- 1. what is montelukast (singular) for?
 - a. a leukotriene modifier, and is taken on a regular basis, once a day, and not prn, and is not used for exercise induced asthma
- 2. what does advance directives contain?
 - a. written instructions regarding end of life care
- 3. what is the greatest risk to a pt receiving hemodialysis?
 - a. disequilibrium syndrome as a result of rapid loss of fluids and decrease bun
- 4. what is the clinical manifestation of disequilibrium?
 - a. restlessness and decreased level of consciousness.
- 5. what are expected findings in hemodialysis?
 - a. elevated temp weight loss decreased bp
- 6. what should the nurse do when a pt feels lightheaded and begins to fall?
 - a. spread feet apart and extend one leg for the pt to slide down while lowering the pt to the floor
- 7. what are the characteristics of a pt with dependent personality disologic
 - a. they have problems making everyday decision without from others
- 8. a pregnant pt who is bleeding is always?
 - a. priority
- 9. what should a pregnant pt win argency and freedem urination do?
 - a. should perform keger exercises
- 10. what should collegnant pt with corless vaginal mucus do?
 - a practice good hyperse perineal pads
- 11. a pregnant pt with edema of the ankles do?
- 12. avoid prolonged standing, to wear support hose, and rest through out the day with legs/hip elevated
- 13. when should a colostomy bag be changed?
- 14. when is 1/3 -1/2 full
- 15. how large should the opening of the stoma pouch be?
- 16. no larger than 1/4 inch
- 17. what should the pt with a colostomy avoid?
- 18. the use of moisturizers, which will decrease the adherence of the pouch to the skin
- 19. what should the pt do with the pouch removing it?
- 20. they should empty the pouch to avoid spilling the effluent on to the skin
- 21. where should drops be instill into?
- 22. into the conjuctival sac
- 23. what is a positive way of dealing with a terminal illness?
- 24. "remembering things they used to do together"
- 25. what are normal findings after a colonoscopy?

eat high protein snacks practice relaxation techniques 203. turp care? 204. monitor pt for fluid volume over load remind pt that they will feel urge while catheter is in place calculate urinary out put every 2 hours measure pain level every 2-3 hours pt should get up to a chair asap, risk for dvt 205. how to administer ear drops to children under 3 yrs? 206. pull pinna down and back 207. how will ventricular fibrilation look on ekg? irregular rate without P waves, bizarre and variable QRS 208. 209. what are sinus tachycardia look on EKG? 210. regular rate greater than 100/min normal P and QRS waves 211. atrial ventricular (AV) block look on EKG? 212. regular rate between 60-100/min with extended PR intervals 213. premature atrial contractions look on EKG? irregular rate with ectopic atrial beats earlier than 214. what are s/s of febrile transfussion reaction 215. 216. chills 217. verload transfussion reaction? what are s/s of c 218. use and hypertens or 219. vhat are s/s of hero lytic mansfussion reaction? 220. ower back as D wha what rich in iron? red meats, liver 223. what to look for in HCTZ (Hydrodiuril)? 224. flunctuation in weight encourage increase of potassium should be taken with food or right after a meal 225. what are s/s of anaphalictic reactions? 226. increased respiratory effort hypotension bronchoconstriction (laryngeal stridor) 227. what does benzodiazepines (lorazepam/ativan) causes? 228. lethargic and somnolent

229. what are pt with preclampsia at risk for?

230. seizures

200. 36124163

231. how should the formula be to prevent gastric cramping in an

enteral feeding?

232. administer the formula at room temp233. what is a s/s of bulemia nervosa?

234. hemoptysis

316.	discussing and participating in hands on demonstration
317.	what are strategies for teaching adolescents?
318.	collaborative process/ problem solving
319.	what is priority in palliative care?
320.	pharmacological pain management
321.	what should peritoneal fluid in dialyses look like?
322.	bloody, clear, straw color
323.	what color should peritoneal fluid not look like?
324.	cloudy or opaque, this might means infections
325.	what is the glascow coma scale?
326.	motor response
327.	what are s/s of IV infiltration?
328.	pallor surrounding the infusion site
329.	what is a s/s of phlebitis?
330.	redness along the vein
331.	what is a s/s of an extravasation?
332.	tissue sloughing
333.	what to do with a child with rotavirus?
334.	tissue sloughing what to do with a child with rotavirus? the diaper should fit snuggly a rectal thermometer arrier T contagious
avoid using a	a rectal thermometer
apply skin ba	arrier
they are NO	T contagious
335.	where should the chert to be be placed?
336.	below the level of the pts chest
336. 33 Previ	what so we done with a pen rose drain?
338.	a safety pin is placed at the distal end of the drain
339.	what to do with a colonoscopy?
340.	should not take NSAIDS 1 week prior
should be Ni	PO 6-8 hours before
341.	what to report with albuterol (proventil)?
342.	tremors
343.	what should the nurse do when removing a pt IV catheter?
344.	the nurse should maintain the catheter parallel to the vein to
reduce the ri	sk of trauma to the vein
345.	what will the child need prior to an IV urography (IVP)?
346.	the child will need to have a soapsud enema administered
before the pr	ocedure to assist in visualization of the kidneys, ureters, and bladder
347.	what diet should the child with nephrotic syndrome be in?
348.	low sodium diet to assist with diuresis of extracellular fluid
349.	what is normal findings in a turp?
350.	yellow urine with red sediment
351.	what is abnormal finding in a TURP?

721.	brachial pulse	
722.	pulse area on an infant	
723.	lead poisoning	
724.	test at 12 months of age	
725.	Before starting IV antibiotics	
726.	obtain cultures!	
727.	pt with leukemia may have	
728.	epistaxis due to low platelets	
729.	when a pt comes in and is in active labor	
730.	first action of nurse is to listen to fetal heart tones/rate	
731.	for phobias	
732.	use systematic desensitization	
733.	NCLEX answer tips	
734.	choose assessment first! (assess, collect, auscultate, monitor,	
_	oose intervention in an emergency or stress situation. If the	
	absolute, discard it. Give priority to the answers that deal with the	
	not machines, or equipment.	
735.	ARDS and DIC	
736.		
730. 737.	are always secondary to another discussion rauma	
737. 738.	In an emergency	
730. 739.	patients with a give to lance to live are treated first	
	Cardinal sign of ARDS 4.3	
740.	ypp terma	
741.	Edema is located	
74216	in programme in the cardiovascular space (outside	
of the circulatory		
743.	the best indicator of dehydration?	
744.	weightand skin turgor	
745.	heat/cold	
746.	hot for chronic pain; cold for accute pain (sprain etc)	
747.	When pt is in distressmedication administration	
748.	is rarely a good choice	
749.	pneumonia	
750.	fever and chills are usually present. For the elderly confusion is	
often present.		
751.	before IV antibiotics?	
752.	check allergies (esp. penicillin) make sure cultures and	
sensitivity has been done before first dose.		
753.	COPD and O2	
754.	with COPD baroreceptors that detect CO2 level are destroyed,	
therefore, O2 must be low because high O2 concentration takes away the pt's stimulation to breathe.		
Sumuauon to br	Caulci.	

Prednisone toxicity

755.

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756.
                      Cushings (buffalo hump, moon face, high blood sugar, HTN)
757.
                      Neutropenic pts
758.
                      no fresh fruits or flowers
759.
                      Chest tubes are placed
760.
                      in the pleural space
761.
                      Preload/Afterload
762.
                      Preload affects the amount of blood going into Right ventricle.
   Afterload is the systemic resistance after leaving the heart.
763.
                      CABG
764.
                      Great Saphenous vein in leg is taken and turned inside out
   (because of valves inside). Used for bypass surgery of the heart.
765.
                      Unstable Angina
766.
                      not relieved by nitro
767.
                      PVC's
768.
                      can turn into V fib.
769.
                      1 tsp
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770.
771.
772.
773.
774.
775.
776.
777.
77PYEV
779.
780.
                      1000 mg
781.
                      1 kg
782.
                      2.2 lbs
783.
                      I lb
784.
                      16 oz
785.
                      centigrade to Fahrenheit conversion
786.
                      F= C+40 multiply 5/9 and subtract 40
   C=F+40 multiply 9/5 and subtract 40
787.
                      Angiotenson II
788.
                      In the lungs...potent vasodialator, aldosterone attracts sodium.
789.
                      Iron toxicity reversal
790.
                      deferoxamine
791.
                      S3 sound
792.
                      normal in CHF. Not normal in MI
793.
                      After endoscopy
794.
                      check gag reflex
795.
                      TPN given in
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1222
                     turn the mother to her left side, to allow more blood flow to the
   placenta
1223.
                     ICP
1224.
                     increased BP, decreased pulse, decreased resp
1225.
                     shock
1226.
                     decreased BP, increased pulse, increased resp
1227.
                     Conversions
1228.
                     1 t (teaspoon)= 5 ml
   1 T(tablespoon) = 3 t = 15 ml
   1 \text{ oz} = 30 \text{ ml}
   1 cup= 8 oz
   1 quart= 2 pints
   1 pint= 2 cups
   1 gr (grain)= 60 mg
   1 g (gram)= 1000 mg
   1 \text{ kg} = 2.2 \text{ lbs}
                               m. Notesale.co.uk
le 43 of 45
   1 lb = 16 oz
1229.
                     Antidotes
                     heparin= protamine sulfate
1230.
   coumadin= vitamin k
   ammonia= lactulose
   acetaminophen= n-Acety
   Iron= deferoxamin
   Digitoxin, de Sil
   Acolor withdraw = Lor
1231.
                     Developmental
1232.
                     2-3 months: turns head side to side
   4-5 months: grasps, switch & roll
   6-7 months: sit at 6 and waves bye-bye
   8-9 months: stands straight at eight
   10-11 months: belly to butt (phrase has 10 letters)
   12-13 months: twelve and up, drink from a cup
1233.
                     Hepatitis
1234.
                     Hepatitis: -ends in a VOWEL, comes from the BOWEL (Hep A)
   Hepatitis B=Blood and Bodily fluids
   Hepatitis C is just like B
                     Give NSAIDS, Corticosteroids, drugs for Bipolar,
1235.
   Cephalosporins, and Sulfanomides
                     with food
1236.
1237.
                     Valium is treatment of
1238.
                     status epilepticus (Ativan may be used also)
1239.
                     Allopurinol
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Do not us	se St. Johns Wart
	ust be discontinued for 14 days
MACTITIO	ist be discontinued for 14 days
NA	and the first transfer of NOAID transfer
=	ease warfarin levels or NSAID levels
1253.	MAOI (zine, zid, mine, line)
1254.	 Therapeutic Uses
Atypic	cal depression
(Bulimi	ia nervosa
_	ssive compulsive disorder
	, some comparent a discrete.
Side effe	cte
CNS SUIT	nulation, orthostatic hypotension, hypertensive crisis (with tyramine)
	fects with anti-hypertensives
1255.	Welbutrin
1256.	 Therapeutic Uses
Treatr	ment of depression
○ Alterna	ative to SSRIs for clients unable to tolerate the service avsfunction side
effects	106316.
○ Aid to	quit smoking
O Ald to	ntion of account of the hydrorder
OFIEVE	TILION OF Seasona Artective disorder
	I AS O'
Weight lo	st. 5, headache dry poult
DIE	ment of depression ative to SSRIs for clients unable to tolerate the security dysfunction side quit smoking ention of seasonal after ive-disorder (A.5). Headache dry gould seasonal after ive-disorder (B.5).