

# Medical Surgical Cheat Sheet

BEAUTIFUL NURSING LLC

## VITALS

BP: 120/80  
HR: 60-100 BPM  
RR: 12-20  
O2: 95-100%  
Temp: 98.6 °F (37°C)  
Pain: 0-10 on Pain Scale



## LABS & ELECTROLYTES

### BLOOD

Hemoglobin:  
M 13-18, F 12-16  
Hematocrit:  
M 42-50, F 37-47  
WBCs: 4-11K  
RBCs: 4-6M

### RENAL

Creatinine: 0.5-1.5  
BUN: 10-20

### ELECTROLYTES

Sodium: 135-145  
Magnesium: 1.5-2.5  
Calcium: 9-11  
Chloride: 95-105  
Potassium: 3.5-5  
Phosphate: 2.5-4.5

### COAGULATION

PT: 10-12  
INR: <1.2  
aPTT: 30-40  
Platelets: 150-400K

### METABOLISM

Glucose: 70-100  
A/C: <5.6  
Cholesterol: <200  
Triglycerides: <150  
LDL: <100  
HDL: >50

### ABGs

pH: 7.35-7.45  
PCO2: 35-45  
HCO3: 22-26  
PO2: 80-100

## ELECTROLYTE HACK

Potassium does SAME as prefix except Heart Rate & Urine Output

HYPERkalemia: ↑ everything except HR/Urine  
HYPOkalemia: ↓ everything except HR/Urine

Calcium and Magnesium do OPPOSITE of prefix.

Hypoc: ↓ everything (HR, BP, RR, etc)  
Hyper: ↑ everything (HR, BP, RR, etc)

Pay attention to prefix letters in Sodium:  
hypoNaemia: E for dehydration  
hypoNaemia: O for Overload of fluid

## MEDICATION ADMIN

IM- Intramuscular 90°  
Sites: Deltoid, Ventrogluteal, Vastus Lateralis  
SQ- Subcutaneous 45°  
Sites: Abdomen or Back of Arm  
ID- Intradermal 10-15°  
Sites: Inner Surface of Forearm  
IV- Intravenous 25°  
Sites: Cephalic, Cubital, or Basilic Vein



## IV FLUID TYPES

HYPOTONIC  
0.45% NS

Fluid goes INTO cell to expand cells

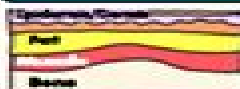
ISOTONIC  
0.9% NS

Replenishes cells w/o changing shape.

HYPEROTONIC  
3% NS

Fluid goes OUT of cell to shrink cells

## PRESURE ULCER STAGES



Stage 1: Redness



Stage 3: Full Thickness Tissue Loss



Stage 2: Partial Thickness w/ Loss of Dermis



Stage 4: Full Thickness Tissue Loss w/ Exposed Bone, Muscle, Tendon

## O2 DELIVERY DEVICES

Nasal Cannula: 1-6 L/Min Flow Rate  
Simple Face Mask: 6-12 L/Min Flow Rate  
Partial Rebreather: 6-11 L/Min Flow Rate  
Nonrebreather: 10-15 L/Min Flow Rate  
Venturi: 4-12 L/Min Flow Rate  
Aerosol Mask: >10 L/Min Flow Rate

## INSULIN

### LEARN

#### L: Long Acting

-Lantus "Glargine"  
-Long Acting  
-Lasts 24 hrs  
-Loss of Peak  
(Onset: 12-24 hrs)

#### S: Short Acting

-Regular  
-Run IV  
-Rapid to Run  
(Onset: 1 hr, Peak: 2 hr, Duration: 4 hr)

#### R: Rapid Acting

-Eat with Injection  
-Effective Immediately  
-Eliminates a LAG of 1-2 BG  
L: Lispro  
A: Aspart  
G: Glulisine

(Onset: 15 min, Peak: 30 min, Duration: 3 hrs)

#### N: Intermediate Acting

-NPH  
-Not Fast  
-Not Clear  
-Non-Compliant Crowd

(Onset: 4 hrs, Peak: 8-10 hrs, Duration: 12 hrs)

#### A: Adverse Effects of I's

Hypoglycemia, Hypokalemia, Hypos, Headache

## ALERT & ORIENTED

A&Ox1: Oriented to Person  
A&Ox2: Oriented to Place  
A&Ox3: Oriented to Time  
A&Ox4: Oriented to Event

## REFLEXES

0 = Nonreactive ABSENT  
1+ = Diminished  
2+ = Active or NORMAL  
3+ = Brisker than Average  
4+ = Hyperactive with Clonus

## PULSE STRENGTH

0 = Pulse is absent  
1+ = Diminished  
2+ = NORMAL  
3+ = Full  
4+ = Bounding

# Med Surg Clinical Narratives

**Craig T. Smith**



## **Med Surg Clinical Narratives:**

Med Surg Certification Exam Prep 2025-2026 Craig T. Smith, Juggling patient care while prepping for certification This all in one resource by Craig T Smith delivers focused efficient preparation without overwhelming your schedule Designed specifically for working med surg nurses it cuts through the clutter with High Yield Strategies Master time efficient learning techniques spaced repetition and clinical integration no cramming required 500 Practice Questions Build exam day confidence with NCLEX style questions mirroring actual test formats 2025 Updates Navigate critical changes like AI assessment tools telehealth competencies testing vendor transitions and revised guidelines Dual Exam Coverage Compare ANCC vs MSNCB pathways costs formats scoring eligibility to choose what fits your career Core Mastery Excel in assessment pathophysiology pharmacology emergencies and evidence based care with system specific insights Test Taking Mastery Learn priority setting frameworks question analysis and time management for both exams Includes actionable study plans 30 60 90 day risk reduction tactics documentation standards and professional role guidance Stop guessing start succeeding Equip yourself with the strategic edge to validate your expertise advance your career and elevate patient outcomes Your Pathway to Certification Starts Here      **The Handbook of Social Studies in Health and Medicine** Gary L Albrecht, Ray Fitzpatrick, Susan C Scrimshaw, 2003-04-21 This book brings together world class figures to provide an indispensable comprehensive resource book on social science health and medicine      A Narrative of Medicine in America James Gregory Mumford, 1903      **American Medicine** Mary-Jo DelVecchio Good, 2023-09-01 What does it mean to be a good doctor in America today How do such challenges as new biotechnologies the threat of malpractice suits and proposed health care reform affect physicians ability to provide quality care These and many other crucial questions are examined in this book the first to fully explore the meaning and politics of competence in modern American medicine Based on Mary Jo DelVecchio Good's recent ethnographic studies of three distinct medical communities physicians in rural California academics and students involved in Harvard Medical School's innovative New Pathway curriculum and oncologists working on breast cancer treatment the book demonstrates the centrality of the issue of competence throughout the medical world Competence it shows provides the framework for discussing the power struggles between rural general practitioners and specialists organizational changes in medical education and the clinical narratives of high technology oncologists In their own words practitioners students and academics describe what competence means to them and reveal their frustration with medical legal institutions malpractice and the limitations of peer review and medical training Timely and provocative this study is essential reading for medical professionals academics anthropologists and sociologists as well as health care policymakers What does it mean to be a good doctor in America today How do such challenges as new biotechnologies the threat of malpractice suits and proposed health care reform affect physicians ability to provide quality care These and many other cru      *MEDINFO 2019: Health and Wellbeing e-Networks for All* Lucila Ohno-Machado, 2019-11-15 Combining and

integrating cross institutional data remains a challenge for both researchers and those involved in patient care Patient generated data can contribute precious information to healthcare professionals by enabling monitoring under normal life conditions and also helping patients play a more active role in their own care This book presents the proceedings of MEDINFO 2019 the 17th World Congress on Medical and Health Informatics held in Lyon France from 25 to 30 August 2019 The theme of this year s conference was Health and Wellbeing E Networks for All stressing the increasing importance of networks in healthcare on the one hand and the patient centered perspective on the other Over 1100 manuscripts were submitted to the conference and after a thorough review process by at least three reviewers and assessment by a scientific program committee member 285 papers and 296 posters were accepted together with 47 podium abstracts 7 demonstrations 45 panels 21 workshops and 9 tutorials All accepted paper and poster contributions are included in these proceedings The papers are grouped under four thematic tracks interpreting health and biomedical data supporting care delivery enabling precision medicine and public health and the human element in medical informatics The posters are divided into the same four groups The book presents an overview of state of the art informatics projects from multiple regions of the world it will be of interest to anyone working in the field of medical informatics

**The Retrospect of Practical Medicine and Surgery**, 1886 *Boston Medical and Surgical Journal*, 1872 **Artificial Intelligence in Surgery: Understanding the Role of AI in Surgical Practice** Daniel A. Hashimoto, Guy Rosman, Ozanan R. Meireles, 2021-03-08 Build a solid foundation in surgical AI with this engaging comprehensive guide for AI novices Machine learning neural networks and computer vision in surgical education practice and research will soon be de rigueur Written for surgeons without a background in math or computer science Artificial Intelligence in Surgery provides everything you need to evaluate new technologies and make the right decisions about bringing AI into your practice Comprehensive and easy to understand this first of its kind resource illustrates the use of AI in surgery through real life examples It covers the issues most relevant to your practice including Neural Networks and Deep Learning Natural Language Processing Computer Vision Surgical Education and Simulation Preoperative Risk Stratification Intraoperative Video Analysis OR Black Box and Tracking of Intraoperative Events Artificial Intelligence and Robotic Surgery Natural Language Processing for Clinical Documentation Leveraging Artificial Intelligence in the EMR Ethical Implications of Artificial Intelligence in Surgery Artificial Intelligence and Health Policy Assessing Strengths and Weaknesses of Artificial Intelligence Research Finally the appendix includes a detailed glossary of terms and important learning resources and techniques all of which helps you interpret claims made by studies or companies using AI

**International Record of Medicine and General Practice Clinics** Frank Pierce Foster, 1896 **Secretary's Report**, 1916 A Narrative of the Negro Leila Pendleton, 1912 An early history of African Americans by an African American woman The Boston Medical and Surgical Journal, 1903 **Journal of the Association of Military Surgeons of the United States** Association of Military Surgeons of the United States, 1904 **The Oxford Magazine**, 1908 Therapeutic

Gazette ,1910      *American Medicine* ,1905      *Glasgow Medical Journal* ,1903      **Journal of the American Medical Association** American Medical Association,1904 Includes proceedings of the Association papers read at the annual sessions and list of current medical literature      **Sessional Papers** Great Britain. Parliament. House of Commons,1910      *The Retrospect of Practical Medicine and Surgery* William Braithwaite,James Braithwaite,Edmond Fauriel Trevelyan,1891 Being an analysis of the British and foreign medical journals and transactions or a selection of the latest discoveries and most practical observations in the practice of medicine surgery and the collateral sciences for the past year made chiefly with reference to the treatment of disease

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