


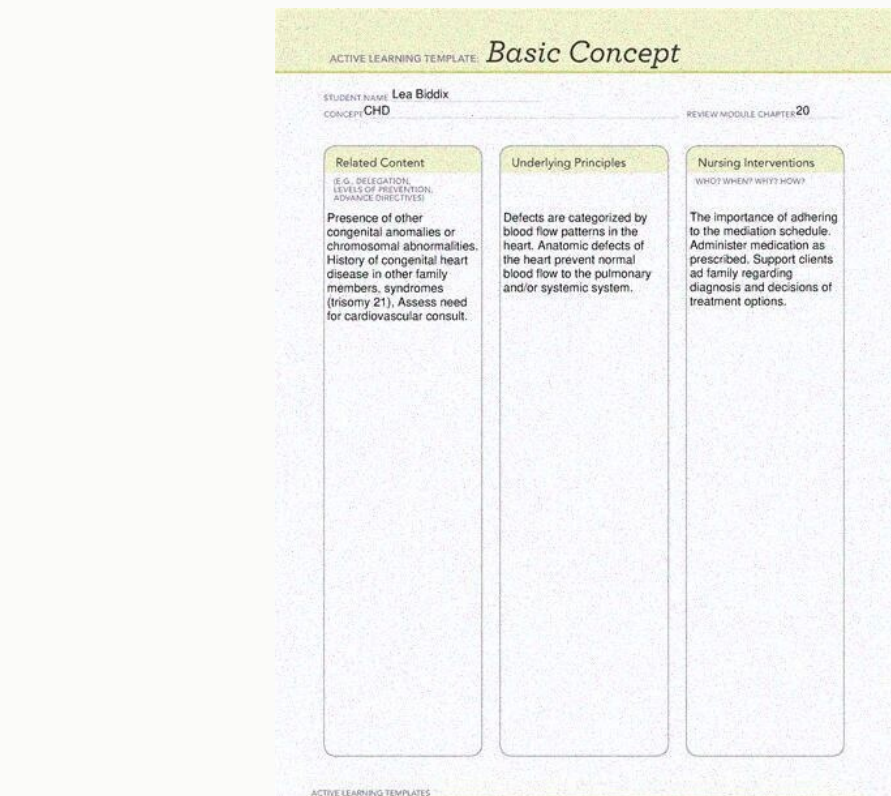
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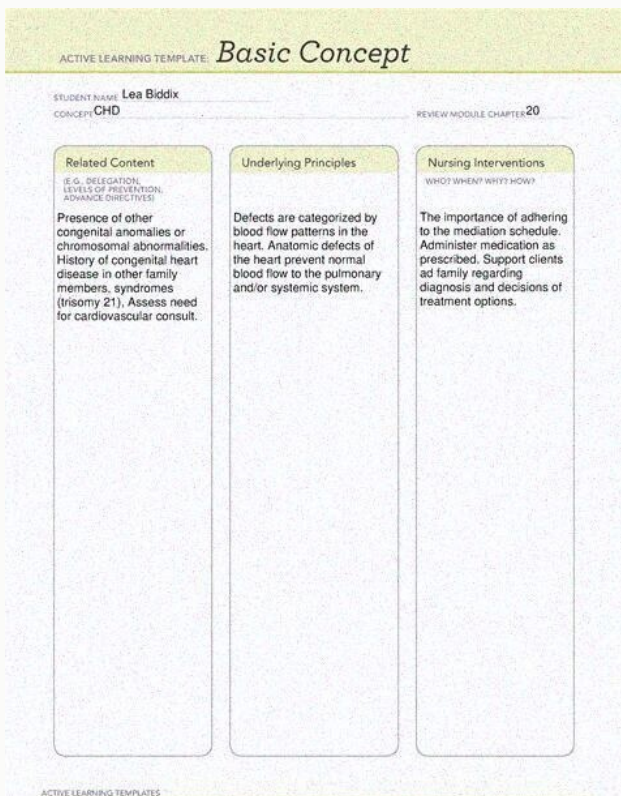

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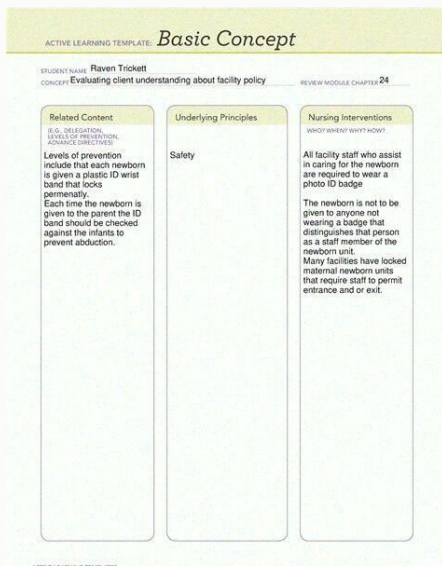
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REVIEW MODULE CHAPTER Pg. 356 - PURPOSE OF MEDICATION Expected Pharmacological Action ACTION: Inhibits calcium movement causes dilation of coronary arteries peripheral arteries, and arterioles Therapeutic Use THERAPEUTIC EFFECT/USES: Decreases heart rate; decreases myocardial contractility Complications SIDE EFFECTS; peripheral edema, dizziness, bradycardia, EKG changes Contraindications/Precautions PRECAUTIONS: Acute MI; pulmonary congestion; hypersensitivity to diltiazem or other calcium channel blockers, second or third degree AV block (except in presence of pacemaker); systolic less than 90 Interactions INTERACTIONS: Beta-blockers; digoxin; carbamazepine, rifampin; statins; ephedra; garlic; ginseng; yochimbe; St. Johns wort; may increase PR interval Evaluation of Medication Effectiveness NURSING CONSIDERATIONS (INTERVENTION/EVALUATION): Assist patient with ambulation; assess for peripheral edema; monitor pulse rate; Assess B/P; Assess for renal/hepatic function tests; Monitor EKG with IV therapy ACTIVE LEARNING TEMPLA\ Medication Administration INDICATIONS, ROUTES, DOSAGE: Angina PO-(immediate-release) 420-320mg/day HTN PO-(sustained-release) 240-360mg/day IV 125mg in 100mL D5W, after dilution stable for 24 hours Nursing Interventions NURSING CONSIDERATIONS, (BASELINE ASSESSMENT): Record onset, type, radiation, location, intensity, duration of anginal pain, precipitating factors. Assess baseline renal/hepatic function tests Assess B/P and Apical pulse before administration, Client Education PATIENT/FAMILY TEACHING: Do not abruptly stop medication. Rise slowly. Contact Dr. for palpitations, SOB, pronounced dizziness, nausea, or constipation. [yomuwajicu](#) Avoid alcohol. / RoceDuRE AZ ACTIVE LEARNING TEMPLATE: « Nursing 'Skill STUDENT NAME ____ SKILL NAME Nasogastric intubation and Enteral Feedings REVIEW MODULE CHAPTER Description of Skill Nasogastric intubation is the insertion of a nasogastric (NG) tube to manage gastrointestinal dysfunction and provide enteral nutrition via NG, jejunal, or gastric tubes Indications Decompression to remove gas or stomach contents Feeding to provide oral nutrition and medications and/or supplements Lavage to wash the stomach Compression to apply pressure and prevent hemorrhage CONSIDERATIONS. Nursing Interventions (pre, intra, post) Pre: Review the prescription and purpose. 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Post: maintain NG Tube, measure output, provide comfort, oral hygiene, abdominal assessment) Outcomes/Evaluation Expected Outcomes * Distention, nausea, or vomiting relieved *Feeding and/or nutrition provided * Active bleeding, ingestion of poison, gastric dilation has been washed from the stomach * hemorrhage prevented or stopped Evaluation: Pt comfort, tube functioning properly Client Education * Explain the procure to the client prior to starting the procedure * Communicate with the client during the procedure to ensure the client is aware of what is happening and what they need to do. * Evaluate the client's ability to assist and/or cooperate. * Establish a means of communication to signal distress, such as the client raising a hand Potential Complications Excoriation of Nares and stomach Discomfort Occlusion of the NG tube leading to distension Displaced tube Nursing Interventions * Apply lubricant to the nares as needed. * Assess the color of the drainage. Report dark, "coffee-ground," or blood-streaked drainage immediately. * Consider switching the tube to the other nares * Rinse the mouth with water for dryness. * Throat lozenges may help. * Provide oral hygiene frequently. * Ierigate the tube per facility protocol to unclog blockages. [best chapter books fourth grade](#)

ACTIVE LEARNING TEMPLATE

Basic Concept

STUDENT NAME: **Ronan Trickett**
CLIENT: **Acute v Chronic urgent v nonurgent stable v unstable**

REVIEW MODULE CHAPTER Pg. 356

Related Content:
NURSING INTERVENTIONS
EVIDENCE BASED:
Practice Prioritization and Time Management
Teamwork
Assigning, Delegating, and Supervising
Managing Client Care
Nurses' Integrity

Underlying Principles:

A client who has an acute problem takes priority over a client who has chronic problem

A client who has an urgent need takes priority over a client who has a nonurgent need

A client who has unstable findings takes priority over a client who has stable findings

Nursing Interventions:
Nurses' Integrity
First, Assess: Identify an unsafe patient situation

Second, Assess: Determine safety of environment

Third, Assess: Determine safety of client

Fourth, Assess: Determine safety of client

Fifth, Assess: Determine safety of client

Sixth, Assess: Determine safety of client

Seventh, Assess: Determine safety of client

Eighth, Assess: Determine safety of client

Ninth, Assess: Determine safety of client

Tenth, Assess: Determine safety of client

Eleventh, Assess: Determine safety of client

Twelfth, Assess: Determine safety of client

Thirteenth, Assess: Determine safety of client

Fourteenth, Assess: Determine safety of client

Fifteenth, Assess: Determine safety of client

Sixteenth, Assess: Determine safety of client

Seventeenth, Assess: Determine safety of client

Eighteenth, Assess: Determine safety of client

Nineteenth, Assess: Determine safety of client

Twentieth, Assess: Determine safety of client

Twenty-first, Assess: Determine safety of client

Twenty-second, Assess: Determine safety of client

Twenty-third, Assess: Determine safety of client

Twenty-fourth, Assess: Determine safety of client

Twenty-fifth, Assess: Determine safety of client

Twenty-sixth, Assess: Determine safety of client

Twenty-seventh, Assess: Determine safety of client

Twenty-eighth, Assess: Determine safety of client

Twenty-ninth, Assess: Determine safety of client

Thirtieth, Assess: Determine safety of client

Thirty-first, Assess: Determine safety of client

Thirty-second, Assess: Determine safety of client

Thirty-third, Assess: Determine safety of client

Thirty-fourth, Assess: Determine safety of client

Thirty-fifth, Assess: Determine safety of client

Thirty-sixth, Assess: Determine safety of client

Thirty-seventh, Assess: Determine safety of client

Thirty-eighth, Assess: Determine safety of client

Thirty-ninth, Assess: Determine safety of client

Fortieth, Assess: Determine safety of client

Forty-first, Assess: Determine safety of client

Forty-second, Assess: Determine safety of client

Forty-third, Assess: Determine safety of client

Forty-fourth, Assess: Determine safety of client

Forty-fifth, Assess: Determine safety of client

Forty-sixth, Assess: Determine safety of client

Forty-seventh, Assess: Determine safety of client

Forty-eighth, Assess: Determine safety of client

Forty-ninth, Assess: Determine safety of client

Fiftieth, Assess: Determine safety of client

Fifty-first, Assess: Determine safety of client

Fifty-second, Assess: Determine safety of client

Fifty-third, Assess: Determine safety of client

Fifty-fourth, Assess: Determine safety of client

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Fifty-sixth, Assess: Determine safety of client

Fifty-seventh, Assess: Determine safety of client

Fifty-eighth, Assess: Determine safety of client

Fifty-ninth, Assess: Determine safety of client

Sixtieth, Assess: Determine safety of client

Sixty-first, Assess: Determine safety of client

Sixty-second, Assess: Determine safety of client

Sixty-third, Assess: Determine safety of client

Sixty-fourth, Assess: Determine safety of client

Sixty-fifth, Assess: Determine safety of client

Sixty-sixth, Assess: Determine safety of client

Sixty-seventh, Assess: Determine safety of client

Sixty-eighth, Assess: Determine safety of client

Sixty-ninth, Assess: Determine safety of client

Seventieth, Assess: Determine safety of client

Seventy-first, Assess: Determine safety of client

Seventy-second, Assess: Determine safety of client

Seventy-third, Assess: Determine safety of client

Seventy-fourth, Assess: Determine safety of client

Seventy-fifth, Assess: Determine safety of client

Seventy-sixth, Assess: Determine safety of client

Seventy-seventh, Assess: Determine safety of client

Seventy-eighth, Assess: Determine safety of client

Seventy-ninth, Assess: Determine safety of client

Eightieth, Assess: Determine safety of client

Eighty-first, Assess: Determine safety of client

Eighty-second, Assess: Determine safety of client

Eighty-third, Assess: Determine safety of client

Eighty-fourth, Assess: Determine safety of client

Eighty-fifth, Assess: Determine safety of client

Eighty-sixth, Assess: Determine safety of client

Eighty-seventh, Assess: Determine safety of client

Eighty-eighth, Assess: Determine safety of client

Eighty-ninth, Assess: Determine safety of client

Ninetieth, Assess: Determine safety of client

Ninety-first, Assess: Determine safety of client

Ninety-second, Assess: Determine safety of client

Ninety-third, Assess: Determine safety of client

Ninety-fourth, Assess: Determine safety of client

Ninety-fifth, Assess: Determine safety of client

Ninety-sixth, Assess: Determine safety of client

Ninety-seventh, Assess: Determine safety of client

Ninety-eighth, Assess: Determine safety of client

Ninety-ninth, Assess: Determine safety of client

One hundredth, Assess: Determine safety of client

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* Ierigate the tube per facility protocol to unclog blockages. Use tap water with enteral feedings. * Have the client change position in case the tube is against the stomach wall. * Verify that suction equipment functions properly ACTIVE LEARNING TEMPLATES. ____Nursing Stell ACTIVE LEARNING TEMPLATE: Sys tem Disorder STUDENT NAME DISORDER/DISEASE Process Heart Failure REVIEW MODULE CHAPTER AMS ch 32. Alterations in Health (Diagnosis) Heart Failure Pathophysiology Related to Client Problem Heart failure occurs when the heart muscle is unable to pump effectively, resulting in inadequate cardiac output, myocardial hypertrophy, and pulmonary congestion. The (= Ts unable to rvainain adequate circulation to meet up Issue needs, Health Promotion and Disease Prevention Maintain an exercise routine to remain physically active; consume a dlat low in Nat and restrict fluids; don't smoke; take medications as ordered ASSESSMENT SAFETY Risk Factors HTN, CAD, MI, COPD, Anemia, Infection or Inflammation of heart muscle, Hyperthyroid Septicemia, cancer treatments, heredity Expected Findings Dyspnea, fatigue, S3 heart sound, cough, crackles, frothy sputum, altered mental status, jugular vein distension, edema, abdominal distension, polyuria, ism, weight gain CONSIDERATIONS Medication Interactions Falls risk Skin breakdown Laboratory Tests panel (renal) BNP (will be elevated in patients with HF), metabolic Diagnostic Procedures ECG Hemodynamic monitoring (PAWP, CVP), Ultrasound to look at ejection fraction, TEE, CXR, PATIENT-CENTERED CARE Complications Nursing Care Monitor daily weight and I&O, assess patient, labs, assess responses to medications, emotional support, client education Therapeutic Procedures hBN Ventricular Assist Device Heart transplant Medications Diuretics Alterload-reducing agents Beta blockers Vasodilators Anticoagulants Monitor BP Weigh daily Inotropic agents . \$ Cardiology services Respiratory services Cardiac rehab Nutritional services Client Education Medication administration and side affects *Sodium and fluid restrictions Schedule regular follow-ups Smoking cessation (If applicable) Interprofessional Care Acute pulmonary edema Cardiogenic shock Perciardiatic shock Pericardial tamponade ACTIVE LEARNING TEMPLATES ALL ACTIVE LEARNING TEMPLATE: we: Therapeutic Procedure STUDENT NAME proceoure Name Nursing Care of the Clients with Renal Disorders: Hemodialysis review MODULE CHAPTER "MS 87 Description of Procedure Hemodialysis shunts the clients blood from the body through a dialyzer to remove toxins normally removed by the kidney, and reintroduces 'cleaned' blood back into circulation Indications Renal insufficiency Acute kidney injury Chronic kidney disease Drug overdose Persistent hyperkalemia Hypervolemia unresponsive to diuretics Outcomes/Evaluation Outcomes: Achieve acid/base balance Eliminate waste products Restore internal homeostasis Evaluation: laboratory values Weight Vital Signs CONSIDERATIONS Nursing Interventions (pre, intra, post) Pre: Check for informed consent; Assess patency of fistula; Assess Vital Signs, labs, and weight; Hold medication necessary until after dialysis Intra: Monitor for complications; Monitor Vital Signs and coagulation; Have protamine sulfate available; Provide emotional support Post: Monitor Vital Signs, labs, weight; Observe for complications (bleeding, hypovolemia) Client Education Reinforce fistula precautions Alert nurse of nausea and/or headache, dizziness Monitor for s/s infection (fever, redness at site, drainage, swelling) Take medications as prescribed Potential Clotting, infection, disequilibrium syndrome, hypotension, anemia, infectious diseases Nursing Interventions Use aseptic technique Slow dialysis exchange rate to avoid disequilibrium syndrome Replace fluid volume, Monitor H & H, transfuse if needed, Monitor VS (Hypotension/ temperature) Standard precautions, Administer medications as prescribed, Assess fistual and site ACTIVE LEARNING TEMPLATES, a THERAPEUTIC PROCRDURE Als