What Nursing Instructors Say About the Authors:

The Item Writing for Success workshop presented by Rinehart & Associates was a great experience. The presenters were informed, helpful, and worked well with the faculty. We are using the test construction hints provided in the workshop to restructure future exams.

Cathy Dearman Ph.D., MSN, RN  
Dean, School of Nursing, University of South Alabama

The test construction workshop Item Writing for Success presented by Rinehart & Associates was excellent. The faculty were very knowledgeable about their content area.

Rosemary Rhodes Ph.D., MSN, RN  
University of South Alabama

I would enthusiastically recommend the Rinehart & Associates Item Writing for Success workshop to all nursing faculty. The expertise and commitment of the workshop faculty to reach both novice and experienced colleagues was very refreshing! We plan to include them in our faculty development plan every year.

Linda Whitenton, RN, MSN, CS  
Nursing Program Director, Okaloosa-Walton Community College, Niceville, Florida

What Nursing Students Say About the Authors:

I passed my NCLEX®! I wanted to let you know I passed my NCLEX®, and I’m now an RN. I can’t thank you and Ms. Sloan enough for providing the content material I needed!

Thank You So Much,
Janice Kiefer

I just checked online for my results and I passed! Thank you so much for your help. After being out of school for eight years, I wasn’t sure I could do it. Thank you again; your class was wonderful. I feel really blessed to say I passed the NCLEX®.

Cherri Wilson

Thank you both so much for the great review course; it was just what I needed. I know without it there’s no way I would have passed the first time. You guys helped me focus on the things that I really needed to focus on. I am highly recommending your course to everyone I know who is getting ready for boards!

Again, thank you both so much.
Lori Marchant, RN

Thank you so much for your expertise. I just received my NCLEX® results and I passed! I was afraid about them because my test only gave me 80 questions. I truly believe that taking your course secured my passing.

Jammie Corona, RN

I studied nothing but your material for two weeks until I felt prepared to take the NCLEX®. I took it June 24th, and just received my results today. I passed with 75 questions. I just wanted to say thank you so much for offering your class at Wallace State. Studying your material gave me the confidence I needed to pass. Thanks again!

Sincerely,
Rayena

I wanted to let you know that I took my boards on the 18th, and I found out yesterday that I passed. I really feel like your class helped me a lot, it was an excellent review, and I think that it made the difference.

Sincerely,
Tania Salinas
Contents at a Glance

Introduction xxii
Self-Assessment 1

CHAPTER 1 Preparing for the National Council Exam for Licensed Practical Nurses 3
CHAPTER 2 Simplifying Pharmacology 13
CHAPTER 3 Caring for the Client with Disorders of the Respiratory System 41
CHAPTER 4 Caring for the Client with Disorders of the Renal and Genitourinary System 57
CHAPTER 5 Caring for the Client with Disorders of the Hematopoietic System 73
CHAPTER 6 Caring for the Client with Disorders of Fluid and Electrolyte Balance and Acid/Base Balance 85
CHAPTER 7 Caring for the Client with Burns 101
CHAPTER 8 Caring for the Client with Sensorineural Disorders 119
CHAPTER 9 Caring for the Client with Cancer 137
CHAPTER 10 Caring for the Client with Disorders of the Gastrointestinal System 155
CHAPTER 11 Caring for the Client with Disorders of the Musculoskeletal System 183
CHAPTER 12 Caring for the Client with Disorders of the Endocrine System 205
CHAPTER 13 Caring for the Client with Disorders of the Cardiovascular System 225
CHAPTER 14 Caring for the Client with Disorders of the Neurological System 245
CHAPTER 15 Caring for the Client with Psychiatric Disorders 269
CHAPTER 16 Caring for Maternal/Infant Client 295
CHAPTER 17 Caring for Pediatric Client 323
  Practice Exam I 361
  Answers to Practice Exam I 405
  Practice Exam II 427
  Answers to Practice Exam II 469

APPENDIX A Things You Forgot 491
APPENDIX B Need to Know More? 499
APPENDIX C Calculations 507
  Glossary 511
  Index 531
# Table of Contents

**Introduction** ................................................................. xxii
  - Welcome to the NCLEX-PN® Exam Cram ...........................................xxi
  - Taking the Computerized Adaptive Test ...........................................xxii
  - The Cost of the Exam ........................................................................xxii
  - How to Prepare for the Exam ..............................................................xxiii
  - How to Use This Book .......................................................................xxiii

**Self-Assessment** .............................................................. 1
  - Testing Your Exam Readiness ............................................................2

**Chapter 1 Preparing for the National Council Exam for Licensed Practical Nurses ..................3**
  - Preparing for the Exam .....................................................................4
    - The Computer Adaptive Test ..........................................................4
    - Testing Strategies ...........................................................................5
  - Reading the Question Carefully .........................................................6
  - Look for Keywords ............................................................................6
  - Watch for Specific Details ..................................................................6
  - Exam Prep Questions .........................................................................9
  - Answer Rationales ...........................................................................11

**Chapter 2 Simplifying Pharmacology ........................................ 13**
  - Pharmacology ..................................................................................14
    - Three Areas of Pharmacology .......................................................14
  - How Nurses Work with Pharmacology ............................................15
    - Time-Released Drugs .....................................................................16
    - Administering Medications .............................................................17
  - Understanding and Identifying the Various Drugs .........................18
    - Angiotensin-Converting Enzyme Inhibitors ....................................18
    - Beta Adrenergic Blockers ...............................................................19
    - Anti-Infectives (Aminoglycosides) ...................................................20
    - Benzodiazepines (Anticonvulsants/Antianxiety) ...............................22
    - Phenothiazines (Antipsychotic/Antiemetic) ......................................24
Chapter 4  Caring for the Client with Disorders of the Renal and Genitourinary System ........57
Acute Glomerulonephritis ................................................................. 58
Chronic Glomerulonephritis ............................................................ 59
End Stage Renal Disease ................................................................. 60
   Peritoneal Dialysis................................................................. 60
   Hemodialysis ...................................................................... 60
   Renal Transplantation ......................................................... 61
Nephrotic Syndrome ................................................................ 61
Urinary Calculi ....................................................................... 62
Urinary Tract Infections .......................................................... 63
Genitourinary Disorders .............................................................. 63
   Prostatitis ....................................................................... 63
Benign Prostatic Hyperplasia ...................................................... 64
Bladder Cancer ..................................................................... 66
Diagnostic Tests for Review ...................................................... 67
Pharmacology Categories for Review ........................................ 67
Exam Prep Questions ................................................................ 68
   Answer Rationales ............................................................. 70
Suggested Reading and Resources ............................................. 71

Chapter 5  Caring for the Client with Disorders of the Hematopoietic System ...........73
Anemia .................................................................................. 74
   Pernicious Anemia ............................................................. 74
   Aplastic Anemia .................................................................. 75
   Sickle Cell Anemia ............................................................. 76
   Iron Deficiency Anemia ...................................................... 77
   Cooley’s Anemia (Thalassemia Major) ................................... 77
Hemophilia .......................................................................... 77
Polycythemia Vera ................................................................. 78
Diagnostic Tests for Review ..................................................... 79
Pharmacology for Review ....................................................... 79
Exam Prep Questions ................................................................ 80
   Answer Rationales ............................................................. 82
Suggested Reading and Resources ............................................. 83
Chapter 6  Caring for the Client with Disorders of Fluid and Electrolyte Balance and Acid/Base Balance .............................................................. 85

Basic Knowledge of Fluid and Electrolyte Balance ........................................... 86
Regulation of pH and Its Effect on Fluid and Electrolytes ................................. 87
  How the Body Regulates pH ........................................................................... 87
Metabolic Acidosis .................................................................................................. 87
  Causes of Metabolic Acidosis ............................................................................ 87
  Symptoms of Metabolic Acidosis ....................................................................... 88
  Care of the Client with Metabolic Acidosis ...................................................... 88
Respiratory Acidosis ............................................................................................... 89
  Causes of Respiratory Acidosis ....................................................................... 89
  Symptoms of Respiratory Acidosis ................................................................... 90
  Caring for the Client with Respiratory Acidosis .............................................. 90
Metabolic Alkalosis .................................................................................................. 91
  Causes of Metabolic Alkalosis .......................................................................... 91
  Symptoms of Metabolic Alkalosis ..................................................................... 91
  Caring for the Client with Metabolic Alkalosis ............................................... 92
Respiratory Alkalosis ................................................................................................. 92
  Symptoms of Respiratory Alkalosis ................................................................... 92
  Care of the Client with Respiratory Alkalosis .................................................. 93
Normal Electrolyte Values ...................................................................................... 93
Changes Associated with Aging ............................................................................. 94
Exam Prep Questions ............................................................................................ 96
  Answer Rationales ............................................................................................. 98
Suggested Reading and Resources .......................................................................... 99

Chapter 7  Caring for the Client with Burns ......................................................... 101

Burn Classifications .............................................................................................. 102
Burn Measurement with TBSA ............................................................................ 104
Nursing Care for Burn Victims ............................................................................ 105
  The Emergent Phase ......................................................................................... 106
  The Intermediate Phase ................................................................................... 110
  Dressings for Burns ......................................................................................... 111
  The Rehabilitative Phase .................................................................................. 112
Diagnostic Tests for Review ................................................................................. 112
Pharmacology Categories for Review .................................................................. 112
Chapter 10 Caring for the Client with Disorders of the Gastrointestinal System............155

Ulcers ..........................................................................................................................156
Types of Ulcers ..........................................................................................................156
Treatment of Ulcers ...................................................................................................157
Inflammatory Bowel Disorders ..................................................................................159
Crohn's Disease (Regional Enteritis) .........................................................................159
Ulcerative Colitis .......................................................................................................160
Diverticulitis ...............................................................................................................161
Diagnosis of Diverticulitis ..........................................................................................161
Treatment of Diverticulitis ..........................................................................................161
Gastroesophageal Reflux Disease (GERD) ................................................................162
Diseases Associated with the Liver .............................................................................163
Hepatitis .....................................................................................................................163
Cirrhosis .....................................................................................................................168
Pancreatitis .................................................................................................................170
Cholelithiasis/Cholelithiasis ......................................................................................172
Symptoms of Cholelithiasis and Cholecystitis ..........................................................172
Diagnosis of Cholelithiasis/Cholecystitis ..................................................................173
Treatment of Cholelithiasis .........................................................................................173
Treatment of Cholecystitis ..........................................................................................174
Clostridium Difficile ....................................................................................................175
Food-Borne Illnesses .................................................................................................175
Chapter 11  Caring for the Client with Disorders of the Musculoskeletal System ............183

Fractures.....................................................................................................................184
Treating Fractures....................................................................................................184
Compartment Syndrome ......................................................................................187
Osteomyelitis ........................................................................................................188
Osteoporosis ..........................................................................................................189
Treatment of Osteoporosis ...................................................................................190
Gout ...............................................................................................................................190
Treatment of the Client with Gout .....................................................................191
Rheumatoid Arthritis ...............................................................................................192
Treatment of Rheumatoid Arthritis .....................................................................192
Musculoskeletal Surgical Procedures ........................................................................193
Fractured Hip and Hip Replacement ......................................................................193
Total Knee Replacement ........................................................................................194
Amputations.............................................................................................................195
Assistive Devices for Ambulation .............................................................................196
Crutches..................................................................................................................197
Canes.........................................................................................................................197
Walkers .....................................................................................................................198
Diagnostic Tests for Review ..................................................................................198
Pharmacology for Review ......................................................................................199
Exam Prep Questions .............................................................................................201
Answer Rationales .................................................................................................203
Suggested Reading and Resources ........................................................................204

Chapter 12  Caring for the Client with Disorders of the Endocrine System .............205

The Endocrine System.............................................................................................206
Pituitary Disorders ..................................................................................................206
Tumors of the Pituitary ............................................................................................207
Contents

Thyroid Disorders .........................................................................................................209
  Hypothyroidism......................................................................................................209
  Hyperthyroidism ..................................................................................................210
Parathyroid Disorders ...................................................................................................212
  Hypoparathyroidism..........................................................................................212
  Hyperparathyroidism ...........................................................................................213
Adrenal Gland Disorders ...............................................................................................214
  Adrenocortical Insufficiency (Addison’s Disease)................................................214
  Adrenocortical Hypersecretion (Cushing’s Syndrome) or Cushing’s Disease....215
Diabetes Mellitus ...........................................................................................................215
Diagnostic Tests for Review .........................................................................................219
Pharmacology Categories for Review...........................................................................219
Exam Prep Questions ....................................................................................................220
  Answer Rationales.................................................................................................222
Suggested Reading and Resources ................................................................................223

Chapter 13 Caring for the Client with Disorders of the Cardiovascular System.........225
  Hypertension.............................................................................................................226
    Medications Used to Treat Hypertension .............................................................227
  Heart Block ...............................................................................................................227
    Toxicity to Medications .........................................................................................229
    Malfunction of the Conduction System ...............................................................229
  Myocardial Infarction ...............................................................................................230
    Diagnosis of Myocardial Infarction ....................................................................231
    Management of Myocardial Infarction Clients ....................................................232
Inflammatory Diseases of the Heart .............................................................................235
  Infective Endocarditis .............................................................................................235
  Pericarditis ................................................................................................................235
Buerger’s Disease ...........................................................................................................236
Thrombophlebitis .........................................................................................................236
Raynaud’s Syndrome ....................................................................................................237
Aneurysms ....................................................................................................................237
Congestive Heart Failure ..............................................................................................238
    Diagnostic Tests for Review .................................................................................238
Pharmacology Categories for Review.........................................................................239
Exam Prep Questions .................................................................240
Answer Rationales .................................................................242
Suggested Reading and Resources ........................................243

Chapter 14 Caring for the Client with Disorders of the Neurological System ........245
Seizures ...................................................................................246
  Types of Seizures ................................................................246
  Treatment of Seizure Clients ..............................................248
Status Epilepticus .................................................................249
Brain Injuries .......................................................................249
  Epidural Hematomas .........................................................250
  Subdural Hematoma ..........................................................250
  Treatment of Epidural and Subdural Hematomas .............250
Increased Intracranial Pressure ............................................251
  Treatment of ICP ...............................................................253
Neurological Assessment ....................................................253
  Cranial Nerve Assessment ...............................................254
  Glasgow Coma Scale .........................................................255
  Intracranial Pressure Monitors .......................................256
Care of the Client with Intracranial Surgery (Craniotomy) .......256
Cerebrovascular Accident/Stroke ......................................257
  Treatment of Spinal Cord Injuries .................................258
  Potential Complications with SCI Clients .....................259
Guillain-Barré .................................................................261
  Treating Clients with Guillian-Barré .........................261
Degenerative Neurological Disorders ................................261
Diagnostic Tests for Review ..............................................263
Pharmacology for Review .................................................263
Exam Prep Questions ..........................................................265
Answer Rationales ...............................................................267
Suggested Reading and Resources .....................................268

Chapter 15 Caring for the Client with Psychiatric Disorders ....................269
Anxiety-Related Disorders ..................................................270
  Generalized Anxiety Disorder ......................................270
  Post-traumatic Stress Disorder ......................................271
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissociative Identity Disorder</td>
<td>271</td>
</tr>
<tr>
<td>Somatoform Disorder</td>
<td>272</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>272</td>
</tr>
<tr>
<td>Phobic Disorders</td>
<td>273</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>273</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>274</td>
</tr>
<tr>
<td>Cluster A</td>
<td>274</td>
</tr>
<tr>
<td>Cluster B</td>
<td>275</td>
</tr>
<tr>
<td>Cluster C</td>
<td>276</td>
</tr>
<tr>
<td>Managing Clients with Personality Disorders</td>
<td>277</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>277</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>277</td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>280</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>282</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>282</td>
</tr>
<tr>
<td>Other Commonly Abused Substances</td>
<td>285</td>
</tr>
<tr>
<td>Disorders of Childhood and Adolescence</td>
<td>287</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>287</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>287</td>
</tr>
<tr>
<td>Attention Deficit Hyperactive Disorder</td>
<td>288</td>
</tr>
<tr>
<td>Autistic Disorder</td>
<td>288</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>289</td>
</tr>
<tr>
<td>Diagnostic Tests for Review</td>
<td>289</td>
</tr>
<tr>
<td>Pharmacology Categories for Review</td>
<td>290</td>
</tr>
<tr>
<td>Exam Prep Questions</td>
<td>291</td>
</tr>
<tr>
<td>Answer Rationales</td>
<td>293</td>
</tr>
<tr>
<td>Suggested Reading and Resources</td>
<td>294</td>
</tr>
<tr>
<td>Chapter 16 Caring for the Maternal/Infant Client</td>
<td>295</td>
</tr>
<tr>
<td>Signs of Pregnancy</td>
<td>296</td>
</tr>
<tr>
<td>Presumptive Signs</td>
<td>296</td>
</tr>
<tr>
<td>Probable Signs</td>
<td>296</td>
</tr>
<tr>
<td>Positive Signs</td>
<td>297</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>297</td>
</tr>
<tr>
<td>Prenatal Diet and Weight Maintenance</td>
<td>297</td>
</tr>
<tr>
<td>Alpha-Fetoprotein Screening</td>
<td>297</td>
</tr>
</tbody>
</table>
School Age (6–12 Years) .......................................................................................328
Adolescence (12–18 Years) ....................................................................................329
Congenital Anomalies ....................................................................................................329
Anomalies of the Gastrointestinal System ...........................................................330
Anomalies of the Musculoskeletal System .............................................................334
Anomalies of the Cardiovascular System .............................................................336
Inborn Errors of Metabolism .............................................................................339
Respiratory Disorders .............................................................................................340
Acute Otitis Media ...............................................................................................341
Tonsillitis ...............................................................................................................342
Laryngotraceobronchitis ....................................................................................343
Acute Epiglottitis ..................................................................................................343
Bronchiolitis ..........................................................................................................344
Cystic Fibrosis (Mucoviscidosis) ..........................................................................345
Gastrointestinal Disorders .............................................................................................345
Gastroenteritis ......................................................................................................346
Pyloric Stenosis .....................................................................................................346
Intussusception .....................................................................................................346
Celiac (Gluten-Induced Enteropathy, Celiac Sprue) ..........................................347
Cardiovascular Disorders ..............................................................................................347
Rheumatic Fever ...................................................................................................347
Kawasaki’s Disease (Mucocutaneous Lymph Node Syndrome) ..........................348
Musculoskeletal Disorders .............................................................................................350
Scoliosis .................................................................................................................350
Legg-Calve-Perthes Disease (Coxa Plana) ..........................................................351
Muscular Dystrophies ...........................................................................................351
Childhood Cancer .........................................................................................................352
Wilms Tumor (Nephroblastoma) ........................................................................352
Leukemia ...............................................................................................................352
Osteogenic Sarcoma (Osteosarcoma) ..................................................................352
Ingestion of Hazardous Substances ...............................................................................353
Salicylate Overdose ...............................................................................................353
Acetaminophen (Tylenol) Overdose ....................................................................353
Lead (Plumbism) ....................................................................................................353
Iron Poisoning .......................................................................................................354
About the Authors

Wilda Rinehart Gardner received an Associate Degree in Nursing from Northeast Mississippi Community College in Booneville, Mississippi. After working as a staff nurse and charge nurse, she became a public health nurse and served in that capacity for a number of years. In 1975, she received her nurse practitioner certification in the area of obstetrics-gynecology from the University of Mississippi Medical Center in Jackson, Mississippi. In 1979, she completed her Bachelor of Science degree in Nursing from Mississippi University for Women. In 1980, she completed her Master of Science degree in Nursing from the same university and accepted a faculty position at Northeast Mississippi Community College, where she taught medical-surgical nursing and maternal-newborn nursing. In 1982, she founded Rinehart and Associates Nursing Consultants. For the past 26 years, she and her associates have worked with nursing graduates and schools of nursing to assist graduates to pass the National Council Licensure Exam for Nursing. She has also worked as a curriculum consultant with faculty to improve test construction. Ms. Rinehart has served as a convention speaker throughout the southeastern United States and as a reviewer of medical-surgical and obstetric texts. She has co-authored materials used in seminars presented by Rinehart and Associates Nursing Review.

Dr. Diann Sloan received an Associate Degree in Nursing from Northeast Mississippi Community College, a Bachelor of Science degree in Nursing from the University of Mississippi, and a Master of Science degree in Nursing from Mississippi University for Women. In addition to her nursing degrees, she holds a Master of Science in Counseling Psychology from Georgia State University and a Doctor of Philosophy in Counselor Education, with minors in both Psychology and Educational Psychology, from Mississippi State University. She has completed additional graduate studies in healthcare administration at Western New England College and the University of Mississippi. Dr. Sloan has taught pediatric nursing, psychiatric mental health nursing, and medical-surgical nursing in both associate degree and baccalaureate nursing programs. As a member of Rinehart and Associates Nursing Review, Dr. Sloan has conducted test construction workshops for faculty and nursing review seminars for both registered and practical nurse graduates. She has co-authored materials used in the item-writing workshops for nursing faculty and Rinehart and Associates Nursing Review. She is a member of Sigma Theta Tau nursing honor society.

Clara Hurd received an Associate Degree in Nursing from Northeast Mississippi Community College in Booneville, Mississippi (1975). Her experiences in nursing are clinically based, having served as a staff nurse in medical-surgical nursing. She has worked as an oncology, intensive care, orthopedic, neurological, and pediatric nurse. She received her Bachelor of Science degree in Nursing from the University of North Alabama in Florence, Alabama, and her Master of Science degree in Nursing from the Mississippi University for Women in
Columbus, Mississippi. Ms. Hurd is a certified nurse educator. She currently serves as a nurse educator consultant and an independent contractor. Ms. Hurd has taught in both associate degree and baccalaureate degree nursing programs. She was a faculty member of Mississippi University for Women; Austin Peay State University in Clarksville, Tennessee; Tennessee State University in Nashville, Tennessee; and Northeast Mississippi Community College. Ms. Hurd joined Rinehart and Associates in 1993. She has worked with students in preparing for the National Council Licensure Exam and with faculty as a consultant in writing test items. Ms. Hurd has also been a presenter at nursing conventions on various topics, including item-writing for nursing faculty. Her primary professional goal is to prepare the student and graduate for excellence in the delivery of healthcare.

**About the Technical Reviewer**

Steven M. Picray is a medical-surgical registered nurse in a major metropolitan hospital. He has also been a Baptist pastor and a computer programmer. He has bachelor's and master's degrees in Theology, a BSN, and is currently pursuing his master's degree in nursing to become a nurse practitioner.

**Dedication**

_We would like to thank our families for tolerating our late nights and long hours. Also, thanks to Gene Sloan for his help without pay. Special thanks to all the graduates who have attended Rinehart and Associates Review Seminars. Thanks for allowing us to be a part of your success._

**Acknowledgments**

Our special thanks to our editors, support staff, and nurse reviewers for helping us to organize our thoughts and experiences into a text for students and practicing professionals. You made the task before us challenging and enjoyable.
We Want to Hear from You!

As the reader of this book, you are our most important critic and commentator. We value your opinion and want to know what we’re doing right, what we could do better, what areas you’d like to see us publish in, and any other words of wisdom you’re willing to pass our way.

We welcome your comments. You can email or write to let us know what you did or didn’t like about this book—as well as what we can do to make our books better.

Please note that we cannot help you with technical problems related to the topic of this book.

When you write, please be sure to include this book’s title and author as well as your name and email address. We will carefully review your comments and share them with the author and editors who worked on the book.

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Visit our website and register this book at www.pearsonitcertification.com/register for convenient access to any updates, downloads, or errata that might be available for this book.
Introduction

Welcome to the NCLEX-PN® Exam Cram

This book will help you prepare to take and pass the Licensure Exam for Practical Nurses. This Introduction discusses the NCLEX® exam in general and how the Exam Cram can help you prepare for the test. It doesn’t matter whether this is the first time you’re going to take the exam or if you have taken it previously; this book gives you the necessary information and techniques to obtain licensure.

Exam Cram books help you understand and appreciate the subjects and materials you need to pass. The books are aimed at test preparation and review. They do not teach you everything you need to know about the subject of nursing. Instead they present materials you are likely to encounter on the exam.

Using a simple approach, we help you understand the need-to-know information. First, you learn content as it applies to medical-surgical nursing, psychiatric-mental health nursing, obstetric nursing, and pediatric nursing, with an emphasis on pharmacology, skills, and management of these disorders. In a well-organized format, you learn the pathophysiology of the most common problems affecting clients, the treatment of these disorders, and the nursing care required.

The NCLEX-PN® consists of questions from the cognitive levels of knowledge, comprehension, application, and analysis. The majority of questions are written at the application and analysis levels. Questions incorporate the five stages of the nursing process (assessment, diagnosis, planning, implementation, and evaluation) and the four categories of client needs. Client needs are divided into subcategories that define the content within each of the four major categories. These categories and subcategories are

- A. Safe, effective care environment:
  - Coordinated care: 16–22%
  - Safety and infection control: 10–16%
- B. Health promotion and maintenance: 7%–13%
- C. Psychosocial integrity: 8–14%
D. Physiological integrity:

- Basic care and comfort: 7–13%
- Pharmacological and parenteral therapy: 11%–17%
- Reduction of risk: 10–16%
- Physiological adaptation: 7–11%

**Taking the Computerized Adaptive Test**

Computer Adaptive Testing offers the candidate several advantages. The graduate can schedule the exam at a time that is convenient for him. The Pearson VUE testing group is responsible for administering the exam. Because you might not be familiar with the Pearson VUE testing centers, we recommend that you arrive at least 30 minutes early to acclimate yourself to the surroundings and learn what you need to do while testing at the center. If you are late, you will not be allowed to test. Bring two forms of identification with you, one of which must be a picture ID. Be sure that your form of identification matches your application. You will be photographed and fingerprinted upon entering the testing site, so don’t let this increase your stress. The allotted time is 5 hours. The candidate can receive results within approximately 7 days (in some states even sooner). Remember that the exam is written at approximately the 10th-grade reading level so keep a good dictionary handy during your studies.

**The Cost of the Exam**

The candidate wanting to take the licensure exam must fill out two applications, one to the National Council and one to the state in which she wants to be licensed. A separate fee must accompany each application. There are separate fees for both the National Council and the state where the candidate wishes to be licensed. The candidate should contact his/her state for a list of fees for that specific state. Licensure applications can be obtained on the National Council’s website at www.ncsbn.org. Several states are members of the multistate licensure compact. This means that, if you are issued a multistate license, you pay only one fee. This information can also be obtained by visiting the National Council’s website at https://www.ncsbn.org/contactbon.htm.
How to Prepare for the Exam

Judicious use of this book, either alone or with a review seminar, such as that provided by Rinehart and Associates, will help you to achieve your goal of becoming a practical nurse. As you review for the NCLEX® Exam, we suggest that you find a location where you can concentrate on the material each day. A minimum of 2 hours per day for at least 2 weeks is suggested. We have provided you with exam alerts, tips, notes, and sample questions, both multiple-choice and alternative items. These questions will acquaint you with the type of questions you will see during the exam. We have also formulated a mock exam, with those difficult management and delegation questions, which you can score to determine your readiness to test. Pay particular attention to the Exam Alerts and the Cram Sheet. Using these will help you gain and retain knowledge and help reduce your stress as you prepare to test.

How to Use This Book

Each topical Exam Cram chapter follows a regular structure and includes cues about important or useful information. Here’s the structure of a typical chapter:

- **Opening hotlists**—Each chapter begins with a list of terms you’ll need to understand and nursing skills you’ll need to master. The hotlists are followed by an introductory section to set the stage for the rest of the chapter.
- **Topical coverage**—After the opening hotlists, each chapter covers a series of topics related to the chapter’s subject title.

Even though the book is structured to the exam, these flagged items are often particularly important:

- **Exam Alert**—Exam alerts normally stress concepts, terms, or activities that are related to one or more test questions. Anything found in exam alert format is worthy of greater attention on your part. This is what an exam alert looks like:

**CAUTION**

Exam alerts are provided as a heads up that the content mentioned here might appear on the NCLEX-PN® exam.
Notes—Throughout each chapter additional information is provided that, although not directly related to the exam itself, is still useful and will aid your preparation. A sample note is shown here:

**NOTE**
This is how notes are formatted. Notes direct your attention to important pieces of information that relate to nursing and nursing certification.

Tips—A tip might tell you another way of accomplishing something in a more efficient or time-saving manner. An example of a tip is shown here:

**TIP**
This is how tips are formatted. Keep your eyes open for these, and you'll learn some interesting nursing tips!

Exam Prep Questions—Although we talk about test questions and topics throughout the book, the section at the end of each chapter presents a series of mock test questions and explanations of both correct and incorrect answers.

Practice Exams—This book offers two exams written in the NCLEX® format. These have been provided to help you evaluate your readiness to test. Answers and rationale to these questions have also been provided. We suggest that you score the exam by subtracting the missed items from the total and dividing the total answered correctly by the total number of questions. This will give you the percentage of correct answers. We suggest that you achieve a score of at least 77% before you schedule your exam.

The CD—The CD includes a testing engine with many practice questions that you should use repeatedly to practice your test-taking skills and measure your level of learning. New alternative format questions have been added to reflect changes in the new test plan. You should be able to correctly answer more than 77% of the questions on the practice tests before trying the real exam. The CD also contains Appendix A, “Things You Forgot,” Appendix B, “Need to Know More?” and Appendix C, “Calculations.”

Cram Sheet—At the beginning of the book is a tear card we call the Cram Sheet. This is a helpful tool that gives you distilled, compressed facts and is a great tool for last-minute study and review.
About the Book

The topics in this book have been structured using the systems approach to nursing. We believe that a simple approach to learning the disease process, treatments, and diagnostic studies is best. We review material related to diseases of each body system; the related nursing skills; and the diagnostic tests, nutrition, and pharmacology associated with each. We also consider cultural and religious aspects as they relate to the care of clients with specific illnesses.

Aside from being a test preparation book, this book is also useful if you are brushing up on your nursing knowledge. It is an excellent quick reference for the licensed nurse.

Contact the Authors

The authors of this text are interested in you and want you to pass on the first attempt. If, after reviewing with this text, you would like to contact the authors, you can do so at Rinehart and Associates, PO Box 124, Booneville, MS 38829 or by visiting our website at www.nclexreview.net.
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Before you take this Self-Assessment exam, let’s talk about the concerns you might have:

- **Am I required to answer all 205 questions to pass?**
  
  No. If you run out of time, the computer looks at the last 60 items. If the candidate is consistently above the pass point on the last 60 items, a passing report is registered.

- **What score do I have to make to pass the NCLEX-PN® Exam?**
  
  There is not a set score. When you were in nursing school, you might have been required to score 75% or 80% to pass and progress onto the next level. The licensure exam is not scored in percentages. The computer looks for consistency above or below the pass point. When the candidate shows this consistency, the computer stops asking questions.

- **How do they develop the test plan?**
  
  Every 3 years a survey is sent out to approximately 4,000 newly licensed nurses. These nurses are asked questions based on the Activity Statements for nursing practice. Based on the results of the survey, the test plan is set by the National Council and members of the Licensure Committee. These members are appointed from representative states.

- **What types of questions will I be asked?**
  
  The majority of questions are multiple-choice; however, alternative items are also a portion of the exam. These items are fill-in-the-blank, identify-a-diagram, place-in-sequence, or check-all-that-apply questions. Some examples of these are shown here:

  1. Figure the 8-hour intake and output.
  2. Identify the area where the mitral valve is heard the loudest.
  3. Place in sequence the tasks that you would use in the skill of washing your hands.
  4. Work the math problem.
  5. Check all that apply to the care of the client after a cardiac catheterization.
  6. Exhibit questions can include additional information provided in a drop-down box. Be sure to read all information provided in the drop-down boxes because there will be information that can help you to make the correct choice.

- **Will I have a calculator for math problems?**

  Yes, a drop-down calculator is provided.
▶ Will I have something to write on in the testing area?

Yes, a magic slate or paper will be provided. Don’t worry about them thinking you are cheating. They clean and secure the area after each candidate.

▶ What if I get sick and cannot take my exam?

You have a period of time allowed during which you can cancel your appointment and reschedule. If, however, you do not contact your Pearson VUE testing center in that allotted time and do not attend to take the exam, you forfeit your money and must reapply.

▶ Can I carry a purse or bag into the testing center?

No, there will be lockers for your use in the testing center. Also, be sure to dress warmly because the area is usually cool.

▶ Can I take breaks?

There are optional breaks throughout the test.

▶ If I should fail, when could I retest?

The required time for rewriting the exam is 45 days in most states. If you are unsuccessful, you should contact the state where you want to obtain licensure for its required retest time.

Testing Your Exam Readiness

Whether you attend a formal review seminar or use written material such as this book, or use a combination of both, preparation is essential. Costing as much as $400 a try—pass or fail—you should do everything you can to pass on your first attempt. Spend time each day studying and taking exam questions. The more questions you take, the more prepared you will be. I recommend that you consistently score at least 77% on our practice questions before you attempt to take the exam. With these facts in mind, let’s get ready to take the NCLEX-PN® Exam. Good luck!
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CHAPTER THREE

Caring for the Client with Disorders of the Respiratory System

Terms you’ll need to understand:
✓ Acute respiratory failure
✓ Apnea
✓ Asthma
✓ Atelectasis
✓ Bronchitis
✓ Continuous positive airway pressure (CPAP)
✓ Cor pulmonale
✓ Cyanosis
✓ Dyspnea
✓ Emphysema
✓ Empyema
✓ Hemoptyis
✓ Hypoxemia
✓ Hypoxia
✓ Pleural effusion
✓ Pleurisy
✓ Pneumonia
✓ Pulmonary embolus
✓ Tachypnea

Nursing skills you’ll need to master:
✓ Assessing breath sounds
✓ Providing tracheostomy care
✓ Collecting sputum
✓ Teaching proper use of an inhaler
✓ Performing postural drainage
✓ Assisting with thoracentesis
✓ Obtaining a throat culture
✓ Performing venopuncture
✓ Administering medication
✓ Managing chest tubes
✓ Maintaining oxygen therapy
Chronic Obstructive Pulmonary Disease

*Chronic obstructive pulmonary disease (COPD)* exists when prolonged disease or injury has made the lungs less capable of meeting the body’s oxygen needs. Examples of COPD include chronic bronchitis, emphysema, and asthma.

Chronic Bronchitis

*Chronic bronchitis*, an inflammation of the bronchi and bronchioles, is caused by continuous exposure to infection and non-infectious irritants, such as cigarette smoke. The condition is most common in those ages 40 to 55. Chronic bronchitis might be reversed with the removal of noxious irritants, although it is often complicated by chronic lung infections. These infections, which are characterized by productive cough and dyspnea, can progress to right-sided heart failure and pulmonary hypertension. Chronic bronchitis and emphysema have similar symptoms that require similar interventions.

Emphysema

*Emphysema* is the irreversible overdistention of the airspaces of the lungs, which results in destruction of the alveolar walls. Clients with emphysema are classified as *pink puffers* or *blue bloaters*. Pink puffers may complain of exertional dyspnea without cyanosis. Blue bloaters develop chronic hypoxia, cyanosis, polycythemia, cor pulmonale, pulmonary edema, and eventually respiratory failure.

Physical assessment reveals the presence of a barrel chest, use of accessory muscles, coughing with the production of thick mucoid sputum, prolonged expiratory phase with grunting respirations, peripheral cyanosis, and digital clubbing.

In identifying emphysema, a chest x-ray reveals hyperinflation of the lungs with flattened diaphragm. Pulmonary studies show that the residual volume is increased while vital capacity is decreased. Arterial blood gases reveal hypoxemia.

Many symptoms of chronic bronchitis and emphysema are the same; therefore, medications for the client with chronic bronchitis and emphysema include bronchodilators, steroids, antibiotics, and expectorants. Oxygen should be administered via nasal cannula at 2–3 liters/minute. Close attention should be given to nutritional needs, avoidance of respiratory irritants, prevention of respiratory infections, providing oral hygiene, and teaching regarding medications.
**CAUTION**

When administering antibiotics and aminophylline, a separate IV line should be established for the administration of aminophylline—a bronchodilator—because incompatibilities can exist with some antibiotics and the administration of a bronchodilator. If only one access is established, the SAS (saline, administer drug, saline) procedure should be used.

**CAUTION**

The client receiving aminophylline should be placed on cardiorespiratory monitoring because aminophylline affects heart rate, respiratory rate, and blood pressure. In this scenario, toxicity can occur rapidly. Toxic symptoms include nausea, vomiting, tachycardia, palpitations, hypotension, shock, coma, and death.

**CAUTION**

The therapeutic range for aminophylline is as follows: 10–20 mcg/mL.

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**Asthma**

*Asthma* is the most common respiratory condition of childhood. *Intrinsic (nonallergenic) asthma* is precipitated by exposure to cold temperatures or infection. *Extrinsic (allergenic or atopic) asthma* is often associated with childhood eczema. Both asthma and eczema are triggered by allergies to certain foods or food additives. Introducing new foods to the infant one at a time helps decrease the development of these allergic responses. Easily digested, hypoallergenic foods and juices should be introduced first. These include rice cereal and apple juice.

Symptoms of asthma include expiratory wheeze; shortness of breath; and a dry, hacking cough, which eventually produces thick, white, tenacious sputum. In some instances an attack may progress to status asthmaticus, leading to respiratory collapse and death.

Management of the client with asthma includes maintenance therapy with mast cell stabilizers and leukotriene modifiers. Treatment of acute asthmatic attacks includes the administration of oral or inhaled short-term or long-term B2 agonist and anti-inflammatories as well as supplemental oxygen. Methylxanthines, such as aminophylline, are rarely used for the treatment of asthma. These drugs, which can cause tachycardia and dysrhythmias, are administered as a last resort. Antibiotics are frequently ordered when a respiratory infection is present.
Chapter 3: Caring for the Client with Disorders of the Respiratory System

**Acute Respiratory Infections**

Acute respiratory infections, such as pneumonia, are among the most common causes of death from infectious diseases in the United States. Pneumonia is a major cause of death in persons over age 65.

**Pneumonia**

Pneumonia is an inflammation of the parenchyma of the lungs. Causative organisms include bacteria, viruses, and fungi. Some of these organisms are listed here:

- Pneumococcus
- Group A beta hemolytic streptococcus
- Staphylococcus
- Pseudomonas
- Influenza types A and B
- Cytomegalovirus
- Aspergillus fungiatus
- Pneumocystis carinii

Presenting symptoms depend on the causative organism. The client with viral pneumonia tends to have milder symptoms, whereas the client with bacterial pneumonia might have chills and fever as high as 103°. Clients with cytomegalovirus, pneumocystis carinii, or aspergillus will be acutely ill. General symptoms of pneumonia include:

- Hypoxia
- Tachypnea
- Tachycardia
- Chest pain
- Malaise
- Fever
- Confusion (especially in the elderly)

Care of the client with pneumonia depends on the causative organism. The management of bacterial pneumonias includes antibiotics, antitussives, antipyretics, and oxygen. Antibiotics that may be ordered include penicillin G, tetracycline, garamycin, and erythromycin. Viral
pneumonias do not respond to antimicrobial therapy but are treated with antiviral medication, such as Symmetrel (amantadine). Fungal pneumonias are treated with antifungal medication such as Nizoral (ketoconazole). Additional therapies for the client with pneumonia include providing for fluid and nutritional needs, obtaining frequent vital signs, and providing oral hygiene. Supplemental oxygen and chest percussion and drainage should be performed as ordered by the physician.

### Pleurisy

*Pleurisy,* an inflammation of the pleural sac, can be associated with upper respiratory infection, pulmonary embolus, thoracotomy, chest trauma, or cancer. Symptoms include

- Sharp pain on inspiration
- Chills
- Fever
- Cough
- Dyspnea

Chest x-ray reveals the presence of air or fluid in the pleural sac. Management of the client with pleurisy includes the administration of analgesics, antitussives, antibiotics, and oxygen therapy. The presence of pleural effusion can require the client to have a thoracentesis. It is the nurse’s responsibility to prepare the client and monitor for signs of complications related to the procedure. The nurse should assess the client’s vital signs, particularly changes in respi-rations and blood pressure, which can reflect impending shock from fluid loss or bleeding. The nurse should also observe the client for signs of a pneumothorax.

Nursing Skill: Positioning the client for a thoracentesis

- Sitting on the edge of the bed with feet supported and with the head and arms resting on a padded over bed table

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**CAUTION**

Some medications used in the treatment of pneumonia require special attention:

- **Tetracycline**—Should not be given to women who are pregnant or to small children because of the damage it can cause to developing teeth and bones.
- **Garamycin**—An aminoglycoside, it is both ototoxic and nephrotoxic. It is important to monitor the client for signs of toxicity. Serum peak and trough levels are obtained according to hospital protocol. Peak levels for garamycin are drawn 30 minutes after the third or fourth IV or IM dose. Trough levels for garamycin are drawn 30 minutes before the third or fourth IV or IM dose. The therapeutic range for garamycin is 4–10 mcg/mL.
Sitting astride a chair with the arms and head resting on the back of the chair

- Lying on the unaffected side with the head of the bed elevated 30 to 45 degrees (for clients unable to sit upright)

**Tuberculosis**

*Tuberculosis (TB)* is a highly contagious respiratory infection caused by the mycobacterium tuberculosis. It is transmitted by droplets from the respiratory tract. Airborne precautions, as outlined by the Centers for Disease Control (CDC), should be used when caring for the client with tuberculosis.

**NOTE**

Standard precautions and transmission-based precautions are provided in Appendix A, “Things You Forgot,” which is on the CD.

Diagnosis includes the administration of the Mantoux skin test, sometimes referred to as the Purified Protein Derivative (PPD), which is read in 48–72 hours. The presence of a positive Mantoux test indicates exposure to TB but not active infection. A chest x-ray should be ordered for those with a prior positive skin test. A definite diagnosis of TB is made if the sputum specimen is positive for the tubercle bacillus. Factors that can cause a false positive TB skin test include nontuberculous mycobacterium and inoculation with BCG vaccine. Factors that can cause a false negative TB skin test include anergy (a weakened immune system), recent TB infection, age, vaccination with live viruses, overwhelming TB, and poor testing technique. Management of the client with TB includes the use of ultraviolet light therapy and the administration of antimycobacterial drugs. Medication regimens can consist of several drugs including INH (isoniazid), Rifadin (rifampin), Myambutol (ethambutol), and PZA (pyrazinamide). The use of multiple drug therapy has reduced treatment time to as little as six months for clients who are compliant; however, drug resistant forms may require longer treatment periods. Clients are no longer considered infectious after three negative sputum samples have been obtained. Surgical management may include a wedge resection or lobectomy. Household contacts are treated with isoniazid.

**Influenza**

Influenza is an acute highly contagious viral infection that primarily affects the upper respiratory tract and is sometimes complicated by the development of pneumonia. Influenza is caused by one of three types of *Myxovirus influenzae*. Infection with one strain produces immunity to only that strain; therefore, annual immunization is needed to protect against the strain projected to be prevalent that year.
Symptoms of influenza include

- Chills and fever greater than 102° F.
- Sore throat and laryngitis
- Runny nose
- Muscle aches and headache

Complications associated with influenza include pneumonia, exacerbations of chronic obstructive pulmonary disease (COPD), and myositis. More serious complications include pericarditis and encephalitis. The elderly, children, and those with chronic illness are more likely to develop severe complications; therefore, it is recommended that these clients receive annual influenza immunization. The vaccine is given in the fall, prior to the onset of annual outbreaks that occur in the winter months. The vaccine is produced in eggs, so it should not be given to anyone who is allergic to egg protein. Children age two and older as well as adults can receive the nasal vaccine.

Treatment of influenza is aimed at controlling symptoms and preventing complications. Bed rest and increased fluid intake are important interventions during the acute phase. Decongestant nasal sprays, antitussives with codeine, and antipyretics help make the client more comfortable. Antibiotics are indicated if the client develops bacterial pneumonia. Clients with influenza as well as nonimmunized persons who have been exposed to influenza might receive chemoprophylaxis if an outbreak occurs. Antiviral medication such as Relenza (zanamivir) and Tamiflu (oseltamivir) are used in both the prevention and treatment of influenza A and B and can be used to reduce the duration and severity of symptoms. Symmetrel (amantadine) or Flumadine (rimantadine) are also used to prevent or decrease symptoms of the flu.

**Acute Respiratory Failure**

*Acute respiratory failure* can be defined as the lungs’ failure to meet the body’s oxygen requirements. One acute respiratory condition you need to be familiar with is acute respiratory distress syndrome, commonly known as ARDS.

**Acute Respiratory Distress Syndrome**

Acute respiratory distress syndrome, commonly known as *ARDS* or *noncardiogenic pulmonary edema*, occurs mostly in otherwise healthy persons. ARDS can be the result of anaphylaxis, aspiration, pulmonary emboli, inhalation burn injury, or complications from abdominal or thoracic surgery. ARDS may be diagnosed by a chest x-ray that will reveal emphysematous changes and infiltrates that give the lungs a characteristic appearance described as ground glass. Assessment of the client with ARDS reveals
Hypoxia
- Sternal and costal retractions
- Presence of rales or rhonchi
- Diminished breath sounds
- Refractory hypoxemia

Care of the client with ARDS involves
- Use of assisted ventilation
- Monitoring of arterial blood gases
- Attention to nutritional needs
- Frequent change in position, placement in high Fowler's position, prone position, or use of specialized beds to minimize consolidation of infiltrates in large airways
- Investigational therapies, including the use of vitamins C and E, aspirin, interleukin, and surfactant replacements

**Pulmonary Embolus**

*Pulmonary embolus* refers to the obstruction of the pulmonary artery or one of its branches by a clot or some other undissolved matter, such as fat or a gaseous substance. Clots can originate anywhere in the body but are most likely to migrate from a vein deep in the legs, pelvis, kidney, or arms. *Fat emboli* are associated with fractures of the long bones, particularly the femur. *Air emboli*, which are less common, can occur during the insertion or removal of a central line. Common risk factors for the development of pulmonary embolus include immobilization, fractures, trauma, cigarette smoking, use of oral contraceptives, and history of clot formation.

**TIP**

Remember the three Fs associated with fat emboli:
- Fat
- Femur
- Football player

Fat emboli are associated with fracture of long bones (such as a fractured femur); most fractured femurs occur in young men 18–25, the age of most football players.
Symptoms of a pulmonary embolus depend on the size and location of the clot or undissolved matter. Symptoms include

- Chest pain
- Dyspnea
- Syncope
- Hemoptysis
- Tachycardia
- Hypotension
- Sense of apprehension
- Petechiae over the chest and axilla
- Distended neck veins

Diagnostic tests to confirm the presence of pulmonary embolus include chest x-ray, pulmonary angiography, lung scan, and ECG to rule out myocardial infarction. Management of the client with a pulmonary embolus includes

- Placing the client in high Fowler’s position
- Administering oxygen via mask
- Giving medication for chest pain
- Using thrombolytics/anticoagulants

Antibiotics are indicated for those with septic emboli. Surgical management using umbrella-type filters is indicated for those who cannot take anticoagulants, as well as for the client who has recurrent emboli while taking anticoagulants. Clients receiving anticoagulant therapy should be observed for signs of bleeding. PT, INR, and PTT are three tests used to track the client’s clotting time. You can refer to Chapter 13, “Caring for the Client with Disorders of the Cardiovascular System,” for a more complete discussion of these tests.

**CAUTION**

Streptokinase is made from beta strep; therefore, clients with a history of strep infections might respond poorly to anticoagulant therapy with streptokinase, because they might have formed antibodies.

Streptokinase is not clot specific; therefore, the client might develop a tendency to bleed from incision or injection sites.
Emerging Infections

The CDC (1994) defines emerging infections as diseases of infectious origin with human incidences occurring within the past two decades. Emerging illnesses are likely to increase in incidence in the near future. Two respiratory conditions listed as emerging infections are Severe Acute Respiratory Syndrome (SARS) and Legionnaire's disease.

Severe Acute Respiratory Syndrome

Severe Acute Respiratory Syndrome (SARS) is caused by a coronavirus. Symptoms include

- Fever
- Dry cough
- Hypoxemia
- Pneumonia

In identifying SARS, a chest x-ray reveals “ground glass” infiltrates with bilateral consolidation occurring sometime within 24–48 hours, thus suggesting the rapid development of acute respiratory failure. SARS was first reported in Asia in February 2003. The disease spread to more than two dozen countries in Europe, Asia, North America, and South America before being contained in that same year. A history of recent travel is significant in the client’s history.

The SARS virus can be found in nasopharyngeal and oropharyngeal secretions, blood, and stool. Diagnostic tests for SARS include

- Sputum cultures for Influenza A, B, and RSV
- Serum tests to detect antibodies IgM and IgG
- Reverse transcriptase polymerase chain reaction tests performed to detect RNA of SARS CoV

Two tests on two different specimens must be positive to confirm the diagnosis. Test results are considered negative if no SARS CoV antibodies are found 28 days after the onset of symptoms.

The client suspected of having SARS should be cared for using airborne and contact precautions. Management includes the use of antibiotics to treat secondary or atypical pneumonia.
Antivirals or retrovirals can be used to inhibit replication. Respiratory support, closed system for suctioning, and the use of surfactant replacement may be ordered.

**Legionnaire’s Disease**

*Legionnaire’s disease* is caused by gram negative bacteria found in both natural and manmade water sources. Bacterial growth is greater in stored water maintained at temperatures ranging from 77° to 107° F. Risk factors include

- Immunosuppression
- Diabetes
- Pulmonary disease

Legionnaire’s involves the lungs and other organs. The symptoms include

- Productive cough
- Dyspnea
- Chest pain
- Diarrhea
- Fever

Diagnostic tests include a urinary antigen test that remains positive after initial antibiotic therapy. Management includes the use of antibiotics, oxygen, provision of nutrition, and hydration. The drug of choice for treating Legionnaire’s disease is azithromycin. Transmission-based precautions are not necessary when caring for the client with Legionnaire’s disease, because there is no indication of human to human transmission.

**Diagnostic Tests for Review**

These are simply some of the tests that are useful in diagnosing pulmonary disorders. You should review the normal lab values as well as any special preparations for the client undergoing those tests. In addition, think about the care given to clients after the procedures have been completed. For instance, the client who has undergone a bronchoscopy will have a depressed gag reflex, which increases the chance of aspiration. No food or fluid should be given until the gag reflex returns. The tests for diagnosing pulmonary disorders are as follows:
Pharmacology Categories for Review

The client with a respiratory disorder should be managed with several categories of medications. The client with an acute respiratory condition, such as bacterial pneumonia, is given an antibiotic to fight the infection, antipyretic medication for fever and body aches, and an antitussive for relief of cough. The client with a chronic respiratory condition may receive many of the same medications, with the addition of a steroid or bronchodilator. The following list contains the most commonly prescribed categories of medications used to treat clients with respiratory conditions:

- Antibiotics
- Antivirals
- Antituberculars
- Antitussives
- Bronchodilators
- Expectorants
- Leukotriene modifiers
- Mast-cell stabilizers
- Steroids
Exam Prep Questions

1. When performing an assessment on the client with emphysema, the nurse finds that the client has a barrel chest. The alteration in the client’s chest is due to:
   - A. Collapse of distal alveoli
   - B. Hyperinflation of the lungs
   - C. Long-term chronic hypoxia
   - D. Use of accessory muscles

2. The nurse notes that a client with COPD demonstrates increased dyspnea in certain positions. Which position is most likely to lessen the client’s dyspnea?
   - A. Lying supine with a single pillow
   - B. Standing or sitting upright
   - C. Side lying with the head elevated
   - D. Lying with head slightly lowered

3. When reviewing the chart of a client with long standing lung disease, the nurse should pay close attention to the results of which pulmonary function test?
   - A. Residual volume
   - B. Total lung capacity
   - C. FEV1/FVC ratio
   - D. Functional residual capacity

4. The physician has ordered O₂ at 3 liters/minute via nasal cannula. O₂ amounts greater than this are contraindicated in the client with COPD because:
   - A. Higher concentrations result in severe headache.
   - B. Hypercapnic drive is necessary for breathing.
   - C. Higher levels will be required later for pO₂.
   - D. Hypoxic drive is needed for breathing.
5. The client taking a bronchodilator tells the nurse that he is going to begin a smoking cessation program when he is discharged. The nurse should tell the client to notify the doctor if his smoking pattern changes because he will:

- A. Need his medication dosage adjusted
- B. Require an increase in antitussive medication
- C. No longer need annual influenza immunization
- D. Not derive as much benefit from inhaler use

6. Lab results indicate that the client’s serum aminophylline level is 17 mcg/mL. The nurse recognizes that the aminophylline level is:

- A. Within therapeutic range
- B. Too high and should be reported
- C. Questionable and should be repeated
- D. Too low to be therapeutic

7. The morning weight for a client with emphysema indicates that the client has gained 5 pounds in less than a week, even though his oral intake has been modest. The client’s weight gain may reflect which associated complication of COPD?

- A. Polycythemia
- B. Cor pulmonale
- C. Left ventricular failure
- D. Compensated acidosis

8. The nurse is teaching the client the appropriate way to use a metered dose inhaler. Which observation indicates the client needs additional teaching?

- A. The client takes a deep breath while depressing the canister
- B. The client holds the canister two finger widths from the mouth
- C. The client waits 30 seconds before repeating the inhalation
- D. The client exhales slowly and deeply
9. The client with COPD may lose weight despite having adequate caloric intake. When counseling the client in ways to maintain an optimal weight, the nurse should tell the client to:
   - A. Continue the same caloric intake and decrease his activity level
   - B. Increase his activity level to stimulate his appetite
   - C. Increase the amount of complex carbohydrates and decrease the amount of fat, intake
   - D. Decrease the amount of complex carbohydrates while increasing calories, protein, fat, vitamins, and minerals

10. The client has been receiving garamycin 65 mg IVPB every 8 hours for the past 6 days. Which lab result indicates an adverse reaction to the medication?
   - A. WBC 7500
   - B. Serum glucose 92
   - C. Protein 3.5
   - D. Serum Creatinine 2.0

Answer Rationales

1. Answer B is correct. Clients with emphysema develop a barrel chest due to the trapping of air in the lungs, causing them to hyperinflate. Answers C and D are common in those with emphysema but do not cause the chest to become barrel shaped. Answer A does not occur in emphysema.

2. Answer B is correct. The client with chronic obstructive pulmonary disease has increased difficulty breathing when lying down. His respiratory effort is improved by standing or sitting upright or by having the bed in high Fowler’s position. Answers A, C, and D do not alleviate the client’s dyspnea; therefore they are incorrect.

3. Answer C is correct. The FEV1/FVC ratio indicates disease progression. As COPD worsens, the ratio of FEV1 to FVC becomes smaller. Answers A and B reflect loss of elastic recoil due to narrowing and obstruction of the airway. Answer D is increased in clients with obstructive bronchitis.

4. Answer D is correct. In clients with COPD, respiratory effort is stimulated by hypoxemia. Answers A and C are incorrect because higher levels would rob the client of the drive to breathe. Answer B is an incorrect statement.

5. Answer A is correct. Changes in smoking patterns should be discussed with the physician because they have an impact on the amount of medication needed. Answer B is incorrect because clients with COPD are placed on expectorants, not antitussives. Answer C is incorrect because an annual influenza vaccine is recommended for all those with lung disease. Answer D is incorrect because benefits from inhaler use should be increased when the client stops smoking.
6. Answer A is correct. The therapeutic range for aminophylline is 10–20 mcg/mL. Answers B and D are incorrect. There are no indications that the results are questionable; therefore, repeating the test as offered by answer C is incorrect.

7. Answer B is correct. Cor pulmonale, or right sided heart failure, is a possible complication of emphysema. Answers A and D do not cause weight gain, so they’re incorrect. Answer C would be reflected in pulmonary edema, so it’s incorrect.

8. Answer C is correct. The client should wait 60 seconds before repeating the inhalation. Repeating the inhalation in 30 seconds indicates that the client needs further teaching. Answers A, B, and D indicate correct use of a metered dose inhaler; therefore, they are incorrect choices.

9. Answer D. The client with COPD needs additional calories, protein, fat, vitamins, and minerals. Answer A is incorrect because the client needs more calories.

10. Answer D is correct. The serum creatinine is elevated, indicating an adverse effect of the medication on the kidneys. Answers A, B, and C are within normal limits.

Suggested Reading and Resources

- Centers for Disease Control and Prevention: www.cdc.gov
- American Lung Association: www.lungusa.org
- The Pathology Guy: www.pathguy.com
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Index

Numbers
90-90 traction, 186

A
ABCD (asymmetrical, border, colors, diameter) in assessing skin lesions, 140
abducens nerve, 254
abortions, 300-301
abruptio placenta, 303
absence seizures, 248
abstinence, 315
acetaminophen overdose, 353
acid/base balance, electrolyte balance, and fluid disorders, 86  
  changes associated with aging, 94  
  exam prep questions, 96-98  
  metabolic acidosis  
    care and treatment, 88-89  
    causes, 87-88  
    definition of, 87  
    symptoms, 88  
  metabolic alkalosis  
    care and treatment, 92  
    causes, 91  
    definition of, 91  
    symptoms, 91  
  normal electrolyte values, 93-94  
  pH regulation, 87  
  respiratory acidosis  
    care and treatment, 90  
    causes, 89-90  
    definition of, 89  
    symptoms, 90
respiratory alkalosis
care and treatment, 93
definition of, 92
symptoms, 92
suggested reading and resources, 99, 501

acidosis
metabolic acidosis
care and treatment, 88-89
definition of, 87
symptoms, 88
respiratory acidosis
care and treatment, 90
definition of, 89
symptoms, 90
uncompensated acidosis, 87

acids, 86
acquired heart disorders
Kawasaki disease (KD), 348-350
rheumatic fever, 347-348
acquired immuno-deficiency syndrome (AIDS), 306
acrocyanosis, 313
acromegaly, 207
ACTH (adrenocorticoid stimulating hormone), 214
active transport, 86
acute diarrheal disease, 346
acute epiglottitis, 343-344
acute glaucoma, 122
acute glomerulonephritis, 58
acute otitis media (AOM), 341
acute PTSD, 271
acute respiratory distress syndrome (ARDS), 47-48
acute respiratory failure, 47
ARDS (acute respiratory distress syndrome), 47-48
pulmonary embolus, 48-49

acute respiratory infections, 44
influenza, 46-47
pleurisy, 45
pneumonia, 44-45
TB (tuberculosis), 46

acute subdural hematomas, 250
acyanotic, 337
Adams position, 350
Addiction Research Foundation Chemical Institute Withdrawal Assessment-Alcohol, 283
Addison’s disease, 214-215
ADH (antidiuretic hormone), 207
ADHD (attention deficit hyperactive disorder), 288
adjustable canes, 197
administering medications, seven rights of, 17
adolescents
emotional/behavioral disorders, 287
ADHD, 288
autistic disorder, 288-289
conduct disorder, 287
eating disorders, 289
oppositional defiant disorder, 287
growth and development, 329
immunization schedule, 497
adrenal gland disorders, 214
Addison’s disease, 214-215
Cushing’s disease, 215
adrenocortical hypersecretion, 215
adrenocortical insufficiency, 214-215
adrenocorticotropic hormone (ACTH), 214
adrenocorticotropic hormone, 206
adults, immunization schedule, 497
adverse effects of medications, 14
angiotensin-converting agents, 19
anti-infectives, 20-22
antivirals, 27
benzodiazepines, 23
beta adrenergic blockers, 20
cholesterol-lowering agents, 28
glucocorticoids, 25-26
phenothiazines, 24
proton pump inhibitors, 32
affect (schizophrenia), 278
aging clients (fluid, electrolyte balance, and acid/base balance), 94
agoraphobia, 273
AHA (American Heart Association) life support guidelines, 494
AIDS (acquired immuno-deficiency syndrome), 306
air emboli, 48
airborne standard precautions, 494
alcoholism, 282-283
alkalosis
metabolic alkalosis
care and treatment, 92
causes, 91
definition of, 91
symptoms, 91
respiratory alkalosis
care and treatment, 93
definition of, 92
symptoms, 92
uncompensated alkalosis, 87
allergenic (extrinsic) asthma, 43
allografts, 111
alopecia, 144
alpha-fetoprotein screening, 297-298
alpha interferon injections, 165
Alzheimer's disease, 261-262
ambivalence, 278
American Cancer Society's seven warning signs of cancer, 138
American Heart Association (AHA) life support guidelines, 494
aminoglycosides, 20-22
aminophylline, 43
amniocentesis, 298
amniotic membrane dressings (burns), 111
amputations, 195-196
analgesics, 16
anemia, 74
aplastic anemia, 75-76
Cooley's anemia, 77
iron deficiency anemia, 77
pernicious anemia, 74-75
sickle cell anemia, 76
aneurysms, 237
angina pectoris, 231
angiotensin-converting agents, 18-19
angiotensin converting enzyme inhibitors, 227
angiotensin receptor blockers, 29-30, 227
anions, 86
anorexia nervosa, 289
Antabuse (disulfiram), 283
antacids, 15
anti-infectives, 15, 20-22
antianemics, 15
antianxiety drugs, 22-24
anticholenergics, 16
anticoagulants, 15, 32-33, 234, 492
anticonvulsants, 16, 22-23
antidiarrheals, 15
antidiuretic hormone (ADH), 207
antidotes
heparin, 492
sodium warfarin, 492
antiemetics, 24
antihistamines, 15
antihypertensives, 15, 18-19, 227
antipsychotic medications, 24, 279
antipyretics, 15
antisocial personality disorder, 275
antivirals, 26-27

How can we make this index more useful? Email us at indexes@quepublishing.com
anxiety-related disorders, 270
  DID (dissociative identity disorder), 271
  GAD (generalized anxiety disorder), 270
  OCD (obsessive-compulsive disorder), 273
  panic disorder, 272
  phobic disorders, 273
  PTSD (post-traumatic stress disorder), 271
  somatoform disorder, 272
AOM (acute otitis media), 341
aorta, coarctation of, 338
APGAR scoring, 313-314
aplastic anemia, 75-76
apothecary system of measurement, 507
ARDS (acute respiratory distress syndrome), 47-48
artificial skin, 111
Asperger’s syndrome, 288
aspirin, 231
assessment, neurological system, 253
  cranial nerves, 254
  Glasgow coma scale, 255
  increased intracranial pressure, 256
assistive devices, 196
  canes, 197-198
  crutches, 197
  walkers, 198
association, 278
asthma, 43
astigmatism, 125
atopic asthma, 43
atrioventricular (AV) node, 227
atropic (dry) macular degeneration, 124
attention deficit hyperactive disorder (ADHD), 288
aura, 247
autism, 278
autistic disorder, 288-289
autologous transplants, 145
automaticisms, 248
autonomic hyperreflexia, 260
AV (atrioventricular) node, 227
avoidant personality disorder, 276

B
B vitamins, 75
background diabetic retinopathy, 123
bacterial endocarditis, 235
bacterial pneumonia, 44
bacterial prostatitis, 63
balanced suspension traction, 185
barbiturate withdrawal, 285
barrier methods of contraception, 316
bases, 86
basilar skull fractures, 249
Battle’s sign, 249
behavioral disorders
  ADHD, 288
  autistic disorder, 288-289
  conduct disorder, 287
  eating disorders, 289
  oppositional defiant disorder, 287
benign prostatic hyperplasia (BPH), 64-65
benzodiazepines, 22-23
beta adrenergic blockers, 19-20
beta blockers, 227
biliary atresia, 333
biologic dressings, 111-112
biosynthetic dressings, 111-112
bipolar disorders, 280
  acute mania, 280
  major depression, 281-282
birth control pills, 316
birth defects. See congenital anomalies
bivalve treatment, 188
bladder cancer, 66
blood pressure
diastolic pressure, 226
hypertension, 226-227
medications, 227
primary, 226
secondary, 226
normal range, 491
systolic pressure, 226
blood urea nitrogen (BUN), 58
blue bloaters, 42
blue spells, 338
bone marrow transplantation, 145
allogenic transplants, 146
autologous transplants, 145
nursing care following, 146-147
syngeneic transplants, 146
borderline personality disorder, 276
botulism, 176
bovine valves, 235
BP. See blood pressure
BPH (benign prostatic hyperplasia), 64-65
bradycardia, 310
brain injuries, 249
epidural hematomas, 250
subdural hematomas, 250
breathing, burn treatment, 107
Brethine (terbutaline sulfate), 306
Bromocriptine mesylate (Parlodel), 209
bronchiolitis, 344-345
bronchitis, chronic, 42
bronchodilators, 15, 43
Buerger’s disease, 236
bulimia nervosa, 289
BUN (blood urea nitrogen), 58
burns, 101-102
carbon monoxide poisoning, 107
debridement, 110
deep partial thickness (second degree), 103
diagnostic tests, 112
dressings, 111
biologic or biosynthetic dressings, 111-112
standard wound dressings, 111
electrical burns, 103
emergent phase, 106
additional interventions, 109
assessment, 106-107
fluid replacement formulas, 107-109
exam prep questions, 114-117
fluid replacement formulas
Consensus formula, 108-109
Parkland formula, 107-108
full thickness (third degree), 103-104
infections, 110
intermediate phase, 110-111
Lund and Browder classification method, 104
major burns, 105
minor burns, 105
moderate burns, 105
palm classification method, 105
pharmacology categories, 112
psychological care, 106
rehabilitative phase, 112
Rule of Nines, 104
suggested reading and resources, 117
superficial partial thickness (first degree), 103
total body surface area (TBSA), 102, 104-105

C
c. difficile, 175
calcium, normal electrolyte values, 93
calcium channel blockers, 227
calculations, 507
apothecary system of measurement, 507
fluid requirements (burns)
Consensus formula, 108-109
Parkland formula, 107-108
cardiovascular disorders, 225-226
acquired heart disorders
Kawasaki disease (KD), 348-350
rheumatic fever, 347-348
aneurysms, 337
Buerger's disease, 236
congenital anomalies, 336
congenital heart defects (CHD), 336-338
acyanotic, 337
cocartation of the aorta (COA), 338
cyanotic, 337
symptoms, 337
tetralogy of Fallot (TOF), 338-339
congestive heart failure, 238
diagnostic tests, 238-239
exam prep questions, 240-243
heart block, 227
first-degree, 228
pacemakers/internal defibrillators, 229-230
second-degree, 228
third-degree, 228
toxicity to medications, 229
hypertension, 226
medications, 227
primary, 226
secondary, 226
inflammatory diseases of the heart
infective endocarditis, 235
pericarditis, 235-236
myocardial infarction, 230
diagnosis, 231-232
managing, 232
ventricular fibrillation (V-fib), 233-234
ventricular tachycardia, 232-233
pharmacology categories, 239
Raynaud's Syndrome, 237
suggested reading and resources, 243, 504
thrombophlebitis, 236

carditis, 348
casts, 187
CAT (Computer Adaptive Test), xxiv, 4-5

cataracts, 120-121

Category A (pregnancy drug category), 35
Category B (pregnancy drug category), 35
Category C (pregnancy drug category), 35
Category D (pregnancy drug category), 35
Category X (pregnancy drug category), 35
cations, 86

celiac, 347

central nervous system (CNS), 246
  congenital anomalies, 335
central venous pressure (CVP), 110

cerebrovascular accidents (strokes), 257-258
  diagnostic tests, 257
  symptoms, 258
  treatment, 258

cervical mucus method of contraception, 315

CHD (congenital heart defects), 336
  acyanotic, 337
  coarctation of the aorta (COA), 338
  cyanotic, 337
  symptoms, 337
  tetralogy of Fallot (TOF), 338-339

Chemical Institute Withdrawal Assessment-Alcohol (CIWA-Ar), 283

chemical names, 18

chemotherapy, 142-144

childbirth. See also pregnancy
  labor
    definition of, 307
    dilation, 309
    dystocia, 309
    effacement, 309
    factors influencing, 307

How can we make this index more useful? Email us at indexes@quepublishing.com
chronic subdural hematomas, 250
Chvostek’s sign, 92, 212
circulation, burn treatment, 107
cirrhosis
diagnosis, 169
symptoms, 168-169
treatment, 169-170
CIWA-Ar (Chemical Institute Withdrawal Assessment-Alcohol), 283
classifications of burns, 102
deep partial thickness (second degree), 103
full thickness (third degree), 103
Lund and Browder method, 104
palm method, 105
Rule of Nines, 104
superficial partial thickness (first degree), 103
cleft lip, 330-331
cleft palate, 330-331
client needs, 4
diagnosis, 169
symptoms, 168-169
treatment, 169-170
Client needs, 4
exam prep questions, 9-12
clinical manifestations. See symptoms
closed fractures, 184
Clostridium difficile (C. difficile), 175
clots, 48
cleft foot, congenital, 335
Cluster A personality disorders, 274-275
Cluster B personality disorders, 275-276
Cluster C personality disorders, 276-277
CNS (central nervous system), 246
congenital anomalies, 335
COA (coarctation of the aorta), 338
doctor scale, Glasgow, 255
comminuted fractures, 184
compartment syndrome, 187-188
compensation (defense mechanism), 495
complete abortions, 300
complete spinal injuries, 258
complex partial seizures, 248
complications
pregnancy, 299-300
maternal infections, 305-306
SCI (spinal cord injuries), 260-261
compound fractures, 184
Computer Adaptive Test (CAT), xxiv, 4-5
condoms, 316
conduct disorder, 287
Condylooma acuminata, 305
congenital aganglionic megacolon (Hirschsprung disease), 332-333
congenital anomalies, 329-330
biliary atresia, 333
cleft lip and cleft palate, 330-331
congenital clubfoot, 335
congenital heart defects (CHD), 336
acyanotic, 337
coarctation of the aorta (COA), 338
cyanotic, 337
symptoms, 337
tetralogy of Fallot (TOF), 338-339
developmental hip dysplasia (DHD), 334
esophageal atresia (EA), 331
galactosemia, 340
Hirschsprung disease (congenital aganglionic megacolon), 332-333
imperforate anus, 332
phenylketonuria (PKU), 339-340
spina bifida, 335-336
tracheoesophageal fistula (TEF), 331
congenital clubfoot, 335
congenital heart defects (CHD), 336-338
acyanotic, 337
coarctation of the aorta (COA), 338
cyanotic, 337
symptoms, 337
tetralogy of Fallot (TOF), 338-339
congestive heart failure, 238
connective tissue disorders. See musculoskeletal system

Consensus formula, 108-109
contact standard precautions, 494
continuous passive motion (CPM), 194
contraception, 315-316
contraction stress test, 309
contractions, intrapartal normal ranges, 492
control levels, anticoagulants, 492
Controlled Substances Act, 286
contusions of eyes, 126
conversion disorder, 272
conversion factors
  apothecary system of measurement, 507
  household system of measurement, 507-508
  metric measurements, 508
conversion reaction (defense mechanism), 495
Cooley’s anemia, 77
COPD (chronic obstructive pulmonary disease)
  asthma, 43
  chronic bronchitis, 42
  emphysema, 42-43
cord prolapse, 303
coronary artery bypass grafts, 234
corticotrophin releasing hormone, 206
cost of NCLEX-PN exam, xxiv, 2
Cotrel-Dubousset approach, 351
coca plana, 351
CPM (continuous passive motion), 194
CPP (cerebral perfusion pressure), 256
cranial nerves, assessment, 254
craniotomy care, 256-257
Crohn’s disease, 159
crutch-walking gaits, 197
crutches, 197
Crutchfield tong traction, 186
cultural practices influencing nursing care, 506
cultured skin dressings, 111
Cushing’s disease, 215
Cushing’s Syndrome, 26
CVP (central venous pressure), 110
cyanoic, 337
Cyclogyl, 121
cyclosporine modified, 61
cyclosporine non-modified, 61
cystectomy, 66
cystic fibrosis, 345
debidement, 110
deceleration of fetal heart tones, 310-312
  early decelerations, 310
  late decelerations, 311
  variable decelerations, 311
decerebrate posture, 251
decorticate posture, 251
deep partial thickness (second degree) burns, 103
defense mechanisms (stress response), 495
defibrillators, internal, 229-230
degenerative neurological disorders, 261-262
delayed PTSD, 271
demand pacemakers, 229
denial, 495
dependent personality disorder, 276
depressed skull fractures, 250
depression, 281-282
determiners, 7
development and growth
  adolescents, 329
  infants, 324-325
  preschoolers, 327-328
  school age children, 328-329
  toddlers, 326
developmental hip dysplasia (DHD), 334

How can we make this index more useful? Email us at indexes@quepublishing.com
dextrostix, 217-219
diabetes during pregnancy, 301
Diabetes Insipidus (DI), 207-208
diabetes mellitus, 215-218
diabetic retinopathy, 123-124
Diagnostic and Statistical Manual of Mental Disorders (DSM V), 270

diagnostic tests
Addison's disease, 214
burns, 112
cancer, 148-149
cardiovascular disorders, 238-239
diabetes mellitus, 216-217
ear disorders, 130
endocrine system disorders, 219
gastrointestinal disorders, 176-177
hematopoietic disorders, 79
hyperthyroidism, 211
musculoskeletal system disorders, 198-199
neurological system disorders, 263
obstetric clients, 316-317
parathyroid disorders, 212
pediatric clients, 354
pregnancy care, 298-299
psychiatric system disorders, 289
RA (rheumatoid arthritis), 192
renal/genitourinary disorders, 67
respiratory disorders, 51-52
strokes, 257
ulcers, 157
visual tests, 127
dialysis
hemodialysis, 60
peritoneal dialysis, 60
Diamox, 121
diaphragms, 316
diastolic pressure, 226
DIC (disseminated intravascular coagulation), 303
DID (dissociative identity disorder), 271
diet. See nutrition
dietary interventions, nutrition notes, 495-497
dietary recommendations
gout, 191
osteoporosis, 190
dilation, 309
disease transmission, standard precautions, 493
airborne, 494
contact, 494
droplets, 494
disequilibrium syndrome, 60
displacement (defense mechanism), 495
dissecting aneurysm, 237
disseminated intravascular coagulation (DIC), 303
dissociative identity disorder (DID), 271
distractors, 7
disulfiram (Antabuse), 283
diuretics, 15, 227
diverticulitis, 161
dressings
burn dressings
biologic or biosynthetic dressings, 111-112
standard wound dressings, 111
TPN (total parenteral nutrition), 144
droplet standard precautions, 494
drug levels, therapeutic, 491
drug schedules, 35
drugs. See pharmacology
dry (atrophy) macular degeneration, 124
DSM V (Diagnostic and Statistical Manual of Mental Disorders), 270
dumping syndrome, 158
duodenal ulcers, 156
dysreflexia, 260
dysrhythmias
ventricular fibrillation (V-fib), 233-234
ventricular tachycardia, 232-233
dystocia, 309
e. coli, 176
EA (esophageal atresia), 331
ear disorders, 127
diagnostic tests, 130
ear trauma, 130
exam prep questions, 132-134
hearing loss, 130
Meniere's disease, 128-129
otitis externa, 128
otitis media, 128
otosclerosis, 129
pharmacology categories, 131
presbycusis, 129
suggested reading and resources, 135, 501
early deceleration of fetal heart tones, 310
eating disorders, 289
ECCE (extracellular cataract extraction), 121
echinacea, 34
effacement, 309
elective abortions, 300
electrical burns, 103
electrocardiograms, 228-229
electrolyte balance, acid/base balance, and fluid disorders, 86
changes associated with aging, 94
exam prep questions, 96-98
metabolic acidosis
care and treatment, 88-89
causes, 87-88
definition of, 87
symptoms, 88
metabolic alkalosis
care and treatment, 92
causes, 91
definition of, 91
symptoms, 91
normal electrolyte values, 93-94
pH regulation, 87
respiratory acidosis
care and treatment, 90
causes, 89-90
definition of, 89
symptoms, 90
respiratory alkalosis
care and treatment, 93
definition of, 92
symptoms, 92
suggested reading and resources, 99, 501
emergent phase (burns), 106
additional interventions, 109
assessment, 106-107
fluid replacement formulas
Consensus formula, 108-109
Parkland formula, 107-108
emerging infections, 50
Legionnaire’s Disease, 51
SARS (Severe Acute Respiratory Syndrome), 50-51
emotional disorders, 287
ADHD
autistic disorder, 288-289
conduct disorder, 287
eating disorders, 289
oppositional defiant disorder, 287
emphysema, 42-43
end stage renal disease (ESRD)
hemodialysis, 60
peritoneal dialysis, 60
renal transplants, 61
endocarditis, infective, 235
endocrine system, 205
adrenal gland disorders
Addison's disease, 214-215
Cushing’s disease, 215
anatomy, 206
diabetes mellitus, 215-218

How can we make this index more useful? Email us at indexes@quepublishing.com
diagnostic tests, 219
exam prep questions, 220-223
parathyroid disorders
hyperparathyroidism, 213
hypoparathyroidism, 212-213
pharmacology, 219
pituitary disorders, 206
tumors, 207-209
suggested reading and resources, 223, 503
thyroid disorders, 209
hyperthyroidism, 210-211
hypothyroidism, 209-210

engrafts, 146
enteric-coated tablets, 16
epidural block, 312
epidural hematomas, 250
epiglottitis, acute, 343-344
equivalents
apothecary system of measurement, 507
household system of measurement, 507-508
metric measurements, 508
erythema marginatum, 348
erythroblastosis fetalis, 314
esophageal atresia (EA), 331
ESRD (end stage renal disease)
hemodialysis, 60
peritoneal dialysis, 60
renal transplants, 61
exam prep questions
burns, 114-117
cancer, 151-154
cardiovascular disorders, 240-243
endocrine system disorders, 220-223
fluid, electrolyte balance, and acid/base balance, 96-98
gastrointestinal disorders, 178-181
hematopoietic disorders, 80-83
musculoskeletal and connective tissue disorders, 201-204
neurological system disorders, 265-268
nursing process/client needs, 9-12
obstetric clients, 318-321
pediatric clients, 356-358
pharmacology, 36-39
practice exam 1, 361-426
practice exam 2, 427-490
psychiatric disorders, 291-294
renal/genitourinary disorders, 68-71
respiratory disorders, 53-56
sensorineural disorders, 132-134
extracelluar cataract extraction (ECCE), 121
extracellular fluid, 86
extrinsic (allergenic) asthma, 43
exudative (wet) macular degeneration, 124
eye disorders
exam prep questions, 132-134
intraocular disorders
cataracts, 120-121
glaucoma, 121-123
pharmacology categories, 127
refractory errors, 125-126
retinal disorders
diabetic retinopathy, 123-124
hypertensive retinopathy, 123
macular degeneration, 124
retinal detachment, 124
suggested reading and resources, 135, 501
traumatic injuries, 126
visual tests, 127

F
facial nerve, 254
farsightedness, 125
fasciotomy, 188
fasting blood glucose, 216, 219
fat emboli, 48
gallbladder inflammation, causes and risk factors

respiratory alkalosis
  care and treatment, 93
  definition of, 92
  symptoms, 92
  suggested reading and resources, 99, 501

focal seizures, 248

follicle-stimulating hormone, 206

food-borne illnesses, 175-176

foreign bodies in eye, 126

four-foot adjustable canes, 197

four-point gait (crutch-walking), 197

fractures
  basilar skull, 249
  compartment syndrome, 187-188
  depressed skull fractures, 250
  hip replacement, 193-194
  nondepressed skull fractures, 250
  osteomyelitis, 188-189
  treatment, 184
  casts, 187
  traction, 185-186

full thickness (third degree) burns, 103-104

fusiform aneurysm, 237

G

GAD (generalized anxiety disorder), 270

gait belt, 198

gaits, crutches, 197

galactosemia, 340

gallbladder disease
  causes and risk factors, 172
  diagnosis, 173
  symptoms, 172
  treatment, 173-174

gallbladder inflammation, causes and risk factors, 172
garamycin

garamycin, 45

gastric ulcers, 157

gastroenteritis, 346

gastroesophageal reflux disease (GERD), 162

gastrointestinal disorders

celiac, 347

cholecystitis

causes and risk factors, 172
diagnosis, 173
symptoms, 172
treatment, 173

cholelithiasis

diagnosis, 173
symptoms, 172
treatment, 174

cirrhosis

diagnosis, 169
symptoms, 168-169
treatment, 169-170

Clostridium difficile (C. difficile), 175

congenital anomalies

biliary atresia, 333
cleft lip and cleft palate, 330-331
esophageal atresia (EA), 331
Hirschsprung disease (congenital aganglionic megacolon), 332-333
imperforate anus, 332
tracheoesophageal fistula (TEF), 331

Crohn's disease, 159
diagnostic tests, 176-177
diverticulitis, 161
diagnostic tests, 178-181
exam prep questions, 178-181
food-borne illnesses, 175-176
gastroenteritis, 346

GERD (gastroesophageal reflux disease), 162

hepatitis

general management techniques, 163
hepatitis A, 163-164
hepatitis B, 164-166
hepatitis C, 166

hepatitis D, 167
hepatitis E, 167
hepatitis G, 167

icteric stage, 167-168
prodromal stage, 167-168

intussusception, 346

pancreatitis

causes, 170
diagnosis, 171
symptoms, 170
treatment, 171

pharmacology categories, 177

pyloric stenosis, 346

suggested reading and resources, 181, 502

ulcerative colitis, 160

ulcers

diagnostic tools, 157
dumping syndrome, 158
duodenal ulcers, 156
gastric ulcers, 157
treatment, 157-158

general anesthesia, childbirth, 313

generalized anxiety disorder (GAD), 270

generalized seizures

absence seizures, 248
tonic-clonic seizures, 246-247

generic names, 18

genital herpes, 305

genitourinary disorders, 57

acute glomerulonephritis, 58
bladder cancer, 66
BPH (benign prostatic hyperplasia), 64-65
chronic glomerulonephritis, 59
diagnostic tests, 67
ESRD (end stage renal disease)

hemodialysis, 60
peritoneal dialysis, 60
renal transplants, 61
diagnostic tests, 67

exam prep questions, 68-71
nephrotic syndrome, 61-62
pharmacology categories, 67
prostatitis, 63-64
suggested reading and resources, 71, 500
urinary calculi, 62
UTIs (urinary tract infections), 63
GERD (gastroesophageal reflux disease), 162
GH-RH (growth hormone releasing hormone), 206
gigantism, 207
ginko, 34
ginseng, 34
Glasgow coma scale, 255
glaucoma, 121
  acute glaucoma, 122
  management of, 122-123
  POAG (primary open-angle glaucoma), 121
  secondary glaucoma, 122
glomerulonephritis
  acute, 58
  chronic, 59
glossopharyngeal nerve, 254
glucocorticoids, 25
glucose tolerance test (GTT), 216, 219
gluten-induced enteropathy, 347
glycosylated hemoglobin assays (HbA1c), 217-219
goiter, 210
gonadotrophic hormone, 207
gonorrhea, 304
gout, 190-191
Gower's maneuver, 351
grand mal seizures, 246
Grave's disease, 210-211
green stick fractures, 184
growth and development
  adolescents, 329
  infants, 324-325
  preschoolers, 327-328
  school age children, 328-329
toddlers, 326
growth hormone, 206
growth hormone releasing hormone (GH-RH), 206
GTT (glucose tolerance test), 216, 219
Guillain-Barré, 261
Guthrie test, 340
H
H Pylori bacteria, 156
H.influenza B conjugate vaccine, 343
hallucinogen abuse, 286
halo vest, 259
Harrington rods, 351
Havrix, 164
hazardous substances, ingestion of
  acetaminophen overdose, 353
  iron poisoning, 354
  lead, 353-354
  salicylate overdose, 353
HbA1c (glycosylated hemoglobin assays), 217-219
HBIG (hepatitis B immune globulin), 166
hearing loss, assisting clients with, 130. See also ear disorders
heart block, 227
  first-degree, 228
  pacemakers/internal defibrillators, 229-230
  second-degree, 228
  third-degree, 228
  toxicity to medications, 229
heart rate, normal range, 491
HELLP syndrome, 302
hematopoietic disorders, 73
  anemia
    aplastic anemia, 75-76
    Cooley's anemia, 77
    iron deficiency anemia, 77
hematopoietic disorders

pernicious anemia, 74-75
sickle cell anemia, 76
diagnostic tests, 79
exam prep questions, 80-83
hemophilia, 77-78
pharmacology categories, 79
polycythemia vera, 78-79
suggested reading and resources, 83, 500

hemodialysis, 60
hemolysis, 302
hemophilia, 77-78
hemorrhage, brain injuries, 250
hemorrhagic strokes, risk factors, 257
heparin, 234
antidote, 492

hepatitis
general management techniques, 163
hepatitis A, 163-164
hepatitis B, 164-166
hepatitis C, 166
hepatitis D, 167
hepatitis E, 167
hepatitis G, 167
icteric stage, 167-168
prodromal stage, 167-168
hepatitis B immune globulin (HBIG), 166
Heptovax, 165
herbals, 34-35
heterograftsw, 111
HEV (hepatitis E), 167
HGV (hepatitis G), 167
HHNKS (hyperosmolar hyperglycemic nonketoic syndrome), 216
hip replacement, 193-194
Hirschsprung disease (congenital aganglionic megacolon), 332-333
histamine 2 antagonists, 30-31
histrionic personality disorder, 275
HIV (Human immunodeficiency virus), 306
Hodgkin’s lymphoma
diagnosis, 147-148
prognosis, 148
treatment, 148
hormonal contraception, 316
hormones, 206
household system of measurement, 507-508
human immunodeficiency virus (HIV), 306
hydatidiform moles, 300
hyperbilirubinemia, 314
hyperemesis gravidarum, 299
hyperkalemia, 59, 88
hyperopia, 125
hyperosmolar hyperglycemic nonketoic syndrome (HHNKS), 216
hyperparathyroidism, 213
hypertension, 226
medications, 227
primary, 226
secondary, 226
hypertensive retinopathy, 123
hyperthyroidism, 210-211
hyphema, 126
hypochondriasis, 272
hypoglossal nerve, 254
hypoparathyroidism, 212-213
hypothalamus, 206
hypothyroidism, 209-210

ICP (intracranial pressure), 250
increased, 251-252
assessment, 256
treatment, 253
icteric stage (hepatitis), 167-168
identifying drug types, 18, 33-34
Imferon, 77
intrapartal care

immunization schedule, 497
imperforate anus, 332
incompetent cervix, 299
Incomplete abortions, 300
Incomplete spinal injuries, 258
Increased intracranial pressure, 251-252
- Assessment, 256
- Treatment, 253
Inevitable abortions, 300
Infants. See also obstetric clients; pediatric clients; pregnancy
- Acrocyanosis, 313
- APGAR scoring, 313-314
- Blood pressure, normal range, 492
- Caput succedaneum, 314
- Cephalohematoma, 314
- Growth and development, 324-325
- Heart rate, 491
- Hyperbilirubinemia, 314
- Hypothyroid symptoms, 210
- Immunization schedule, 497
- Increase intracranial pressure symptoms, 252
- Milia, 314
- Mongolian spots, 314
- Physiologic jaundice, 315
- Prematurity, 307
Infection control, 8
Infections
- Maternal, 305-306
- During pregnancy, 304
Infective endocarditis, 235
Inflammatory bowel disorders
- Crohn’s disease, 159
- Diverticulitis, 161
- Ulcerative colitis, 160
Inflammatory diseases of the heart
- Infective endocarditis, 235
- Pericarditis, 235-236
Influenza, 46-47
Infratentorial surgery, positioning, 257
Ingestion of hazardous substances
- Acetaminophen overdose, 353
- Iron poisoning, 354
- Lead, 353-354
- Salicylate overdose, 353
INR (International normalizing ratio), 236
Insulin, 217
Intact corneal rings, 126
Integra, 111
Intermediate phase (burns), 110-111
Internal defibrillators, 229-230
International normalizing ratio (INR), 236
Intracellular fluid, 86
Intracranial pressure (ICP), 250
- Increased, 251-252
- Assessment, 256
- Treatment, 253
Intramuscular iron, 77
Intraocular disorders
- Cataracts, 120-121
- Glaucoma
  - Acute glaucoma, 122
  - Management of, 122-123
  - POAG (primary open-angle glaucoma), 121
  - Secondary glaucoma, 122
Intraocular pressure, 122
Intrapartal care
- Dilation, 309
- Dystocia, 309
- Effacement, 309
- Fetal lie, 309
- Fetal monitoring, 312
  - Early decelerations, 310
  - Late decelerations, 311
  - Variable decelerations, 311

How can we make this index more useful? Email us at indexes@quepublishing.com
labor
  definition of, 307
  factors influencing, 307
  pharmacologic management, 312-313
  phases, 308
  stages, 307
  position, 308
  precipitate delivery, 309
  prelabor testing, 309
  presentation, 308
  station, 309
intrapartal normal ranges, 492
intrauterine devices (IUDs), 316
intrinsic (nonallergenic) asthma, 43
intussusception, 346
iron deficiency anemia, 77
iron poisoning, 354
ischemic strokes, risk factors, 257
IUDs (intrauterine devices), 316

J-K
jaundice, 334
  physiologic jaundice, 315
kava-kava, 35
Kawasaki disease (KD), 348-350
kernicterus, 314
ketonuria, 216
keywords, looking for, 6
kidney stones, 62
kidneys. See renal/genitourinary disorders
knee replacements, 194-195

lacerations of eye, 126
laryngotracheobronchitis (LTB), 343

LASIK (laser in-situ keratomileusis), 126
laxatives, 15
lead poisoning, 353-354
left occiput anterior (LOA), 308
legal issues in nursing practice, 506
Legg-Calve-Perthes disease, 351
Legionnaire’s Disease, 51
Leopold’s maneuver, 309
leukemia, 138, 352
lithium, 281
liver disorders, 163
  cirrhosis
    diagnosis, 169
    symptoms, 168-169
    treatment, 169-170
  hepatitis
    general management techniques, 163
    hepatitis A, 163-164
    hepatitis B, 164-166
    hepatitis C, 166
    hepatitis D, 167
    hepatitis E, 167
    hepatitis G, 167
    icteric stage, 167-168
    prodromal stage, 167-168
LOA (left occiput anterior), 308
local infiltration, 312
LTB (laryngotracheobronchitis), 343
Lund and Browder classification method (burns), 104
lungs. See respiratory disorders
Luque wires, 351
luteinizing hormone, 206
lymphoma
  definition of, 138
  Hodgkin’s lymphoma
    diagnosis, 147-148
    prognosis, 148
    treatment, 148
ma huang, 35
macular degeneration, 124
magnesium, normal electrolyte values, 94
magnesium gluconate, 302
magnesium sulfate, 302, 306
major burns, 104-105
  emergent phase
    additional interventions, 109
    assessment, 106-107
    fluid replacement formulas, 107-109
fluid replacement formulas
  Consensus formula, 108-109
  Parkland formula, 107-108
major depression (bipolar disorders), 281-282
malignant cells. See cancer
management
  Addison's disease, 214
  anxiety disorders, 273
  autism, 289
  cannabis abuse, 286
  casts, 187
  Cushing's disease, 215
  DI (diabetes insipidus), 208
  diabetes mellitus, 217
  dysreflexia, 260
  epidural hematomas, 250
  fractured hip, 193
  gout, 191
  Guillain-Barré, 261
  hallucinogen abuse, 286
  hyperparathyroidism, 213
  hyperthyroidism, 211
  hypoparathyroidism, 213
  hypothyroidism, 210
  increased intracranial pressure, 253
  opiate abuse, 285
  osteoporosis, 190
personality disorders, 277
pituitary tumors, 208
RA (rheumatoid arthritis), 192-193
sedative-hypnotic abuse, 285
seizures, 248
SIADH (syndrome of inappropriate antidiuretic hormone), 207
stimulant abuse, 286
strokes, 258
subdural hematomas, 250
manic episodes (bipolar disorders), 280
Mantoux skin tests, 46
manual traction, 185
MAOIs (monoamine oxidase inhibitors), 281
MAP (mean arterial pressure), 256
marijuana abuse, 286
maternal infections, 305-306
maternal/infant clients, 295-296
abotions, 300-301
abruptio placenta, 303
complications
  maternal infections, 305-306
  of pregnancy, 299-300
contraception, 315-316
cord prolapse, 303
diagnostic tests, 316-317
disseminated intravascular coagulation (DIC), 303
exam prep questions, 318-321
labor
  definition of, 307
dilation, 309
dystocia, 309
effacement, 309
factors influencing, 307
fetal lie, 309
fetal monitoring, 310-312
pharmacologic management, 312-313
phases, 308
position, 308
precipitate delivery, 309
prelabor testing, 309
presentation, 308
preterm labor, 306-307
stages, 307
station, 309
maternal diabetes, 301
maternal infections, 304
physiological jaundice, 315
Placenta Previa, 303
postpartum care, 313
preeclampsia, 302-303
prematurity, 307
prenatal care
alpha-fetoprotein screening, 297-298
amniocentesis, 298
diagnostic tests, 298-299
diet and weight maintenance, 297
fetal heart tones, measuring, 299
ultrasonography, 299
Rh incompatibility, 314
signs of pregnancy
positive signs, 297
presumptive signs, 296
probable signs, 296-297
suggested reading and resources, 321, 505
terms associated with newborns, 313-314
math calculations
apothecary system of measurement, 507
household system of measurement, 507-508
metric measurements, 508
practice, 508
mean arterial pressure (MAP), 256
medications. See pharmacology
melanocyte—stimulating hormone, 206
Meniere’s disease, 128-129
meningitis, 336
meningocele spina bifida, 335
metabolic acidosis
care and treatment, 88-89
causes, 87-88
definition of, 87
symptoms, 88
metabolic alkalosis
care and treatment, 92
causes, 91
definition of, 91
symptoms, 91
metabolic disorders
galactosemia, 340
phenylketonuria (PKU), 339-340
metastasis, 138
methicillin-resistant staphylococcus aureus (MRSA), 22
metric measurements, 508
milia, 314
minor burns, 105
miotics, 16
missed abortions, 300
moderate burns, 105
Mongolian spots, 314
monitors, intracranial pressure, 256
monoamine oxidase inhibitors (MAOIs), 281
MRSA (methicillin-resistant staphylococcus aureus), 22
mucocutaneous lymph node syndrome, 348-350
mucoviscidosis (cystic fibrosis), 345
multiple personality disorder, 271
multiple sclerosis, 261-262
muscular dystrophies, 351
musculoskeletal system, 183, 350
assistive devices, 196
canes, 197-198
crutches, 197
walkers, 198
congenital anomalies
congenital clubfoot, 335
developmental hip dysplasia (DHD), 334
diagnostic tests, 198-199
exam prep questions, 201-204
fractures
  compartment syndrome, 187-188
  osteomyelitis, 188-189
  treatment, 184-187
gout, 190-191
Legg-Calve-Perthes disease, 351
muscular dystrophies, 351
osteoarthritis, 189-190
pharmacology, 199-200
RA (rheumatoid arthritis), 192-193
scoliosis, 350-351
suggested reading and resources, 204, 503
surgical procedures
  amputations, 195-196
  hip replacement, 193-194
  total knee replacements, 194-195
myasthenia gravis, 261-262
mydriatics, 16
myelomeningocele spina bifida, 335
myocardial infarction, 230-231
  diagnosis, 231-232
  managing, 232
  ventricular fibrillation (V-fib), 233-234
  ventricular tachycardia, 232-233
myopia, 125

cost of, xxiv, 2
preparing for, 4-5
questions, types of, 1
retaking, 2
scheduling, 2
scoring, 1
self-assessment, 1-2
test-taking strategies, 5
  looking for keywords, 6
  reading questions carefully, 6
  watching for specific details, 6-8
nearsightedness, 125
negative symptoms, schizophrenia, 278
Neo-Synephrine, 121
neoplastic disorders. See cancer
Neoral, 61
nephroblastoma, 352
nephrotic syndrome, 61-62
nerve blocks, 312
neurological system, 245
  assessment, 253
  cranial nerves, 254
  Glasgow coma scale, 255
  increased intracranial pressure, 256
  brain injuries, 249
  epidural hematomas, 250
  subdural hematomas, 250
  craniotomy care, 256-257
  degenerative disorders, 261-262
  diagnostic tests, 263
  exam prep questions, 265-268
  Guillain-Barré, 261
  increased intracranial pressure, 251-253
  pharmacology, 263-264
  SCIs (spinal cord injuries), 258
  complications, 260-261
  treatment, 259-260
  seizures
    generalized, 246-248

How can we make this index more useful? Email us at indexes@quepublishing.com
neurological system

partial, 248
status epilepticus, 249
treatment, 248
strokes
diagnostic tests, 257
symptoms, 258
treatment, 258
suggested reading and resources, 268, 504
neurotic disorders. See anxiety-related disorders
neurotransmitters, 270
newborns. See infants
nitroglycerine, 231
non-stress test, 309
nonallergenic (intrinsic) asthma, 43
nonbacterial prostatitis, 63
noncardiogenic pulmonary edema, 47
nondepressed skull fractures, 250
normal electrolyte values, 93-94
normal ranges (vital signs), 491
Norplant, 316
NPH insulin, 217
nursing considerations
  alcohol withdrawal, 283
  anxiety disorders, 273
  contracture prevention, 196
  craniotomy care, 256-257
  eating disorders, 289
  increased intracranial pressure, 253
  major depression, 281
  mania, 280
  neurological system disorders, 263
  osteomyelitis treatment, 189
  post amputation surgery, 195
  post-operative care for fractured hips, 193
  post-operative care for total knee replacement, 194
  RA (rheumatoid arthritis), 193
  schizophrenia, 278
  SIADH (syndrome of inappropriate antidiuretic hormone), 207
  spinal cord injuries, 259
  thyroid surgery, 211
  tonic-clonic seizures, 247
nursing process, 4
  exam prep questions, 9-12
nutrition
  prenatal diet and weight maintenance, 297
  TPN (total parenteral nutrition), 144-145
nutrition notes, 495-497

OA (occiput anterior), 308
obsessive-compulsive disorder (OCD), 273, 277
obstetric clients, 295-296
  abortions, 300-301
  abruptio placenta, 303
  complications
    maternal infections, 305-306
    of pregnancy, 299-300
  contraception, 315-316
  cord prolapse, 303
  diagnostic tests, 316-317
  disseminated intravascular coagulation (DIC), 303
  exam prep questions, 318-321
  labor
    definition of, 307
    dilation, 309
    dystocia, 309
    effacement, 309
    factors influencing, 307
    fetal lie, 309
    fetal monitoring, 310-312
    pharmacologic management, 312-313
    phases, 308
    position, 308
    precipitate delivery, 309
prelabor testing, 309
presentation, 308
preterm labor, 306-307
stages, 307
station, 309
maternal diabetes, 301
maternal infections, 304
pharmacological categories, 317
physiologic jaundice, 315
Placenta Previa, 303
postpartum care, 313
preeclampsia, 302-303
prematurity, 307
prenatal care
  alpha-fetoprotein screening, 297-298
  amniocentesis, 298
  diagnostic tests, 298-299
  diet and weight maintenance, 297
  fetal heart tones, measuring, 299
  ultrasonography, 299
Rh incompatibility, 314
signs of pregnancy
  positive signs, 297
  presumptive signs, 296
  probable signs, 296-297
suggested reading and resources, 321, 505
terms associated with newborns, 313-314
occiput anterior (OA), 308
OCD (obsessive-compulsive disorder), 273, 277
offset adjustable canes, 197
olfactory nerve, 254
opiate abuse, 285
oppositional defiant disorder, 287
optic nerve, 254
osmosis, 86
osteogenic sarcoma, 352
osteomyelitis, 188-189
osteoporosis, 189-190
osteosarcoma, 352
otitis externa, 128
otitis media, 128
otorrhea, 249
otosclerosis, 129
overdose
  acetaminophen overdose, 353
  salicylate overdose, 353
oxytocin, 207
pacemakers, 229-230
pain disorder, 272
palm classification method (burns), 105
pancreatitis
  causes, 170
  diagnosis, 171
  symptoms, 170
  treatment, 171
panic disorder, 272
paradoxical pulses, 235
paranoid personality disorder, 274
parathormone, 212
parathyroid disorders, 212
  hyperparathyroidism, 213
  hypoparathyroidism, 212-213
Parkinson’s disease, 261-262
Parkland formula, 107-108
Parlodel (Bromocriptine mesylate), 209
partial seizures
  complex partial, 248
  simple partial, 248
partial thromoplastin time (PTT), 234
pathological fractures, 184
pediatric clients, 324
  acquired heart disorders
    Kawasaki disease (KD), 348-350
    rheumatic fever, 347-348
childhood cancer
  leukemia, 352
  osteogenic sarcoma, 352
  Wilms tumor, 352
congenital anomalies, 329
  biliary atresia, 333
  cleft lip and cleft palate, 330-331
  congenital clubfoot, 335
  congenital heart defects (CHD), 336-339
  developmental hip dysplasia (DHD), 334
  esophageal atresia (EA), 331
  galactosemia, 340
  Hirschsprung disease (congenital aganglionic megacolon), 332-333
  imperforate anus, 332
  phenylketonuria (PKU), 339-340
  spina bifida, 335-336
  tracheoesophageal fistula (TEF), 331
diagnostic tests, 354
exam prep questions, 356-358
gastrointestinal disorders
  celiac, 347
  gastroenteritis, 346
  intussusception, 346
  pyloric stenosis, 346
growth and development
  adolescents, 329
  infants, 324-325
  preschoolers, 327-328
  school age children, 328-329
  toddlers, 326
ingestion of hazardous substances, 353
  acetaminophen overdose
  iron poisoning, 354
  lead, 353-354
  salicylate overdose, 353
musculoskeletal disorders
  Legg-Calve-Perthes disease, 351
  muscular dystrophies, 351
  scoliosis, 350-351
pharmacology categories, 355
respiratory disorders
  acute epiglottitis, 343-344
  acute otitis media (AOM), 341
  bronchiolitis, 344-345
  cystic fibrosis, 345
  laryngotracheobronchitis (LTB), 343
  tonsillitis, 342-343
penetrating injuries of eye, 126
pericarditis, 235-236
peripheral stem cell transplantation (PSCT), 145-147
peritoneal dialysis, 60
peritonitis, 60
pernicious anemia, 74-75
personality disorders
  Cluster A disorders, 274-275
  Cluster B disorders, 275-276
  Cluster C disorders, 276-277
  management, 277
PEs (polyethelene tubes), 128
petit mal seizures, 248
pH regulation, 87
pharmacodynamics, 14
pharmacokinetics, 14
pharmacology, 13
  administering medications, seven rights of, 17
  adverse effects, 14
  angiotensin-converting agents, 18-19
  angiotensin receptor blockers, 29-30
  antacids, 15
  anti-infectives, 15, 20-22
  antianemics, 15
  anticholenergics, 16
  anticoagulants, 15, 32-33, 234
  anticonvulsants, 16
  antidiarrheals, 15
  antihistamines, 15
antihypertensives, 15, 18-19, 227
antipyretics, 15
antivirals, 26-27
benzodiazepines, 22-23
beta adrenergic blockers, 19-20
beta blockers, 227
Brethine (terbutaline sulfate), 306
bronchodilators, 15
burns, 112
calcium channel blockers, 227
cancer, 149-150
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
cardiovascular disorders, 239
pediatric clients, 355
pharmacodynamics, 14
pharmacokinetics, 14
pharmacologic management of labor, 312-313
pharmacotherapeutics, 14
phenothiazines, 24
pregnancy categories, 35
proton pump inhibitors, 31-32
psychiatric disorders, 290
RA (rheumatoid arthritis), 192
renal/genitourinary disorders, 67
resources for information, 499
respiratory disorders, 52
schizophrenia, 279
spansules, 16
strokes, 258
therapeutic drug levels, 491
time-released drugs, 16
trade names, 18
trough drug levels, 22
pharmacotherapeutics, 14
phases of labor, 308
Phenergan, 14
phenothiazines, 24
phenylketonuria (PKU), 339-340
phlebostatic axis, 110
phobic disorders, 273
phosphorus, normal electrolyte values, 94
photorefractive keratotomy (PRK), 125
physical therapy, knee replacements, 195
physiologic jaundice, 315
PIH (prolactin inhibiting hormone), 206
pink puffers, 42
Pitocin, 310
pituitary disorders, 206-207
tumors, 207-209
PKU (phenylketonuria), 339-340
Placenta Previa, 303
How can we make this index more useful? Email us at indexes@quepublishing.com
placentas
  abruptio placenta, 303
  Placenta Previa, 303
plasmapheresis, 261
pleurisy, 45
plumbism, 353-354
pneumonia, 44-45
POAG (primary open-angle glaucoma), 121
poisoning
  acetaminophen overdose, 353
  iron, 354
  lead, 353-354
  salicylate overdose, 353
polycythemia vera, 78-79
polydipsia, 216
polyethylene tubes (PEs), 128
polyphagia, 216
polyuria, 216
porcine valves, 235
position, 308
positional congenital clubfoot, 335
positive signs of pregnancy, 297
positive symptoms, schizophrenia, 278
post-traumatic stress disorder (PTSD), 271
postictal period (seizures), 247
postpartum care, 313
potassium, normal electrolyte values, 93
PPD (Purified Protein Derivative), 46
practice exam questions. See exam prep questions
practice math calculations, 508
precipitate delivery, 309
preeclampsia, 302-303
pregnancy
  abortions, 300-301
  abruptio placenta, 303
  complications, 299-300
    maternal infections, 304-306
  contraception, 315-316
cord prolapse, 303
disseminated intravascular coagulation (DIC), 303
drug categories, 35
labor
  definition of, 307
  dilation, 309
  dystocia, 309
  effacement, 309
  factors influencing, 307
  fetal lie, 309
  fetal monitoring, 310-312
  intrapartal normal ranges, 492
  pharmacologic management, 312-313
  phases, 308
  position, 308
  precipitate delivery, 309
  prelabor testing, 309
  presentation, 308
  preterm labor, 306-307
  stages, 307
  station, 309
maternal diabetes, 301
physiologic jaundice, 315
Placenta Previa, 303
postpartum care, 313
preeclampsia, 302-303
prenatal care
  alpha-fetoprotein screening, 297-298
  amniocentesis, 298
  diagnostic tests, 298-299
  diet and weight maintenance, 297
  fetal heart tones, measuring, 299
  ultrasonography, 299
Rh incompatibility, 314
  signs of
    positive signs, 297
    presumptive signs, 296
    probable signs, 296-297
  prelabor testing, 309
prematurity, 307

prenatal care
  alpha-fetoprotein screening, 297-298
  amniocentesis, 298
  diagnostic tests, 298-299
  diet and weight maintenance, 297
  fetal heart tones, measuring, 299
  ultrasonography, 299

prep questions. See exam prep questions

preparing for NCLEX-PN exam, 4
  CAT (Computer Adaptive Test), 4
  test-taking strategies, 5
    looking for keywords, 6
    reading questions carefully, 6
    watching for specific details, 6-8

presbycysis, 129

presbyopia, 125

preschoolers, growth and development, 327-328

presentation, 308

presumptive signs of pregnancy, 296

preterm labor, 306-307

prevention of cancer, 140-141

primary hypertension, 226

primary open-angle glaucoma (POAG), 121

PRK (photorefractive keratotomy), 125

probable signs of pregnancy, 296-297

prodromal stage (hepatitis), 167-168

projection (defense mechanism), 495

prolactin, 206

prolactin inhibiting hormone (PIH), 206

proliferative diabetic retinopathy, 123

prostatitis, 63-64

protamine sulfate, 492

proton pump inhibitors, 31-32

PSCT (peripheral stem cell transplantation), 145-147

psychiatric disorders, 269
  anxiety-related disorders

DID (dissociative identity disorder), 271

GAD (generalized anxiety disorder), 270

OCD (obsessive-compulsive disorder), 273

panic disorder, 272

phobic disorders, 273

PTSD (post-traumatic stress disorder), 271

somatoform disorder, 272

diagnostic tests, 289

emotional/behavioral disorders
  ADHD, 288
  autistic disorder, 288-289
  conduct disorder, 287
  eating disorders, 289
  oppositional defiant disorder, 287

exam prep questions, 291-294

personality disorders
  Cluster A disorders, 274-275
  Cluster B disorders, 275-276
  Cluster C disorders, 276-277
    management, 277

pharmacology, 290

psychotic disorders, 277

  bipolar disorders, 280-282
  schizophrenia, 277-280

substance abuse
  alcoholism, 282-283
  cannabis, 286
  hallucinogens, 286
  opiates, 285
  sedative-hypnotics, 285
  stimulants, 286

suggested reading and resources, 294, 505

psychological care, burn patients, 106

psychotic disorders, 277

  bipolar disorders, 280
  acute mania, 280
  major depression, 281-282
  schizophrenia, 277-280

PTSD (post-traumatic stress disorder), 271
PTT (partial thromoplastin time), 234
pudendal blocks, 312
pulmonary disorders. See respiratory disorders
pulmonary embolus, 48-49
Purified Protein Derivative (PPD), 46
pyloric stenosis, 346

questions on exam, types of, 1

RA (rheumatoid arthritis), 192-193
raccoon eyes, 249
radial keratotomy (RK), 125
radiation therapy, 142-143
rationalization (defense mechanism), 495
Raynaud’s Syndrome, 237
reaction formation (defense mechanism), 495
reading questions carefully, 6
Recombivax, 165
red urine, 65
refractory errors, 125-126
regional enteritis (Crohn’s disease), 159
regression (defense mechanism), 495
regular insulin, 217
regulation of pH, 87
rehabilitative phase (burns), 112
renal transplants, 61
renal/genitourinary disorders, 57
  acute glomerulonephritis, 58
  bladder cancer, 66
  BPH (benign prostatic hyperplasia), 64-65
  chronic glomerulonephritis, 59
  diagnostic tests, 67
  ESRD (end stage renal disease)
    hemodialysis, 60
    peritoneal dialysis, 60
renal transplants, 61
exam prep questions, 68-71
nephrotic syndrome, 61-62
pharmacology categories, 67
prostatitis, 63-64
suggested reading and resources, 71, 500
urinary calculi, 62
UTIs (urinary tract infections), 63
repression (defense mechanism), 495

resources for information
  burns, 117
  cancer, 154, 502
  cardiovascular disorders, 243, 504
  cultural practices influencing nursing care, 506
  endocrine system disorders, 223, 503
  fluid, electrolyte balance, and acid/base balance, 99, 501
  gastrointestinal disorders, 181, 502
  hematopoietic disorders, 83, 500
  legal issues in nursing practice, 506
  musculoskeletal and connective tissue disorders, 204, 503
  neurological disorders, 268, 504
  obstetric care, 321, 505
  pediatric care, 359, 505
  pharmacology, 499
  psychiatric disorders, 294, 505
  renal and genitourinary disorders, 71, 500
  respiratory disorders, 56, 499
  sensorineural disorders, 135, 501

respiratory acidosis
  care and treatment, 90
  causes, 89-90
  definition of, 89
  symptoms, 90

respiratory alkalosis
  care and treatment, 93
  definition of, 92
  symptoms, 92
respiratory disorders, 41, 340
  acute epiglottitis, 343-344
  acute otitis media (AOM), 341
  acute respiratory failure
    ARDS (acute respiratory distress syndrome), 47-48
    pulmonary embolus, 48-49
  acute respiratory infections
    influenza, 46-47
    pleurisy, 45
    pneumonia, 44-45
    TB (tuberculosis), 46
  bronchiolitis, 344-345
  COPD (chronic obstructive pulmonary disease)
    asthma, 43
    chronic bronchitis, 42
    emphysema, 42-43
  cystic fibrosis, 345
  diagnostic tests, 51-52
  emerging infections
    Legionnaire’s Disease, 51
    SARS (Severe Acute Respiratory Syndrome), 50-51
  exam prep questions, 53-56
  laryngotracheobronchitis (LTB), 343
  pharmacology, 52
  suggested reading and resources, 56, 499
  tonsillitis, 342-343
respiratory rate, normal range, 491
retaking NCLEX-PN exam, 2
retinal detachment, 124
retinal disorders
  diabetic retinopathy, 123-124
  hypertensive retinopathy, 123
  macular degeneration, 124
  retinal detachment, 124
retinopathy
  diabetic retinopathy, 123-124
  hypertensive retinopathy, 123
Rett’s disorder, 288
Rh incompatibility, 314
rhabdomyolysis, 28
rheumatic fever, 347-348
rheumatoid arthritis (RA), 192-193
rhinorrhea, 249
Rhythm method (contraception), 315
ribavirin, 344
right occiput anterior (ROA), 308
rights of administering medications, 17
risk factors
  cancer, 139-140
  DI (diabetes insipidus), 208
  increased intracranial pressure, 251
  osteoporosis, 189
  SIADH (syndrome of inappropriate antidiuretic hormone), 207
  stroke
    hemorrhagic stroke, 257
    ischemic stroke, 257
RK (radial keratotomy), 125
ROA (right occiput anterior), 308
Rule of Nines, 104
S

SA (sinoatrial) node, 227
saccular aneurysm, 237
safety, standard precautions, 493
  airborne, 494
  contact, 494
  droplets, 494
salicylate overdose, 353
salmonella, 176
Sandimmune, 61
sarcoma, 138
  osteogenic sarcoma, 352
SARS (Severe Acute Respiratory Syndrome), 50-51
saw palmetto, 65
Schedule I (drugs), 35
Schedule II (drugs), 35
Schedule III (drugs), 35
Schedule IV (drugs), 35
Schedule V (drugs), 35
scheduling NCLEX-PN exam, 2
Schilling test, 79
schizoid personality disorder, 274
schizophrenia, 277-280
schizotypal personality disorder, 275
school age children, growth and development, 328-329
SCIs (spinal cord injuries), 258
    complications, 260-261
treatment, 259-260
scoliosis, 350-351
scoring NCLEX-PN exam, 1
second degree (deep partial thickness) burns, 103
second-degree heart block, 228
secondary glaucoma, 122
secondary hypertension, 226
sedative-hypnotic abuse, 285
sedatives
    benzodiazepines, 22-23
    pregnancy, 312
seizures
    generalized
        absence seizures, 248
tonic-clonic seizures, 246-247
    partial
        complex partial, 248
        simple partial, 248
    status epilepticus, 249
treatment, 248
selective serotonin reuptake inhibitors (SSRIs), 281
self-assessment, 1-2
self-exams (cancer), 141
sensorineural disorders, 119
diagnostic tests, 130
ear trauma, 130
exam prep questions, 132-134
hearing loss, 129-130
intraocular disorders
    cataracts, 120-121
glaucoma, 121-123
Meniere's disease, 128-129
otitis externa, 128
otitis media, 128
otosclerosis, 129
pharmacology categories, 127, 131
presbycusis, 129
refractory errors, 125-126
retinal disorders
    diabetic retinopathy, 123-124
    hypertensive retinopathy, 123
    macular degeneration, 124
    retinal detachment, 124
suggested reading and resources, 135, 501
traumatic injuries, 126
visual tests, 127
septic abortions, 300
septic emboli, 49
serotonin syndrome, 282
set pacemakers, 229
seven rights of administering medications, 17
Severe Acute Respiratory Syndrome (SARS), 50-51
SIADH (syndrome of inappropriate antidiuretic hormone), 207
sickle cell anemia, 76
side effects of medications
    angiotensin-converting agents, 19
    anti-infectives, 20-22
    antivirals, 27
    benzodiazepines, 23
    beta adrenergic blockers, 20
    cholesterol-lowering agents, 28
    glucocorticoids, 25-26
phenothiazines, 24
proton pump inhibitors, 32
simple fractures, 184
simple partial seizures, 248
sinoatrial (SA) node, 227
skeletal traction, 185
skin traction, 185
social phobia, 273
sodium, normal electrolyte values, 93
sodium warfarin antidote, 492
solymigratory arthritis, 348
somatization disorder, 272
somatoform disorder, 272
somatotropin, 206
southern belle syndrome, 275
spansules, 16
specific determiners, 7
specific phobia, 273
spina bifida, 335
spinal accessory nerve, 254
spinal (subarachnoid) anesthesia, 312
spinal cord injuries (SCIs), 258
complications, 260-261
treatment, 259-260
spinal shock, 260
spinal/epidural narcotics, 313
splitting (defense mechanism), 276
SSRIs (selective serotonin reuptake inhibitors), 281
St. John’s wort, 35
stages
alcohol withdrawal, 282
labor, 307
stair gait (crutch-walking), 197
standard precautions, 493
airborne, 494
contact, 494
droplets, 494
standard wound dressings, 111
stapes, 129
staphylooccal, 176
station, 309
‘statin’ drugs, 28
status epilepticus, 249
sterilization (contraception), 316
stimulant abuse, 286
strategies for successful test-taking, 5
looking for keywords, 6
reading questions carefully, 6
watching for specific details, 6-8
streptokinase, 49
stress, defense mechanisms, 495
string signs, 159
strokes
diagnostic tests, 257
symptoms, 258
treatment, 258
stump wrapping, 196
subacute subdural hematomas, 250
subarachnoid (spinal) anesthesia, 312
subcutaneous nodules, 348
subdural hematomas, 250
sublimation (defense mechanism), 495
substance abuse
alcoholism, 282-283
cannabis, 286
hallucinogens, 286
opiates, 285
sedative-hypnotics, 285
stimulants, 286
superficial partial thickness (first degree) burns, 103
suppression (defense mechanism), 495
supratentorial surgery, positioning, 257
surgical management
cancer, 142
compartment syndrome, 188

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craniotomy, 256-257
hyperthyroidism, 211
musculoskeletal issues
  amputations, 195-196
  hip replacement, 193-194
  total knee replacements, 194-195
strokes, 258
Swan-Ganz catheters, 234
swimmer’s ear, 128
swing through gait (crutch-walking), 197
symptoms
  absence seizures, 248
  Addison’s disease, 214
  alcohol withdrawal, 282
  autism, 288
  basilar skull fractures, 249
  cannabis abuse, 286
  compartment syndrome, 187
  Cushing’s disease, 215
  diabetes mellitus, 216
  dysreflexia, 260
  epidural hematomas, 250
  fractures, 184
    hip fractures, 193
gout, 191
Guillain-Barré, 261
hallucinogen abuse, 286
hyperglycemia, 217
hyperparathyroidism, 213
hyperthyroidism, 210
hypoglycemia, 218
hypoparathyroidism, 212
hypothyroidism, 209-210
increased intracranial pressure, 251-252
major depression, 281
mania, 280
opiate abuse, 285
osteomyelitis, 188
osteoporosis, 189
pituitary tumors, 208
PTSD, 271
RA (rheumatoid arthritis), 192
schizophrenia, 278
sedative-hypnotic abuse, 285
serotonin syndrome, 282
spinal injuries, 258
spinal shock, 260
stimulant abuse, 286
strokes, 258
subdural hematomas, 250
substance abuse, 282
tonic-clonic seizures, 246
Syndeham’s chorea, 348
syndrome of inappropriate antidiuretic hormone (SIADH), 207
syngeneic transplants, 146
synthroid (synthetic thyroid hormone), 210
syphilis, 304
systems of measurement
  apothecary, 507
  household, 507-508
  metric, 508
systolic pressure, 226
 talipes equinovarus (congenital clubfoot), 335
TB (tuberculosis), 46
TBSA (total body surface area), 102-105
TCAs (tricyclic antidepressants), 281
TEF (tracheoesophageal fistula), 331
temperature, normal range, 492
teratologic congenital clubfoot, 335
terbutaline sulfate, 306
test. See NCLEX-PN exam
test items, 6
test-taking strategies, 5
looking for keywords, 6
reading questions carefully, 6
watching for specific details, 6-8
tet attacks, 338
tetracycline, 34, 45
tetralogy of Fallot (TOF), 338-339
thalassemia major, 77
therapeutic drug levels, 491
thickness of the burn injuries, 103-104
third degree (full thickness) burns, 103-104
third-degree heart block, 228
thoracentesis, 45
threatened abortions, 300
three-point gait (crutch-walking), 197
thrombangiitis obliterans, 236
thrombophlebitis, 236
thyroid disorders
hyperthyroidism, 210-211
hypothyroidism, 209-210
thyroid stimulating hormone, 206
thyroid storm, 211
thyrotropin releasing hormone, 206
time-released drugs, 16
toddlers
growth and development, 326
immunization schedule, 497
TOF (tetralogy of Fallot), 338-339
tonic-clonic seizures, 246-247
tonsillitis, 342-343
tonsils, 342
total body surface area (TBSA), 102-105
total knee replacements, 194-195
total parenteral nutrition (TPN), 144-145
tracheoesophageal fistula (TEF), 331
traction, 185-186
trade names, 18
transphenoidal surgery, 209
transplants
bone marrow transplantation
allogenic transplants, 146
autologous transplants, 145
nursing care following, 146-147
syngeneic transplants, 146
PSCT (peripheral stem cell transplantation), 145-147
renal transplants, 61
transurethral prostatectomy (TURP), 65
traumatic injuries
eyes, 126
ears, 130
treatment
Addison’s disease, 214
anxiety disorders, 273
cannabis abuse, 286
compartment syndrome, 188
Cushing’s disease, 215
diabetes mellitus, 217
dysreflexia, 260
epidural hematomas, 250
fractures, 184
casts, 187
hip fractures, 193
traction, 185-186
gout, 191
Guillain-Barré, 261
hallucinogen abuse, 286
hyperparathyroidism, 213
hyperthyroidism, 211
hypoparathyroidism, 213
hypothyroidism, 210
increased intracranial pressure, 253
opiate abuse, 285
osteomyelitis, 188
osteoporosis, 190
RA (rheumatoid arthritis), 192-193

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SCIs (spinal cord injuries), 259-260
sedative-hypnotic abuse, 285
seizures, 248
stimulant abuse, 286
strokes, 258
subdural hematomas, 250
tricyclic antidepressants (TCAs), 281
trigeminal nerve, 254
trough drug levels, 22
garamycin, 45
Trousseau’s sign, 92, 212
true congenital clubfoot, 335
tubal ligation, 316
tuberculosis (TB), 46
tumors, pituitary disorders, 207-209.
See also cancer
TURP (transurethral prostatectomy), 65
two-point gait (crutch-walking), 197
tyrosine, 339

V
V-fib (ventricular fibrillation), 233-234
vaccines
H.influenza B conjugate, 343
immunization schedule, 497
vagal nerve stimulator (VNS), 248
vaginal bleeding, 299
vagus nerve, 254
variability (fetal heart rate monitoring), 492
variable deceleration of fetal heart tones, 311
vasectomy, 316
vasopressin (antidiuretic hormone), 207
ventricular fibrillation (V-fib), 233-234
ventricular tachycardia, 232-233
vestibulocochlear nerve, 254
viral pneumonia, 44
vital signs, normal ranges, 491
vitamins, B, 75
VNS (vagal nerve stimulator), 248

ulcerative colitis, 160
ulcers
diagnostic tools, 157
dumping syndrome, 158
duodenal ulcers, 156
gastric ulcers, 157
treatment, 157-158
ultrasonography, 299
umbilical cord prolapse, 303
uncompensated acidosis, 87
uncompensated alkalosis, 87
urinary calculi, 62
urinary disorders, 57
acute glomerulonephritis, 58
bladder cancer, 66
BPH (benign prostatic hyperplasia), 64-65
chronic glomerulonephritis, 59
diagnostic tests, 67
ESRD (end stage renal disease)
  hemodialysis, 60
  peritoneal dialysis, 60
  renal transplants, 61
exam prep questions, 68-71
nephrotic syndrome, 61-62
pharmacology categories, 67
prostatitis, 63-64
suggested reading and resources, 71, 500
urinary calculi, 62
UTIs (urinary tract infections), 63
urinary diversions, 66
UTIs (urinary tract infections), 63
W
walkers, 198
warfarin antidote, 492
warning signs of cancer, 138
wet (exudative) macular degeneration, 124
Wilms tumor, 352
wrapping stumps (amputations), 196

X-Z
xenografts, 111

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