

# THE NURSING STUDIO NP REVIEW

**BRITTANY WINESTOCK, DNP, APRN, FNP-BC**

# WHAT TO EXPECT ON THE TEST!

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## ANCC

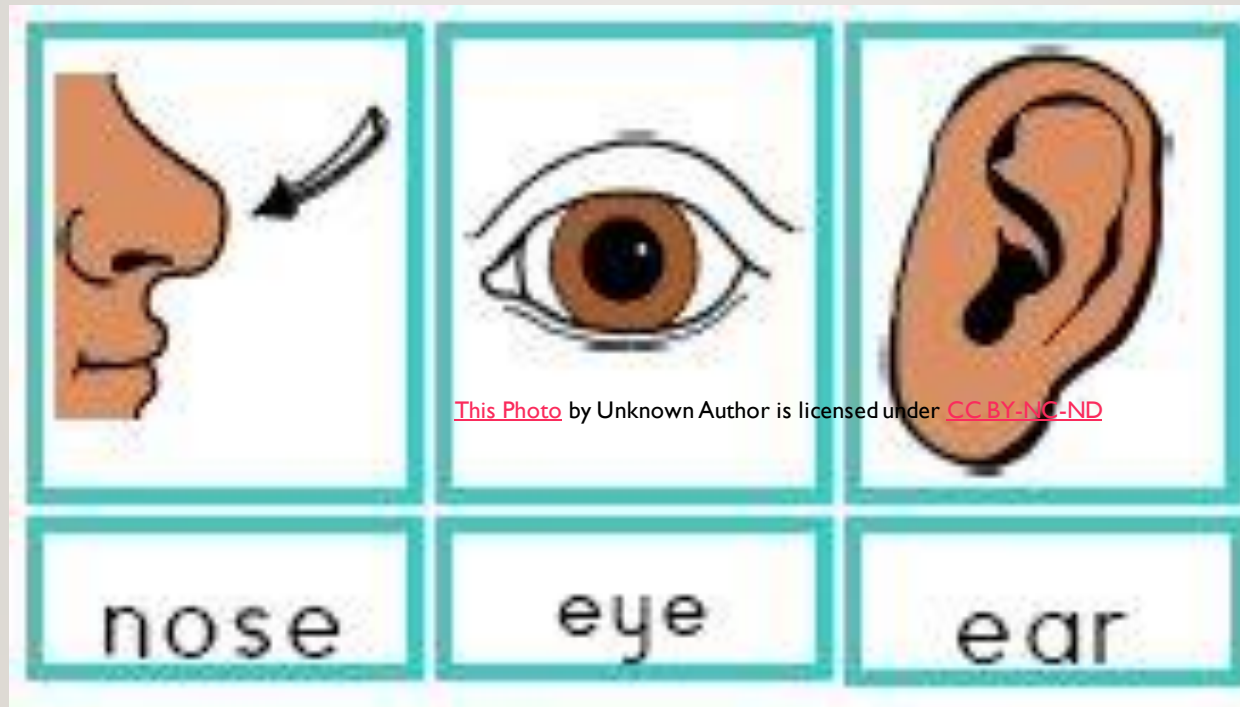
- New test releases May 22<sup>nd</sup> 2019 175 questions (3.5 hours)
- Multiple choice questions, select the best two or three, drag and drop, matching, and images.
- Continues to have over 50% of NC content
- Credentials after passing FNP-BC

## AANP

- 150 questions (3 hours)
- Multiple choice questions
- Credentials after passing FNP-C

# EENT

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# EYES

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- Cotton wool spots: HTN & DM
- AV Nicking: HTN
- Copper and Silver Wiring: HTN
- Microvascularization & Microaneurysms: DM
- Papilledema: Increased ICP



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# EYES (IMAGES)

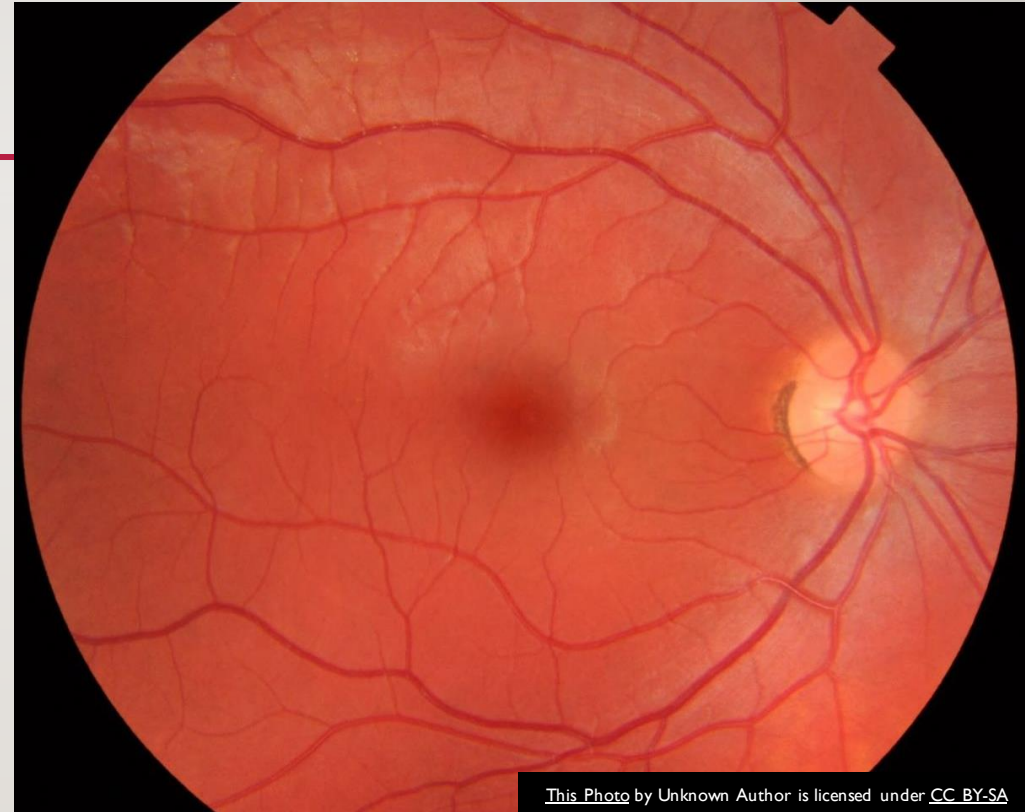
COTTON WOOL SPOTS



# EYES (IMAGES)

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- AV Nicking



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# EYES (IMAGES)

COPPER AND SILVER WIRING





# EYES CONTINUED

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Chalazion: Painless nodule on the eyelid.

Treatment: Usually resolves on its own. If no resolution after 3-4 weeks, surgery may be needed.

Hordeolum: Painful inflammation to the eyelid.

Treatment: warm compress





# EYES (IMAGES)

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## CHALAZION



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## HORDEOLUM



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# EYES (IMAGES)

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- Arcus Senilis: White, grey ring around the cornea at the corneal margin. This is a sign of hyperlipidemia.
- Assess a lipid panel and treat.



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# EYES (CONT'D)

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- Pterygium: A triangular shaped growth on the cornea.
  - Treatment: Eliminate excessive UV light, sunglasses, and surgery if vision disturbances occur.
- Pinguecula: A yellow bump or growth on the conjunctiva of the eye.
  - Treatment: Eliminate excessive UV light.



# EYES (IMAGES)

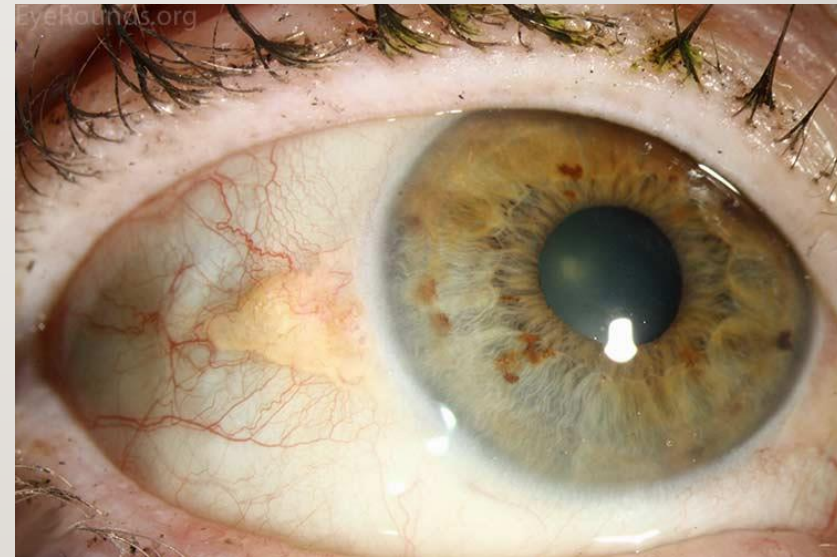
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## PTERYGIUM



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## PINGUECULA



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# EYES (CONT'D)

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- Cataract: Opacity of the lens of the eye.
  - Treatment: Surgery
- Glaucoma:
  - Open Angle Glaucoma: gradual vision loss (Most common)
    - Treatment: Beta-blockers (Betimol, Timolol)
  - Angle-Closure Glaucoma: Intraocular pressure increases rapidly causing pain to the eye. This is an emergent case with rapid vision changes.
    - Treatment: Refer, surgery

# EYES CONTINUED

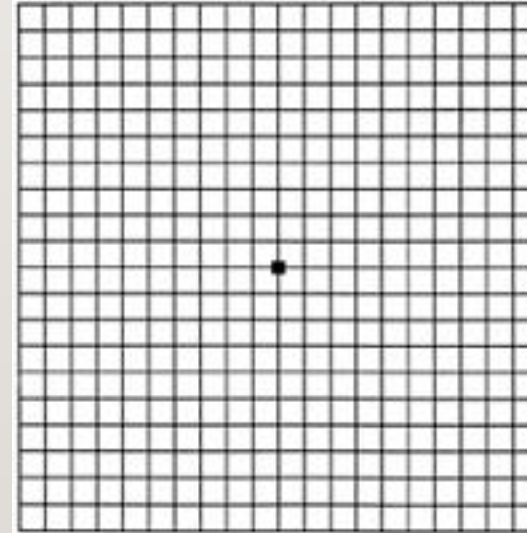
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- Snellen chart:: A chart to assess a person's vision.
  - **Normal vision:** 20/20
  - **Legally Blind:** 20/200
- This is assessed by having a patient stand 20 feet away from the Snellen chart. (This is the first 20 that is listed and this will not change.) So. 20/
- Then, the second number listed is what the person scored based on what they can read from 20 feet.
- For example: 20/40 (20 = 20 feet away from Snellen chart/ 40 = person's score.) The person sees at 20 feet what a person with normal vision sees at 40 feet.

# EYES (CONT'D)

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- **Presbyopia:** Vision impairment when in close range. Treatment: Reading glasses
- **Macular Degeneration:** Centralized vision changes. This is tested with an Amsler Grid.
  - **Treatment:** Refer to Ophthalmology

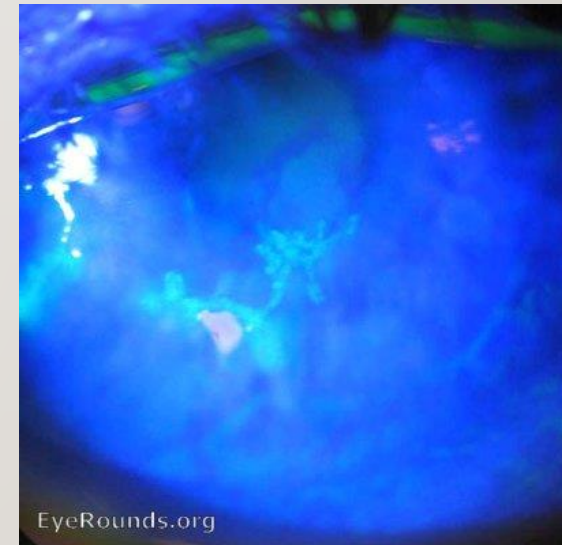


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# EYES (CONT'D)

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- **Herpes Keratitis:** Patient may have a herpetic rash to the face and temple. To confirm diagnosis a fluorescein dye test and under a black lamp a fern like appearance will be seen.
  - **Treatment:** Refer to ophthalmologist for an emergent case.



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# EYES (CONT'D)

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- **Conjunctivitis:** Inflammation of the conjunctiva:redness, discharge
  - **Bacterial:** Treatment: Levofloxacin eye drops/ointment
  - **Viral:** Treatment:None,it will resolve on its own.
  - **Allergic conjunctivitis:** Itchy, watery eyes Treatment:Antihistamine

# EARS

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- **Otitis Externa:** Also, referred to as swimmer's ear.
  - Most common symptom is tragal pain.
  - Treatment: Ciprofloxacin, corticosteroid drops
- **Acute Otitis Media (AOM):**
  - Otalgia, tympanic membrane is red and inflamed.
  - Treatment: Amoxicillin (1<sup>st</sup> line), Augmentin (2<sup>nd</sup> line) PCN allergic Azithromycin (3<sup>rd</sup> line) (Zpack)
  - ***Brittany's Brilliance* ©:** Think of the 3 A's. (A)cute Otitis Media, (A)moxicillin, (A)ugmentin

# EYES (CONT'D)

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- **Conductive Hearing Loss:**
- Something is blocking the conduction of sound.
- **Rinne:** Tuning fork is struck and 1<sup>st</sup> placed on the mastoid bone, then the tuning fork is placed in front of the ear.
  - **Normal:** AC > BC. (Air Conduction > Bone Conduction)
  - If there is conductive hearing loss BC will be greater than AC.
- **Weber:** Tuning fork is struck and placed in the center of the forehead and they should explain which ear the sound is heard best or equally. **Abnormal:** Sound will lateralize to the affected ear.
- **Sensorineural:** Presbycusis. Meniere's Disease

# EARS (CONT'D) WEBER TEST

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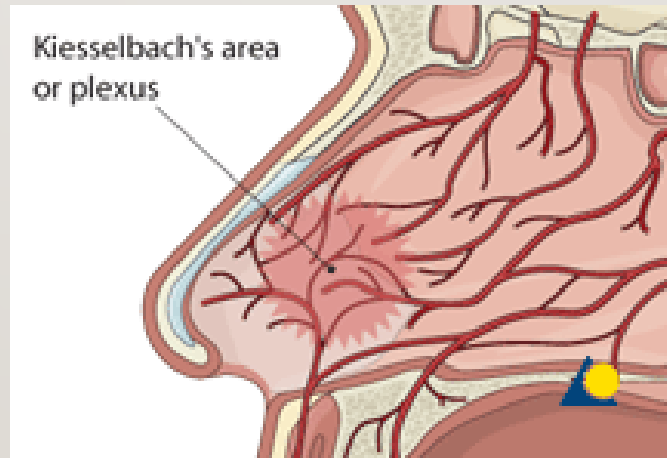




# NOSE

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- Epistaxis: If anterior bleed, pinch at the Kiesselbach plexus.
- Sinusitis
  - Inflammation of the sinuses, causing pain, fever, and nasal drainage.
  - Treatment: Augmentin, if PCN allergic treat with Doxycycline. Next, Respiratory Fluoroquinolone



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# THROAT

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- **Tonsillitis:**
- **-Viral:** Sore throat, afebrile (most common)
- **Bacterial:** Sore throat, fever, tonsillar exudate, ANTERIOR cervical lymphadenopathy, no cough.
  - **Treatment:** PCN, if allergic to PCN treat with a Macrolide.
- **Assessment:** Rapid Strep Test
- **- Scarlatina (scarlet fever):**
  - sandpaper like rash
  - predisposes patient to rheumatic fever.

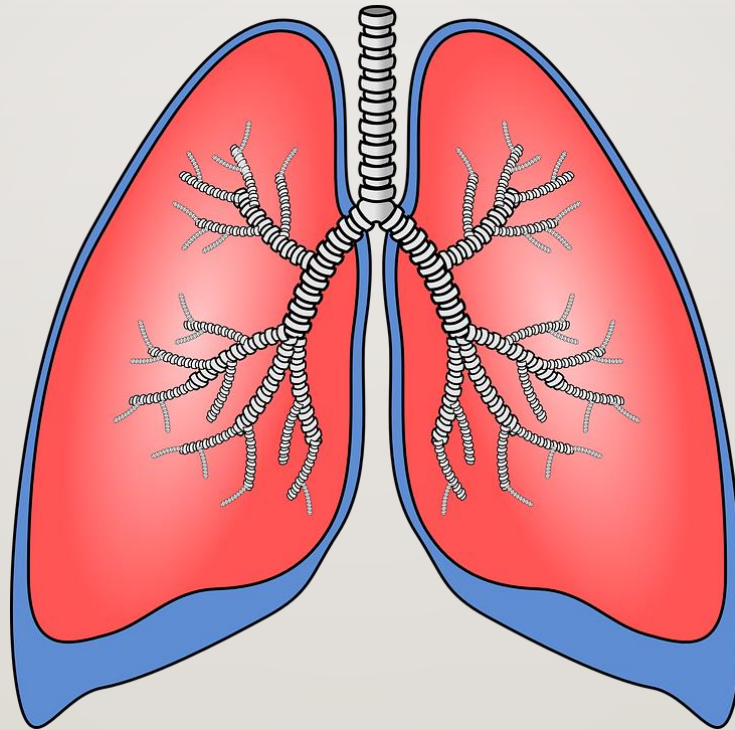
# THROAT (CONT'D)

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- **Mono:**
  - Epstein Barr virus
  - Sore throat, fever, fatigue, POSTERIOR lymphadenopathy.
- **Treatment:** Symptomatic management. Refrain from any contact activities for 1 month (4 weeks).
- **Assessment:** Monospot

# RESPIRATORY

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# PNEUMONIA

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- **Pneumonia:**
- **Community Acquired Pneumonia (CAP):**
- Sudden (acute) symptoms, productive cough with rust colored sputum, high fever, pleuritic chest pain.
- **GOLD Standard:** Chest X-ray (infiltrates)
- **Treatment:** 1. Macrolides, if allergic (Doxycycline) 2. Respiratory Fluoroquinolones DRSP, if patient has been on antibiotics in the past 3 months (90 days) or has comorbidities.

# PNEUMONIA (CHEST XRAY)

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lung infiltrated, suggestive of pneumonia



normal lungs

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# PNEUMONIA (CONT'D)

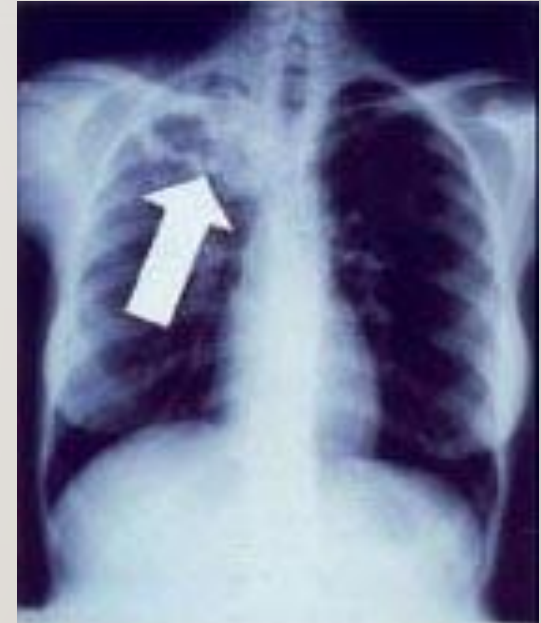
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- **Also, consider CURB 65**
- **C:** Confusion
- **U:** Urea BUN >19
- **R:** Respirations > 30
- **B:** Blood pressure < 90 systolically.
- **65:** 65 years of age or older.
- **Atypical Pneumonia:**
- Gradual onset of symptoms, non-productive cough.
- Treatment: 1. Macrolide, if allergic (Doxycycline)

# TUBERCULOSIS

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- **Tuberculosis:**
- There are TB skin test (Mantoux or PPD) and a TB blood test.
- (PPD:



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# TUBERCULOSIS (CONT'D)

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- **5mm** induration:
  - Immunocompromised (such as HIV)
  - people who have been in recent contact with someone with TB.
- **10mm** induration:
  - Travelers, who have traveled to prevalent TB locations within the last 5 years
  - Highly populated areas (hospitals, prisons, etc),
  - Small children under the age of 5.
- **15mm** induration:
  - Healthy people

# TUBERCULOSIS (CONT'D)

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- If the patient has a positive TB test and TB disease is ruled out, (Latent phase)
- TB disease is diagnosed when the patient has a positive TB test, C-Xray, sputum culture, symptoms (wt loss, night sweats, fatigue, cough), and medical history.
- **GOLD Standard:** C-Xray (typically seen in the right upper quadrant) and Sputum Culture
- **Treatment:** TB disease: 6-9 months of treatment with INH, Rifampin, Ethambutol, Pyrazinamide (active). Dosing and treatment regimen is specific. INH, Rifampin, Ethambutol (latent)

# COPD

	<b>1: Mild</b>	<b>2: Moderate</b>	<b>3: Severe</b>	<b>4: Very Severe</b>
FEV1	> 80%	50% < FEV1 < 80%	30% < FEV1 < 50%	< 30%
Treatment	1. SABA/SAMA PRN 2. Flu Vaccine	1. SABA/ SAMA PRN 2. LABA/LAMA 3. Flu Vaccine 4. Pulmonary Rehab	1. SABA/ SAMA PRN 2. LABA/LAMA 3. Flu Vaccine 4. Pulmonary Rehab 5. ICS	1. SABA/SAMA PRN 2. LABA/LAMA 3. Flu Vaccine 4. Pulmoary Rehab 5. ICS 6. Oxygen Therapy 7. Possible Surgery

# COPD (CONT'D)

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- **SABA:** (Short acting beta agonist): Bronchodilator that respond quickly “rescue medications”.  
**Albuterol (Proventil, Ventolin), Levalbuterol (Xopenex)**
- **SAMA:** (Short acting muscarinic antagonist): Type of anticholinergic that blocks the muscarinic acetylcholine receptor. (Wiki, 2018) **Ipratropium (Atrovent)**
- **LABA:** (Long acting beta agonist): **Salmeterol (Serevent), Formoterol (Eformoterol)**
- **LAMA:** Long acting muscarinic antagonist: **Tiotropium (Spiriva)**
- \*\*\* **SAMA/LAMA** formerly known as short and long acting anticholinergics. \*\*\*



# ASTHMA

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- **Intermittent: Signs and symptoms (less than 2 days): Treat with SABA**
- **Mild Persistent: Signs and symptoms (2 days/week): Treat with SABA, Low dose ICS**
- **Moderate Persistent: Signs and symptoms (daily): Treat with SABA, Low dose ICS and LABA or Medium dose ICS.**
- **Severe Persistent: Signs and symptoms (throughout the day): Treat with SABA, Medium dose ICS and LABA or High dose ICS and LABA.**

# CARDIOLOGY

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# HYPERTENSION

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- JNC 8:
  - If 60 and older without comorbidities. (goal 150/90)
  - If 60 or younger with or without comorbidities, also if you are 60 years old and older **WITH** comorbidities. ( goal 140/90)
  - Treatment:
- **Non-Black and hypertensive:** Treat with Thiazide, ACE, ARB, or CCB.
- **Black and hypertensive:** Treat Thiazides or CCB
- **Any Patient with CKD or DM (no matter their race):** Treat with ACE, ARB

# HYPERTENSION

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- ACC/AHA Guidelines:
  - 120/80: Normal if greater (prehypertension) (lifestyle modifications).
  - 130/90: If patient has comorbidities, initiate treatment (medicine).
  - 140/90: If the patient is without comorbidities, initiate treatment (medicine).
- **Thiazides:** Do not give to patients with sulfa allergy, and gout. WATCH electrolytes (contraindicated with electrolyte imbalances.)
- **Calcium Channel Blockers:** Do not give to patients with heart failure or an AV Block.



# HEART FAILURE

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## What is heart failure:

**Heart failure is when the heart has difficulty pumping blood adequately.**



## Left and Right Heart Failure:

**Left sided heart failure:** functions from the lungs to the left atrium, then to the body. (Left = Lungs)  
Shortness of breath, DOE

**Right sided heart failure:** moves the blood through the right atrium to the right ventricle and back to the lungs.



## Tests:

**ECHO, CXR, BtNP, Cardiac Enzymes**



## NYHA Classifications:

**Class I:** No restrictions or limitations of physical activity.

**Class II:** Slight restrictions. Patient experience shortness of breath with exertion.

**Class III:** Definite limitations with physical activity.

**Class IV:** Constant limitations with physical activity and rest.

# CHOLESTEROL

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- **Initial treatment is lifestyle modifications. (low chol/DASH diet and exercise)**
- **Total cholesterol: less than 200**
- **LDL: less than 120, less than 100 if 1 comorbidity, and less than 70 if 2 or more comorbidities.**
- **HDL: greater than 40.**
- **Triglycerides: Less than 150 (if greater than 500, consider pancreatitis and initiate Niacin, Fibrates)**
- **Brittany's Brilliance: SNF (Start with a Statin, next is Niacin, Finish with Fenofibrates.)**
- **Statin Intensity: You should look at the LDL (low 30%, med 30-50%, high 50% and greater.)**

# MURMURS

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- Systolic vs Diastolic:
  - Systolic: Mitral Regurgitation and Aortic Stenosis (Only ones that radiate)
  - Diastolic: Mitral Stenosis and Aortic Regurgitation
  - Brittany's Brilliance: Sassy Systolic: Men Really Are Stupid!!!
- Location:
  - Aortic: 2<sup>nd</sup> ICS at the BASE of the heart.
  - Mitral: 5<sup>th</sup> ICS at the midclavicular line at the APEX of the heart.

# MURMURS (CONT'D)

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- Signs and Symptoms:
  - MR: Holosystolic (may c/o radiation to the left axilla.)
  - MVP: Click
  - AS: Harsh sound (Patient may c/o radiation to the neck.)
  - MS: Low Pitch
  - AR: High Pitch



# MURMUR GRADING

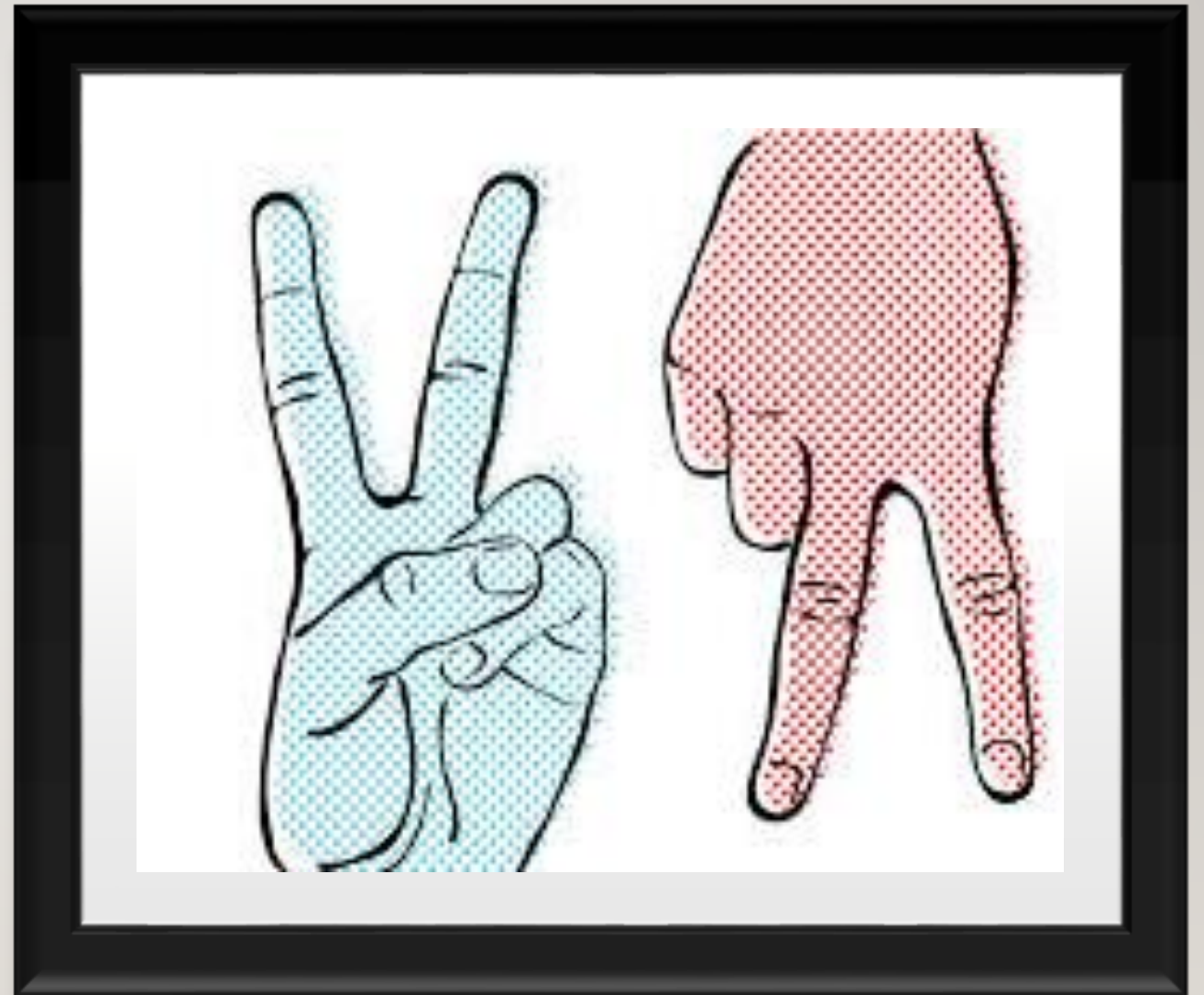
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- **Grade I:** Barely audible
- **Grade II:** Slightly moderate intensity (sound)
- **Grade III:** Loud Sound
- **Grade IV:** Palpable Thrill
- **Grade V:** Thrill easily heard
- **Grade VI:** Thrill, murmur is heard from a distance.

## PERIPHERAL ARTERY DISEASE (PAD) VS CHRONIC VENOUS INSUFFICIENCY (CVI)

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- **Arteries pull blood from the heart.**
- **Veins bring blood to the heart.**
- **PAD:** Lack of pedal pulses, shiny legs, lack of hair growth on the legs, cool extremities, and lower extremities are pale in color.
- **CVI:** blood pooling, ulceration DVTs.



# ANEMIA

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- ***Okay....When dealing with anemias, you must first be able to differentiate between Normocytic, Microcytic, Macrocytic, Normochromic, Hypochromic, and Hyperchromic.***
- ***So, here we go:***
- ***“Cytic” is referring to the size of the red blood cells. This is displayed by the lab MCV 80-100 is the normal range.***
- ***“Chromic” is referring to the color of the red blood cells. This is displayed by the lab MCHC 31-37 is the normal range.***

# ANEMIA CONT'D

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- **Microcytic: MCV less than 80**
- **Normocytic: MCV 80-100**
- **Macrocytic: MCV greater than 100**
- **Hypochromic: MCHC less than 31**
- **Normochromic: MCHC 31-37**
- **Hyperchromic: MCHC greater than 37**



# 2-1-2 RULE

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- There are 5 main anemias: IDA, Thalassemia, Anemia of Chronic Disease, B12 deficiency, and Folate deficiency anemia.
- 2-1-2 Rule
- Microcytic, hypochromic: IDA and Thalassemia (2)
- Normocytic, normochromic: Anemia of Chronic Disease (1)
- Macrocytic, normochromic: B12 and Folate Deficiency (2)

## 2-1-2

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Microcytic, hypochromic
MCV <80, MCHC < 31
IDA

Microcytic, hypochromic
MCV < 80, MCHC < 31
Thalassemia

Normocytic, Normochromic
MCV 80-100, MCHC 31-37
Anemia of Chronic Disease

Macrocytic, Normochromic
MCV > 100, MCHC 31-37
B12 Deficiency

Macrocytic, Normochromic
MCV >100, MCHC 31-37
Folate Deficiency



# IDA VS. THALASSEMIA

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## IRON DEFICIENCY ANEMIA

- IDA: Microcytic, hypochromic
  - Ferritin and Fe are LOW.
  - TIBC: INCREASED
  - Presentation: Spoon shaped nails, PICA
  - Treatment: Ferrous Sulfate 325mg TID

## THALASSEMIA

- Thalassemia: Microcytic, hypochromic
  - Ferritin and Fe are NORMAL.
  - TIBC: NORMAL
  - Commonly seen in Mediterranean and Middle Eastern.
  - Gold Standard: Hgb Electrophoresis
  - Epogen

# ANEMIA OF CHRONIC DISEASE

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- Normocytic, normochromic
- Usually due to chronic complications, such as a GI bleed.



# B12 DEFICIENCY VS. FOLATE DEFICIENCY

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## B12 DEFICIENCY

- Macrocytic, normochromic
- Presentation: Beefy red tongue, neurologic deficits (paresthesia, ataxia)
- Treatment: B12 for life.

## FOLATE DEFICIENCY

- Macrocytic, normochromic
- Treatment: Folic acid

# ENDOCRINE

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- **Prediabetes:** A1c 6.0-6.4 Treatment is lifestyle modifications (Exercise 5 days a week/ 30 minutes on each of those days. Limit carbohydrate intake.)
- **Type II Diabetes:** A1c: greater than or equal to 6.5. Fasting glucose greater than or equal to 126.
- First line treatment is Metformin (may cause diarrhea), initiate insulin if A1c is greater than or equal to 10.
- Medical History of DM, HTN, and Hyperlipidemia is classified as Metabolic Syndrome.
- Be sure to monitor: Patient's feet, eyes, cholesterol, and kidneys.

# ENDOCRINE

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- **Somoygi Effect:**
  - This is when the patient becomes hypoglycemic at night and results in hyperglycemia in the morning.
  - **Treatment:** Monitor blood glucose in the morning and at bedtime. If this confirms a diagnosis of somoygi effect, then you will need to adjust the patient's treatment of lifestyle habits. The patient should not receive insulin coverage at bedtime, or you can decrease the dose at bedtime.
- **Dawn Phenomenon:**
  - This is when the patient experiences hyperglycemia in the morning. This is usually early morning.
  - **Treatment:** Monitor blood glucose in the morning and at bedtime to rule out the somoygi effect. Treat based on patient's blood glucose in the morning. (metformin, insulin dosing)

# THYROIDISM

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- **Hypothyroidism**
  - **Primary: elevated TSH low T3 and T4**
  - **Subclinical: elevated TSH normal T3 and T4**
  - **Treatment: Synthroid 25mcg daily on an empty stomach. Evaluate every 6-8 weeks.**
  - **Hashimoto's**



# THYROIDISM

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- **Hyperthyroidism**
  - **Primary: Low TSH, high T3 and T4**
  - **Subclinical: Low TSH normal T3 and T4**
  - **Treatment: PTU Methimazole (Tapazole) RAI (Lifelong hypothyroidism)**  
**Contraindicated in pregnancy**
  - **Grave's disease**
- **Thyroid Storm: emergency, refer to the hospital.**

# RENAL

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- **Urinary Tract Infection (UTI):**
- **Diagnostic:** UA (positive for leukocytes and nitrites.)
- **Uncomplicated UTI vs. Complicated UTI:**
- **Uncomplicated:** (women, urgency and dysuria)
  - **Treatment:** Macrobid, Cipro, Bactrim (treatment options) x 3 days.
- **Complicated:** (Pregnant women, Men, Elderly)
  - **Treatment:** Macrobid, Cipro, Bactrim (treatment options) x 7-10 days.
  - Bactrim is contraindicated in pregnancy.

# RENAL

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- **Acute Pyelonephritis:**
- Urgency, Dysuria, positive CVA tenderness (flank pain)
- **Diagnostic:** UA (positive for leukocytes, nitrites and possibly protein.)
- **Treatment:** Cipro B.I.D. x 7-14 days or Augmentin x 14 days.

# RENAL CONT'D

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- Kidney Stones: painful
  - Diagnostic exam: Ultrasound
- Incontinence:
  - New onset: UA and culture
  - Stress incontinence: (coughing, sneezing, exercise)
    - Treatment: Kegal Exercise



# GASTROINTESTINAL

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- Cholecystitis:
  - Intermittent pain cramps to the RUQ.
  - Diagnostic: Murphy's Sign
  - Treatments: Symptomatic Management, Surgery
- Appendicitis:
  - Pain to the RLQ, with rebound tenderness (McBurney's Point)
  - Diagnostic: Obturator and Psoas Sign
  - Treatment: Surgery

# GASTROINTESTINAL

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- **Pancreatitis:**
  - Abdominal pain
  - Diagnostic: Cullen's Sign, Labs (amylase and lipase), Grey-Turner's Sign
  - Treatment: Refer to E.D.
- **GERD:**
  - Reflux, heartburn, nausea
  - Treatment: 1<sup>st</sup>: H2 Antagonist 2<sup>nd</sup>: PPI
- **Diverticulitis:**
  - Pain to the LLQ due to an inflamed diverticulum
  - Diagnostic: Rovsing's Sign
  - Treatment: Cipro, Flagyl, Bactrim

# HEPATITIS

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- **Hepatitis A: *Brittany's Brilliance*** (“Hep A” “A”nus: oral/fecal mode of transmission.)
- **Hepatitis B: *Brittany's Brilliance*** (“Hep B” “B”lood: is the mode of transmission.)
  - **HBsAg:** (surface antigen)
  - **Anti-HBs:** (Antibody)
  - **So, if the HBsAg is (+):** positive for Hep B
  - **If Anti-HBs is (+):** they have antibodies to Hepatitis B
  - **IgM:** is acute
  - **IgG:** Infection complete or chronic

# NEURO

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- **Cranial Nerves:**
- **1 Olfactory (1 nose)**
- **2 Optic (2 eyes)**
- **3 Oculomotor (eye movement)**
- **4 Trochlear (eye movement)**
- **5 Trigeminal (face, cornea, and jaw)**
- **6 Abducens (eye movement)**
- **7 Facial (face/ facial movement)**
- **8 Acoustic (auditory, hearing)**
- **9 Glossopharyngeal (tongue movement)**
- **10 Vagus (tongue movement, gag reflex)**
- **11 Spinal Accessory (Shoulder shrug)**
- **12 Hypoglossal (Tongue)**



# DEMENTIA

- Mini Mental Status Exam (MMSE)

## Mini-Mental State Examination (MMSE)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions: Ask the questions in the order listed.**

**Score one point for each correct response within each question or activity.**

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")

# HEADACHES

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- **Migraines: Unilateral, photophobia, nausea, and vomiting.**
  - **Treatment:**
    - Abortive: Triptans (Do NOT give with HTN or Heart disease, Ergot)
    - Prophylactic: Propranolol, Depakote, Elavil
- **Tension: Bilateral, band-like pain**
  - **Treatment: NSAIDs**
- **Cluster: Unilateral eye pain, extreme pain**
  - **Treatment: Triptans, oxygen (high dose)**
- **Temporal Arteritis: Head, scalp, and pain at the temple.**
  - **Biopsy of the temporal artery.**
  - **Treatment: Prednisone**

# NEURO CONT'D

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- **Bell's Palsy: Unilateral facial (cranial nerve 7) paralysis**
- **Trigeminal Neuralgia: Unilateral pain to the cheek/side of face.**
  - **Treatment: Tegretol (Carbamazepine)**
- **BPH: dizziness**
  - **Dagnostic: Dix Hallpike maneuver**
  - **Treatment: Primidone or propranolol**
- **Parkinson's Disease: Tremor, bradykinesias**
  - **Treatment: Levodopa**

# DERMATOLOGY

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Terms	Definitions
Bulla	Fluid filled “blister” 1 cm or larger
Macule	Flat w/o elevation (ex: blemish)
Papule	Small (less than 1 cm) elevation (ex: pimple)
Plaque	Flat with elevation
Pustule	Small (less than 1 cm) elevation filled with “pus”
Vesicle	Fluid filled elevation less than 1 cm





# DERMATOLOGY

Disorders	Description	Treatment
Cellulitis	An inflamed are secondary to from a bacterial infection.	Keflex
Bites	Animal/human bite	Augmentin
Hidradenitis Suppurativa	Pustule like areas (commonly under the armpit and groin region.)	Augmentin

# DERMATOLOGY

Disorder	Description	Treatment
Squamous Cell Carcinoma	Red and Ulcerated	Surgery, Chemo, radiation
Basal Cell Carcinoma	Most common. Pearly and waxy appearance.	Chemotherapy
Melanoma	“ABCDE” Flat areas that vary in size, borders uneven,	Biopsy
Scabies	Small fluid filled bumps in a straight line or row.	Elimite

# DERMATOLOGY

Disorder	Description	Treatment
Actinic Keratosis	Usually seen in the elderly population. Sun exposure can cause (so there will be areas hat is exposed to the sun.) Dry reddish areas. Can be precancerous for squamous cell CA.	5-FU or cryotherapy
Seborrheic Keratosis	Tanish or black elevations commonly found on the back.	Painless, so these can be removed if patient request.
Psoriasis	Silver plaques	Topical steroids, methotrexate

# DERMATOLOGY

Disorder	Description	Treatment
Impetigo	Honey clustered rash	Keflex (return 48-72hrs after treatment.)
Rosacea	Pink to red inflamed skin commonly on the nose, cheeks, and around the mouth.	Topical Flagyl or tetracycline p.o
Acanthosis Nigricans	Commonly seen in diabetics with uncontrolled blood glucose.	Monitor blood glucose and treat accordingly.



# DERMATOLOGY

Disorder	Description	Treatment
Lyme Disease (Erythema Migrans)	Bullseye Pattern Rash	Doxycycline or Amoxicillin
Pityriasis Rosea	Christmas tree pattern rash on trunk.	No treatment, usually resolves in 1 month.
Shingles	Patient previously had chicken pox (varicella). Vesicles in a dermatomal pattern.	Acyclovir. Monitor and avoid postherpetic neuralgia. Treat with amitriptyline or Depakote. If seen near the eyes refer.

# DERMATOLOGY (BURNS)

Disorder	Description	Treatment
1 <sup>st</sup> degree:	Redness with associated pain.	Maintain a clean area. (Soap and water). Topical pain management PRN.
2 <sup>nd</sup> degree:	Redness and blisters (bullae) with associated pain.	Maintain a clean area leaving blisters intact. (Soap and water). Silvadene and cover with a dry dressing.
3 <sup>rd</sup> degree:	Covers large areas, full thickness, painless. Can be an emergency.	Silvadene and refer if on the face or more than 10% of the body.

# DERMATOLOGY

Disorder	Description	Treatment
Eczema (Atopic Dermatitis)	“Itchy” rash exacerbated by extreme weather changes, allergies, and stress.	Antihistamines, topical steroids.
Contact Dermatitis	Irritation of the skin, red and inflamed.	Topical steroids. Prednisone in extreme cases.
RMSF	After high fever, HA, myalgia, nausea and vomiting; they will present with a rash to their hands, feet, and wrists.	Doxycycline

# MUSCULOSKELETAL

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- **Gout:**
- Sudden pain to joints Most common complaints are to the joints of the foot.
- **Treatment:**
- **Acute:** NSAIDS and Colchicine
- **Prophylactic:** Allopurinol
- Avoid RED MEATS,ALCOHOL
- ***Brittany's Brilliance:*** © In the acute phase you want to “(C)ut the pain (N)ow (Colchicine and NSAIDs). In the prophylactic phase you are providing coverage (ALL) the time, (ALL)opurinol.



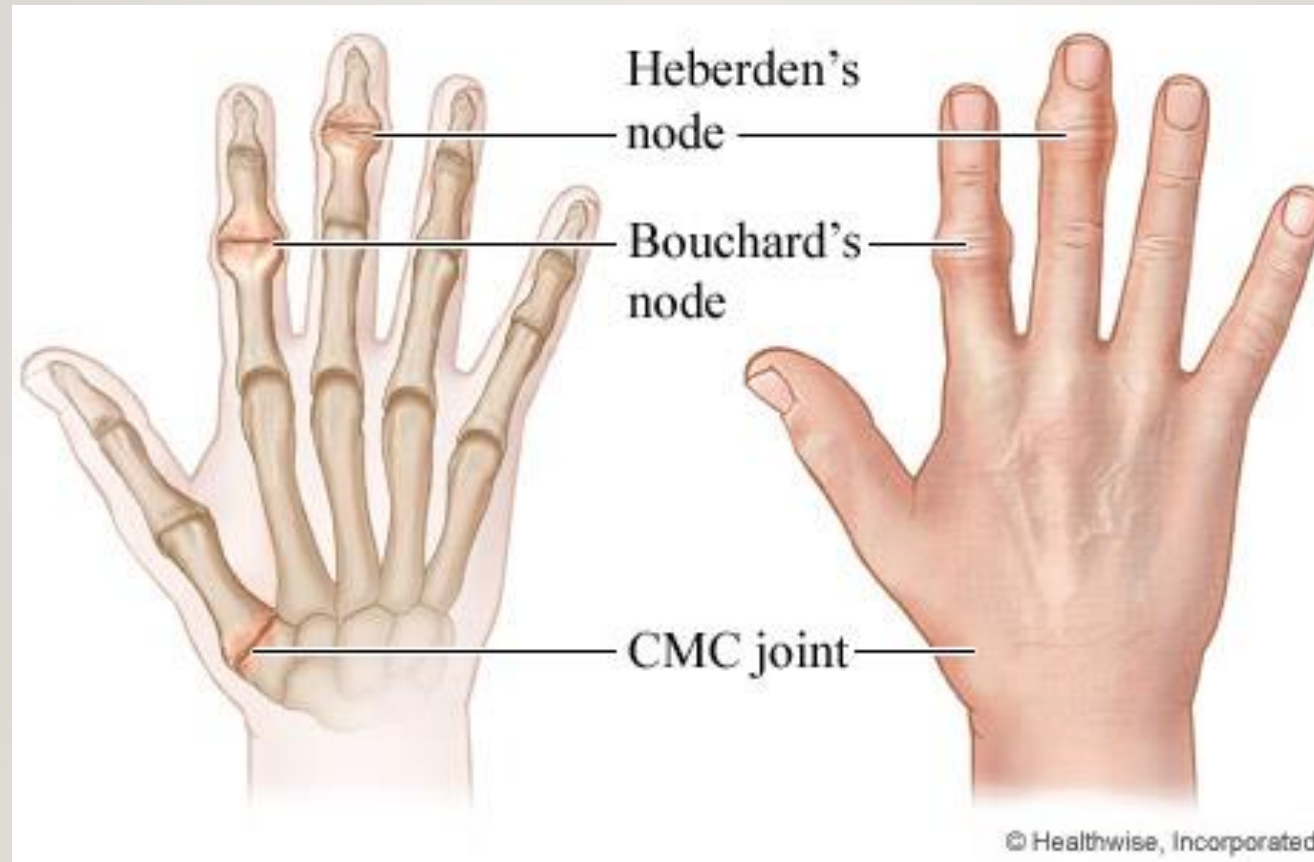
# MUSCULOSKELETAL

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- **Osteoarthritis (OA):** Also, referred to as Degenerative Joint Disease
- Brief pain and stiffness in morning; Pain associated with inactivity
- **Herberden's Node:** Located at the Distal Interphalangeal joint (from your nail, this is the 1st joint).
- **Bouchard's Node:** Located at the Proximal Interphalangeal joint (from your nail, this is the 2<sup>nd</sup> joint).
- **Treatment:** Tylenol first and then NSAIDs
- **Rheumatoid Arthritis:**
- Pain, stiffness, and joint swelling for long periods in the morning.
- **Treatment:** DMARDs (Methotrexate)

# HERBERDEN'S VS BOUCHARD'S

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# MUSCULOSKELETAL (WRIST)

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- **Carpal Tunnel:** Median nerve pain
  - **Tinel's Sign:** This is done by tapping on the wrist. The patient will experience pain.
  - **Phalen's Sign:** This is done by bending at the wrist so that the back of both hands are touching. The patient will experience pain.
  - **Treatment:** Splint, surgery
- **Navicular Fracture:** This is the result of falling and you using your hands to support your fall. This causes injury to your wrist, resulting in the fracture of the scaphoid bone.
  - Extreme pain to the wrist. When X-rayed the fracture will not show until after 1 week.
  - **Treatment:** NSAIDs and splint

# MUSCULOSKELETAL (WRIST)

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- **Wrist:**
- **DeQuervain's Tenosynovitis:**  
Thumb and wrist pain (underneath the thumb)
  - **Finkelstein Test:** This is done by making a fist with the thumb folded inside the hand.
  - **Treatment:** NSAIDs and splint





# MUSCULOSKELETAL(ELBOW)

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- **Elbow:**
- **Medial Epicondylitis:** Also, referred to as Golfer's Elbow
  - Pain to the inner portion of the elbow
  - **Treatment:** Rest and NSAIDs
- **Lateral Epicondylitis:** Also, referred to as Tennis Elbow
  - Pain to the outer portion of the elbow
  - **Treatment:** Rest and NSAIDs

# MUSCULOSKELETAL (SHOULDER)

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- **Shoulder**
- **Rotator Cuff:** apprehension test to diagnose.
- **Shoulder Impingement:**
  - Pain to the shoulder from frequent overhead movements.
  - **Treatment:** Rest and NSAIDs

# MUSCULOSKELETAL (BACK)

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- **Back**
- **Ankylosing Spondylitis:**
  - Pain and stiffness to the lower back related to spinal and sacroiliac joint inflammation.
  - **Treatment:** Exercising, Stretching, PT, NSAIDs, Steroid Injection
- **Cauda Equina Syndrome:**
  - Rare lower back pain related to compression of the lumbosacral spine.
  - Can cause paralysis, incontinence
  - **Treatment:** Emergency Surgery

# MUSCULOSKELETAL (KNEE)

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- **Knee**
- **Meniscal Tear:**
  - Knee pain
  - **Diagnostic:** McMurray's Test: This is done by holding the knee with one hand and holding the foot in the other hand. Bring the foot inward, while still holding the knee. If (+) you will hear a Click.
  - **Treatment:** Refer to Ortho, Surgery



# MUSCULOSKELETAL (KNEE)

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- **ACL and PCL tear:**
  - Knee pain
  - **Diagnostic:** Lachman test for ACL (This is done by placing one hand on the tibia and on the thigh. While pulling the knee forward, if (+) the knee will feel loose “torn” there will not be any resistance as the ligament is torn.)
  - **Treatment:** Refer to Ortho, Surgery

# MUSCULOSKELETAL(FEET)

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- **Feet**
- **Morton's Neuroma:** Pain to the middle toes. Usually from wearing high heeled shoes, or pressure on the top/front of the toes. People will complain of it feeling as if they are walking on a pebble. (***Brittany's Brilliance***:© I remember this by Morton's salt (the one with the little girl and the umbrella); Morton's salt a grain of salt a pebble like feeling with Morton's Neuroma)
  - **Treatment:** NSAIDs and eliminate the cause.
- **Plantar Fasciitis:** Pain to the heel of the foot.
  - Stretching and NSAIDs

# PSYCH

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- Depression:
  - Minor: at least 2, but less than 5 days of depressive symptoms.
  - Major: Mood disorder, change in your usual feelings towards activities of daily living. For diagnoses, symptoms last for 2 weeks or greater.
  - Treatment: SSRI's (can cause low sperm count), MAOI's
- Bipolar Disorder: A mood disorder that fluctuates between a manic phase and a depressive phase.
- Treatment: Mood stabilizer (ex. Lithium)

# PSYCH

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- **Suicide::**
  - **Always assess patients for suicide risk factors. Pay close attention to patients with depression, mood disorders, the elderly, and males.**
- **Alcoholism:**
  - **Remember the CAGE assessment:**
  - **C: Cut down (Do you think you should cut down on drinking?)**
  - **A: Annoyed (Do comments about your drinking make you annoyed?)**
  - **G: Guilt: (Do you feel guilty about your drinking habits?)**
  - **E: Eye opener: (Do you use alcohol as an eye-opener?)**



# MEN'S HEALTH

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- **BPH: Dribbling of urine, hesitancy of urine.**
- **Treatment: Flomax**
  - **If patient has BPH and HTN, then Hytrin (terazosin) is first line therapy.**
- **Prostate Cancer:**
  - **PSA: 4-10 this requires referral to urology.**
  - **If greater than 10, this requires a biopsy.**
  - **More common in AA males.**

# MEN'S HEALTH

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- **Prostatitis: Inflamed prostate secondary to an infection.**
  - **It is considered chronic if they have an infection for greater than 6 weeks.**
  - **Treatment: Cipro, if they are younger than 35 years of age it commonly secondary to an STD (gonorrhea and/or chlamydia). So, in patients less than 35 treat with Rocephin 250mg IM and Doxycycline 100mg BID for 10 days.**

# MEN'S HEALTH

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- **Epididymitis:** Inflammation of the epididymis. This causes scrotal pain.
  - **Prehn's sign:** When elevating the testicles, the patient's pain is relieved.
  - **Treatment:** Rocephin or Doxycycline
- **Testicular Torsion:** Twisting of the spermatic cord. The cord becomes twisted to a point it decreases blood flow resulting in sudden, extreme testicular pain.
  - **Prehn's sign:** is negative
  - **Cremasteric Reflex** is absent.
  - **Treatment:** Send to the ED as emergency surgery is needed.

# WOMEN'S HEALTH

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- **Osteoporosis: Weakened bones. Increased risk of fracture.**
  - **Diagnostic: DEXA (Dual-Energy XRAY Absorptiometry) Non-invasive scan to assess bone density.**
    - **If less than or equal to -2.5 (osteoporosis)**
    - **If -1.0 to -2.4 (osteopenia)**
    - **Treatment: Calcium and Fosamax (Alendronate)**
      - \*\* Bisphosphonates must be taken on a empty stomach, with a full glass of water, and no lying down for 30 minutes.\*\* This is recommended due to the risk of esophageal complications (esophagitis or perforation.)**
- **Osteopenia: Also weakened bone, but not as severe as osteoporosis.**



# WOMEN'S HEALTH

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- **PCOS: (Polycystic Ovarian Syndrome):** Hormonal disorder where multiple cysts form on the ovaries.
  - **Hirsutism, infertility, weight gain, abnormal menstrual cycles.**
  - **Treatment: Exercise, weight management, Metformin, Estradiol**

# WOMEN'S HEALTH

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- **Mammograms: Start at 40 years of age if they do not have risk factors. (Family Hx of Breast CA) Annual screening. Monthly Breast Self exams.**
- **Patient can now choose to start at 50 years of age, if they do not have risk factors. Explain to the patient the risk and benefits of waiting to screen.**
- **At 65 years of age and older, you can move to every 2 years if no previous history of abnormal testing.**
- **If screening shows a potential lesion or cyst then patient should be referred out for an U/S.**

# WOMEN'S HEALTH

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- **Cervical Cytology vs hrHPV (high risk HPV)**
- **Women less than 21 years of age: no screening required.**
- **Women 21-29: Cervical Cytology q 3 years.**
- **Women 30-65 years of age: Cervical cytology q 3 years or hrHPV alone q 5 years or hrHPV and cervical cytology q 5 years.**
- **65 and older with adequate screening does not require any further screening.**
- **Cervical CA: Gardasil start at the age of 9.**

# WOMEN'S HEALTH

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- **Ovarian CA: Risks** (fam hx, > 50y/o, early menarche, late menopause, initial pregnancy after 35 y/o) If ovaries are palpable you will need to get an U/S.
- **Placenta Previa: No pain, bleeding**
  - Refer for U/S
- **Placenta Abruptio: Pain, bleeding**
  - Emergent referral required.
- **Preeclampsia: HTN > 140/90 + proteinuria.**
  - Treatment: Apresoline (Hydralazine) and CCBs, bed rest



# WOMEN'S HEALTH

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- **Nagele's Rule:**
  - **Subtract 3 months from the date of the last menstrual period (LMP) and add 7 days and add 1 year.**
  - **Let's practice:**
  - **LMP: October 10, 2018**
    - **Subtract 3 months: July**
    - **Add 7 days: 17<sup>th</sup>**
    - **Add 1 year: 2019**
    - **Due date: July 17, 2019**

# WOMEN'S HEALTH

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- **Birth control:**
  - **Monophasic:** Equal amount of Estrogen and Progestin (April, Loestrin, Ortho-Cyclen, Yasmin)
  - **Biphasic:** Low Progestin/Estrogen at the beginning of the cycle and the high Progestin/Estrogen for the remainder of the cycle.
  - **Triphasic:** Estrogen and Progestin levels vary throughout the cycle.
  - **Extended Cycle:** Seasonique (3-4 cycles a year.)
  - **Progestin only:** Best while breast feeding Overette (Norgesterel)

# WOMEN'S HEALTH

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- **Missed birth control doses:**
  - **1 missed dose:** Take the missed dose immediately, and the other dose later that day.
  - **2 missed doses:** Take two a day.
    - Take the initial missed dose immediately, then that day's dose later that day. Then, the next day take the other missed dose that morning and that day's dose that night.
- **“Mini” low dose BC:** is best in patients who smoke.

# WOMEN'S HEALTH

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- **Oral birth control contraindications:**
  - **Smoker**
  - **35 years of age and older.**
  - **History of blood clots, CVA, HTN.**
- **Rhogam:**
  - **Used for pregnant women who are RH negative. This protects them from an immune response with a potential RH positive baby. Rhogam shot is given at the 28<sup>th</sup> week of pregnancy and 72 hours after delivery.**



# STD'S

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- **HIV: Human Immunodeficiency Virus**
- Screening with ELISA
- Confirmatory with the Western Blot
- **Treatment:** Antiretroviral
- Prophylaxis is Bactrim to prevent PCP
- CD4 count to monitor patient's current viral load.
- Normal CD4: In a healthy individual is between 500- 1500.
- When a CD4 is less than 200, their immune system is weak, and the patient is more susceptible to infections.
- With adequate treatment the CD4 count will remain at a higher level. This is the goal.

# STD'S

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- **Bacterial Vaginosis:**
  - Commonly identified by a fishy odor (whiff test), Clue cells, White discharge
  - **Treatment:** Flagyl (first line) or Clindamycin
- **Chlamydia:**
  - Discharge and cervical motion tenderness
  - **Treatment:** Azithromycin or Doxycycline
- **Gonorrhea:**
  - Discharge (green) and cervical motion tenderness
  - **Treatment:** Azithromycin, Rocephin, or Doxycycline

# STD'S

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- **Trichomonas:** Yellow discharge, strawberry cervix
- **Treatment:** Flagyl
- **Syphilis:**
- **Primary:** chancre
- **Secondary:** rash on palms on the hands and soles of feet
- **Tertiary:** neuro
- **Treatment:** PCN G

# STD'S

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## **Genital Warts:**

- Warts on the genital region.
- **Treatment:** Cryotherapy
- **PID: Pelvic Inflammatory Disease**
- **Treatment:** Rocephin and Doxycycline or Flagyl



# PEDIATRICS

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- **Respiratory:**
- **Bronchiolitis:** a viral illness due to inflammation of the bronchioles.
  - The virus that typically causes bronchiolitis is respiratory syncytial virus (RSV)
  - Runny nose that worsens after a few days with a cough, wheezing.
  - **Treatment:** Symptomatic Management.

# PEDIATRICS

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- **Pneumonia:**
  - URI for more than 3 days; fever; fatigue
  - Gold standard: C XRAY (same as adults)
  - **Treatment:** Amoxicillin, Augmentin, if allergic to PCN give a Macrolide.
- **Croup:** Infection to the upper airways that causes a barking cough.
  - **Treatment:** Based on severity (Refer to E.R.); Steroid (dexamethasone), NSAIDs, Fluids, Symptomatic Management.

# PEDIATRICS

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- **Eyes, Ears, Nose and Throat**
- **Acute Otitis Media (AOM): Otagia**
  - **Treatment:** Amoxicillin (1<sup>st</sup> line), Augmentin, and Symptomatic Management.

# PEDIATRICS

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- **GI:**
- **GERD:** Reflux
  - Treatment: Lifestyle Modifications (Elevate the head of bed/crib; smaller but more frequent meals; H2 antagonist)



# PEDIATRICS

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- **Pyloric Stenosis:** Narrowing and thickening of the duodenum.
  - Projectile vomiting, dehydration
  - Treatment: Refer for surgery (Pyloromyotomy), Symptomatic Management.
- **Intussusception:** Intestinal telescoping
  - Abdominal pain, vomiting, currant jelly like stools.
  - **Treatment:** Refer to E.R.

# PEDIATRICS

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- **Gastroenteritis:**
  - Abdominal pain, diarrhea, vomiting
  - **Treatment:** BRAT diet (Bananas, Rice, Applesauce, Toast), hydration
- **Encopresis:** Stool incontinence due to constipation.
  - **Treatment:** Laxative to clear the bowels; stool softener for chronic management; tract bowel movements.

# PEDIATRICS

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- **GU:**
- **UTI:**
  - Urinary frequency, dysuria, fever
  - **Treatment:** Cephalosporin, Symptomatic Management
- **Enuresis:** Urinary Incontinence in children over the age of 6 years old.
- **Treatment:** Schedule bathroom breaks, training.

# PEDIATRICS

---

- **Integumentary Rashes:**
- **Roseola:** A maculopapular rash that results a few days after a high fever.
  - **Treatment:** Symptomatic Management (antipyretic), Rash resolves on its own.
- **Fifth's Disease:** Contagious virus that results in a lacey rash to the face. Also referred to as the slapped cheek disease.
  - **Treatment:** Symptomatic Management (antipyretic)



# PEDIATRICS

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- **Rubeola (Measles):** Fever, runny nose, fatigue, blotchy rash, kolpik spots. (Vaccine to prevent)
  - **Treatment:** Symptomatic Management (analgesic)
- **Rubella:** Runny nose, fever, maculopapular rash that spreads from face down the trunk.
  - **Treatment:** Resolves on its own.
- **Hand, Foot, Mouth Disease:** Sores to the hands, feet, and mouth due to the coxsackie virus.
  - **Treatment:** Symptomatic Management (Analgesic, Antipyretic)
- **Kawasaki Disease:** Fever, strawberry tongue, vasculitis.
  - **Gold standard:** ECHO (vasculitis can cause murmurs)
  - **Treatment:** Aspirin, IVIG, Symptomatic Management.

# PEDIATRICS

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- **Musculoskeletal:**
- **Slipped Capital Femoral Epiphysis (SCFE):** Pain to hip as the joint of the hip has slipped; causing limping and weakness.
  - **Treatment:** Refer for surgery.
- **Legg-Calve-Perthes:** A disease that causes a decrease in blood to the femur; resulting osteonecrosis.
  - **Treatment:** Cast, physical therapy, symptomatic management, surgery for in some cases.

# PEDIATRICS

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- **Ortolani Test:** Used to test for developmental dysplasia of the hip.
  - While the child is on their back, extend hips “O”utward and you will hear a click. This is when the hip is dislocated and the click signifies re location.
- **Barlow’s Test:** Used to test for developmental dysplasia of the hip.
  - While the child is on their back, push hips anteriorly.

# PEDIATRICS

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- **Growth and Development (short and sweet information)**
- **Newborn:**
- **Birth weight:**
  - 6months: doubles
  - 12months: triples
  - 24 months: quadruples



# PEDIATRICS

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- **Fontanelles:**

- Anterior Fontanelle: 9-18 months
- Posterior Fontanelle: 2-3 months

- **Red Reflex:**

- You should see an orange glow from the light of the ophthalmoscope
- White reflection is abnormal = cataracts. This can also test for retinoblastoma.

# PEDIATRIC

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- **Eyes:**
  - Start screening vision with the Snellen chart at 3 years old.
  - By the age of 6 years old vision should be 20/20

# PEDIATRICS

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- **1 month:** baby is laying, smile and coo's lift's head
- **6 month:** sits up; anxiety to strangers; cries when familiar faces leave; babbles; grasps in a raking motion.
- **9 month:** pulls to standing/walking with assistance; waves hand
- **12 month:** walk and stand alone; 2 syllable words (mama); 2 finger grasps; imitation

# PEDIATRICS

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- **Teeth:**
- Remember the 6's.
- First teeth at 6 months and permanent teeth at 6 years old.



# PEDIATRICS

Girls	Boys
I. Prepuberty	I. Prepuberty
I. Breast buds and sparse pubic hair.	2. Testicles enlarge and sparse pubic hair.
I. Areola form I mound and pubic hair curls.	3. Penis grows in length and pubic hair curls.
I. Nipples form a second mound and pubic hair is curly and thick.	4. Penis widens, and pubic hair is curly and thick.
I. Adult breast and pubic hair on thighs.	5. Adult penis and testicles; and pubic hair on thighs.

# PEDIATRICS

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- **Precocious Puberty:** Early physical changes in children that advance to adult physique too soon.
- Girls at age 8 and Boys at age 9.
- **Delayed Puberty:** Is when a child doesn't reach a certain maturity stage by an appropriate age.

# PEDIATRICS

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- Girls haven't reached Tanner stage 2 (no breast buds/sparse pubic hair) by the age of 12.
- Boys haven't reached Tanner stage 2 (testicular growth/sparse pubic hair) by the age of 14.
- \*\*\* ***Girls should reach menarche by the age of 12; generally, starts 1-2 years after Tanner stage 2. \*\*\****

# PEDIATRICS

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- **Scoliosis:** Adam's forward bend test displays a curvature greater than 10 degrees.
- **Cystic Fibrosis:** An autosomal recessive lung disorder that causes difficulty breathing.
- **Gold Standard:** Sweat Chloride Test



# PEDIATRICS

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- ***Birth: Hep B***
- ***2 Month: Hep B, Rotavirus, DTap, Hib, PCV, IPV***
- ***4 Month: Rotavirus, DTap, Hib, PCV, IPV***
- ***6 Month: Influenza, Hep B, Hib, IPV, PCV***
- ***1-1.5 years: MMR, HepA, DTap, Hib, PCV, Varicella***
- ***4-6 years: Varicella, DTap, IPV, MMR***
- ***11-12 years: Tdap, HPV, Meningococcal***
- ***16-18 years: Meningococcal***

# NON-CLINICAL

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- **Research**
- **Level of theories:**
  - **Grand theories:** Explain a theory as a whole. For example: Explanation of nursing as whole.
  - **Middle- range theories:** Is more specific such as health promotion and not a grand (or large) topic.
  - **Practice Theory:** These are even more specific.

# NON-CLINICAL

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- **F. Moyra Allen: (McGill Model of Nursing):** “Nursing is the science of health-promoting.”
- **Madeline Leininger: (Theory of Culture Care Diversity & Universality):** “Caring is a universal phenomenon but varies transculturally.”
- **Myra Levine: Conservation Model:** “Conservation of energy, structural integrity, personal integrity, and social integrity by nurses contributes to maintenance of a person’s wholeness.”
- **Betty Neuman: Health Care Systems Model:** “Each person is a complete system; the goal of nursing is to assist in maintaining client system stability.”

# NON-CLINICAL

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- **Margaret Newman: Health as Expanding Consciousness:**“Health is viewed as an expansion of consciousness with health and disease parts of the same whole.”
- **Dorothea Orem: Self- Care Deficit Nursing Theory:**“The goal of nursing is to help people meet their own therapeutic self-care demands.”
- **Rosemarie Rizza: Theory of Human Becoming:** Health and meaning are co-created.”
- **Martha Rogers: Science of Unitary Human Beings:**“The individual is a unified whole in constant interaction with the environment.”



# NON-CLINICAL

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- **Sr. Callista Roy:Adaptation Model:**“Humans are adaptive systems that cope with change through adaptation.”
- **Jean Watson:Theory of Caring:**Caring is the moral ideal and entails mind-body-soul engagement with one another.
- **n:** is the number of people in the group.
- **N:** is the sample size.

# NON-CLINICAL

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# NON-CLINICAL

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- **Relative Risk:** This is the ratio of the probability of an event occurring in an exposed group to the probability of the event occurring in a comparison, non-exposed group.
- **Qualitative Research:** This is subjective data. For ex: interviews
- **Quantitative Research:** This is measurable. (Quantity)
- **Experimental:** Random sampling is used to conduct experiment.
- **Quasi- experimental:** This is not randomized. Controlled but not random.

# NON-CLINICAL

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- **Patient-centered care:** Patient-centered care is involving the patient and their families in all aspects of their care. Care is provided in the manner the patient values, and decides. Clinical decision making should be led by the patient's decision.
- **Root cause analysis:** An approach designed to breakdown and analyze the cause of an adverse event.
- **Sentinel events:** An accident that results in death.
- **Vulnerable Populations:** Babies, pregnant women, the elderly, and kids under the age of 18.



# NON-CLINICAL

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- **Culture**
- **Buddhist:**
  - Believe in meditation. The Buddhist population practice meditation for physical and mental health, relaxation and happiness. They believe in prayer, chanting, and vegetarianism.
- **Asian:**
  - Believe in acupuncture and cupping for energy and balance. No direct eye contact for long durations.
- **Hispanics:**
  - Family holds high importance. They believe in hex and use rituals to break particular hexes.

# NON-CLINICAL

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- **Healers:**
- Usually self-treat. Listen for common information, on how they treated their illness.
- **Islamic:** Exercise is major. They believe that females should remain covered. They hold strong religious beliefs as they follow the teachings in the Qur'an (their bible).
- Muslim: woman of this culture are taught to remain covered. So while performing an assessment you should assess with all clothes on.
  - The Ramadan is a 30 day fasting holiday for this culture.

# NON-CLINICAL

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- **Cultural Awareness:** is the foundation of communication and it involves the ability of standing back from ourselves and becoming aware of our cultural values, beliefs, and perception. (dictionary.com)
- **Cultural Beliefs:** Religion, culture, beliefs, and ethnic customs can influence how patients understand health concepts, how they take care of their health, etc (dictionary.com)
- **Cultural Competence:** the ability of providers and organizations to effectively deliver health care services that meet the social, **cultural**, and linguistic needs of patients.

# NON-CLINICAL

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- **Religious beliefs**

- **Jehovah's Witness:** No blood products. (May accept some forms of blood products other than RBC's.)
- **Christians:** Believe in prayer and spiritual healing.
- **Jewish:** Female's believe in a cleanse after menstrual cycles. No work on Sabbath.



# NON-CLINICAL

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- **Ethics/Legal Issues**
- **Beneficence:**To do good.
- **Non Maleficence:**To do no harm.
- **Justice:** Fair
- **Confidentiality:** The ethical principle or legal right that a physician or other health professional will keep information private.
- **Dignity:** To treat people with respect.
- **Autonomy:** Independence. Free will of an individual.

# NON-CLINICAL

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- **Accountability:** Being held responsible for your actions.
- **Veracity:** Truth.
- **Malpractice:** Illegal or negligence provided by a healthcare provider.
- **Informed Consent:** Permission granted in the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits.

# NON-CLINICAL

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- **Advance Directive:** A written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.
  - **Living Will:** A written statement detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent, especially an advance directive.
  - **Durable Power of Attorney:** A legal document that gives someone you choose the power to act in your place.

# NON-CLINICAL

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- **Nursing Code of Ethics**
- 1.The nurse practices with respect and dignity toward every individual.
- 2.The nurse's primary commitment is to the patient.
- 3.The nurse advocates for the patient.
- 4.The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.



# NON-CLINICAL

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- Nursing Code of Ethics Cont'd
- 5.The nurse has to remain responsible for their own competence and growth.
- 6.The nurse participates in the advancement of the healthcare.
- 7.The nurse participates in the advancement of the profession.
- 8.The nurse collaborates to support public health.
- 9.The nurse holds responsibilities in professional organizations.

# NON-CLINICAL

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- **HIPAA:** is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. ([hhs.gov](http://hhs.gov))
- **Electronic Medical Record:** Is simply the electronic version of the patient's chart. This should remain confidential as the paper chart. Healthcare providers should logout of patient identifying screens when away from the computer.
- **Electronic Health Record:** is the electronic version of all of the patient's health records. This is so that are clinicians can seamlessly view need health information.
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# NON-CLINICAL

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- **The Health Information Technology for Economic and Clinical Health (HITECH ACT):** An ACT approved in 2009 for the use of electronic health information technology.
- **Telehealth:** Promotion of healthcare via telecommunications.
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- **NPI (National Provider Identifier):** Is a number used to identify healthcare providers and is used for billing purposes.
- Remember with HIPAA we must keep all information confidential. We don't need consent to for consultation with other providers; but to send information or for family members to receive patient information. There must be consent obtained from the patient.
- ***\*Only healthcare providers that are active in the patients care can review any medical information.***

# NON-CLINICAL

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- **Claims based policy:**an insurance policy that provides coverage when a claim is made against the policy, regardless of when the claim event took place. A claims-made policy is most likely to be purchased when there is a delay between when claims are filed when they occur. (dictionary.com) \* So, this is only beneficial if a claim is made while your policy is active\*
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- **Occurrence based policy:** A policy covering claims that arise out of damage or injury that took place during the policy period, regardless of when claims are made. (dictionary.com)



# NON-CLINICAL

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- **CPT (Current Procedural Terminology):** is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations. (dictionary.com)
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- **ICD 10 (International Classification of Diseases):** is the global health information standard for mortality and morbidity statistics. ICE is increasingly used in clinical care and research to define diseases and study disease patterns, as well as manage health care, monitor outcomes and allocate resources. (dictionary.com)

# NON-CLINICAL

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- **Medicare:** is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End Stage Renal Disease.  
([www.medicare.com](http://www.medicare.com))
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- **Medicaid:** is a health care program that assists low-income families or individuals in paying for long-term medical and custodial care costs. Medicaid is a joint program, funded primarily by the federal government and run at the state level, where coverage may vary.  
(dictionary.com)

# NON-CLINICAL

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- **Medicare has parts (A,B,C,D)**
- **Part A:** Is the Medicare Plan that you receive automatically if you are 65 or older, disabled, or have ESRD.
- **Part B:** this Medicare Plan is something you would have to include. This provides coverage for your outpatient needs: labs, surgeries, doctor visits, wheel chairs, walkers, etc
- **Part C:** This is the “choice” plan allows for additional services vision, dental, etc. You also keep Medicare A and pay for Medicare B.
- **Part D:** prescription coverage.

# NON-CLINICAL

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- “Incident to” services are also relevant to services supervised by certain non-physician practitioners such as physician assistants, nurse practitioners, clinical nurse specialists, nurse midwives, or clinical psychologists. These services are subject to the same requirements as physician-supervised services. Remember that “incident services” supervised by non-physician practitioners are reimbursed at 85 percent of the physician fee schedule. For clarity’s sake, this article will refer to “physician” services as inclusive of non-physician practitioners.
- To qualify as “incident to,” services must be part of your patient’s normal course of treatment, during which a physician **personally performed an initial service** and remains **actively** ([www.cms.gov](http://www.cms.gov))
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# NON-CLINICAL

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- **HMO (Health Maintenance Organization):** This type of plan provides coverage for providers in their network. You will need to choose a PCP from the network and this provider will refer to your areas of need.
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- **PPO: (Preferred Provider Organization):** You may select your provider. Doesn't require specific network or PCP referral for specialist.

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- **Board of Nursing:** protects the public's health and welfare by assuring that safe and competent nursing care is provided by licensed nurses. BON's achieve this mission by outlining the standards for safe nursing care and issuing licenses to practice nursing.
  - **State Nursing Practice Act:** laws that define responsibilities of the nurse and "scope of practice"- the range of activities and services as well as the qualifications for practice. The acts are intended to protect patients from harm as a result of unsafe or incompetent practice, or unqualified nurses.

# NON-CLINICAL

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- **Standards of Practice:** standards of nursing practice developed by the ANA provide guidelines for nursing performance. They are rules or definition of what it means to provide competent care.
- State Legislature: Grants Nurse Practitioners the right to practice.
- **Certification:** is a process by which a nongovernmental agency validates, based upon predetermined standards, an individual nurse's qualifications for practice in a defined functional or clinical area of nursing.

# NON-CLINICAL

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- **Licensure:** requirements for licensure and defines the scope of nursing practice. This is granted by a state government agency.
- **Consultation:** When two people discuss and use expert knowledge for the patient's improvement.
- **Collaboration:** the action of working with someone to produce something. NP and MD collaborate together.



# NON-CLINICAL

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- **Health Belief Model:** this is a psychological model that attempts to explain and predict health behaviors. (ex. Smoker: So if the individual's perception is that smoking can cause a serious disease and that they are susceptible; and if they believe that the likelihood of improving if action is taken; then it is more likely that the smoker will attempt to quit smoking and be successful.

# NON-CLINICAL

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- **Emancipated Minor:** Minors in the military (active), married minors
- These are people under the age of 18 years old but does not require an adult for consent.
- **Sensitivity:** The ability of a test to correctly identify those with the disease (positive) think (+) sensitivity has the most T's (+ for positive, t for sensitivity)
- **Specificity:** The ability of the test to correctly identify those without the disease (negative) (-)

# NON-CLINICAL

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- Review collaboration and consultation definition.
- **Conflict resolution:** (negotiation: process where two or more people work to come to a resolution, mediation: is where a third person is involved to assist in resolving the conflict.)
- Change is found to work best when implemented by a change agent instead of down the chain of command.
- Change should be planned and implemented based on the organizational structure and environment.
- **Advocacy:** As nurse practitioners, we must advocate for our patients and their families. Working to minimize the risk for the patient and the provider.

# NON-CLINICAL

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- **Primary Prevention:** Preventative measures. Proactive measures. Brittany's Brilliance: P for Primary P for Prevention.
- **Secondary Prevention:** Screening. Brittany's Brilliance: Think S for Secondary and S for Screening.
- **Tertiary Prevention:** Treatment phase. Brittany's Brilliance: Think T for Tertiary and T for Treatment.



# NON-CLINICAL

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- **Healthy People 2020:** The 2020 goals are to increase the promotion of health and decrease health disparities for all life spans. (healthy people 2020)
- **Three leadership styles:**
  - **Authoritarian:** Groups are controlled, and discussions start from the top and go down the chain. (For example: the military) Brittany's Brilliance: think authority.
  - **Democratic:** This leadership style is for settings with cooperation as decisions are made within the group. It is a team approach.
  - **Laissez-faire:** This style lacks control and does not have direction. When everyone is motivated there is a better response and effort, but there is a lack of structure.
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