Studying for NCLEX-RN®: How to Merge/Link Practice Test Items/Test strategies and Content for NCLEX Success (Marshall©)...A Continuation

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Your Participation

To open and close your control panel click the orange arrow

Submit questions and comments via the Questions panel. To test out this feature enter the state or country you are joining us from.

Note: Today’s presentation is being recorded and will be provided within 48 hours.
Best Use of Your Studying Time....

- TAKE PRACTICE TESTS...BEST IF COMPREHENSIVE, BUT ANY QUESTIONS ARE BETTER THAN NONE

- START WITH SMALLER NUMBERS OF QUESTIONS AND WORK YOUR WAY UP...NOW THROUGH SEPTEMBER 30, 2020 THAT MEANS TEST FROM 60-130 ITEMS WITH MAX TIME 4 HOURS SO PRACTICE THAT WAY

- GRADE YOUR TEST; REVIEW ALL ITEMS MISSED AND RATIONALES; USE CONTENT REVIEW ONLY IF YOU STILL ARE UNSURE; KEEP GOING

- USE TEST STRATEGIES TO PRACTICE WITH WHEN NEEDED SO THEY ARE ENGRAINED IN YOUR ABILITIES WHEN YOU GO TO TAKE NCLEX-RN

- DON’T OVERSTUDY BY TIME OR NUMBER OF TEST ITEMS...QUALITY IS BETTER THAN QUANTITY
Practice Question #1

- Cystic Fibrosis Question
COPD

- Emphysema (Secondary, not genetically transmitted via deficit in alpha anti-trypsin)
- Cystic Fibrosis
- Chronic Asthma

Know assessment and management for one: Know for all

Respiratory Assessment and management can be used for any patient with respiratory alteration: LINKING WHAT YOU KNOW
COPD/Respiratory Assessment
(NOTE: IF ONLY COPD, *)

- Changes in respiratory rate/pattern
  - Tachypnea, bradypnea, orthopnea, dyspnea, periods apnea, shortness of breath
- Use of accessory muscles
  - Retractions
  - Nasal flaring
  - Infants: Head bobbing
COPD/Respiratory Assessment
(NOTE: IF ONLY COPD, *)

- Excessive mucous (thick, tenacious, copious)
- Adventitious breath sounds
  - Rales/crackles
  - Rhonchi
  - Wheezes
- Cough: Non-productive/Productive
- Pursed lip breathing
COPD/Respiratory Assessment
(NOTE: IF ONLY COPD, *)

- Periods of cyanosis
- Grunting (Infants)*
- Barrel-chested*
- Clubbing of nailbeds*
- Respiratory acidosis
Specifics to CF

- Genetic Transmission
  - Similar to SCA (Link: Use what you know)
  - Autosomal Recessive
    - Two parents with trait
    - With each pregnancy
      - 25% chance “normal”
      - 25% chance CF
      - 50% chance trait
Specifics to CF

- Lack of meconium stool=Test for CF
- History of chronic/repetitive URI
- Definitive diagnosis=Sweat Test
  - >60Meq=CF
  - 40-60Meq=Suspect; Retest 2-3 months
  - <40Meq=No CF
- Scoped procedures (Can link to other disorders/diagnosis/treatment procedures)
Specifics to CF

- Gastrointestinal Effects
  - Pancreatic ducts occluded by exocrine gland excessive mucous (thick, tenacious, copious)
    - Absence of pancreatic enzymes >> malabsorption syndrome
    - Absence of fat soluble vitamins
    - Malabsorption of fat: steatorrhea; weight loss; thin; increased appetite; crave salt (think NaCl issues with CF)
Specifics to CF

- NI for GI system effects of CF
  - Pancreatic enzymes with every meal/snack, except water
    - Pancrease, Viokase (ase drugs)
  - High protein, high calorie diet
    - No changes in fat
    - No limits on salty foods
    - High protein/calorie supplements
  - Administration of fat soluble vitamins
    - Monitor for bleeding episodes
- Daily weights/strict I and O
Specifics to CF

- Reproductive Effects
  - Males with CF are sterile (mucous occludes vas deferens)
  - Most females are sterile, but not all (mucous occludes cervix)
    - Small percentage of females can get pregnant and carry pregnancy to term
Practice Question #2

- Epilepsy
- Grand Mal Seizures
  - Generalized
    - Assessment (Remember to think about interventions for each assessment)
      - Adolescents/adults may present with Aura
        - Premonition of impending seizure: Relates to lobe of brain where seizure starts
      - Loss of consciousness
      - Tonic-clonic movements (Risk of injury)
      - Pupil deviation (seizure starts on side of brain opposite deviation)
      - Clenched jaw (No padded tongue blades/anything in mouth)
      - Periods of apnea/cyanosis (Think oxygenation and airway)
      - Excessive salivation (Risk of aspiration thus turn head gently so salivation runs out)
    - Usually don’t last longer than 2 minutes
Epilepsy/Seizure Disorders

- Post seizure
  - Memory loss (from seizure incident)
  - Incontinence (urine and feces)
  - Fatigue

- Management
  - Priority is to protect pt from injury...SAFETY
  - Protect airway/oxygenation
  - Monitor closely post-seizure
  - Administer anticonvulsants as per d.o. (Two most common for NCLEX: phenytoin [Dilantin] and phenobarbital [Luminal])
    - Monitor blood levels as prescribed
  - If status epilepticus, administer lorazepam or similar as prescribed
  - Don’t forget about growth and developmental issues/psychosocial issues related to chronic disease
Epilepsy/Seizure Disorders

- Petit Mal Seizures/Absence Seizures
  - Primarily found in children and are usually outgrown
  - Generalized
    - Assessment
      - Loss of consciousness
      - Blank stare/staring into space
      - Rapid blinking movements
      - School teacher “child is not attentive in class”
  - Management
    - Protect from injury
    - Administer anticonvulsants, usually phenobarbital as per d.o.
    - Educate school personnel
    - Growth and development issues
Practice Question #3
Renal: Glomerulonephritis (AGN) versus Nephrotic Syndrome (Nephrosis)

- Both disorders occur secondary to alteration/injury to glomerular basement membrane, thus similar presentation/assessment
- AGN
  - Post strep infection (10-14 days) (remember to ask in hx if recent sore throat or gi infection)
    - ASO titer
  - Acute condition that will abate and usually not return
- Nephrosis (Minimal change nephrotic syndrome)
  - Develops secondary to another condition, i.e. Lupus, DM
  - Chronic condition that will have periods of exacerbation and remission
  - Risk for Renal Failure
AGN vs Nephrosis

- Assessment
  - Oliguria
  - Hematuria/proteinuria (Link to other conditions with both for NI)
  - Hypoalbuminemia
  - Dependent edema/Generalized edema (Anasarca) (think skin care)
  - Later assessment: crackles
  - Hypertension (usually in AGN and late assessment in nephrosis)
AGN vs Nephrosis

- NI
  - Vital signs esp B/P
  - Bed rest
  - Daily weights
  - Strict I and O
  - Urine dipstick blood/protein
  - Fluid restrictions, as applicable
  - High protein, low salt diet
  - Albumin IV, as applicable (remember blood product...RN)
AGN vs Nephrosis

- Effective skin care and positioning
- Growth and development issues re: children
- ANTIBIOTIC Therapy for AGN not nephrosis
Burns

- Burns
  - Percentage: Rule of Nines (Note: if you know for adults/adolescents that is fine...usually a fill in blank question...read carefully as often will be asked anterior or posterior portion and you need to divide in ½, etc.)
    - Head and Neck 9%
    - Each arm 9%
    - Each leg 18%
    - Total trunk 36%
    - Genitalia 1%
Burns

- Type of Burn (When answering questions, think about what makes each different)
  - Superficial/First Degree
    - Epidermis
    - Erythema
    - Blanches with pressure
    - Localized pain
    - Similar to sunburn
    - Generally no treatment or localized treatment with anesthetic spray (i.e. solarcaine...aine=anesthetics)
Burns

- Partial-thickness/Second Degree
  - Epidermis and dermis
  - Edema
  - Moderate to large blisters
  - Wet, weeping areas
  - Blanches with pressure
  - Pain and hypersensitivity
  - Takes longer to heal than superficial, but usually completely
  - No dressings over burns as could break blisters

Risk of infection
Burns

- Full-thickness/Third Degree
  - Epidermis, dermis, subcutaneous tissue (think nerves/pain receptors)
  - Dark, deep red, brown, black areas
  - Skin is tough, white, charred or leathery
  - Presence of eschar
  - Does not blanche
  - Little to no pain (pain in surrounding areas but not over burns)
  - Skin grafting will be necessary
  - Prolonged recovery which may include PT and OT
Burns

- Phases
  - Emergent: Remove from source of fire
  - Shock: Usually up to 2 days; Third spacing; Think comprehensively complications related to this phenomenon
  - Fluid remobilization/Diuresis
  - Wound management: Prevent Infection: Remember sterile technique...protecting patient (Strict Isolation)
    - Pain management esp during debridement
  - Convalescence: Time will vary depending on type burn and percentage burned
Congenital Heart Defects

- Must understand normal circulation in heart
- Must understand fetal shunting mechanisms of ductus arteriosus and foramen ovale
- Knowing where defects are but can answer most questions by distinguishing acyanotic versus cyanotic defects...assessment
Congenital Heart Defects

- Acyanotic
  - Ventricular septal defect
  - Atrial septal defect
  - Patent ductus arteriosus
  - Pulmonic stenosis
  - Aortic stenosis
  - Coarctation of aorta

- Cyanotic
  - Tetralogy of Fallot
Congenital Heart Defects

- Assessment Acyanotic
  - Similar for most as left to right shunting (thus oxygenated blood going back to right side...no unoxygenated blood is going to system)
  - Heart murmur
  - Right-sided hypertrophy (left with aortic stenosis)
  - Increased risk of respiratory infections (not with pulmonic/aortic stenosis)
Congenital Heart Defects

- Decreased cardiac output (think decreased oxygen)
  - Oliguria
  - Decreased pulses
  - Feeding difficulties
  - Poor suck reflex
  - Poor weight gain
  - Irritability/restlessness
Congenital Heart Defects

- Coarctation of Aorta very distinct
  - Narrowing of portion of aorta
  - Upper body/upper extremities: higher blood pressure; bounding and full pulses
  - Lower body/lower extremities: lower blood pressure than UE; weak to absent pulses

- Management/NI for Acyanotic
  - Link back to cardiac catheterization and pre-post-operative care
Congenital Heart Defects

- Cyanotic: Tetralogy of Fallot
  - 4 defects
    - Ventricular septal defect
    - Pulmonic stenosis
    - Right-sided hypertrophy
    - Over-riding aorta (plants in VSD allowing portion in right ventricle>>unoxygenated blood into aorta and body systems...CYANOTIC)
Congenital Heart Defects

- Key Assessment Infant
  - Blue spells/“TET” spells (when oxygen demand is high...think infant)
    - Feeding
    - Crying
    - Defecation

- Key NI Infant
  - Knee chest position/fetal position
  - Oxygen administration
Congenital Heart Defects

- Key Assessment Toddler/Preschooler
  - Play intolerance
  - Squatting (compensatory)
- Key NI Toddler/Preschooler
  - Frequent rest periods
  - Teach squatting
- Other Management/NI
  - Link back to cardiac catheterization/pre-post-operative care
Pneumothorax, Pleural Effusion, Atelectasis

- Pneumo=air
  - Tension
  - Secondary
- Effusion=fluid
  - Empyema
  - Hemothorax
- Atelectasis=collapsed portion or entire lung
  - Most commonly found post-operative secondary to altered respirations, immobility, pain management
Pneumothorax, Pleural Effusion, Atelectasis

- **Assessment**
  - Decreased breath sounds
  - Dyspnea, SOB, tachypnea, bradypnea
  - Asymmetrical chest and chest movement
  - Chest pain
  - Crackles (effusion; atelectasis)
  - Cough (productive effusion; atelectasis)
  - Subcutaneous emphysema (pneumo)
  - Tachycardia
  - Tracheal shift to opposite side (pneumo; effusion)

- **Management/NI**
  - Link back to chest tube assessment/management
Hepatitis

- Types
  - A: Contaminated food and water (fecal-oral route)
    - Common in preschools or mass crowd settings including restaurants
  - B: Bodily fluids
    - Including breast milk, urine, vaginal secretions, semen, sweat
    - CONTACT PRECAUTIONS
Hepatitis

- Phases for A and B (A generally less severe and timely than B)
  - Prodromal
    - Flu like symptoms
    - Before jaundice and in many cases knowing they have hepatitis
  - Contagious
- Icteric (means jaundice)
  - Presence of jaundice (think skin assessment for color changes...sclera, mm, conjunctiva)
  - Stool becomes gray, white, clay color, putty, without color
  - Pruritus
  - Elevated liver enzymes
Hepatitis

- Post-icteric
  - Recovery
  - Absence of jaundice
  - Liver enzymes return to normal
  - Stools regain color
  - Pruritus abates

- Management/NI
  - Rest
  - Gamma globulin deep IM (review injection sites and administration technique)
Erythromycin has been prescribed for a client with otitis media. To ensure optimal absorption, the nurse instructs the client to take the medication:

- On an empty stomach
- Immediately after a meal
- Just before eating
- With a snack like peanut butter and crackers
A nurse administers a fatal dose of morphine sulfate to a client. During the subsequent investigation of the error, it is determined that the nurse did not assess the client’s respiratory rate before administering the medication. Failure to adequately assess the client is addressed under which function of the Nurse Practice Act?

- Defining the specific educational requirements for licensure in the state
- Describing the scope of practice of licensed and unlicensed care providers
- Recommending specific terms of incarceration for nurses who violate law
- Identifying the process for disciplinary action if standards of care are not met
- The nursing note that best explains the client’s expected reaction to the medication given during an acute anginal episode would include:
  - After nitroglycerin was taken orally, pain was relieved for about 30 minutes
  - Two percent nitropaste, 2 inches long, applied to the client’s left arm brought relief for 6 hours
  - After propranolol (Inderal) was taken orally, the client’s wheezing was quieter and their blood pressure was lower
  - Experienced facial flushing, but pain relief from sublingual nitroglycerin lasted about 45 minutes to 1 hour.
A 22-year-old female client incurs facial and nasal injuries in a car accident. She asks the nurse if preparation for nasal surgery is extensive and if it will improve her looks. The statement by the nurse that provides the best preparation for a rhinoplasty would be:

- “You will receive instructions on the need for nasal packing as well as a review of mouth breathing techniques.”
- “You will be photographed on your initial visit so that afterwards you can visually see the improvement to your nose.”
- “Thorough facial cleaning with antibacterial soap and avoidance of face cream should diminish postoperative bacterial flora.”
- “Preparation for this surgery includes pain medications such as NSAIDS to build up your pain tolerance and antibiotics to prevent infection.”
When a client is in the oliguric phase of Acute Kidney Injury, the initial activity the nurse would expect for this client would be:

- Strict bed rest
- Up in chair TID
- Bathroom privileges
- Progressive ambulation
A nurse is caring for a client after an allogenic liver transplant and is receiving tacrolimus (Prograf). The nurse monitors the client for which adverse effect of the medication?

- Hypotension
- Perfuse diaphoresis
- Decreased urine output
- Decreased serum creatinine
Contact Information

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Thank you for attending!

- We will send you an email in the next 48 hours that will include a link to the webinar recording.
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