

ULTIMATE NCLEX STUDY GUIDE

IF REACTION OCCURS - Stop transfusion, change IV tubing down to Y site and keep IV open with NS, notify MD + blood bank, stay with pt to monitor S/S, return blood bag/tubing/tubule to blood bank, document
***First 15 minutes of transfusion** - stay with pt

Allergic/Lung Sounds		
Exacerbate	low pitched - high pitched crackling (dripping noise heard @ end of inspiration) Crepitus (crackles louder than fine crackles) - low pitched gurgling sound during inspiration and expiration	Pneumonia, heart failure, pulmonary edema, asthma
Wheezes	high pitched musical sound similar to a squeal usually 1-2, bilateral bronchovascular (low flow) or wheezing (high flow) - obstructive	Asthma
Rales	low pitched, coarse, crackling sound during inspiration	Chronic bronchitis
Rhonchi	low pitched coarse gurgling sound during inspiration and expiration	Asthma, bronchitis
Stridor	harsh high pitched breathing due to obstruction in upper airway tracheal wheezing	Aspiration of foreign object, anaphylaxis, epiglottitis

Positioning	
MDT placement in high Fowler's position - in the upper body epidural catheter in left lateral - lower the head of bed (Pain management)	Decreases risk of aspiration epidural catheter in left lateral - lower the head of bed (Pain management)
Woman in labor w/ an epidural catheter in left lateral	When fetal hip replacement is done - don't sleep on operated side don't flex hip more than 90° - 60 degrees, don't rotate more than 45 degrees. Minimize hip abduction by separating thighs with pillows Elevate hip - knee - ankle in prone (don't use tape)
Tube feeding w/ dependent cath - in right lateral - elevated with	Prevent aspiration
During Epidural Position - in lateral During Epidural Position - in side lying with head, back, and lower flexed	Prevent cath of thrombocytopenia or low blood pressure After Epidural Position - in prone (prevents CSD leakage)
After respiratory in Position on side of affected ear after surgery (drainage of ear) After External Surgery - in 45° with arm on unaffected side with a high chair for 1-2 weeks After Thoracotomy or lower arm - flexed	Prevent ear cath tip in lungs to prevent infection to reduce risk No Patient Changing Position in 45° or less Fowler's position No rotation after 45° for 48-72 hours Monitor when Ambulation in dependent position for first 24 hours After Thoracotomy, position prone daily for 48 hours Monitor when Ambulation in 45° or less Fowler's position for first 24 hours After Thoracotomy, position prone daily for 48 hours After Thoracotomy, position prone daily for 48 hours
Unaffected Arm in 45° of abduction should be in the dependent (lower) position Administration of fluids in 45°	Prevent ear cath tip in lungs to prevent infection to reduce risk No Patient Changing Position in 45° or less Fowler's position No rotation after 45° for 48-72 hours Monitor when Ambulation in dependent position for first 24 hours After Thoracotomy, position prone daily for 48 hours Monitor when Ambulation in 45° or less Fowler's position for first 24 hours After Thoracotomy, position prone daily for 48 hours
Autonomic Dysreflexia/Hypertension in high Fowler's	After epidural catheter - position at top of head in lateral Elevate lower extremities in 45° or less Fowler's position
Aspirator in high Fowler's - prone position After tube insertion in 45° for 48-72 hours for 1-2 weeks after surgery	Prevent ear cath tip in lungs to prevent infection to reduce risk No Patient Changing Position in 45° or less Fowler's position No rotation after 45° for 48-72 hours Monitor when Ambulation in dependent position for first 24 hours After Thoracotomy, position prone daily for 48 hours Monitor when Ambulation in 45° or less Fowler's position for first 24 hours After Thoracotomy, position prone daily for 48 hours

Neurogenic Precautions

Used the stimulus-response model
 Head/Neck: patients should be free of drugs, provide room if possible, avoid sources of potential infection (catheters, new IVs/lines, urinary catheters, etc.)

Common	Infrequent/Unusual	Infrequent
Common, green, yellow, 1-2 days for a full (10-15) days	Common, green, blue, black, 1-2 days (10-15) days	Common, black, white, 1-2 days
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Stay with suspected infection (breast abscess, cellulitis, etc.) should tell pt to stay with head

Precautions

Don't to cross, touch, have to use call bell and when to use call bell, keep head in lowest position, raise 3 of 4 side rails, lock wheels on all equipment, keep floor dry and free of cords, wear slip resistant footwear, stay with pt during shower

Eye Safety

MD - remove pt in danger, activate alarm, contain fire (close windows/doors), extinguish fire if small

Eye Safety

MD - remove pt in danger, activate alarm, contain fire (close windows/doors), extinguish fire if small

Eye Safety Response	Response to Eye Safety	Response to Eye Safety
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Study Guide For Ped Lpn Program

**Marilyn J. Hockenberry, Cheryl C
Rodgers, David Wilson**



Study Guide For Ped Lpn Program:

Study Guide For Safe Maternity and Pediatric Nursing Care Luanne Linnard-Palmer, Gloria Haile Coats, 2016-09-23 Here is the perfect companion to Safe Maternity Pediatric Nursing Care Each chapter in the Study Guide corresponds to a chapter in the text Exercise by exercise activity by activity you will develop your critical thinking and problem solving skills while mastering the principles concepts and procedures essential to success in the classroom and in practice *Study Guide for Introduction to Maternity and Pediatric Nursing - E-Book* Gloria Leifer, 2015-01-29 Leifer's Study Guide for Introduction to Maternity and Pediatric Nursing is a rich resource that enhances your comprehension and application of material from every chapter of the textbook With a variety of learning activities critical thinking exercises case studies and review questions this study guide reinforces your mastery of the essential maternity and pediatric nursing concepts and skills you need to pass the NCLEX PN Examination and succeed in your nursing career NCLEX exam style multiple choice review questions at the end of each chapter test basic chapter knowledge as well as ask for appropriate nursing actions what the nurse should expect in terms of medical care of the patient and what complications the patient is at risk of developing Case Studies and Applying Knowledge activities provide additional opportunities to apply learned information to clinical care Thinking Critically activities require you to apply what you've learned in the textbook to new situations and draw conclusions based on that knowledge Learning activities include matching labeling and completion exercises to help you learn basic concepts of maternity and pediatric nursing Crossword puzzles in selected chapters are a nice way to change up the format when testing comprehension of terms and concepts Answer key is located on the student's Evolve website Several Thinking Critically sections and case studies with critical thinking questions have been added Alternate item format questions are included in the review questions for the NCLEX Examination *Study Guide for Introduction to Maternity & Pediatric Nursing - E-Book* Gloria Leifer, 2013-06-21 Master key concepts and apply them to your nursing practice Corresponding to the chapters in Introduction to Maternity Pediatric Nursing 6th Edition by Gloria Leifer RN MA CNE this study guide reinforces your understanding of essential concepts and skills It offers the preparation you need to pass the NCLEX Examination and succeed in your nursing career Features include Learning activities Case studies with critical thinking questions Thinking Critically scenarios Applying Knowledge exercises Review questions Crossword puzzles Several Thinking Critically sections and case studies with critical thinking questions have been added Alternate item format questions are included in the review questions for the NCLEX Examination **Essentials of Pediatric Nursing** Terri Kyle, 2008 Essentials of Pediatric Nursing is intended for Pediatric Nursing courses with an integrated pediatric curriculum It provides a unique concept based approach and nursing process focus that helps students go from concept to application by building on previously mastered knowledge from other courses Organized into four logical units Kyle Essentials of Pediatric Nursing covers a broad scope of topics with an emphasis on common issues and pediatric specific information In addition it has a variety of learning features

to ensure student retention such as Healthy People 2010 boxes Threaded Case Studies and Comparison Charts highlighting common diseases Plus it includes a BONUS CD ROM and companion website that provide numerous resources for both students and instructors including video clips of each developmental stage and care of the hospitalized child

Study Guide Whaley & Wong's Essentials of Pediatric Nursing, Fifth Edition Angela Ciolfi Murphy, 1997 This study guide is designed to facilitate effective use of the 5th ed of Whaley Wong s Essentials of pediatric nursing

Introduction to Maternity and Pediatric Nursing - E-Book Gloria Leifer, 2014-10-01 Part of the popular LPN Threads series Introduction to Maternity Pediatric Nursing provides a solid foundation in obstetrics and pediatric nursing An easy to follow organization by developmental stages discussion of disorders by body system from simple to complex and health to illness and a focus on family health make it a complete guide to caring for maternity and pediatric patients Written in a clear concise style by Gloria Leifer MA RN this edition reflects the current NCLEX test plan with additional material on safety health promotion nutrition and related psychosocial care provides clinical information and insights in a concise structured and informative way that encourages critical thinking Reviewed by Kim Shrieves on behalf of Nursing Times April 2015 Concise yet comprehensive content is presented within the scope of practice for the LVN LPN but with sufficient depth to facilitate students in a ladder program allowing them to be successful with the ADN program requirements for the specialties Step by step procedure lists throughout the text help you master important maternity and pediatric nursing processes with Skills Performance Checklists available on the Evolve website Nursing Care Plans with Critical Thinking Questions reinforce the nursing process and strengthen problem solving skills as applied to maternity nursing Logical organization of content from simple to complex and health to illness makes locating and accessing information easy Key terms with phonetic pronunciations and text page references help improve terminology and language skills of English as a Second Language ESL students and students with limited proficiency in English before they enter clinical practice Health Promotion boxes emphasize the importance of family centered care health promotion and illness prevention women s health issues and growth and development of child and parent to help you understand and teach wellness and disease prevention to patients in your care Nutrition content highlights the importance of proper nutrition for women before during and after pregnancy for those who are breastfeeding as well as critical information about the nutrition needs and problems of newborns infants and children Nursing Tips throughout provide pertinent information applicable in the clinical setting that reinforces what you have just learned while building on previously learned information NEW Unfolding case studies with illustrations follow first time parents Tess and Luis throughout the stages of pregnancy and birth of their twins with a series of critical thinking questions NEW Updated NCLEX exam style review questions have been revised to a higher cognitive level to better reflect the NCLEX examination NEW Expanded coverage of bioterrorism and natural disasters better reflects the evolving role of the nurse in disaster situations NEW Enhanced appendix includes Pediatric Lab Values for quick and easy reference

Study Guide to Accompany Introduction to Maternity and Pediatric Nursing Gloria Leifer, Emily Slone McKinney, Christine M. Rosner, 2002-11-15 Keyed chapter by chapter to the textbook this best selling Study Guide is designed to assist students in understanding and applying the content presented in Introduction to Maternity Pediatric Nursing 4th edition Together with the textbook this study guide promotes active learning and the application of essential maternity pediatric content to better prepare students for practice in the clinical setting Includes matching labelling and completion learning activities crossword puzzles critical thinking exercises case studies applying knowledge activities and multiple choice review questions Text page references are provided Answers for the activities and exercises are provided in the Instructor s Manual

Manual of Pediatric Emergency Nursing Treesa Etheredge Soud, Janice S. Rogers, 1998 Essential information on nursing care of the most frequently encountered pediatric emergencies Its practical readily understood discussions are organized by body systems It covers current approaches to emergency treatment of children selected emergencies and pediatric trauma 202 illus

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Pediatric Nursing Janice Selekman, Amy Nagorski Saunders, 1997 Reviews growth and development throughout childhood conditions interfering with growth and development communicable diseases and infections altered hematologic function altered immunologic function altered central nervous system function altered respiratory or cardiac function altered gastrointestinal and genitourinary function altered musculoskeletal function altered endocrine and metabolic function altered dermatologic status chronic life threatening illness altered psychiatric or psychological function and appendices

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