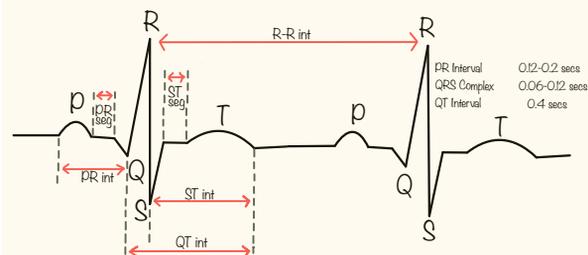


NCLEX Cheat Sheet



Heart rate	Rhythm	P wave	PR interval (sec)	QRS (sec)
<60	Regular	Present before each QRS, identical	Normal duration (0.12-0.2)	Normal Duration (<0.12) Normal shape

Lithium toxicity

- Features**
- Acute:** gastrointestinal findings - nausea, vomiting, diarrhea; neurological findings occur later
 - Chronic:** Neurological - ataxia, sluggishness, confusion, agitation, neuromuscular excitability (coarse tremor)
- Prevention**
- Avoid sodium depletion; low sodium intake precipitates lithium toxicity
 - Eat regular diet & drink adequate fluids (2-3 L/day)
 - Therapeutic level is 0.6-1.2 mEq/L (0.6-1.2 mmol/L)
 - Level > 1.5 mEq/L (1.5 mmol/L) is considered toxic

Criteria for activating the rapid response team

- Any staff member is worried about the client's condition
- OR
- An acute change in any of the following
- Heart rate <40 or >130/min
 - Systolic blood pressure <90 mmHg
 - Respiratory rate <8 or >28/min
 - Oxygen saturation <90% despite oxygen
 - Urine output <50 mL in 4 hrs
 - Level of consciousness

Hospital-acquired pressure injuries

Risk factors	Contributing factors
Advanced age	Decreased skin moisture, increased skin fragility
Impaired sensation	Diabetes, Neurovascular impairment, spinal cord injuries, surgery
Nutritional deficits	Anemia, decreased albumin (normal 3.5-5 g/dL) & prealbumin, decreased intake or weight loss
Perfusion/oxygenation deficits	Norepinephrine (Levophed) infusion, hypoxia, vascular disease, unstable hemodynamic (eg hypotension)
Skin moisture	Dry skin or excessive moisture, incontinence, edema, fever/infection

Pulmonary auscultation examination findings

Condition	Breath sounds	Tactile fremitus	Percussion
Normal lung	Bronchovesicular (chilar), vesicular (peripheral)	Normal	Resonance
Consolidation (Eg, lobar pneumonia)	Increased (crackles & egophony present)	Increased	Dullness
Pleural effusion	Decreased or absent	Decreased	Dullness
Pneumothorax	Decreased or absent	Decreased	Hyperresonant
Emphysema	Decreased	Decreased	Hyperresonant
Atelectasis (Eg, mucus plugging)	Decreased or absent	Decreased	Dullness

Clinical manifestations of hypothyroidism

Cardiovascular	Bradycardia
Gastrointestinal	weight gain, constipation
Musculoskeletal	Fatigue, muscle aches, joint pains
Nervous	Lethargy, apathy, forgetfulness, depression
Reproductive	Either oligo- or amenorrhea or hypermenorrhea-menorrhagia; infertility, decreased libido
Integumentary	Cold intolerance, dry & thick skin, brittle nails & hair, hair loss, facial & generalized interstitial edema
Hematology	Anemia (pallor)

Teratogenic medications

Drug	Adverse effects
Phenytoin	Neuronal tube defects, microcephaly, orofacial clefts, dystrophin facial features, distal digit/nail hypoplasia
Lithium	Epstein anomaly, nephrogenic diabetes insipidus, hypothyroidism
Valproate	Neuro a tube defects
Isotretinoin	Microcephaly, thymus hypoplasia, small ears, hydrocephalus
Methotrexate	Limb & craniofacial abnormalities, neural tube deets, abortion
ACE inhibitors	Renal dysenteries, oligohydramnios
Warfarin	Nasal hypoplasia, stippled epiphysis