

**DO NOT delegate what you can EAT!**

**E - evaluate**

**A - assess**

**T - teach**

addisons= down, down down up down

cushings= up up up down up

addisons= hyponatremia, hypotension, decreased blood vol, hyperkalemia, hypoglycemia

cushings= hypernatremia, hypertension, increased blood vol, hypokalemia, hyperglycemia

No Pee, no K (do not give potassium without adequate urine output)

EleVate Veins; dAngle Arteries for better perfusion

**A= appearance (color all pink, pink and blue, blue [pale])**

**P= pulse (>100, < 100, absent)**

**G= grimace (cough, grimace, no response)**

**A= activity (flexed, flaccid, limp)**

**R= respirations (strong cry, weak cry, absent)**

**TRANSMISSION-BASED PRECAUTIONS:**

**AIRBORNE**

**My - Measles**

**Chicken - Chicken Pox/Varicella**

**Hez - Herpez Zoster/Shingles**

**TB**

or remember...

**MTV=Airborne**

**Measles**

**TB**

**Varicella-Chicken Pox/Herpes Zoster-Shingles**

**Private Room - negative pressure with 6-12 air exchanges/hr**

**Mask, N95 for TB**

**DROPLET**

**think of SPIDERMAN!**

**S - sepsis**

**S - scarlet fever**

**S - streptococcal pharyngitis**

**P - parvovirus B19**

**P - pneumonia**

**P - pertussis**

**I - influenza**

**D - diptheria (pharyngeal)**

**E - epiglottitis**

**R - rubella**

**M - mumps**

**M - meningitis**

**M - mycoplasma or meningeal pneumonia**

**An - Adenovirus**

**Private Room or cohort**

**Mask**

## **CONTACT PRECAUTION**

### **MRS.WEE**

- M - multidrug resistant organism**
- R - respiratory infection**
- S - skin infections \***
- W - wound infxn**
- E - enteric infxn - clostridium difficile**
- E - eye infxn - conjunctivitis**

## **SKIN INFECTIONS**

### **VCHIPS**

- V - varicella zoster**
- C - cutaneous diphtheria**
- H - herpes simplex**
- I - impetigo**
- P - pediculosis**
- S - scabies**

1. **Air/Pulmonary Embolism** (S&S: chest pain, difficulty breathing, tachycardia, pale/cyanotic, sense of impending doom) --> turn pt to **left** side and **lower** the head of the bed.
2. **Woman in Labor w/ Un-reassuring FHR** (late decels, decreased variability, fetal bradycardia, etc) --> turn on **left** side (and give O2, stop Pitocin, increase IV fluids)
3. **Tube Feeding w/ Decreased LOC** --> position pt on **right** side (promotes emptying of the stomach) with the **HOB elevated** (to prevent aspiration)
4. **During Epidural Puncture** --> **side-lying**
5. **After Lumbar Puncture** (and also oil-based Myelogram)--> pt lies in **flat supine** (to prevent headache and leaking of CSF)
6. **Pt w/ Heat Stroke** --> lie **flat** w/ **legs elevated**
7. **During Continuous Bladder Irrigation (CBI)** --> catheter is taped to thigh so leg should be kept straight. No other positioning restrictions.
8. **After Myringotomy** --> position on side of **affected ear** after surgery (allows drainage of secretions)
9. **After Cataract Surgery** --> pt will sleep on **unaffected side** with a night shield for 1-4 weeks.
10. **After Thyroidectomy** --> low or semi-Fowler's, support head, neck and shoulders.
11. **Infant w/ Spina Bifida** --> position **prone** (on abdomen) so that sac does not rupture
12. **Buck's Traction** (skin traction) --> elevate foot of bed for counter-traction
13. **After Total Hip Replacement** --> don't sleep on operated side, don't flex hip more than 45-60 degrees, don't elevate HOB more than 45 degrees. Maintain hip abduction by separating thighs with pillows.
14. **Prolapsed Cord** --> knee-chest position or Trendelenburg

15. **Infant w/ Cleft Lip** --> position on back or in infant seat to prevent trauma to suture line. While feeding, hold in upright position.

16. **To Prevent Dumping Syndrome** (post-operative ulcer/stomach surgeries) --> eat in reclining position, lie down after meals for 20-30 minutes (also restrict fluids during meals, low CHO and fiber diet, small frequent meals)

17. **Above Knee Amputation** --> elevate for first 24 hours on pillow, position prone daily to provide for hip extension.

18. **Below Knee Amputation** --> foot of bed elevated for first 24 hours, position prone daily to provide for hip extension.

19. **Detached Retina** --> area of detachment should be in the dependent position

20. **Administration of Enema** --> position pt in **left side-lying** (Sim's) with knee flexed

21. **After Supratentorial Surgery** (incision behind hairline) --> elevate HOB 30-45 degrees

22. **After Infratentorial Surgery** (incision at nape of neck)--> position pt **flat** and lateral on either side.

23. **During Internal Radiation** --> on **bedrest** while implant in place

24. **Autonomic Dysreflexia/Hyperreflexia** (S&S: pounding headache, profuse sweating, nasal congestion, goose flesh, bradycardia, hypertension) --> place client in **sitting position (elevate HOB) first before any other implementation.**

25. **Shock** --> bedrest with extremities elevated 20 degrees, knees straight, head slightly elevated (modified Trendelenburg)

26. **Head Injury** --> elevate HOB 30 degrees to decrease intracranial pressure

27. **Peritoneal Dialysis when Outflow is Inadequate** --> turn pt from side to side **BEFORE** checking for kinks in tubing (according to Kaplan)

28. **Lumbar puncture** => AFTER the procedure, the client should be placed in the supine position for 4 to 12 hrs as prescribed. (Saunders 3rd ed p. 229)

Demorol for pancreatitis, NOT morphine sulfate

Myasthenia Gravis: worsens with exercise and improves with rest.

Myasthenia Crisis: a positive reaction to Tensilon--will improve symptoms

Cholinergic Crisis: caused by excessive medication-stop med-giving Tensilon will make it worse

Head injury medication: Mannitol (osmotic diuretic)-crystallizes at room temp so ALWAYS use filter needle

Prior to a liver biopsy its important to be aware of the lab result for prothrombin time

From the a\*\* (diarrhea)= metabolic acidosis

From the mouth (vomitus)=metabolic alkalosis

**Myxedema/hypothyroidism:** slowed physical and mental function, sensitivity to cold, dry skin and hair

**Graves' disease/hyperthyroidism:** accelerated physical and mental function; sensitivity to heat, fine/soft hair

**Thyroid storm:** increased temp, pulse and HTN

**Post-thyroidectomy:** semi-Fowler's, prevent neck flexion/hyperextension, trach at bedside

**Hypo-parathyroid:** CATS – convulsions, arrhythmias, tetany, spasms, stridor (decreased calcium), high Ca, low phosphorus diet

**Hyper-parathyroid:** fatigue, muscle weakness, renal calculi, back and [joint pain](#) (increased calcium), low Ca, high phosphorus diet

**Hypovolemia** – increased temp, rapid/weak pulse, increase [respiration](#), hypotension, anxiety, urine specific gravity >1.030

**Hypervolemia** – bounding pulse, SOB, dyspnea, rales/crackles, peripheral [edema](#), HTN, urine specific gravity <1.010; Semi-Fowler's

**Diabetes Insipidus (decreased ADH):** excessive urine output and thirst, dehydration, weakness, administer Pitressin

**SIADH (increased ADH):** change in LOC, decreased deep tendon reflexes, tachycardia, n/v/a, HA; administer Demecolm, diuretics

**Hypokalemia:** muscle weakness, dysrhythmias, increase K (raisins, bananas, apricots, oranges, beans, potatoes, carrots, celery)

**Hyperkalemia:** MURDER – muscle weakness, urine (oliguria/anuria), respiratory depression, decreased cardiac contractility, ECG changes, reflexes

**Hyponatremia:** nausea, muscle cramps, increased ICP, muscular twitching, convulsion; osmotic diuretics, fluids

**Hypernatremia:** increased temp, weakness, disorientation/delusions, hypotension, tachycardia; hypotonic solution

**Hypocalcemia:** CATS – convulsions, arrhythmias, tetany, spasms and stridor

**Hypercalcemia:** muscle weakness, lack of coordination, abdominal pain, confusion, absent tendon reflexes, sedative effect on CNS

**HypoMg:** tremors, tetany, seizures, dysrhythmias, depression, confusion, dysphagia; dig toxicity

**HyperMg:** depresses the CNS, hypotension, facial flushing, muscle weakness, absent deep tendon reflexes, shallow respirations, emergency

**Addison's:** hypoNa, hyperK, hypoglycemia, dark pigmentation, decreased resistance to stress, fractures, alopecia, [weight loss](#), GI distress

**Cushings:** hyperNa, hypoK, hyperglycemia, prone to infection, muscle wasting, weakness, edema, HTN, hirsutism, moonface/buffalo hump

**Addisonian crisis:** n/v, confusion, abdominal pain, extreme weakness, hypoglycemia, dehydration, decreased BP

**Pheochromocytoma:** hypersecretion of epi/norepi, persistent HTN, increased HR, hyperglycemia, diaphoresis, tremor, pounding HA; avoid stress, frequent bathing and rest breaks, avoid cold and stimulating foods, surgery to remove tumor

1. Neuroleptic malignant [syndrome](#) (NMS):

-NMS is like S&M;

-you get hot (hyperpyrexia)

-stiff (increased [muscle tone](#))

-sweaty (diaphoresis)

-BP, pulse, and [respirations](#) go up &

-you start to drool

2. I kept forgetting which was dangerous when you're **pregnant**; regular measles (rubeola), or German measles (rubella), so remember:  
-never get pregnant with a German (rubella)

3. When drawing up **regular insulin** & NPH together, remember:  
-RN (regular comes before NPH)

4. Tetralogy of fallot; remember HOPS  
Think DROP(child drops to floor or squats) or POSH  
Defect, septal  
Right Ventricular hypertrophy  
Overriding aorts  
Pulmonary stenosis

5. MAOI's that are used as antidepressants:  
weird way to remember, I know. pirates say arrrr, so think; pirates take MAOI's when they're depressed.  
- explanation; MAOI's used for depression all have an arrr sound in the middle (Parnate, Marplan, Nardil)

Autonomic dysreflexia: potentially life threatening emergency  
- elevate head of bed to 90 degree  
- loosen constrictive clothing  
- assess for bladder distention and bowel impaction (triger)  
- Administer antihypertensive meds (may cause stroke, MI, seizure )

**easy way to remember MAOI'S!**  
**think of PANAMA!**  
**PA - parnate**  
**NA - nardil**  
**MA - marplan**

metallic bitter taste.

Digoxin-check pulse, less than 60 hold, check dig levels and potassium levels.

Amphojel: tx of GERD and kidney stones....watch out for contipation.

Vistaril: tx of anxiety and also itching...watch for dry mouth. given preop commonly

Versed: given for conscious sedation...watch for resp depression and hypotension

PTU and Tapazole- prevention of thyroid storm

Sinemet: tx of parkinson...sweat, saliva, urine may turn reddish brown occassionally...causes drowsiness

Artane: tx of parkinson..sedative effect also

Cogentin: tx of parkinson and extrapyramidal effects of other drugs

Tigan: tx of postop n/v and for nausea associated with gastroenteritis

Timolol (Timoptic)-tx of glaucoma