

Kaplan study guide

1. **Hazards of immobility:** Pressure ulcers, osteoporosis, hypercalcemia, negative Nitrogen balance, increased cardiac workload, orthostatic HTN, stasis of resp secretions, boredom and depression

Nursing considerations: Good skin care, high protein diet with small frequent feedings, rise from bed slowly, turning coughing and deep breathing.

3. **Diabetes Insipidus:** Decreased production of ADH.

Indications: Increased urinary output and increased plasma osmolality, increased thirst.

Caused by brain tumor, head injury, brain surgery, lithium therapy

Indications: Excessive urine output (polydipsia), chronic severe hydration, excessive thirst, anorexia, weight loss, weakness, constipation, fatigue, hypernatremia, increased serum osmolality

Nursing considerations: I&O, urine specific gravity, skin condition, daily weight, VS, administer vasopressor and reduce fluid intake to avoid intoxication, medications, thiazide diuretics, sign of hypovolemic shock, keep siderails up and assist with walking

4. **Addisonian Crisis:** Adrenakortical insufficiency. Precipitated by stress, surgery, trauma and infection.

Indications: Hypotension, cyanosis, fever, shock symptoms, headache, abdominal pain, nausea, diarrhea and confusion, weakness, circulatory shock, dehydration. Addison's DZ: fluid deficit, Increase in melanocyte stimulating hormone, abnormally dark and pigmented skin.

Treatment: Hormone replacement (dexamethasone), hydrocortisone or both. Later doses of hydrocortisone are given IV. Increase fluid and salt in hot weather

Nursing considerations: IV Fluid and electrolytes priority, VS, weight and BP

5. **Cushing's Syndrome:** Hypersecretion of adrenal hormones (mineral corticoids, glucocorticoids, and androgens).

Indications: Fatigue, weakness, osteoporosis, muscle wasting, cramps, edema, increased BP, hypernatremia, hypokalemia,

hyperglycemia. Truncal obesity, thin legs and arms due to muscle wasting, purple skin striation, and decrease resistance to infection.

Treatment: Adrenalectomy, radiation, drug therapy and surgery

Nursing considerations: High protein, low carb, high potassium, low sodium, low calorie diet.

POST OP: use careful technique to prevent infection, observe for hyperactivity and GI bleeding, monitor shock and HTN, administer cortisol

10. **Hyperglycemia:** Increased blood sugar.

Indications: Polyuria, polydipsia, polyphagia, glucosuria (when glucose level exceeds 180), fatigue, sudden vision changes, tingling in hands and feet, dry skin, slow healing wounds, recurrent infections

Treatment: Type 1- give insulin

Type 2- Diet and exercise, if symptoms persist, oral hypoglycemic agents (stimulate beta cells in the pancreas to release endogenous insulin) are given in conjunction with diet and exercise. Increased waste circumference size contributes to insulin resistance.

Note: Insulins

Glargine longer duration insulin

Regular Onset 30 hr, peak 2-5 hr, duration 8 hrs

NPH O- 1 1/2hr, P- 4-12hr, D- 24hr

Humulin R O- 30-1hr, P- 2-4hr

11. HHNS (hyperglycemic, hyperosmolar, not ketotic syndrome) Occurs in type 2 diabetics over 50.

Indications: glucose level greater than 800 mg/dl, Hypotension, dry mucous membranes, poor skin turgor, tachycardia, altered awareness, seizures, hemiparesis,

Nursing Care: administration of Normal saline, regular insulin, assess VS, glucose, CVP, level of consciousness, urine output and temp

Treatment: replacement of fluids, correction of electrolyte imbalance and insulin

12. **Anaphylaxis:** serious multiple system response (vasogenic shock) to an antigen antibody reaction upon subsequent exposure (rarely upon first contact) to a substance (allergen) for which a person has developed a serious hypersensitivity

Kaplan Med Surg Study Guide

Deborah Dolan Hunt



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