

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 (famotidine)
- **Anti and (in)** -ycin or -cillin (erythromycin, penicillin)
- **Cholesterol lowering drugs and (in)** -statin (atorvastatin)



- **Sedatives and (in)** -pam (diazepam)
- **Phenothiazines and (in)** -azine (promethazine)
- **Glucocorticoids and (in)** -one (prednisone)

- **Antibiotics and (in)** -vir (acyclovir)
- **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, ketamine)

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 subtract 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 subtract 32



Ratio of areas for calculating Total Body Surface Area (TBSA) for burns

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

Common Diets

- Gallbladder diseases - Low fat, calorie restricted
- Regular Gastritis - Low fiber, bland diet
- Hepatitis - High calorie, high protein
- Hyperlipidemia - 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 (Cobalamin), 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.
- **6-7 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.
- **8-10 months:** stands straight at night, has favorite toy, plays peek-a-boo.
- **10-12 months:** tows to butt.
- **12-23 months:** twines and up, drinks from a cup. Cries when parents leave, uses furniture to cruise.

Common Signs and Symptoms

- **Diabetic ketoacidosis:** acetone breath.
- **Anxiety:** tachycardia, tachypnea (PMH - psychomotor), sweating, nausea.
- **Diabetic ketoacidosis:** polyuria, polydipsia, polyuria.
- **Acute myocardial infarction (MI):** chest pain, sweating, NPO.
- **Heart failure:** crackles, rales, edema, bounding JVP.
- **Stroke:** unilateral weakness, sensory deficit, homonymous hemianopia.
- **Anginal chest pain:** crushing pain, relieved by NPO.
- **Myocardial infarction (MI):** crushing, radiating pain, relieved by rest, nitroglycerin, sweat, and nausea, bounding JVP.
- **Myocardial infarction:** chest pain, relieved by rest, nitroglycerin, sweating, nausea.
- **Stroke:** unilateral weakness, sensory deficit, homonymous hemianopia.
- **Stroke:** unilateral weakness, sensory deficit, homonymous hemianopia.

Sexual Transmitted Infections

- **Herpes Simplex Type II:** genital vesicles on genitalia
- **Genital herpes:** itchy, red, swollen, painful blisters
- **Chlamydia:** genital discharge
- **Gonorrhea:** green, yellow, discharge and painful urination
- **Chancroid:** white discharge and painful ulcers
- **Trichomoniasis:** white foamy discharge vaginal discharge
- **Scabies:** yellow, scaly, itchy, and fluid-containing vesicles

Lab Values

Blood Gas

- PaO₂: 80-100 mm Hg
- PaCO₂: 35-45 mmHg
- pH: 7.35-7.45
- HCO₃: 22-28

Cardiac markers

- Troponin: 0-0.05 ng/mL
- Creatinine: protein 0.6 mg/dL
- BUN: 8-20 mg/dL
- Creatinine: 0.6-1.2 mg/dL

Hematology

- WBC: 4,800-10,800
- Hgb: 12-16 g/dL
- Hct: 37-47%
- RBC: 4.2-5.4 million
- Platelets: 200,000-400,000 cells
- PT: 12-14 seconds (1.5-2.0 times the P on Warfarin)
- aPTT: 30-40 seconds (1.5-2.0 times the P on Heparin)
- INR: 1.0-1.5 (Warfarin 2-3), not on Warfarin 0.8-1.1
- Hgb: 12-16 g/dL
- Hct: 37-47%
- RBC: 4.2-5.4 million

Lipoproteins & Triglycerides

- HDL: 40-60 mg/dL
- LDL: 100 mg/dL
- APT: 40-100 mg/dL
- HDL: 40-60 mg/dL
- LDL: 100 mg/dL
- TG: 100-160 mg/dL



Pain Assessment

FLACC

- Face
- Legs
- Cry
- Activity
- Consolability
- Appropriate for children to 6 years of age and older children with cognitive impairment.

Types of Pain

- **Chronic:** Persistent, recurrent pain that lasts more than six months.
- **Acute:** Sudden onset of pain, specific to injury. Lasts from seconds to six months.
- **Chronic:** Persistent, recurrent pain that lasts more than six months.
- **Acute:** Increased heart rate, increased blood pressure, increased respiratory rate, increased blood pressure, increased blood pressure.

Factors that influence Pain

- Past Experiences
- Anxiety
- Depression
- Age
- Gender
- Culture



Maternity

EPIDURAL Treatment for maternal Hypertension after an epidural analgesia.

- Stop infusion of Opioids.
- Turn the client on her left side.
- If Hypertension is present, push for fluids.

Newborn Reflexes

- **Blinking:** Eyes should close if light shined in eyes.
- **Startle/ Moro:** reflex should extend limbs and neck symmetrically and then pull back in response to loud noise or jolt.
- **Rooting:** infant should grasp finger if palm stroked.
- **Sucking:** infant should have mouth and turn to the side of touch when the infant's cheek is stroked.
- **Babinski:** infant should kick if soles touched. Reflex may be used in premature infants.
- **Palmaris:** reflex should握握握握握 if one side of foot stroked from heel to ball of foot.
- **Grasp (dewey):** infant should push finger out of mouth if tip of tongue touches.
- **Trunk neck flexion:** with infant lying flat and the head turned to one side, the infant should flex limbs on opposite side and extend limbs on the side to which head is turned.
- **Spontaneous:** with infant prone, stroking down one side of spine to back from spine should result in the pelvic limbs flexing to one side.

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