

Rationale: ATI pg. 27 Morphine sulfate and fentanyl are opioid agents used to treat moderate to severe pain. A short-acting pain medication is administered for breakthrough pain.

6. A nurse is admitting a client who reports chest pain and has been placed on a telemetry monitor. Which of the following should the nurse analyze to determine whether the client is experiencing a myocardial infarction? a.

PR interval

- b. QRS duration
- c. T wave
- d. **ST segment**

Rationale: ST elevation indicates MI. ST depression indicates ischemia

7. A nurse is teaching a client who has ovarian cancer about skin care following radiation treatment. Which of the following instructions should the nurse include?

- a. **Pat the skin on the radiation site to dry it**
- b. Apply OTC moisturizer to the radiation site
- c. Cover the radiation site loosely with a gauze wrap before dressing
- d. Use a soft washcloth to clean the area around the radiation site

Rationale: pg. 584. Dry the area thoroughly using patting motions.

8. A nurse is caring for a client who is receiving a blood transfusion. The nurse observes that the client has bounding peripheral pulses, hypertension, and distended jugular veins. The nurse should anticipate administering which of the following prescribed medications?

- a. Diphenhydramine
- b. Acetaminophen
- c. Pantoprazole
- d. **Furosemide**

Rationale: S/S may indicate fluid retention or heart failure. It is important to administer diuretics to prevent cardiovascular/respiratory distress.

9. A nurse is assessing a client who is receiving magnesium sulfate IV for the treatment of hypomagnesemia.

Which of the following findings indicates effectiveness of the medication? a.

Lungs clear

- b. **Apical pulse 82/min**
- c. Hyperactive bowel sounds
- d. Blood pressure 90/50 mm Hg

Rationale: pg. 278 Confirmed on answer sheet

10. A nurse is reviewing a client's ABG results pH 7.42, PaCO₂ 30 mm Hg, and HCO₃ 21 mEq/L. The nurse should recognize these findings as indication of which of the following conditions?

- a. Metabolic acidosis
- b. Metabolic alkalosis
- c. **Compensated respiratory alkalosis**
- d. Uncompensated respiratory acidosis

Rationale: because the HCO₃ 21 trying to compensate for respiratory alkalosis.

11. A nurse is caring for a client who has a deep partial thickness burns over 15% of her body which of the following labs should the nurse expect during the first 24 hours A.

Decreased BUN (elevated due to fluid loss)

- B. Hypoglycemia (High due to stress)
- C. **Hypoalbuminemia (Low due to fluid loss)**
- D. Decreased Hematocrit (Elevated due to 3rd spacing during resuscitation phase)

Rationale: Pg. 481 ATI. Total protein and albumin- low due to fluid loss.

12. A nurse is caring for a client who has dumping syndrome following a gastrectomy, which of the following actions should the nurse takes?

- a. Offer the client high carbohydrate meal options (High fat, high protein, low fiber, low to moderate carbs)

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**Gretchen M. Lentz, David M.
Gershenson**



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Medicine Meets Virtual Reality 22 Susan W. Westwood,Li Felländer-Tsai,Cali M. Fidopiastis,Alan Liu,Steven Senger,Kirby G. Vosburgh,2016-04-15 In the early 1990s a small group of individuals recognized how virtual reality VR could transform medicine by immersing physicians students and patients in data more completely Technical obstacles delayed progress but VR is now enjoying a renaissance with breakthrough applications available for healthcare This book presents papers from the

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International Medical Graduates in the United States

Hassaan Tohid,Howard Maibach,2021-01-04 Thousands of international medical graduates come to the United States to start their career as physicians Many of them however are not aware of the challenges and problems that they may encounter along the way These difficulties can range from the language and cultural barriers to a lack of confidence and self esteem Many students are also unaware of the other career options besides getting into a clinical residency program As a result of these issues a great number of foreign medical students remain unmatched into the National Resident Matching Program Not matching can be devastating for these graduates both financially and medically Students often suffer from psychological effects like major depression and generalized anxiety disorder This book outlines the potential problems faced by these graduates and their possible solutions Each chapter collects research evidence interviews and surveys to gather information to work on each possible problem one by one and describes a solution in great detail Comprised of thirty chapters each chapter is broken down into smaller sub sections to investigate the main theme in depth Issues addressed include the different types of international medical graduates and their lives in the United States differences in the education system and healthcare system the triangle of residency language and cultural barriers lack of professional contacts confidence self image and self esteem issues and restriction to specific fields and career paths Written by experts in the field International Medical Graduates in the United States is a first of its kind text that addresses the biggest issues faced by foreign medical graduates in today s world *Perioperative Medicine E-Book* Mark F. Newman, Lee A. Fleisher, Clifford Ko, Michael (Monty)

Mythen,2021-02-16 Based on the most current evidence and best practices Perioperative Medicine Managing for Outcome 2nd Edition is an easy to follow authoritative guide to achieving optimal outcomes in perioperative care Written and edited by recognized authorities in anesthesiology and surgical critical care this fully updated edition helps you think critically about complex long term issues surrounding the care of the surgical patient providing decision trees that define strategies to enhance the medical outcome of care Focuses on what anesthesiologists surgeons and intensivists need to know in order to improve outcomes through evidence and outcome based approaches Provides practical guidance on potential risks to all major organ systems the etiology of particular organ dysfunctions preoperative and intraoperative risk factors and perioperative protection strategies to minimize potential complications Features a consistent chapter format with even more color coded algorithms summary tables and boxes that enables you to quickly explore and determine the best management approaches Includes six all new chapters Perioperative Fluid Management Delirium and POCD Role of Palliative Care ICU Value Based Care The UK Model CFO Perspective on Value Hospital to Home Perioperative Transitions of Care Discusses timely topics such as quality improvement pay for performance preexisting disease and comorbid conditions in anesthesiology and the team based model of care Features two new editors surgeon Clifford Ko MD and Perioperative Summit leader Michael Monty Mythen MD **Comprehensive Gynecology** Gretchen M. Lentz, David M.

Gershenson,2012-01-01 In the 25 years since the first edition of Comprehensive Gynecology many scientific advances have occurred in medical practice The first four editions were largely the work of the original four editors Drs William Droegemueller Arthur L Herbst Daniel R Mishell Jr and Morton A Stenchever With the staggering volume of medical literature published and the complexities of the gynecologic subspecialties we have collaborated with additional experts for the sixth edition We ve examined disease and added a new chapter on the interaction of medical diseases and female physiology We ve investigated discord with new authors to completely rewrite the emotional and psychological issues in gynecology and the legal issues for obstetrician gynecologists Other chapters have delved into the controversies in breast cancer screening vitamin D use the ongoing debates in hormone therapy and vaginal mesh use for pelvic organ prolapse surgery from Preface MD Consult viewed April 9 2012 [Comprehensive Gynecology E-Book](#) Gretchen M Lentz,Rogério A. Lobo,David M Gershenson,Vern L. Katz,2012-02-21 Comprehensive Gynecology provides you with complete timely and easy access to vital information on all the medical and surgical issues affecting your practice Whether you re a resident or practitioner you ll get all the practical in depth coverage you need to stay at the forefront of your field Now in its sixth edition this core reference formerly edited by Drs Droegemueller Stenchever Mishell and Herbst continues to be your primary resource for in depth and up to date information Stay up to date with the latest gynecologic advances through clear writing a clinical focus and a focus on evidence based practices Prepare for the challenges you ll face in practice with a completely overhauled legal chapter containing factual scenarios Stay current in your field with the most recent advances in breast care endoscopy and hysteroscopy menopausal bone health legal issues affecting our practice and much more Access state of the art guidance on the latest applications in diagnostic and interventional ultrasound and many other essential aspects of today s practice through detailed sections on the molecular biology of specific gynecologic malignancies and a new chapter on Fallopian Tube and Primary Peritoneal Cancer Recognize the interactions and influences of female physiology on major disease processes with a new chapter on The Interaction of Medical Diseases and Female Physiology Address every patient s needs with the Emotional Issues in Gynecology chapter now modified in partnership with a psychiatrist and updated information on depression anxiety treatment **Epidemiology, Biostatistics and Preventive Medicine** James F. Jekel,David L. Katz,Joann G. Elmore,Dorothea Wild,2007-06-26 Succinct yet thorough Epidemiology Biostatistics and Preventive Medicine 3rd Edition brings you today s best knowledge on epidemiology biostatistics preventive medicine and public health in one convenient source You ll find the latest on healthcare policy and financing infectious diseases chronic disease and disease prevention technology This text also serves as an outstanding resource for preparing for the USMLE and the American Board of Preventive Medicine recommends it as a top review source for its core specialty examination Discusses the financial concerns and the use and limitations of screening in the prevention of symptomatic disease Emphasizes the application of epidemiologic and biostatistical concepts to everyday clinical problem solving and decision

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Family Medicine J. L. Buckingham, E. P. Donatelle, W. E. Jacott, M. G. Rosen, Robert B. Taylor, 2013-06-29 JOHN S MILLIS In 1966 the Citizens Commission on Graduate Medical Education observed that the explosive growth in biomedical science and the consequent increase in medical skill and technology of the twentieth century had made it possible for physicians to respond to the episodes of illness of patients with an ever increasing effectiveness but that the increase in knowledge and technology had forced most physicians to concentrate upon a disease entity an organ or organ system or a particular mode of diagnosis or therapy As a result there had been a growing lack of continuing and comprehensive patient care The Commission expressed the opinion that Now in order to bring medicine's enhanced diagnostic and therapeutic powers fully to the benefit of society it is necessary to have many physicians who can put medicine together again The Commission proceeded to recommend the education and training of substantial numbers of Primary Physicians who would by assuming primary responsibility for the patient's welfare in sickness and in health provide continuing and comprehensive health care to the citizens of the United States In 1978 it is clear that the recommendation has been accepted by the public the medical profession and medical education There has been a vigorous response in the development of family medicine and in the fields of internal medicine pediatrics and obstetrics One is particularly impressed by the wide acceptance on the part of medical students of the concept of the primary physician Dr John S

Current Catalog National Library of Medicine (U.S.), First multi year cumulation covers six years 1965-70

Principles of Addiction Medicine Richard K. Ries, Shannon C. Miller, David A. Fiellin, 2009 This respected text from the American Society of Addiction Medicine is valuable for all physicians and mental health personnel who specialize in addiction medicine and who treat patients with addiction disorders The chapters blend scientific principles underlying addiction with the practical essentials of clinical addiction medicine Many of the contributors are affiliated with leading government agencies that study

addiction and its science such as the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse The book will appeal to a wide and interdisciplinary range of professionals especially those with interest or duties relating to addiction related disorders and in particular physicians seeking certification status via either the American Board of Addiction Medicine or the American Board of Psychiatry and Neurology A companion Website will offer the fully searchable text

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