach across a sterile field?	Consider the area contaminated and not use the articles in the area	1406. Children should receive no more than _____ cc per site by IM injection.	2 cc
1393. Micro-organisms grow best in a _____, _____, _____ place.	Warm, dark, moist	1407. The preferred IM injection site for children under 3 is the _____.	Vastus lateralis
1394. 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.	1408. Why is the dorsogluteal site not recommended for IM injection the children less than 3 years of age?	Because the muscle is not well developed yet.
1395. 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 "lipping" the bottle)	1409. Can 3 cc of fluid be administered per IM into the deltoid of an adult?	No, maximum of 1 cc
1396. Which is the best method for identifying clients accurately?	By ID name-band	1410. The #1 danger when using the dorsogluteal site for IM injection is_____.	Damage to the sciatic nerve
1397. An emulsion is a mixture of ____ and ____.	Oil and H2O	1411. The preferred angle of injection to to be used for IM administration is_____.	90 degrees
1398. Syrups and elixirs are of particular concern to diabetic clients because....	they contain sugars	1412. The preferred length of needle to administer an IM injection is...	1 to 2 inch
1399. Oral medications have a (faster/slower) onset of action that IM drugs.	Slower	1413. The preferred gauge of needle for IM injection is...	21 to 22 gauge
1400. Oral medications have a (shorter/longer) duration of action than IM medications.	Longer	1414. Which type of medications are given by Z-track injection?	Irritating, staining
		1415. How long is the needle kept inserted during Z-track injection?	10 seconds
		1416. What must be done to the equipment before injecting by Z-track method?	Change the needle
		1417. When giving a Z-track injection, the overlying skin is pulled (up/down/medially/laterally).	Laterally
		1418. Subcutaneous injection must be given at 45 degrees. (T/F)	True (for boards), false- whatever angle gets it SQ without going IM

1419. The preferred gauge of needle for injection for SQ injection_____.	25 gauge
1420. The preferred length of needle for SQ injection is_____.	5/8 inch
1421. The intradermal route is primarily used for _____.	Skin testing
1422. Name the two sites used for intradermal injection.	Inner forearm Upper back
1423. In general, the nurse should wear gloves when applying skin preparations such as lotions. (T/F)	True
1424. After using nose drops, the client should remain _____ for _____ minutes.	Supine, 5
1425. Strict aseptic techniques is required when administering a vaginal medication. (T/F)	False-- only "clean" technique or medical asepsis is necessary
1426. Before administering vaginal medications the client is more comfortable if you ask them to _____.	Void
1427. After administration of a vaginal durg the client should remain ____ for____ minutes.	Supine, 10
1428. Rectal suppositories with an oil base should be kept refrigerated. (T/F)	True
1429. Strict sterile technique is required when administering a drug per rectum. (T/F)	False, clean or medical asepsis
1430. The best way to ensure effectiveness of a rectal suppository is to...	Push the suppository against the wall of the rectum
1431. A rectal suppository is inserted _____ inches in an adult and _____ inches in a child.	4,2
1432. The client should remain supine for 5 minutes after having received a rectal suppository. (T/F)	False-- they should be lying on their side for 5 minutes, not supine
1433. A suppository given rectally must be lubricated with a water soluble lubricant. (T/F)	True, lubricant fingers also

1434. Eye medications can be given directly over the cornea. (T/F)	False, into the conjunctival sac, never the cornea; hold the dropper 1/2 inch above the sac
1435. Eye drops should be placed directly into the _____.	Conjunctival sac
1436. To prevent eye medications from getting into the systemic circulation you apply pressure to the _____ for _____ seconds.	Nasolacrimal sac, 10 (press between the inner canthus and the bridge of the nose)
1437. 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 (alphabetical: I to O)
1438. If ear medications are not given at room temperature the client may experience...	Dizziness, nausea
1439. To straighten the ear canal in the ADULT, the nurse should pull the pinna_____ and _____.	Up and back
1440. To straighten the ear canal in the young CHILD under 3 the pinna should be pulled _____ and _____.	Down and back
1441. After receiving ear drops the client should remain in _____ position for _____ minutes.	Side lying, 5
1442. How far above the ear canal should you hold the dropper while administering ear drops?	1/2 inch
1443. Liquid doses of medications should be prepared at _____ level.	Eye
1444. Liquid drugs should be poured out of the side (opposite of/the same as) the label.	Opposite
1445. It is safe practice to administer drugs prepared by another nurse. (T/F)	False
1446. In order to leave drugs at the bedside you must have a physician's order. (T/F)	True
1447. Young infants accept medication best when given with a _____.	Dropper
1448. It is safe practice to recap needles after injection. (T/F)	False, Never re-cap

1449. 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 in a new syringe
1450. Tagamet	Give with meals, remember Zantac does not have to be given with meals
1451. Capoten	Give on empty stomach, one hour before meals (antihypertensive)
1452. Apresoline	Given with meals (antihypertensive)
1453. Iron with nausea	Give with meals
1454. Sulfonamides	Take with LOTS OF WATER regardless of whether you give it at mealtime or not -- Bactrim, Septra, Gantricin, ie, used to treat UTI
1455. Codeine	Take with lots of water regardless of meals -- to prevent constipation
1456. Antacids	Give on empty stomach 1 hour ac and hs
1457. 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)
1458. Rifampin	Give on empty stomach (anti-tuberculosis) remember Rifampin causes red urine
1459. Non-steroidal anti-inflammatory drugs	Give with food (for arthrosis)
1460. Aldactone	Give with meals (K--sparing diuretic)
1461. Iron (without nausea)	Give on empty stomach with orange juice to increase absorption
1462. Penicillin	Give on empty stomach
1463. Erythromycin	Give on empty stomach (antibiotics)
1464. Stool Softeners	Take with lots of water regardless of mealtime
1465. Griseofulvin	Give with meals-- especially high fat meals (anti-fungal)
1466. Tetracycline	Do not give with milk products, do not give to pregnant women or children before age 8 or damage to tooth enamel occurs
1467. Theophylline derivative	Give with meals, ie, Aminophylline, Theodur (anti-asthmatic bronchodilator)
1468. Steroids	Give with meals-- remember taper the patient off these drugs slowly

1469. Pancreas pancreatic isozyme	Give with meals-these are oral enzymes used with children with cystic fibrosis to increase the absorption of the food they eat
1470. Para-amino salicylate sodium (PAS)	Give with meals/food-- anti tuberculosis
1471. Colchicine	Give with meals -- anti gout, remember if diarrhea develops, stop the drug
1472. Thorazine	Take with LOTS OF WATER regardless of meals to prevent constipation. All drugs that end in "-zine" are major tranquilizers that also cause Pseudo Parkinson's or extra-pyramidal effects.
1473. 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)
1474. Allopurinol	Give with meals and give with lots of water-- anti uric acid--- used to treat gout and the purine build up seen in chemotherapy for cancer
1475. Define Meniere's Disease	An increase in endolymph in the inner ear, causing severe vertigo.
1476. What is the famous triad of symptoms in Meniere's?	Paroxysmal whirling vertigo -- sensorineural hearing loss--tinnitus (ringing in the ears)
1477. Does Meniere's occur more in men or women?	Women
1478. What should the client do if they get an attack?	Bed Rest
1479. What safety measures should be followed with Meniere's?	Side rails up x 4, ambulate only with assistance
1480. What age group in Meniere's highest in?	40 to 60

1481. What can PREVENT the attacks of Meniere's?	Avoid sudden movements
1482. What electrolyte is given to people with Meniere's?	Ammonium chloride
1483. What is the surgery done for Meniere's?	Labyrinthectomy
1484. What disease often follows labyrinthectomy?	Bell's palsy-- facial paralysis, will go away in a few months
1485. What is the activity order after labyrinthectomy?	Bed rest
1486. When surgery is performed for Meniere's, what are the consequences?	Hearing is totally lost in the surgical ear
1487. What should the client avoid after labyrinthectomy?	Sudden movements and increased Na food
1488. What type of diet is the client with Meniere's on?	Low salt
1489. What two classes of drugs are given in Meniere's?	Antihistamines and diuretics (Diamox)
1490. Meningitis is an inflammation of the _____ of the _____ and spinal _____.	Linings, brain , cord
1491. Meningitis can be caused by _____, _____, and _____.	Viruses, bacteria, chemicals
1492. The four most common organisms that cause meningitis are...	Pneumococcus Meningococcus Streptococcus H. influenza
1493. The child with meningitis is most likely to be (lethargic/irritable) at first.	Irritable
1494. What visual symptom will the patient with meningitis have?	Photophobia (over-sensitivity to light)
1495. What is the most common musculo-skeletal symptom of meningitis?	Stiff neck- nuchal rigidity
1496. Will the patient with meningitis have a headache?	Yes
1497. Kernig's sign is positive when there is pain in the _____ when attempting to straighten the leg with _____ flexed.	Knee; hip
1498. What type of vomiting is present in meningitis?	Projectile

1499. What is the definitive diagnostic test for meningitis?	Lumbar puncture with culture of CSF (cerebro-spinal fluid)
1500. If the patient has meningitis, the CSF shows _____ pressure, _____ WBC, _____ protein, _____ glucose.	Increased, increased, increased, decreased
1501. On what type of isolation will the patient with meningitis be?	Contact and respiratory precautions
1502. How long will the patient with meningitis be on these precautions?	Until they have been on an antibiotic for 48 hours
1503. The room of a patient with meningitis should be _____ and _____.	Dark and quiet
1504. The client with meningitis can develop _____.	Seizures
1505. What is opisthotonos?	Arching of back (entire body) from hyperextension of the neck and ankles, due to severe meningeal irritation.
1506. If a patient has opisthotonos, in what position would you place them?	Side-lying
1507. Average duration of menstrual flow is _____. The normal range is _____ to _____ days.	5 days, 3 to 6
1508. Average blood loss during menstruation is _____ cc.	50 to 60 cc
1509. Name the two phases of ovarian cycle.	Follicular phase (first 14 days) Luteal phase (second 14 days)
1510. In the menstrual cycle, day 1 is the day on which...	Menstrual discharge begins
1511. How long does an ovarian cycle last?	Average of 28 days
1512. How many days after ovulation does menstruation begin?	14 days
1513. What hormones are active during follicular phase?	FSH and Estrogen

1514. During the luteal phase of the ovarian cycle, which of the following hormones increase: estrogen, progesterone or LH?	Progesterone and LH	1529. MS is a progressive ____ disease of the CNS.	Demyelinating
1515. 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.	1530. Myelin promotes _____, _____ of nerve impulses.	Fast, smooth conduction
1516. If an ovum is fertilized during the luteal phase what hormone will be secreted?	HCG (human chorionic gonadotropin)	1531. MS affects men more than women. (T/F)	False
1517. During menstruation, the average daily loss of iron is ____ mg.	0.5 to 1.0 mg	1532. What age group usually gets MS?	20 to 40
1518. What occurs during the follicular phase of the ovarian cycle?	It accomplishes maturation of the graafian follicle which results in ovulation	1533. MS usually occurs in (hot/cool) climates .	Cool
1519. What type of environmental modification is best for a migraine?	Dark and quiet environment	1534. What is the first sign of MS?	Blurred or double vision
1520. The long term treatment of migraine focuses upon...	Assessing things that bring on stress and then planning to avoid them.	1535. MS can lead to urinary incontinence. (T/F)	True
1521. What type of pain is typical of migraines?	Throbbing	1536. MS can lead to impotence in males. (T/F)	True
1522. Are migraines more or less common in men?	Less	1537. Patients with MS should be taught to walk with a ____-____ gait.	Wide based
1523. Besides pain, people with migraines complain of what other symptoms?	Nausea, vomiting and visual disturbances	1538. Why are Adrenocorticotropic Hormone (ACTH) and prednisone given during acute MS?	To decrease edema in the demyelination process
1524. What are the processes occurring in migraines?	Reflex constriction then dilation of cerebral arteries.	1539. For acute exacerbations of MS _____ per IV is often used.	ACTH (Corticotropin)
1525. Where is the pain of migraine most likely located?	Temporal, supraorbital	1540. What drug can be given to treat urinary retention in MS?	Urecholine, Bethanocol
1526. Name a drug given to treat migraine?	Sansert (methsergide), Cafergot (Prophylaxis: Imipramine)	1541. Will the muscles of MS clients be spastic or flaccid?	Spastic
1527. Are migraine headaches usually unilateral or bilateral?	Unilateral	1542. What three drugs can be given for muscle spasms?	Valium, Baclofen (Lioresal), Dantrium
1528. When Inderal is given in migraine headache, it is used to prevent or treat an attack?	To prevent. It DOES NOT treat.	1543. Baclofen causes (constipation/diarrhea)	Constipation
		1544. Dantrium causes (constipation/diarrhea)	Diarrhea (hint: D's go together, Dantrium and Diarrhea)
		1545. Patient's with MS should have (increased/restricted) fluids.	Increased to dilute urine and reduce incidence of UTI.
		1546. The diet of a patient with MS should be ____--ash.	Acid
		1547. What major sense is affected most in MS (besides vision)?	Tactile (touch)-- they burn themselves easily

1548. Which will bring on a MS exacerbation: over-heating or chilling?	Both will; but they tend to do better in cool weather (summer will always be a bad time for MS patients)	1565. 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 their alarm
1549. In Myasthenia Gravis (MG) there is a disturbance in transmission of impulses at the _____.	Neuromuscular junction	1566. Do you give anticholinesterases with or without food?	With food, about 1/2 hour ac; giving ac helps strengthen muscles of swallowing
1550. The #1 sign of MG is _____.	Severe muscle weakness	1567. What type of diet should the patient with MG be on?	Soft
1551. What is the unique adjective given to describe the early signs of MG?	The early signs (difficulty swallowing, visual problems) are referred to a BULBAR signs.	1568. What equipment should be at the bedside of an MG patient?	Suction apparatus (for meals), tracheostomy/endotube (for ventilation)
1552. MG affects men more than women. (T/F)	False, affects women more than men	1569. Name the two types of crises that a MG patient can have.	Cholinergic (too much Mestinon) Myasthenic (not enough Mestinon)
1553. When women get MG they are usually old or young?	Young	1570. The #1 danger in both Myasthenic and Cholinergic crisis is _____.	Respiratory arrest
1554. When men get MG they are usually old or young?	Old	1571. What words will the client use to describe the pain of an MI?	Crushing, heavy, squeezing, radiating to left arm, neck, jaw, shoulder
1555. What neurotransmitter is problematic in MG?	Acetylcholine	1572. 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
1556. What class of drugs is used to treat MG?	Anticholinesterases	1573. What is the #1 symptom of an MI?	Severe chest pain unrelieved by rest and nitroglycerine
1557. What ending do anticholinesterases have?	-stigmine	1574. Males are more likely to get an MI than females. (T/F)	True
1558. Are anticholinesterases sympathetic or parasympathetic?	Parasympathetic	1575. Due to MI occurs within _____ of symptom onset in 50% of all patients.	One hour
1559. Anticholinesterases will have (sympathetic/cholinergic) side effects.	Cholinergic (they will mimic the parasympathetic nervous system)	1576. What pain medication is given for the pain of a MI (Give three).	Morphine, Demerol, Nitroglycerine
1560. What surgery CAN be done for MG?	Thymectomy (removal of thymus)	1577. What is the reason for giving post MI patients ASA?	To prevent platelets from forming clots in the coronary arteries
1561. The severe muscle weakness of MG gets better with exercise. (T/F)	False, it is worse with activity	1578. Name a new drug with anti-platelet activity.	Plavix
1562. What will the facial appearance of a patient with MG look like?	Mast-like with a snarling smile (called a myasthenic smile)	1579. The three most common complications after MI are _____, _____, and _____.	Cardiogenic shock, arrhythmia, CHF
1563. 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		
1564. Besides the Tensilon Test, what other diagnostic tests confirm a diagnosis of MG?	Electromyogram (EMG)		

1580. Give another name for an MI.	Heart attack	1601. Rectum & Sigmoid colon (UC or Crohn's)	Ulcerative colitis
1581. What will the activity order be for the post-MI client?	Bed rest with bedside commode	1602. Bloody diarrhea (UC or Crohn's)	Ulcerative colitis
1582. What is the most common arrhythmia after a MI?	Premature ventricular contractions (PVCs)	1603. Young adults (UC or Crohn's)	Ulcerative colitis
1583. What cardiac enzymes indicate an MI?	Elevated CPK, LDH, SGOT	1604. Surgery with ileostomy (UC or Crohn's)	Either
1584. What serum protein rises soonest after myocardial cell injury?	Troponin	1605. Ileostomy (UC or Crohn's)	Either
1585. Do people without cell damage have troponin in their blood?	No it is only present when myocardial cells are damaged.	1606. Jewish clients (UC or Crohn's)	Either
1586. How soon after cell damage does troponin increase?	As soon as 3 hours (can remain elevated for 7 days)	1607. Lesion through all layers of the bowel (UC or Crohn's)	Crohn's
1587. When will the client with an MI be allowed to engage in sexual intercourse after an MI?	6 weeks after discharge	1608. Terminal-distal-small intestine (UC or Crohn's)	Crohn's
1588. 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)	1609. Regional enteritis (UC or Crohn's)	Crohn's
1589. Will the client with a MI be nauseated?...diaphoretic?	yes, yes	1610. Adults, up to 40 (UC or Crohn's)	Crohn's
1590. What will the extremities of the client with a MI feel like?	Cold, clammy	1611. Lesions form patches (UC or Crohn's)	Crohn's
1591. What is the permanent EKG change seen post MI?	ST wave changes	1612. Sulfa drugs (UC or Crohn's)	Crohn's
1592. Of CPK and LDH which rises earliest?	CPK	1613. Granulomas (UC or Crohn's)	Crohn's---hint: "gran"ny Crohn
1593. What drug will be used to treat PVCs of MI?	Lidocaine	1614. "String sign" on barium enema (UC or Crohn's)	Crohn's
1594. 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)	1615. Diarrhea (UC or Crohn's)	Crohn's
1595. Clear liquid diet (UC or Crohn's)	Ulcerative colitis diet	1616. Pain & cramping (UC or Crohn's)	Crohn's
1596. Bed rest (UC or Crohn's)	Ulcerative colitis	1617. Steroids (Prednisone) (UC or Crohn's)	Either
1597. Women mostly (UC or Crohn's)	Ulcerative colitis	1618. The purpose of an upper GI is to detect _____.	Ulcerations
1598. One-layer ulceration's with edema of bowel (UC or Crohn's)	Ulcerative colitis	1619. What 3 structures does an upper GI series visualize?	Esophagus, stomach, duodenum
1599. Steroids (UC or Crohn's)	Either	1620. Does barium come in different flavors?	Yes
1600. I&O (UC or Crohn's)	Either	1621. What is the most uncomfortable aspect of an upper GI series?	Lying & turning on a hard, flat X-ray table
		1622. Is fasting required before an upper GI series?	Yes, usually NPO after midnight.
		1623. How much barium is swallowed?	8 oz
		1624. Barium is _____ in consistency.	Chalky-bitter taste
		1625. If an ulceration does not reduce by 50% on upper GI in 3 weeks of medication treatment then _____ is suspected.	Malignancy
		1626. What are the 3 classic vital signs?	Temperature, pulse, respiration
		1627. Measurement of vitals requires a doctors orders. (T/F)	False

1628. The temperature of the extremities and skin is (higher/lower) than the core.	Lower	1646. When using a glass thermometer it should remain in the axilla for _____ minutes.	8-11
1629. List the 5 most common sites in which to measure the temperature.	Oral, axillary, rectal, tympanic, temporal	1647. In the normal adult, which is longer, inspiration or expiration?	Expiration
1630. The normal adult temperature via the oral route is...	98.6	1648. What is the normal respiratory for an adult?	12-20
1631. The normal rectal temperature is..	99.6	1649. What is bradypnea?	Any respiratory rate below 10 per minute.
1632. The normal axillary temperature is..	97.6	1650. What is tachypnea?	Any respiratory rate about 24 per minute.
1633. Body temperature is (increased/decreased) with activity.	Increased	1651. Is it acceptable practice to count the number or respiration in 15 seconds and multiply by 4 to get the rate. (T/F)	Yes, if the respirations are regular.
1634. With any oral temperature device, the meter must be _____ the _____, and the _____ must be _____.	under, tongue, mouth, closed	1652. What is the pulse?	The surge of blood ejected from the left ventricle.
1635. If your client is 4 years old or younger, should you take an oral temperature?	No	1653. What is the average pulse rate for an adult?	72 per minute (60 to 100)
1636. Can you measure an oral temperature on an unconscious patient?	No	1654. What rate classifies as tachy in an adult?	A rate above 100 per minute
1637. Can you measure an oral temperature on someone with an NG tube in place?	No	1655. What rate classifies as brady in an adult?	A rate below 60 per minute
1638. If the client is found smoking, eating or drinking when you are about to take a temperature you should wait _____ (at least).	15 minutes	1656. Will pain alone increase the pulse rate?	Yes, pain alone can increase the pulse rate?
1639. Should you use the oral route for measuring temperature when a client has oxygen per nasal cannulae?	Yes	1657. Which finger should never be used to determine a pulse?	The thumb
1640. People on seizure precaution should have their temperature measured by which route?	Rectal or axillary, tympanic or temporal	1658. What does it mean to measure an apical pulse?	To auscultate with a stethoscope over the chest to hear the heart rate.
1641. People with facial trauma should have their temperature measured by which route?	Rectal or axillary or tympanic	1659. If a pulse is irregular how would you determine the rate?	Count one full minute.
1642. Clients with rectal surgery, should have their temperatures measured by which route?	Oral, axillary, tympanic or temporal	1660. If an apical/radial pulse is regular how would you determine the rate?	Count for 30 seconds and multiply by 2.
1643. People with heart blocks or conduction problems should not have their temperatures taken per _____. Why?	Rectum-vagal stimulation causes more heart block.	1661. What is an apical-radial pulse?	When 2 nurses measure the apical rate simultaneously with the radial rate for comparison.
1644. When using a glass thermometer it should remain in the mouth for _____ minutes.	3-10	1662. How long must an apical-radial pulse be measured?	Always for 1 full minute.
1645. When using a glass thermometer it should remain in the rectum for _____ minutes.	2-3		

1663. How many nurses are needed to measure an apical-radial pulse?	Always two (it is never acceptable for one nurse to measure the apical pulse for a minute then measure the radial or a minute.)
1664. What is a voiding cystogram?	It is a series of X-rays taken as the person with a full bladder is asked to void. The X-rays show any reflux of urine back up the ureters (a dye if injected prior to this)
1665. Does the client need to have a catheter inserted for a voiding cystogram?	Yes
1666. Is the client sedated for the voiding cystogram?	No
1667. Is the client NPO for the voiding cystogram?	No, just clear liquid breakfast
1668. What problems does a voiding cystogram diagnose best?	Bladder filling problems, vesicoureteral reflux
1669. What precautions are necessary for males during a voiding cystogram?	Shielding the testicles from the X-rays
1670. Is there a bowel evacuation prep for a voiding cystogram?	No
1671. For what reason are Montgomery straps used?	Permit you to remove & replace dressings without using tape (protects the skin)
1672. Sutures in general are removed by the ___ day.	7th
1673. Leaving a wound open to air decrease infection by eliminating what 3 environmental conditions?	Dark, warm, moist
1674. To remove tape always pull (toward/away) from the wound.	Toward (this way you don't put pressure/pull on the suture line.)
1675. Define contusion.	Bruise (internal)
1676. Define debridement.	Removal of necrotic tissue from a wound.
1677. What is the purpose of a wound drain?	Remove secretions from the area so healing occurs.

1678. To prevent germs from getting into or out of a wound you should use what type of dressing?	An occlusive dressing
1679. What solution is put onto the skin to protect it from the irritating effects of the tape?	Tincture of benzoin
1680. With what is a round closed in first intention?	Sutures or steri-strips, staples
1681. What is another name of second intention?	Granulation
1682. When swabbing an incision you would start at the incision or 1 inch away from the incision?	Start at the incision and move outward.
1683. After you remove soiled dressings and before you put on the sterile dressing you must....	Wash your hands and put on sterile gloves
1684. What is meant by the phrase "advance the drain 1 inch"?	You pull the drain out 1 inch.
1685. After advancing a Penrose drain you (should/should not) cut off the excess drain?	Should
1686. When a dressing is saturated, germs can enter the wound from the outside. (T/F)	True, by a process called capillary action.
1687. When is a bad time to change dressings?	Mealtime
1688. Define laceration.	Cut
1689. 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

1690. What are the 3 principles the nurse uses to protect self when caring for a client with a sealed radioactive implant?	Time, distance, shielding	1699. When the patient is receiving radioactive iodine what precautions is/are most important?	Wear gloves while in possible contact with urine, special precautions taken to dispose of the urine.
1691. What is another name for external radiation therapy?	Beam or X-rays	1700. Rape is a crime of passion. (T/F)	False, it is a violent act
1692. 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	1701. Most rapes occur involving two people of different races. (T/F)	False, usually the same race
1693. Of sealed internal, unsealed internal, and external radiation treatment, which is MOST dangerous for the nurse?	Sealed internal, unsealed internal and external radiation treatment is of no danger to the nurse unless the nurse is in the radiation treatment room during the treatment.	1702. When must psychological care of the rape victim begin?	In the emergency room
1694. Should pregnant nurses care for patient receiving sealed internal radiotherapy?	Never. (Lawsuit time!)	1703. ...	Disorganization phase, re-organization phase
1695. Should pregnant nurses care for a patient receiving unsealed internal radiotherapy?	Maybe, as long as they don't contact body secretions.	1704. Immediately after rape, a woman who is calm and 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)
1696. What skin products should the patient receiving external radiotherapy AVOID?	No ointments with metals like zinc oxide, no talcum powder	1705. ...	GI irritability, itching or burning on urination, skeletal muscle tension* don't forget PAIN
1697. 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	1706. Scoliosis is a _____ curvature of the _____.	Lateral, spine
1698. What are the major side effects of radiotherapy?	Pruritis, erythema, burning, sloughing of skin, anorexia, nausea & vomiting, diarrhea, bone marrow depression	1707. Scoliosis is MOST common in the _____ and _____ sections of the spinal column.	Thoracic and lumbar
		1708. Scoliosis in the thoracic spine is usually convex to the (left/right).	Right
		1709. Scoliosis in the lumbar spine is usually convex to the (left/right).	Left (*Hint: curve Left in Lumbar)
		1710. With which other two spine deformities is scoliosis associated?	Kyphosis (humpback), Lordosis (swayback)
		1711. What is Kyphosis?	Humpback in the thoracic area
		1712. What is Lordosis?	Swayback in the lumbar region (Lumbar, Lordosis)

1713. What is the difference between structural and functional scoliosis?	Structural-you are born with; Functional-you get from bad posture	1728. What is a common complication of a client in a body cast (like a Risser cast)?	Cast syndrome
1714. What age group should be routinely screened for scoliosis?	Young teens	1729. What is cast syndrome?	Nausea, vomiting and abdominal distention that can result in intestinal obstruction
1715. What are the 3 subjective complaints of clients with scoliosis?	Back pain, dyspnea, fatigue	1730. What group of people get cast syndrome?	ANYONE in a body cast
1716. What test/exam CONFIRMS the diagnosis of scoliosis?	X-rays of the spine	1731. What is the treatment of for cast syndrome?	Removal of the cast, NG tube to decompress, NPO
1717. What type of brace is most commonly used for scoliosis?	Milwaukee	1732. 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)
1718. Name 4 exercises used to treat mild scoliosis.	Heel lifts; sit-ups; hyperextension of the spine; breathing exercises	1733. 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
1719. What kind of treatment is done for severe scoliosis?	Surgical fusion with rod insertion	1734. The inheritance pattern of sickle-cell anemia is ____.	Autosomal recessive
1720. What type of cast is used post-operatively for scoliosis?	Risser cast	1735. What does heterozygous mean?	It means you only have 1 defective gene from 1 parent.
1721. What kind of rod is used to "fix" curvature?	Harrington Rod	1736. People who are (hetero/homo) have sickle cell trait.	Heterozygous
1722. Scoliosis MOST commonly affects ____ (type of clients).	Teenage females	1737. What does homozygous mean?	It means you have the defective gene from both parents.
1723. How many hours a day should the client wear a Milwaukee brace?	23	1738. People who are (hetero/homo)zygous have sickle cell disease.	Homozygous
1724. What solution should be used on the skin where the brace rubs?	Tincture of benzoin or alcohol, no lotions or ointments- you want to toughen the skin not soften it	1739. 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.
1725. Clients with a Milwaukee brace should avoid vigorous exercise. (T/F)	True	1740. What are the #1 and #2 causes of sickle cell crisis?	Hypoxia, dehydration
1726. After corrective SURGERY how is the client turned?	Log rolled (in a body cast)	1741. The most common type of crisis that occurs is a ____ - ____ crisis.	Vaso-occlusive
1727. How often should the neurovascular status of the extremities of a client in a Risser cast be measured? Fresh post-operatively?	Every 2 hours		

1742. In vaso-occlusive crisis the vessels become occluded with _____.	Abnormal RBC's	1759. What is spinal shock?	It is a common occurrence in spinal cord injury in which the spinal cord swells above and below the level in injury
1743. The abnormal hemoglobin produced by people with sickle cell anemia is called Hgb _____.	Hgb S -- it "sickles"	1760. When does spinal shock occur?	Immediately or within 2 hours of injury
1744. What shape does Hgb S make the RBC's?	Crescent-shaped	1761. How long does spinal shock last?	5 days to 3 months
1745. Why do the crescent-shaped RBCs cause occlusion of the vessels?	They clump together and create a sludge.	1762. When the spinal cord injury is at level of ____ to ____ the patient will be a quadriplegic.	C1 to C8
1746. What are the top 3 priorities in care of the client with sickle-cell crisis?	Oxygenation Hydration PAIN control	1763. When the spinal cord injury is between ____ and ____, there is permanent respiratory paralysis.	C1 and C4
1747. What activity order will the client with sickle cell CRISIS have?	Bed rest	1764. 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 function above the level, however the will not be permanently ventilator dependent-he will breath on when once spinal shock goes away.
1748. 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	1765. Spinal cord injury in the thoracic/lumbar regions result in ____plegia.	Paraplegia
1749. At what age is death most likely in sickle cell anemia?	Young adulthood	1766. 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
1750. Sickle-cell anemia symptoms do not appear before the age of ____ months due to the presence of _____.	6; fetal hemoglobin	1767. In spinal cord injury never _____ the neck.	Move, hyperextend
1751. Sickle cell anemia is most commonly seen in (blacks/whites).	Blacks		
1752. Should a child in sickle-cell crisis wear tight clothes?	No, it can occlude vessels even more.		
1753. Spinal cord injuries are more common in males. (T/F)	True		
1754. In what age range is spinal cord injury most common?	15 to 25		
1755. The #1 goal in emergency treatment of spinal cord injury is...	Immobilization of the spine		
1756. When halo traction is being used to immobilize the spinal cord the client is allowed to _____.	Ambulate		
1757. When the patient with spinal cord injury is in tongs or on a stryker frame or on a circoelectric bed they are on.....	Absolute bed rest		
1758. The 2 most common surgeries used to treat a spinal cord injury are ____ and _____.	Laminectomy and spinal fusion		

1768. 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 a tilt table)	1784. Into what space is the needle inserted during a spinal tap?	Subarachnoid space
1769. For the patient with neurogenic bladder you should straight catheterize every ___ hours.	Every 6 hours	1785. Can the client turn side-to-side after a spinal tap?	Yes
1770. The patient with spinal cord injury will have (flaccid/spastic) muscles.	Spastic	1786. In what position should the client be during a spinal tap?	Lateral decubitus (on their side) position and knees to chest
1771. Name 3 drugs used to treat spasms.	Valium Baclofen Dantrium	1787. Identify the activity restriction necessary after lumbar puncture?	Lie flat for 6 to 12 hours
1772. What is automatic dysflexia or hyperreflexia?	A common complication of quadriplegics in response to a full bladder or bowel.	1788. What are the 2 purposes of a spinal tap?	To measure or relieve pressure and obtain a CSF sample
1773. What are the vital sign changes seen in autonomic dysreflexia?	Sweating Headache Nausea & vomiting Gooseflesh Severe HYPERTension	1789. Does the client have to be sedated before a spinal tap?	No
1774. What do you do first for the client experiencing autonomic dysreflexia?	Raise HOB	1790. Antibiotic (Define)	A drug that destroys or inhibits growth of micro-organisms
1775. What do you do second for the client experiencing autonomic dysreflexia?	Check the bladder, check the bowel	1791. Asepsis (Define)	Absence of organisms causing disease
1776. Do you need to call the doctor for autonomic dysreflexia?	No, only call the doctor if draining the bladder & removing impaction does not work	1792. Antiseptic (Define)	A substance used to destroy or inhibit the growth of pathogens but not necessarily their spores (in general SAFE TO USE ON PEOPLE)
1777. What is the #1 treatment for autonomic dysreflexia?	Drain the bladder, empty the bowel	1793. Disinfectant (Define)	A substance used to destroy pathogens but not necessarily their spores (in general not intended for use on persons)
1778. What is the purpose of restricting activity after spinal tap?	To prevent headache due to CSF loss	1794. Bactericide (Define)	Substance capable of destroying micro-organisms but not necessarily their spores
1779. Should the client drink after a spinal tap?	Yes, encourage fluids to replace CSF	1795. Bacteriostatic (Define)	Substance that prevents or inhibits the growth of micro-organisms
1780. Do you need an informed consent for a spinal tap?	Yes	1796. Anaerobe (Define)	Micro-organisms that do not require free oxygen to live
1781. Should CSF contain blood?	No	1797. Aerobe (Define)	Micro-organisms requiring free oxygen to live
1782. Does the client have to be NPO before a spinal tap?	No	1798. Pathogen (Define)	Micro-organism that causes disease
1783. What is the normal color of cerebrospinal fluid?	Clear, colorless	1799. Clean technique (Define)	Practices that help reduce the number & spread of micro-organisms (synonym for medical asepsis)
		1800. Sterile (Define)	An item on which all micro-organism have been destroyed

1801. Coagulate (Define)	Process that thickens or congeals a substance	1815. The best client position during airway suctioning is _____.	Semi-fowlers
1802. Host (Define)	An animal or a person upon which or in which micro-organisms live.	1816. The suction should be delivered while (inserting/removing) the catheter.	While removing the catheter
1803. Portal of entry (Define)	Part of the body where organisms enter	1817. What outcomes would indicate that suctioning was effective?	Clear even lung sounds, normal vital signs
1804. Contaminate (Define)	To make something unclean or unsterile	1818. How often should the client's airway be suctioned?	When it needs to be, for example moist lung sounds, tachycardia, restlessness (hypoxia), ineffective cough
1805. Surgical asepsis (Define)	Practices that render & keep objects & areas free from all micro-organisms (synonym for sterile techniques)	1819. The unconscious client should assume what position during suctioning?	Side-lying, facing nurse
1806. Medical asepsis (Define)	Practices that help reduce the number & spread of micro-organisms (synonym for clean techniques).	1820. If not contraindicated, what action by the nurse, before suctioning, would most likely reduce hypoxia during suctioning?	Administer a few breaths at 100% oxygen before beginning.
1807. Spore (Define)	A cell produced by a micro-organism which develops into active micro-organisms under proper conditions.	1821. What solution should be used to clear the tubing during suctioning?	Sterile saline
1808. Which hand should hold the suction catheter? Which should hold the connecting tube?	The dominant, the non-dominant	1822. With what size catheter should an adult's airway be suctioned?	12 to 16 French
1809. The nurse should use (medical/surgical) asepsis during airway suction?	Surgical asepsis (sterile technique)	1823. How much suction should be used for an infant?	Less than 80 mm Hg
1810. What kind of lubricant should be used on the suction catheter?	Sterile water-soluble	1824. How much suction should be used for a child?	80 to 100 mm Hg
1811. Should the suction be continuous or intermittent?	Intermittent to prevent mucosal damage	1825. How much suction should be used for an adult?	120 to 150 mm Hg
1812. For how long should suction be applied during any one entry of the catheter?	10 seconds		
1813. How often should the nurse clear the tubing during suctioning?	After each pass/entry/removal		
1814. 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		

1826. 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 patient (except CPR, or course)
1827. Children are at _____ risk for suicide.	Low
1828. Adolescents are (low/high) risk for suicide.	High
1829. Young adults are (low/high) risk for suicide.	High to moderate
1830. People between 25 and 50 years are (low/moderate/high) risk for suicide.	Low to moderate
1831. People over 50 year are (low/high) risk for suicide.	High
1832. The patient who has a definite plan is (low/high) risk for suicide.	Moderate to high, depends upon feasibility and ease of plan
1833. The use of pills makes the patient (low/moderate/high) risk for suicide.	Moderate
1834. The patient who has NO definite plan is (low/high) risk for suicide.	Low
1835. The use of _____, _____, and _____ to kill self, make high risk suicide.	Guns, ropes, knives
1836. Who is at higher risk for suicide, a man or a woman?	Man
1837. Of: married, divorced, and separated, which marital status is highest risk for suicide? Lowest risk of suicide?	Highest-separated then divorced Lowest-married

1838. The goal of action while the suicidal patient is still off the phone is to get _____ person _____ the _____.	Another person on the scene (it then immediately decreases risk) Remember: people who are alone are always high risk
1839. What are the four classic suicide precautions?	Search personal 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)
1840. 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.
1841. -pathy	Disease, suffering
1842. -penia	Lack, deficiency of
1843. -sect	To cut
1844. -plast	Plastic surgery on a specified part
1845. -sclerosis	Hardening of a tissue by: inflammation, deposition of mineral salt; an infiltration of connective tissue fibers
1846. -centesis	A perforation or puncture
1847. -genic	Produce, originate, become
1848. -emia	Blood
1849. -otomy	Butting
1850. -pexy	Fixation of something
1851. -atresia	Condition of occlusion
1852. -desis	Binding, fusing
1853. -cele	Combining form meaning a tumor or swelling or a cavity
1854. -cis	Cut, kill
1855. -rhapy; -rrhapy	Joining in a seam, suturation
1856. -scope; -scopy	Instrument for observation
1857. -osis	Indicates condition, process
1858. -oma	Tumor
1859. -ostomy	Surgical opening
1860. -stasis	Stoppage
1861. -itis	Inflammation
1862. -ology	Study of; knowledge, science
1863. -lysis	Breaking down
1864. -ectomy	Surgical removal of

1865. -tripsy	Crushing of something by a surgical instrument
1866. -ase	Used in naming enzymes
1867. -gram; -graphy	Write; record
1868. Syphilis is sexually transmitted. (T/F)	True
1869. Syphilis first infects the _____.	Mucous membranes
1870. What are the stages of syphilis?	Primary, secondary, latent, late
1871. Syphilis is a fatal disease if untreated. (T/F)	True
1872. What organism causes syphilis?	Treponema palladium
1873. What is the lesion like in primary syphilis?	The chancre (pronounced shanker)
1874. The chancres of syphilis are (painful/painless).	Painless
1875. Chancres disappear without treatment. (T/F)	True
1876. Late syphilis attacks which 3 body organs?	Liver, heart, brain
1877. What test CONFIRMS the presence of syphilis?	Dark-field illumination of the treponema palladium
1878. What is the treatment of choice for syphilis?	Penicillin
1879. Why is penicillin administered with Procaine? With Probenecid?	Procaine makes the shot less painful; Probenecid blocks the excretion of penicillin
1880. What is the most common sign of neurosyphilis?	Ataxia (gait problems)
1881. What does TENS stand for?	Transcutaneous electrical nerve stimulator
1882. Is it an invasive procedure?	No, the skin is never broken.
1883. Can TENS be used for acute or chronic pain?	Both
1884. TENS use is based upon the _____ of pain relief.	Gate control
1885. TENS electrodes stimulate (Large/small) diameter fibers.	Large-this is the basis of gate control theory.

1886. TENS electrodes are placed into the	Skin
1887. Can TENS units be placed over an incision to decrease incisional pain?	Never
1888. Patient with what other mechanic device in use cannot use TENS?	Cardiac pacemaker
1889. How often should the patient be taught to change the TENS electrodes?	Every day
1890. How is a dorsal-column stimulator different than a TENS unit?	Dorsal column stimulation electrodes are surgically implanted by the spinal cord; the patient has to undergo a laminectomy to place the DCS electrodes.
1891. In what group of clients is thoracentesis contraindicated?	Uncooperative, bleeding disorders
1892. What instruction is most important to give the client undergoing thoracentesis?	Don't move or cough
1893. What is thoracentesis?	The pleural space is entered by puncture & fluid is drained by gravity into bottles-allows the lungs to re-expand
1894. If a client has a cough, what should be done before thoracentesis?	Give him a cough suppressant.
1895. Does thoracentesis require a signed informed consent?	Yes, it invades a body cavity.
1896. Describe the position the client should assume during a thoracentesis?	Upright with arms & shoulders elevated, slightly leaning forward.
1897. What is exophthalmos?	Bulging outward eyes
1898. To care for a patient with exophthalmos the patient should wear _____ and use _____.	Dark sunglasses, artificial tears
1899. Radioactive iodine is given to hyperthyroid patients because it _____ plus decreases production of _____.	Destroys tissue, thyroid hormone

1900. The #1 problem with using Propylthiouracil is ____.	Agranulocytosis	1916. Why do you assess the post-operative thyroidectomy patient's voice for hoarseness periodically?	Because during surgery the surgeon may have nicked the recurrent laryngeal nerve. (This nerve is tested on the state boards!)
1901. What do you teach to all patients on drugs which have granulocytosis as a side effect?	Report any sore throat immediately	1917. Will the post-operative thyroidectomy patient be allowed to talk?	He is on the voice rest unless you are assessing his voice
1902. Lugols solution decreases the _____ of the thyroid gland.	Vascularity	1918. What positions should the post-operative thyroidectomy patient be?	Semi-fowlers with neck supported in midline
1903. Lugols solution should be given ____ a ____ to prevent staining of the teeth.	Through a straw	1919. What 3 pieces of equipment must be in the room with thyroid storm?	Suction, tracheotomy set, oxygen
1904. SSKI should be given with ____ to decrease the _____.	Fruit juices; bitter taste (SSKI-super saturated solution of potassium iodide)	1920. What calcium imbalance is common in the post-op thyroidectomy patient?	Hypocalcemia-due to accidental removal of the parathyroids.
1905. Patients with either hypo or hyper thyroid can go into thyroid storm. (T/F)	True	1921. When is hypocalcemia most likely to occur after thyroidectomy? Why?	The 2nd and 3rd post operative day-because it takes awhile for the level to drop.
1906. Give another name for thyroid storm.	Thyrotoxicosis, thyroid crisis	1922. Hypocalcemia will cause (tetany/severe muscle weakness).	Tetany
1907. In thyrotoxicosis, the temperature ____; the heart rate ____ and the patient becomes _____.	Increases (106); increases; delirious/comatose	1923. What drug is used to treat decreased calcium?	Calcium gluconate
1908. What is the first thing a nurse does when thyroid storm occurs?	Give oxygen	1924. What is Chvostek's sign?	A sign of hypocalcemia, it is when you tap the cheek, the patient puffs out the cheeks. (CHvostek and CHEeks)
1909. What is the 2nd thing a nurse does when thyroid crisis occurs?	Call MD, can pack in ice or use hypothermia blanket	1925. What is Trousseau's sign?	It is a sign of hypocalcemia-it is when you get a carpopedal spasm of the hand when you apply a blood pressure cuff to the lower arm.
1910. What are the side effects of thyroid replacement drugs?	Tachycardia, palpitations and other signs seen in hyper thyroidism	1926. What is the earliest sign of hypocalcemia?	Tremors/tingling
1911. Why is Lugols solution given pre-operatively thyroidectomy?	To decrease the vascularity of the gland & minimize blood loss	1927. Should you palpate the thyroid of the hyperthyroid patient after ectomy?	No, it the could send them into thyroid storm.
1912. After thyroidectomy you check for wound hemorrhage by...	Slipping your hand under the neck and shoulders.	1928. Can dental work send a hyperthyroid client into thyroid storm?	Yes, any stress can.
1913. The #1 complication of thyroidectomy in the first 8 to 12 hours is _____.	Hemorrhage-or maybe airway	1929. Give another name for TPN.	Hyperalimentation
1914. When moving the fresh post-operative thyroidectomy patient you must take care to never ____.	Move the neck		
1915. Post-operatively thyroidectomy patients will have sand bags on either side of the _____.	Neck		

1930. Hyperalimentation contains hypertonic ____, ____ acids, _____, _____, and _____.	Glucose, amino acids, water, minerals, vitamins	1941. How many types of tracheo-esophageal malformation are there?	Four
1931. TPN can be safely given via a central line. (T/F)	Yes, this is the preferred route.	1942. What are the 3 most common tracheo-esophageal malformations?	1) Esophageal atresia-EA, 2) tracheo-esophageal fistula-TEF 3) tracheo-esophageal fistula with esophageal atresia- TEF w/EA
1932. TPN can be safely infused via a peripheral IV line. (T/F)	It can, but only for a very short period (48 to 72 hours maximum).	1943. What is the defect called esophageal fistula?	An opening between the esophagus & trachea but the esophagus is connected to the stomach & trachea is connected to the lungs.
1933. If a TPN solution is running too slow and is 2 hours behind can you increase the rate 20%. (T/F)	No, never ever speed up the rate.	1944. What is the defect called tracheo-esophageal atresia with fistula?	The esophagus ends in a blind pouch and there is no connection to the stomach and there is a fistula between the esophagus and trachea.
1934. If a TPN infusion runs in too fast it creates a ____ osmolar imbalance.	Hyperosmolar-because of all the solutes	1945. Of: tracheo-esophageal fistula, esophageal atresia, and tracheo-esophageal atresia with fistula, which is the most common?	Tracheo-esophageal fistula with esophageal atresia
1935. It is okay however to slow the rate down if the client leaves the unit. (T/F)	False, never slow the rate down-it could cause hypoglycemia.	1946. Name-a blind end esophagus: the trachea is connected to the lungs.	Simple esophageal atresia
1936. What tests must the nurse perform every 6 hours when a patient is on TPN?	#1 accu check, #2 urine glucose/acetone	1947. Name-the trachea is connected to the lungs, the esophagus is connected to the stomach, but there is a hole connecting the trachea and the esophagus.	Tracheo-esophageal fistula
1937. IV lipid emulsions can be given central or peripheral. (T/F)	True	1948. Name-a blind end esophagus, the trachea is connected to the lungs, and the trachea and esophagus are joined.	Tracheo-esophageal fistula with esophageal atresia
1938. Be certain to shake a lipid emulsion before administration. (T/F)	False, never shake it, shaking damages the molecules.	1949. If an infant has tracheo-esophageal fistula with esophageal atresia, what 3 signs will show up at first feeding?	Three C's-coughing, choking, cyanosis
1939. Into which port of a peripheral IV line can a lipid infusion be piggybacked?	The port closest to the insertion catheter site. More recently, lipids are included in the hyperalimentation bag & there is no separate administration of the lipids.	1950. In an infant chokes, coughs, or gets cyanotic during the first feeding what should the nurse do to ASSESS for tracheo-esophageal fistula with esophageal atresia?	Attempt to gently pass a catheter into the esophagus if you meet resistance STOP, there most probably is esophageal atresia.
1940. What is meant by tracheo-esophageal malformation?	These are a group of congenital birth defects in which the esophagus and trachea are malformed.		

1951. How is the diagnosis of tracheo-esophageal fistula with esophageal atresia confirmed?	X-ray with barium	1965. A properly snug set of trach ties allows _____ finger(s) to be placed between the neck and ties.	One
1952. Prior to surgery for repair of tracheo-esophageal fistula with esophageal atresia, how is the infant fed?	They are NPO but fed by G-tube (gastronomy)	1966. Both hands must be kept sterile throughout the entire trach care procedure. (T/F)	False, only the dominant hand remains sterile
1953. Does a tracheo-esophageal fistula with esophageal atresia have to be repaired immediately?	No-can be maintained with G-tube feedings and suctioning until are old enough & stable enough to tolerate surgery.	1967. When trach suctioning and care is performed by the client at home, sterile technique must be followed. (T/F)	False, clean technique is adequate
1954. The #1 problem for infants with un-repaired tracheo-esophageal fistula with esophageal atresia is...	Aspiration, secondary problem in malnutrition.	1968. What is another name for trigeminal neuralgia?	Tic douloureux
1955. How do you meet the oral sucking needs of an infant with with un-repaired tracheo-esophageal fistula with esophageal atresia?	Use pacifiers, even though they don't take anything orally, they should still be encouraged to suck.	1969. Which cranial nerve is affected by trigeminal neuralgia?	Cranial nerve 5
1956. How should an infant with tracheo-esophageal fistula with esophageal atresia be positioned?	HOB up 30 degrees.	1970. What is the #1 symptom of trigeminal neuralgia?	Episodic, severe one-sided facial pain
1957. Should you suction the blind esophageal pouch of esophageal atresia?	Yes, PRN, otherwise they may aspirate mucous	1971. What drug treats trigeminal neuralgia?	Tegretol
1958. What is the common cleaning solution used during tracheostomy care?	Hydrogen peroxide	1972. What triggers attacks of trigeminal neuralgia?	Breezes, cold or hot foods/fluids, tooth brushing, chewing, touching the face, talking
1959. Cut the old trach ties (before/after) you have secured the new ties in place.	After	1973. Is surgery done for trigeminal neuralgia?	Yes, nerve avulsion (destroying the nerve)
1960. Is it acceptable to scrub the inside of the tracheostomy cannula with a brush during tracheostomy care?	Yes, it is desirable	1974. What environmental modifications are necessary in care of the patient with trigeminal neuralgia?	Prevent drafts or temperature extreme.
1961. What are the 2 major reasons for performing tracheostomy care?	To keep the airway patent, to keep the stoma site clean (decrease infection)	1975. What dietary modifications are necessary in the care of a patient with trigeminal neuralgia?	Lukewarm, small frequent semi-solid foods
1962. Tie the ends of the trach ties in a (bow knot/double knot).	Only a double knot	1976. After surgery for trigeminal neuralgia, the patient's affected eye will be _____ and the patient should chew food on the _____ side.	Protected; unaffected
1963. Trach care is performed by (clean/sterile) technique.	Sterile	1977. What organism causes pulmonary TB?	Mycobacterium tuberculosis
1964. What must you do before performing trach care (besides wash your hands)?	Suction the airway	1978. The mode of transmission of the mycobacterium tubercuolsis organism is by _____.	Droplet nuclei
		1979. What living conditions predispose you to TB?	Crowded, poorly ventilated
		1980. The incubation period of tuberculosis is...	4 to 8 weeks
		1981. What is the typical lung lesion in TB called?	A tubercle

1982. In TB, the appetite is ____; the client _____ weight and the temperature _____ in the _____.	Decreased, loses, elevates, afternoon
1983. What is a Mantoux test?	An intradermal skin test to screen for TB-called PPD
1984. When should a Mantoux test be read?	48 to 72 hours after test injection
1985. What qualifies as a positive Mantoux?	More than 10 mm induration (hardness), remember redness has nothing to do with the test being positive
1986. Name three drugs given to treat TB.	Isoniazid, Rifampin, Ethambutol
1987. How often and when during the day should Isoniazid, Rifampin, and Ethambutol be given?	Every day, all together
1988. What is the #1 side effect of Isoniazid?	Peripheral neuritis-take B6 to prevent
1989. After how many weeks of drug therapy is the client considered NO LONGER contagious?	2 to 4 weeks
1990. What isolation techniques are required for TB?	Masks
1991. What test is most diagnostic for TB?	Sputum for acid-fast bacilla
1992. What does the sputum look like in TB?	Purulent (pus) or hemoptysis (blood)
1993. When should you obtain a sputum specimen for acid fast bacilli TB?	Early AM