

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 (lisinopril)
- **Beta-blockers and -in** -olol (propranolol)
- **H₂ receptor blockers and -in** -idine (cimetidine)
- **Anti and -in** -ycin or -cillin (erythromycin, penicillin)
- **Cholesterol lowering drugs and -in** -statin (atorvastatin)



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

- **Antibiotics and -in** -in (oxycloxacillin)
- **ARBs and -in** -artan (losartan)
- **Anti 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
add 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

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

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

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.
- **4-5 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.
- **8-9 months** stands straight at night, has favorite toy, plays peek-a-boo.
- **10-12 months** belly to butt.
- **13-23 months** twirls and up, drinks from a cup. Cries when parents leave, uses furniture to climb.

Common Signs and Symptoms

- Diabetes Mellitus - extreme thirst, frequent urination, weight loss, fatigue, blurred vision
- Chronic Kidney Disease - polyuria, polydipsia, polyphagia, anorexia, weight loss, fatigue, muscle cramps, itching, nausea, vomiting
- Hypertension - headache, dizziness, nosebleeds, shortness of breath, chest pain, fatigue, blurred vision
- Anemia - weakness, fatigue, pale skin, shortness of breath, dizziness, headache, palpitations, tachycardia
- Heart Failure - fatigue, weakness, shortness of breath, swelling, rapid weight gain, cough, wheezing, orthopnea, nocturnal dyspnea

Sexual Transmitted Infections

- Herpes Simplex Type II - genital ulcers, pain, itching, redness, swelling, discharge
- Syphilis - primary chancre, secondary rash, fever, malaise, lymphadenopathy
- Chlamydia - genital discharge, pain, itching, redness, swelling
- Gonorrhea - green, yellow, white discharge and painful urination
- Chancroid - white discharge and painful urination
- Trichomonas - white discharge and painful urination
- HIV/AIDS - yellow, white, gray, red, and blue genital discharge

Lab Values

Blood Gas

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

Cardiac markers

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

Hematology

- WBC: 4,000-11,000/mm³
- RBC: 4.5-5.5 million/mm³
- Hemoglobin: 12-16 g/dL
- Hematocrit: 36-46%
- Platelets: 150,000-400,000/mm³
- PT: 12-14 seconds
- aPTT: 35-45 seconds
- INR: 1.0-1.2

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, recurrent pain that lasts more than six months.
- Acute: Sudden onset of pain, specific to injury. Lasts from seconds to six months.

Effects of Pain

- Chronic: Increased heart rate, blood pressure, anxiety, depression, insomnia, decreased immune system, decreased wound healing, decreased pain tolerance.
- Acute: Increased heart rate, blood pressure, anxiety, depression, insomnia, decreased immune system, decreased wound healing, decreased pain tolerance.

Factors that Influence Pain

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



Maternity

WOB Treatment for maternal hypoxemia after an epidural anesthetic

- Drug infusion of opioids
- Turn the client on her left side
- If hypoxemia is present, push for birth

Newborn Reflexes

- **Blinking**: Eyes should close if light flashes in eyes.
- **Moro**: Reflex should occur when baby and neck are extended and then pull back to response to loud noise or jolt.
- **Rooting**: Infant should turn head toward finger if palm is stroked.
- **Sucking**: Infant should have mouth and turn to the side of touch when the infant's cheek is stroked.
- **Swallowing**: Infant should suck if mouth is touched. Reflex may be used in premature infants.
- **Spontaneous**: Reflex should appear if one of sole of foot is stroked from heel to ball of foot.
- **Grasp**: Infant should grasp push finger out of mouth if tip of tongue is touched.
- **Tonic neck**: Infant should turn head to the side and the head turned to the side, the infant should turn head to the opposite side and extend limbs on the side to which head is turned.
- **Startle**: Infant should startle when one side of foot is stroked from heel to ball of foot.

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Tao Wei



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