

NURS 507 Exam 2: Study Guide Questions (201 Terms) with Verified Solutions 2023-2024.

Cardiovascular assessment includes: - **Correct Answer:** 1. Cardiac vascular system

2. Peripheral vascular system

Cardia is performed with a ___ exam. - **Correct Answer:** pulmonary exam

Peripheral vascular is done when _____. - **Correct Answer:** Examining the extremities.

Chest Pain requires you to use... - **Correct Answer:** OPQRSTU pain scale

Cardiac Assessment (7) - **Correct Answer:** 1. Chest pain (at rest, with exertion)

2. Dyspnea (at rest, with exertion)

3. Orthopnea (SOB when lying down)

4. Paroxysmal nocturnal dyspnea (PND)

5. Peripheral edema

6. Past cardiac history

7. Cardiac risk factors

Cardiac risk factors - **Correct Answer:** diabetes (#1 risk factor for CAD and sudden cardiac death)

family history

smoking

obesity

First step: Inspect (4 steps) - **Correct Answer:** a. Lie px at 30 degrees

b. Look for pulsation (apical impulse b/t fourth and fifth rib) this is most easily seen in children or thinner adults

c. Observe for a "heave" or a lift"

d. Inspect vessels of the neck

Never palpate ___ carotid arteries at _____. - **Correct Answer:** Never palpate both carotid arteries at the same time.

Second Step: Palpate (feel) (7 steps) - **Correct Answer:** a. palpate carotid arteries one at a time

b. apical impulse (point of maximal impulse)

c. heaves/lifts

d. thrills

e. left lateral decubitus position may be useful

f. should occupy only one interspace (4th or 5th) midclavical line of just medial

g. may not be palpable in various circumstances

Cardiac Auscultation mnemonic - **Correct Answer:** "All Patients Eagerly Take Meds"

"All physicians enjoy taking money"

A-Aortic area

P- pulmonic area

E- Erb's point

T- tricuspid area

M- mitral apex

How many heart tones are there? - **Correct Answer:** Five heart tones

Aortic area - **Correct Answer:** second intercostal space along right sternal border

Pulmonic area - **Correct Answer:** second intercostals space at left sternal border

Erb's point - **Correct Answer:** third intercostal space at left sternal border

Tricuspid area - **Correct Answer:** fifth intercostal space along the left sternal border

mitral area - **Correct Answer:** fifth intercostal space, midclavical line.

This is where the PMI is found. Known as the point of maximal impulse.

note: with enlarged hearts mitral area may present at anterior axillary line

Auscultation of Heart (2 types) - **Correct Answer:** 1. S1 and S2 heart sounds (use diaphragm at areas of A, P, E, T, M) and listen for "lub" "dub" or S1, S2 sound

2. Apical pulse (left of sternum, b/t 4th and 6th ICS at MCL. 30 sec if regular, 60 sec if irregular)

S1 - **Correct Answer:** closure of mitral, tricuspid valves.

beginning of systole

"LUB" (greater at apex)

S2 - **Correct Answer:** closure of aortic, pulmonic valves,

beginning of diastole

"DUB" (greater at base)

Cardiac Auscultation (4 things to know) - **Correct Answer:** 1. cardiac cycle

2. pulse deficit

3. extra heart sounds (split S1/S2, S3/S4 "gallop", murmurs/clicks/rubs)

4. stethoscope use (listen with diaphragm going down and then bell in each auscultatory position going up)

Carotid arteries (ascultate) - **Correct Answer:** listen with bell over each artery for bruits (noise due to turbulence that sounds like a cat purring).

Murmurs - **Correct Answer:** for now, only try to describe when they occur.

Normal Cardiac Assessment - **Correct Answer:** No chest pain/pressure or SOB

No pulsations, heaves, or lifts

Apical impulse in 4th or 5th ICS at MCL

No thrill

Rate 60-100 bpm (athletes might be 40-60)

Normal S1 and S2

No extra heart sounds

Cardiac documentation - **Correct Answer:** "no heaves or lifts. Apical impulse palpated at 5th ICS at left MCL. Regular rate and rhythm. Normal S1 and S2. No S3 and S4, murmurs, clicks or rubs."

Age related cardiac considerations - **Correct Answer:** Rate faster in children and can quicken or slow in the respiratory cycle

S3 and innocent murmurs common in kids

"venous hum" common in children due to turbulent blood flow in jugular venous sys.

Systolic murmurs common in older adults due to aortic sclerosis

Cardiac Assessment "pearls" - **Correct Answer:** - take your time

- concentrate on one heart sound at time
- don't press too hard on stethoscope
- feel peripheral pulse while auscultating in order to verify which sound is s1

- to differentiate b/t pleural friction rub and pericardial friction rub, have px. hold their breath. If you hear something, then it is a pericardial rub. If not, then pleural.

Peripheral Vascular Assessment (4) - **Correct Answer:** 1. leg

pain/cramping

2. leg swelling

3. changes in the skin

4. non-healing sores

PVA: Arterial System (inspect) - **Correct Answer:** skin shows signs of insufficiency

pulse graded 0-4 (+2 expected findings)

capillary refill

clubbing

PVA: Arterial System (palpate) - **Correct Answer:** check for symmetry

palpate peripheral pulses (rate strength on 0-4 (+2) scale

assess extremities for symmetry, color, varicosities

assess temp. of hands and feet

perform capillary refill test

PULSES (rate, rhythm, and quality) - **Correct Answer:** 0- absent

1-weak/thready

2- normal

3-full (sometimes seen in pregnant women)

4- bounding

Assess peripheral vasculature - **Correct Answer:** nail bed color, shape, configuration

look for cyanosis and clubbing

Capillary refill test - **Correct Answer:** should be less than 3 seconds after blanching

1. pressure applied to nail bed until it turns white
2. blood returned to tissue

PVA: venous - **Correct Answer:** inspect, palpate

-skin for insufficiency

- varicosities

Edema is graded: 0-4 (+)

EDEMA Scale - **Correct Answer:** Assess by placing thumb over dorsum of the foot or tibia for 5 seconds

0- no edema

1+: barely discernible depression

2+: a deeper depression (<5mm) w/ normal foot and leg contours

3+: deep depression (5-10mm) with foot and leg swelling

4+: more than 1cm with severe foot and leg swelling

Venous Stasis - **Correct Answer:** Scalling, redness, skin taut and shiny, possible ulcerations.

"venous stasis ulcers"

What does the lymphatic system do? - **Correct Answer:** part of circulatory that transports excess interstitial fluid back into the bloodstream.

it actively filters microorganisms and prevents unwanted substances from re-entering the bloodstream.

What is the third vascular system? - **Correct Answer:** The Lymphatic system

What are you looking for? - **Correct Answer:** thousands of nodes that are part of hematological and immune system

inflammation of the nodes can be indicative of infection

Unilateral lymph node enlargement is indicative of what? - **Correct Answer:** neoplasm (cancer)

5 P's of Circulatory Checks - **Correct Answer:** P P P P P

Pain, pallor, paralysis, parathesia, pulse

Expected findings of PVA: - **Correct Answer:** no complaints of pain or sensory loss

no lesions, ulcers, skin changes

no varicosities

no clubbing, cyanosis, edema

capillary refill of less than 3 seconds

pulses 2+ and symmetric

PV Documentation - **Correct Answer:** "No clubbing, cyanosis, or edema. No varicosities. Capillary refill less than 3 seconds. Pulses 2+ and symmetric. No thrills or bruits."

Age- related PV considerations - **Correct Answer:** kids w/ congenital heart disease may inhibit cyanosis or clubbing in toes/fingers

older adults more apt. to have changes associated with arterial and or venous insufficiency

older adults have have weaker pulses and bruits due to atherosclerotic disease

Peripheral Assessment "Pearls" - **Correct Answer:** always look of symmetry

check for edema over BONY PROMINENCES (ex. medial malleolus)

remember the doornails media pulse is congenitally absent in 10% of the population

if you have a hard time palpating the peripheral pulse, make sure you don't confused your own with the px.

if in doubt, use a doppler and then mark it for your colleagues

How to "think it through" - **Correct Answer:** describe any problems clearly and precisely

Prioritize Px. needs

1. high (life-threatening)
2. medium (unhealthy consequences)
3. Low (makes no difference if not attended to today)

*focus on controllable problems

*identify strategies that are plausible

Anasarca - **Correct Answer:** SIGNIFICANT edema. Fluid has left and is now clogging the extracellular space.

LASIX (furosemida) - **Correct Answer:** diuretic to treat edema

Study case study from 05/18/2018 - **Correct Answer:** concerning 50 y/o woman and her chest pain.

SBAR reporting - **Correct Answer:** Report of:

Situation of px.

Background of px.

Assessment

Recommendation

NCLEX questions are _____. - **Correct Answer:** based on Bloom's taxonomy (meaning they are APPLICATION BASED)

Respiratory Assessment - **Correct Answer:** Review A&P slides, won't be covered in lecture

Anterior/Posterior

Lateral/medial - **Correct Answer:** front/back
going out/coming in

You never want to listen over _____. - **Correct Answer:** bone

Health history of respiratory system - **Correct Answer:** 1. assess client for modifiable and non modifiable risk factors

2. smoking/exposure to smoke (pack years = number of years times packs per day)

3. sedentary lifestyle/obesity

4. age

5. environmental exposure- dust, chemicals, pollution

6. family history

Principles to keep in mind - **Correct Answer:** explain to the px. as you go, communication, instruct px. to tell you if uncomfortable/dizzy, keep px. comfortable and only expose area being assessed, consider developmental and cultural aspects

Preparing for the assessment - **Correct Answer:** 1. gather equipment (correct stethoscope use-close eyes)

2. hand hygiene

3. inspect/palpate/percuss/auscultate

Crepitus - **Correct Answer:** "rice Krispies" under the skin

Normal respiratory assessment - **Correct Answer:** -able to breathe well in any position

-symmetrical rise and fall of thorax

-no accessory muscles

-respiratory pattern is regular and even

- respiratory rate is 12-20 breaths per minutes
- resonance percussion over lung tissue
- normal and equal breath sounds
- diaphragmic excursion 3-5cm

clubbing - **Correct Answer:** angle of over 180 degrees

causes: hypoxia or poor tissue perfusion

- respiratory disease
- CV disease
- cirrhosis or thyroid disease

cyanosis - **Correct Answer:** evaluate the prescence of cyanosis

face/ lips/ hands/ lower extremities