

NPTE STUDY GUIDE

Evaluating Heart Block



Other Systems

STAGES OF HEALING

Infestation phase (1-10 days)

- Consists of protein activation and clotting cascade
- Most cells, neutrophils, and monocytes
- Clean wound and tissue restoration
- Re-epithelialization occurs within 48 hours but takes ~10 days to see

Proliferative phase (3-21 days)

- Capillary buds and tissue granulation appears
- Wound closure and contraction

Maturation phase (7 days-2 years)

- Initiated when granulation tissue and epithelial differentiation begin to appear in wound bed
- May reach 80% tensile strength when completely healed
- Hypertrophic scarring can significantly impact maturation

WOUND EXUDATE

Serous - clear, watery, normal drainage

Sanguineous - red, thin watery (blood) drainage

Serosanguineous - light red, watery drainage

Serosanguineous - cloudy, opaque with yellow or tan, early warning signs of infection and always abnormal

Purulent - yellow, green, thick, (WBCs) (pus)

Foul - brown, foamy, blackish, heavy, infected

Wound classification (arterial and venous)

- Superficial - non-healing wounds
- Partial - thickness - ulcers
- Full-thickness - Arterial ulcers, venous ulcers, diabetic ulcers, secondary infection
- Subcutaneous - fat, muscle, tendon, bone, secondary infection

Arterial ulcers - do NOT elevate legs or use foot prosthetic devices

Diabetic ulcers - Wagner Ulcer scale

Pressure ulcers - Norton and Braden scales

Pressure ulcer staging

- Stage 1 - non-perforated redness, local discoloration
- Stage 2 - partial thickness, open with granulation tissue, ulcers
- Stage 3 - full-thickness, fat visible, undermining and tunneling
- Stage 4 - bone, muscle, tendon, osteomyelitis possible
- "Suspected deep tissue" - bruising look
- "Unstageable if covered by eschar"

Reassessment testing - inability to perceive a light touch/pressure indicates loss of protective sensation. Not able to perceive (light to moderate) - May lead to pressure ulcers/ulcers

WOUND HEALING

Primary intention

- Surgical incisions, lacerations, punctures, sutures and proper dressing wounds
- Minimal swelling and heal quickly in uncomplicated and orderly progression

Secondary intention

- Wounds left open to heal by scar formation which requires ongoing attention
- Abscesses, ulcers, arterial, venous or pressure ulcers
- Must be thoroughly and chronically inflamed wounds

Tertiary intention

- Wound "closed primary intention" because it occurs when healing needs to be delayed
- Closed with sutures under care of further infection/debridement, repair or debridement

Autolytic debridement - Dressings placed on wounds. Do not use on infected wounds

Cardiopulmonary

Chest Inspection

- Inspect for asymmetry in chest wall
- Inspect for asymmetry in chest wall
- Inspect for asymmetry in chest wall
- Inspect for asymmetry in chest wall

Respiratory auscultation

- Auscultation of chest wall
- Auscultation of chest wall

Respiratory percussion

- Percussion of chest wall
- Percussion of chest wall

Respiratory palpation

- Palpation of chest wall
- Palpation of chest wall

Covers ALL
Topics!

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