# PAIN ASSESSMENT

- **OLD CART**
- Onset
- L | Location
- **D** | Duration
- C | Characteristics
- A | Aggravating Factors
- **R** | Radiation

### PAIN ASSESSMENT

#### PORST

- **P** | Pre-evolution (Cause)
- **Q** | Quality (Stabbing, Sharp, Dull, etc.)
- **R** | Region
- **S** | Severity (Scale 0/10)
- **T** | Timing (When it start and How long, if
- it's new onset)



- Oxygen
- G | Gasses (ABGs Monitoring)

# MUOCARDIAL INFARCTION TREATMENT

MONA or ON AM for Correct Order

- M | Morphine
- Oxygen
- N | Nitroglycerine
- A | Aspirin

NOTES

The correct order of MONA interventions is oxygen, nitroglycerin, aspirin, and then morphine. This can be remembered by the mnemonic: ON AM (I am ON fire in the AM as I am a morning person)

# TETRALOGY OF FALLOT

# PROVe

P | Pulmonary Stenosis (Narrowed Pulmonary Artery)

**R** | Right Ventricular Hypertrophy (Enlarged Right Ventricular)

• | Overriding Aorta (Malposition of the Aorta over both Ventrial Control over b

V | Ventric Par Septal Defect

e |

The lowercase "e" is intentionally left blank as its purpose it to serve as a filler for the mnemonic

# VENTRICULAR ARRYTHMIAS DRUGS

- AL A | Amiodorne
- L | Lidocaine

# HEPARIN-INDUCED THROMBOCYTOPENIA

# HIT PROBABILITY: 4T's

T1 | Thrombocytopenia Present (Low Platelet Count): >50% fall in Platelet Levels
= Higher Probability of it being HIT
T2 | Timing of platelet count fall: Drop occurs during the 5-10 days after heparin use (most common time period for reaction to occur) or drop occurs rapidly (less than 1 day) and heparin exposure occurred within past 30 days = Higher probability of it being HIT

T3 | Thrombosis or other sequelae. Proven thrombosis or presence of skin necrosis, or an acute systemic reaction following administration of a heparin bolus = Higher probability of it being HIT
T4 | Thrombocytopmic, ther causes. No

other evident eigher probability of it

Thrombocytopenia is a low platelet level. There are various etiologies that may be responsible, but one cause is heparininduced (AKA: HIT), which is an immune mediated reaction following drug exposure.

NOTES

The 4T's is used to predict the probability that the thrombocytopenia is associated with heparin use.

# MIXING 2 TYPES OF INSULIN IN 1 SYRINGE

CLEAR, CLOUDY, CLOUDY, CLEAR CLEAR BEFORE CLOUDY CLOUDY BEFORE CLEAR

# Hypoglycemia signs

#### TIRED

- T | Tachycardia
- I Irritability
- **R** | Restlessness
- E | Excessive Hunger
- D | Depression & Diaphoresis

# HYPOGLYCEMIA CAUSES & CHARCTERISTICS

#### **RE-EXPLAIN**

- **RE** | REnal Failure
- **EX** | EXogenous
- P | Pituitary
- L | Liver Failure
- A | Alcohol
- Infection
- N | Neoplasm

# DIAGNOSTICS/LABS

& I

# ACID BASE

#### ROME

- **R** | Respiratory (Acidosis & Alkalosis)
- | Opposite:  $pH \downarrow \& CO2 \uparrow = 4$  CILOSIS; pH
- ↑ &  $CO2 \downarrow = ALKACONS$ M | Metabolic (Acidosis & Alkalosis)
- **E** | Equal:  $pH \downarrow \& CO2 \downarrow = ACIDOSIS; pH \uparrow \& CO2 \uparrow = ALKALOSIS$

# COMPLETE BLOOD COUNT COMPONENTS

#### HELPR

- H | Hemoglobin/Hematocrit
- **E** | Erythrocytes (RBCs)
- L | Leukocytes (WBCs)
- P | Platelets
- R | Reticulocytes/RBC Indices

# CALCIUM: 8.5-10

Children's bones grow stronger between ages  $8\frac{1}{2}$  - 10

This is a way to remember the range of normal CALCIUM values in the blood serum

AB VI 5 30 1 TO Os riggy & Kermit Came Home On Cloud Nine Miss Magnesium: 1.5-2.5 Pigg Phosphate: 2.5-4.5

Kermit | K (Potassium): 3.5-5.5 Came | Calcium: 8.5-10.5 Home | HCO2: 22-26 On | Oxygen Saturation: 95%-100% Cloud | Chloride: 95-104 Nine | Na (Sodium): 135-145

#### NOTES

Unlike H/H (which stands for hemoalobin/hematocrit), R/R is NOT a term typically used to describe reticulocytes/RBC indices...it's just used for the purpose of this #RBC indices mnemonic. involve components that are used to describe the shape, size, and other characteristics of the RBCs...They're important for differentiating the type of anemia.

# INTRAUTERINE DEVICE COMPLICATIONS

PAINS
P | Period irregularities: Too much/little/ sporadic (late, spotting, heavy bleeding)
A | Abdominal pain/dyspareunia (painful intercourse)
I | Infection: Pelvic- abnormal vaginal discharge
N | Not feeling well: Fever or chills
S | String missing (inspected for once/month

*by patient)* 





- **B** | Bradycardia
- **E** | Extreme restlessness/passed out
- D | Dyspnea

- **R** | Retractions
- A | Anxiety Increased
- Inspiratory Stridor
- D | Drooling