

# 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/tubers to blood bank, document  
**\*First 15 minutes of transfusion** - stay with pt

Allergic/Lung Sounds		
Expiratory	low pitched - high pitched crackling (rattling) heard @ end of expiration Chest crackles (more than five cretles) - low pitched gurgling sound during inspiration and expiration	Pneumonia, heart failure, pulmonary edema, asthma
Inspiratory	high pitched wheal or sound similar to a squeal Wheezing - 1. bilateral bronchospasm - more likely during expiration - obstructive 2. low pitched, coarse, crack, rattling heard during inspiration	Asthma
Normal	low pitched, coarse, crack, rattling heard during inspiration	Chronic bronchitis
Normal but	low pitched coarse gurgling sound during inspiration and expiration	
Stridor	harsh high pitched breathing due to obstruction in upper airway Vocal wheezing	Aspiration of foreign object, anaphylaxis, epiglottitis

Positioning	
MDT placement in high Fowler's	Decreases risk of aspiration
MDT placement in low Fowler's	Increases risk of aspiration
MDT placement in left lateral - open the fetal of head (Prone/Supine)	Head injury or stroke - 15-30 degrees to decrease intracranial pressure
Woman in labor w/ no monitoring fetal - left lateral	After fetal hypoxemia - don't sleep on operated side, don't flex hip more than 45-60 degrees, don't rotate more than 45 degrees, tilt head up about 15 degrees, slightly with patient
Tube feeding w/ dependent tube - right lateral - elevated with	After hypoxemia - don't sleep on operated side, don't flex hip more than 45-60 degrees, don't rotate more than 45 degrees, tilt head up about 15 degrees, slightly with patient
During Epidural Placement - lateral	Prevent back or hemorrhaging at back of head position
During Lumbar Placement - side lying with head, back, and lower flexed	After lumbar placement - on back (prevents CSD leakage)
After respiratory - in Position on side of affected ear after surgery (drainage of secretion)	After ear tube - on back to prevent infection to ear, use
After Cesarean Surgery - 1. 15 well done on unaffected side with a right side for 1-2 weeks	No Patient Changing Position - 1. 15 well done on unaffected side with a right side for 1-2 weeks
After Thoracotomy - on side of non-operative	After Thoracotomy - on side of non-operative
Unaffected knee in case of discomfort should be in the dependent (lower) position	After Thoracotomy - on side of non-operative
Administration of IV to be in	After Thoracotomy - on side of non-operative
Autonomic Dysreflexia/Hypertension in high Fowler's	After Thoracotomy - on side of non-operative
Autonomic Dysreflexia/Hypertension in low Fowler's	After Thoracotomy - on side of non-operative
Autonomic Dysreflexia/Hypertension in side Fowler's	After Thoracotomy - on side of non-operative
After tube insertion - 1. 15 well done on unaffected side with a right side for 1-2 weeks	After tube insertion - 1. 15 well done on unaffected side with a right side for 1-2 weeks

## Neurogenic Precautions

Used the stimulus-response model  
 Head/Neck: patients should be free of stress, provide room of possible, avoid sources of potential infection (cough, nose, throat, vagus, bowels, uterus)

Common	Infrequent/Unusual	Reflexive
Common, gross, 1-2 days for a full (10-15)	Common, gross, 1-2 days for a full (10-15)	Common, gross, 1-2 days for a full (10-15)
1. 10-15 days for a full (10-15)	1. 10-15 days for a full (10-15)	1. 10-15 days for a full (10-15)
2. 10-15 days for a full (10-15)	2. 10-15 days for a full (10-15)	2. 10-15 days for a full (10-15)
3. 10-15 days for a full (10-15)	3. 10-15 days for a full (10-15)	3. 10-15 days for a full (10-15)
4. 10-15 days for a full (10-15)	4. 10-15 days for a full (10-15)	4. 10-15 days for a full (10-15)
5. 10-15 days for a full (10-15)	5. 10-15 days for a full (10-15)	5. 10-15 days for a full (10-15)
6. 10-15 days for a full (10-15)	6. 10-15 days for a full (10-15)	6. 10-15 days for a full (10-15)
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11. 10-15 days for a full (10-15)	11. 10-15 days for a full (10-15)	11. 10-15 days for a full (10-15)
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1. 10-15 days for a full (10-15)

## Precautions

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## Precautions

1. 10-15 days for a full (10-15)

Eye Opening Response	Response to Pain	Motor Response
1. 10-15 days for a full (10-15)	1. 10-15 days for a full (10-15)	1. 10-15 days for a full (10-15)
2. 10-15 days for a full (10-15)	2. 10-15 days for a full (10-15)	2. 10-15 days for a full (10-15)
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## Precautions

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# Lpn Step Test Study Guide

**Linda Lane Lilley, Shelly Rainforth  
Collins, Julie S. Snyder**



## **Lpn Step Test Study Guide:**

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Vocational Education Bulletin United States. Division of Vocational Education, 1961 *Pharmacology and the Nursing Process E-Book* Linda Lane Lilley, Shelly Rainforth Collins, Julie S. Snyder, 2019-01-04 NEW Thoroughly updated drug content reflects the very latest FDA drug approvals withdrawals and therapeutic uses as well as corresponding updated nursing content NEW UNIQUE Many new images in Photo Atlas of Drug Information included to accompany difficult concepts NEW Inclusion of more student practice questions helps you better comprehend complex concepts Foundations of Nursing Barbara Lauritsen Christensen, Elaine Oden Kockrow, 2003 An ideal companion text to Adult Health Nursing this clearly written colorful and attractively designed resource has all the fundamentals and skills maternal and neonatal pediatric geriatric mental health community and leadership content needed to educate LPN LVNs Used together these two texts provide all the content covered in the entire LPN LVN curriculum Skills for a wide range of nursing care are presented in a straightforward step by step format with nursing actions and rationales clearly defined Clinical Pathways are discussed and explained Nursing Care Plans include critical thinking questions and are developed around specific case studies with an

emphasis on patient goals and outcomes The nursing process is applied consistently and logically to the discussion of disorders and appears in complete summary form at the end of applicable chapters Nursing Diagnoses paired with disorder appropriate Nursing Interventions are screened and highlighted Therapeutic Dialogue boxes focus on communication through real life examples of nurse patient dialogue Patient Teaching boxes examine discharge instructions and health promotion for patients and families Home Health Considerations boxes discuss issues facing patients and caregivers in the home care setting Older Adult Considerations boxes bring a gerontologic perspective to the analysis of specific disorders Cultural and Ethnic Considerations boxes teach students about specific cultural preferences and how to address the needs of cultural diversity when planning nursing care Medications tables provide quick access to action dosage precautions and nursing considerations for commonly used drugs

Personal and Vocational Relationships in Practical Nursing Carmen F. Ross,1969 Resources in Education ,1988 **Pacific Coast Journal of Nursing** ,1927 **Subject Guide to Books in Print** ,1991 Modules for Learning in Nursing Lou Coffey,1975 Clinical Drug Therapy Anne Collins Abrams,1995 This popular core nursing pharmacology textbook provides unique coverage of nursing interventions for drug therapy with related rationales Highly praised for its organized and readable presentation the text explains the why behind each nursing action and emphasizes how drugs work differently in different patients New to the Eighth Edition are case studies integrated into each chapter with case based questions that foster critical thinking New Research Briefs summarize current research and its nursing implications A new chapter covers drugs for obesity and all nutrition products have been consolidated into one chapter New NCLEX style questions appear at the end of each drug chapter **First Step for NCLEX-PN Success** Donald L. Anderson,1998 This PN study aid provides a concise overview of important exam content essential diagnostic test and pharmacological information It includes test taking tips and student reviews of other prep books A simulated Computerized Adaptive Testing Exam with answers and rationales is included Mosby's Comprehensive Review of Practical Nursing for the NCLEX-PN Examination Mary O. Eyles,2011 A guide for preparing to take the NCLEX PN examination that provides more than 3 600 review questions with illustrations references alternate item format questions and rationales and includes a companion CD with access to additional practice questions **Dimensions of Professional Nursing** Lucie Young Kelly,Lucille A. Joel,1999 Emem Bear Likes Bubble Bath is a Children s picture book that emphasizes on the notion of hygiene and learning parts of the body Emem Bear demonstrates some of her knowledge of the names of the different parts of her body She is encouraged to name and ask questions Emem Bear is demonstrating her ability and is sharing information with her mother in an open dialogue while she is taking her bubble bath In this colorful story Emem Bear and her Mama are happily enjoying the bath time Emem Bear is participating in the process of cleaning her body What a better way for Mama Bear is than encouraging Emem Bear and allowing the space for her to be aware of her own body parts and how she is taking care of Emem Bear s participation brings pride and joy to her As once she admits that she was not too fond of bath time

Emem Bear is thankful She demonstrates her grace and courtesy In this whimsical story the information presented and the incentive is based on concrete knowledge and learning process for children ages two to six as it is drawn from their daily life experiences The story is entertaining educational and witty It does increase the child s awareness of her his body Children do strongly relate to the story naturally American Association of Industrial Nurses Journal American Association of Industrial Nurses,1964

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