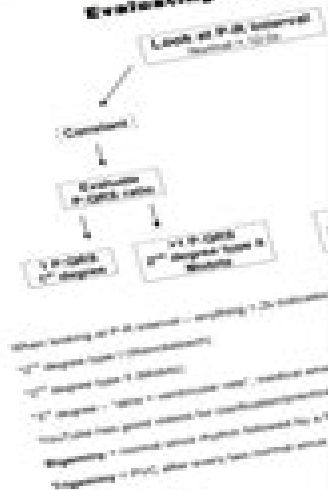


NPTE STUDY GUIDE

Evaluating Heart Block



Other Systems

STAGES OF HEALING

Information phase (1-10 days)

- Consists of platelet activation and clotting cascade
- Most cells, neutrophils, and monocytes
- Clean wound and tissue restoration
- Re-epithelialization occurs within 48 hours, but takes ~3 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

Serosanguineous - red, thin, watery, (normal drainage)

Sanguisanguineous - light red, watery drainage

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

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

Fester - foamy, frothy, black/dark, (fibrin, bacteria)

Wound classification (partial and venous)

- Superficial - non-healing wound
- Partial - thickness - below
- Full-thickness - 4mm depth, subcutaneous fat visible, secondary intention
- Subcutaneous - fat, muscle, tendon, bone, secondary intention

Arterial ulcers - do NOT elevate legs or use hot socks/blankets/blankets

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, sloughs
- 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

Wound healing - inability to promote a fight mechanism indicates loss of protective sensation. Not able to perceive if leg is itchy. May lead to pressure ulcers/ulcers

WOUND HEALING

Primary intention

- Surgical incisions, lacerations, punctures, avulsions and other traumatic wounds which require primary intention
- Minimal swelling and heal quickly in uncomplicated and orderly progression

Secondary intention

- Wound is left open to heal by scar formation which requires ongoing attention
- Abscesses, ulcers, arterial, venous or pressure ulcers
- Must full-thickness and chronically inflamed wounds

Tertiary intention

- Wound is left open to heal by scar formation which requires ongoing attention
- Closed with sutures once free of further infection/drainage, repair or debridement

Wound dehiscence - Drainage placed in wounds. Do not use on infected wounds

Cardiopulmonary

Chest Inspection

- Inspect for asymmetry in chest expansion
- Inspect for asymmetry in chest expansion
- Inspect for asymmetry in chest expansion
- Inspect for asymmetry in chest expansion

Respiratory auscultation

- Auscultate for crackles, wheezes, rhales, and decreased breath sounds
- Auscultate for crackles, wheezes, rhales, and decreased breath sounds
- Auscultate for crackles, wheezes, rhales, and decreased breath sounds

Cardiovascular auscultation

- Auscultate for murmurs, gallops, and decreased heart sounds
- Auscultate for murmurs, gallops, and decreased heart sounds
- Auscultate for murmurs, gallops, and decreased heart sounds

Covers ALL Topics!

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