

NCLEX REVIEW NURSING CHEAT SHEET

Pharmacology

You can not learn all the medications at once. But by learning drug categories and their corresponding name endings, memorization will become easier. This way you'll be able to eliminate many answer choices on your pharma questions.

- **ACE inhibitors and (in)** -pril (lisinapril)
- **Beta-blockers and (in)** -olol (propranolol)
- **H2 receptor blockers and (in)** -tidine (cimetidine)
- **Anti and (in)** -ycin or -cillin (erythromycin, penicillin)
- **Cholesterol lowering drugs and (in)** -statin (atorvastatin)



- **Cardiovascular drugs and (in)** -pam (diltiazem)
- **Phosphodiesterase and (in)** -sine (sildenafil)
- **Glucocorticoids and (in)** -one (prednisone)

- **Antibiotics and (in)** -in (amoxicillin)
- **ARBs and (in)** -artan (losartan)
- **PRNs and (in)** -azole (omeprazole)
- **Anticoagulants and (in)** -arin (heparin)



Drug Schedules

- **Schedule I** - no currently accepted medical use and for research use only (e.g., heroin, LSD, MDMA)
- **Schedule II** - drugs with high potential for abuse and requires written prescription (e.g., Ritalin, hydromorphone (Dilaudid), meperidine (Demerol), and fentanyl)
- **Schedule III** - requires new prescription after six months or five refills (e.g., codeine, testosterone, buprenorphine)

Vital Signs

- Temp: 36.5 to 37.2°C (97.8-99°F)
- BP: 90/60 to 120/80 mm Hg
- Heart rate - 60-100 bpm
- Respiratory Rate: 12 to 20 breaths per minute

Conversions

- 1 teaspoon = 5 mL
- 1 tablespoon = 3 tsp
- 1 oz = 30 mL
- 1 cup = 8 oz
- 1 pint = 2 cups

Convert C to F: C x 1.8
multiply by 32 and
add 32



- 1 quart = 2 pints
- 1 gram (g) = 1000 mg
- 1 gram (g) = 1,000 mg
- 1 kilogram (kg) = 2.2 lbs
- 1 lb = 16 oz

Convert F to C: F - 32
multiply by 5/9 and
add 32

Rules of nines for calculating Total Body Surface Area (TBSA) for burns

- Head: 9%
- Arms: 18% (9% each)
- Back: 18%
- Legs: 36% (18% each)
- Genitalia: 1%

Common Diets

- Gallbladder diseases - Low fat, calorie restricted
- Regular Gastritis - Low fiber, bland diet
- Hepatitis - High calorie, high protein
- Hyperlipidemias - Fat controlled, calorie restricted
- Hypertension/Heart Failure/CAD - Low Sodium, calorie restricted, fat controlled
- Kidney Stones - Increased fluid intake, controlled calcium intake, low-oxalate

- Obesity/overweight - Calorie restricted, high fiber
- Peptic ulcer - Bland diet
- Pernicious Anemia - Increase Vitamin B12 (Cobalamins), found in high amounts on shellfish, beef liver, and fish.

Baby growth

- **2-3 months** able to turn head up, and can turn side to side. Makes cooing or gurgling noises and can turn head to sound.
- **4-6 months** grasps, switches and roll over tummy to back. Can babble and can mimic sounds.
- **6-9 months** sits at 6 and waves bye-bye. Can recognize familiar faces and knows if someone is a stranger. Passes things back and forth between hands.
- **8-9 months** stands straight at night, has favorite toy, plays peek-a-boo.
- **10-12 months** belly to butt.
- **12-24 months** twirls and up, drinks from a cup. Cries when parents leave, uses furniture to cruise.

Common Signs and Symptoms

- Diabetes Mellitus - excessive thirst
- Anger - increased heart rate (HR) - tachycardia, hypertension, stress
- Chronic Kidney - polyuria, polydipsia, polyuria
- Bacteremialphage (Bacterial Infection) - fever, chills
- Hypertension - Headache, dizziness, blurred vision
- Acute - vomiting, nausea, pain related to HR
- Myocardial infarction (MI) - crushing, radiating pain radiating to left shoulder, neck, and arm (substernal pain)
- Parkinson's disease - pill rolling tremors
- Glaucoma - blurred vision
- Retinal detachment - flashes of light, shadow with vision loss
- Basal Skull Fracture - Battle's sign (late) - mastoid tenderness and bruising

Sexual Transmitted Infections

- Herpes Simplex Type II - painful vesicles on genitalia
- Gonorrhea - white, yellow, or green discharge
- Chlamydia - white discharge, vaginal irritation
- Syphilis - white discharge, genital ulcers
- Trichomonas - yellow, foamy, frothy, and fishy smelling vaginal discharge

Lab Values

Blood Gas

- pH: 7.35-7.45
- PaO2: 80-100 mmHg
- PaCO2: 35-45 mmHg
- HCO3-: 22-28 mEq/L
- pO2: 100 mmHg
- SaO2: 95%

Cardiac markers

- Troponin: < 0.05 ng/mL
- Creatinine: < 1.2 mg/dL
- BUN: < 20 mg/dL
- Creatinine: < 1.2 mg/dL

Hematology

- WBC: 4,000-11,000/mm3
- RBC: 4.5-5.5 million/mm3
- Hemoglobin: 12-16 g/dL
- Hematocrit: 37-47%
- Platelets: 150,000-400,000/mm3
- PT: 12-14 seconds
- aPTT: 35-45 seconds
- INR: 1.0-1.5

Lipoproteins & Triglycerides

- LDL: < 100 mg/dL
- HDL: > 40 mg/dL
- TG: < 150 mg/dL
- Total: < 200 mg/dL



Pain Assessment

FLACC

- Face
- Legs
- Cry
- Activity
- Consolability

Types of Pain

- Chronic: Persistent, malignant pain that lasts more than six months.
- Acute: Sudden onset of pain, specific to injury. Lasts from seconds to six months.
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Effects of Pain

- Chronic: Increased cortisol output, impaired tissue response, immune suppression, increased cortisol production, increased blood pressure.
- Acute: Increased cortisol output, impaired tissue response, immune suppression, increased cortisol production, increased blood pressure.

Factors that Influence Pain

- Past Experience
- Anxiety
- Depression
- Age
- Gender
- Culture



Maternity

EPID - Treatment for maternal hypotension after an epidural anesthesia

- Stop infusion of opioids
- Turn the client on her left side
- If hypotension is present, push IV fluids

Newborn Reflexes

- **Blinking**: Eyes should close if light flashes in eyes.
- **Moro**: Infant should extend arms and head symmetrically and then pull back in response to loud noise or jolt.
- **Rooting**: Infant should turn head toward finger placed on cheek.
- **Sucking**: Infant should open mouth and turn to the side of touch when the infant's cheek is stroked.
- **Babinski**: Infant should curl if foot is stroked.
- **Grasp**: Infant should grasp finger placed in mouth if tip of finger touches.
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Nursing Quick Study Guide

April Michelle Davis



Nursing Quick Study Guide:

Nursing Jill E. Winland-Brown, 2007-05-24 This 4 page laminated guide covers the general nursing duties including analysis and assessment techniques It includes detailed tables and diagrams clearly labeled and organized for quick reference

Nursing Assessment (Speedy Study Guides) Speedy Publishing, 2014-07-03 A Nursing Assessment Guide is a comprehensive work to outline the procedures nurses use to properly assess patients to determine a patient's needs and apparent state of health It provides a clear blueprint of procedures to follow and outlines the most practical order to follow them Proper technique is described in detail and it has illustrations and diagrams for doing things the correct way for the comfort of the patient and good assessment of possible problems It is a helpful reference for clear and concise charting

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