

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



- **Benzodiazepines and (in)** -pam (clonazepam)
- **Phenothiazines and (in)** -azine (promethazine)
- **Glucocorticoids and (in)** -one (prednisone)

- **Antibiotics and (in)** -icin (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, buprenorphine)

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



- 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 C to F: C x 1.8 + 32
- multiply by 1.8 and add 32

- Convert F to C: F - 32
- multiply by 5/9 and subtract 32

Rules of nines for calculating Total Body Surface Area (TBSA) for burns

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

Common Diets

- Gallbladder diseases - Low fat, calorie restricted
- Regular Gastritis - Low fiber, bland diet
- Hepatitis - High calorie, high protein
- Hyperlipidemias - 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 (Cobalamine), 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.
- **6-9 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.
- **8-9 months** - stands straight at night, has favorite toy, plays peek-a-boo.
- **10-12 months** - belly to butt.
- **12-24 months** - twirls and up, drinks from a cup. Cries when parents leave, uses furniture to cruise.

Common Signs and Symptoms

- Diabetes Mellitus - excessive thirst
- Anger - reduced heart rate (HR) - tachycardia, tachypnea, anxiety
- Chronic Kidney - polyuria, polydipsia, polyuria
- Bacteremialphage (Bacterial Infection) - fever, chills
- Hypertension - Headache, dizziness, blurred vision
- Acute - vomiting, nausea, pain relieved by NPO
- Myocardial infarction (MI) - crushing, radiating pain radiating to left shoulder, neck, and arm (substernal pain)
- Parkinson's disease - pill rolling tremors
- Glaucoma - blurred vision
- Retinal detachment - flashes of light, shadow with vision loss
- Basilar Skull Fracture - Battle's sign (late) - mastoid tenderness and bruising

Sexual Transmitted Infections

- Herpes Simplex Type II - painful vesicles on genitalia
- Gonorrhea - white to yellow discharge
- Syphilis - chancre (painless ulcer)
- Chlamydia - painless discharge
- Bacteremia - green, white discharge and painful urination
- Chlamydia - white discharge and painful urination
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Lab Values

Blood Gas

- pH: 7.35-7.45
- PaO2: 80-100 mmHg
- PaCO2: 35-45 mmHg
- HCO3-: 22-28 mEq/L
- pO2: 80-100 mmHg
- SaO2: 95-100%

Cardiac markers

- Troponin: < 0.05 ng/mL
- Creatinine: < 1.2 mg/dL
- BUN: < 20 mg/dL
- Creatinine: < 1.2 mg/dL
- BUN: < 20 mg/dL

Hematology

- WBC: 4,000-11,000/mm3
- RBC: 4.5-5.5 million/mm3
- Hemoglobin: 12-16 g/dL
- Hematocrit: 37-47%
- Platelets: 150,000-400,000/mm3
- PT: 12-14 seconds
- aPTT: 35-45 seconds
- INR: 1.0-1.5

Lipoproteins & Triglycerides

- LDL: < 100 mg/dL
- HDL: > 40 mg/dL
- TG: < 150 mg/dL
- Total: < 200 mg/dL



Pain Assessment

FLACC

- Face
- Legs
- Cry
- Activity
- Consolability

Types of Pain

- Chronic: Persistent, ongoing pain that lasts more than six months.
- Acute: Sudden onset of pain, specific to injury.

Effects of Pain

- Chronic: Chronic suppression, depression, disability, fatigue, anger, inability to perform ADLs.

- Acute: Increased cortisol output, impaired tissue response, chronic suppression, increased cortisol production, increased blood volume.

Factors that Influence Pain

- Past Experience
- Anxiety
- Depression
- Age
- Gender
- Culture



Maternity

EPID - Treatment for maternal hypotension after an epidural anesthesia

- Stop infusion of opioids
- Turn the client on her left side
- If hypotension is present, push IV fluids

Newborn Reflexes

- **Blinking** - Eyes should close if light flashes in eyes.
- **Moro/Startle** - Infant should extend arms and legs symmetrically and then pull back in response to loud noise or jolt.
- **Rooting** - Infant should turn head toward finger placed in mouth.
- **Sucking** - Infant should open mouth and turn to the side of touch when the infant's cheek is stroked.
- **Babinski** - Infant should extend foot when the sole of foot is stroked from heel to ball of foot.
- **Grasp** - Infant should grasp finger placed in mouth if tip of finger touches.
- **Tonic neck (Fencing)** - 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.
- **Startle/Startle** - With infant prone, striking down one side of spine (2) back from spine should result in the pelvis turning to stretched side.

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E Durkheim



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