

# **NURSINGKAMP**

## **THE CONCEPTUAL BOOK**

Medications in questions are important indicators of understanding of the nursing process. Whenever there is a medication in the question the med should be analyzed using “AHAPC”. Utilizing the 5 step method when attempting to answer the question gives a critical thinking and insight into the presenting question.

## AHAPC – Rules for Medication Presenting in Nursing Questions.

- 1 Medications that are in the question are questions about the medication don't overlook them
2. Medications that are in the answers are generally distractors see rule 3 for other indicators
3. If the question indicates anticipated order, or to prepare for, or prescribed interventions the med in the answer may be correct. Think if this med is given does the patient get better or am I treating just the symptom. Generally meds are not given in priority action for symptom management in NCLEX questions leading to Nursing Interventions as priority.

## AHAPC is Completed in the following Priority Order

<b>A</b>	<b>ACUTE or CHRONIC:</b> Define the medication as acute or chronic. Acute means it requires immediate action, assessment or monitoring. Chronic meds are either looking for what is an Acute finding or requiring higher maslow approach or teaching. For example: Lisinopril is chronic medication that presents with angioedema in a question this is an “acute” situation Chronic aspects of medications would be on teaching the patient to notify HCP if the experience any swelling of the face.
<b>H</b>	<b>HOLD MEDICATION:</b> Do you recognize there is a problem in the question that requires you to hold it. Is it an acute situation being presented in the patient or if you gave this medication is there further harm that could be caused if so <b>HOLD</b> .
<b>A</b>	<b>ASSESS FOR COMPLICATIONS:</b> Before or after– Does the medication require the patient to be assessed before giving the medication. For example you would assess potassium levels, prior to giving potassium not after. Does the patient require further assessment for example INR is elevated assess for signs of bleeding.
<b>P</b>	<b>PREPARE TO ADMINISTER/ PREPARE FOR:</b> If the option allows for preparation of a medication this is the next step. For Example a patient that is briskly bleeding from heparin infusion a nurse would prepare Protamine Sulfate.
<b>C</b>	<b>C - Call or notify provider–</b> If the previous steps were not options or the patient is acute distress the last step of the process is to call or notify the health care provider.

## First Class Assignment Med Analysis:

Each Group gets assigned a number 1-6 then writes the names of the meds on the stick-e-note according to acuity by color of stickenote- “red” acute “yellow” chronic



Once complete Students match med with the system on the wall

Examples



Evaluate outcome



# CRITICAL THINKING ON SYMPTOMOLOGY

**Objective:** The student will critically think through each presented symptom and classify it according to system outline below and base it on an acuity rating.

**Primary Classification** (though several organs may be involved narrow down to the most likely condition or presentation symptom that would be included in a nclex style question)

## Primary System or Specialty Involvement

P= Pulmonary Symptom  
C= Cardiac Symptom  
R=Renal Symptom  
E=Endocrine Symptoms  
N-Neurological  
L-Labor Deliver Kids Maternal Health  
B-Behavioral Health  
I-Infection

## Conceptual Focus

O- Oxygenation Related  
B- Perfusion Related  
S- Safety Related  
M- Higher Maslow- (ie. Requiring education, teaching)

## Acuity Rating

1- Stay in the room Urgent-Notify Provider  
2- Intervention Needed  
3- Assess Patient gather more Data  
4- Anticipate Medication Being Ordered  
5- Non Urgent

## Complication- Main complication 3 word or less

# TOP 200 MED LIST

1	2	3	4	5
Nitroprusside	Glucagon	Haloperidol	Magnesium sulfate	octeotide
Atropine	Adenosine	Diltiazem	Metoprolol	levophed
Levothyroxine	Sertraline	Clonazepam	Memantine	Diazepam
Hydrocodone/APAP	Ibuprofen	Benazepril	Atenolol	Oxycodone
Amoxicillin	Zolpidem	Meloxicam	Pravastatin	Risedronate
Lisinopril	Furosemide	Citalopram	Fluoxetine	Folic Acid
Esomeprazole	Omeprazole	Cephalexin	Insulin Detemir	Losartan + HCTZ
Atorvastatin	Trazodone	Tiotropium	Fluconazole	Prednisone
Simvastatin	Valsartan	Gabapentin	Levofloxacin	Prednisolone
Clopidogrel	Tramadol	Aripiprazole	Rivaroxaban	Alendronate
Montelukast	Duloxetine	Potassium	Celecoxib	Pantoprazole
Rosuvastatin	Warfarin	Cyclobenzaprine	Codeine / APAP	Tamsulosin
Metoprolol	Amlodipine	Methylprednisolone	Mometasone	Triamterene + HCTZ
Escitalopram	Oxycodone/APAP	Methylphenidate	Ciprofloxacin	Paroxetine

6	1	2	3	4
Azithromycin	Quetiapine	Loratadine	Pregabalin	Buprenorphine + Naloxone
Albuterol	Promethazine	Carvedilol	Insulin Aspart	Enalapril
Hydrochlorothiazide	Fluticasone	Carisoprodol	Venlafaxine	Lovastatin
Metformin	Alprazolam	Digoxin	Lorazepam	Pioglitazone
Dobutamine	Dopamine	neo phenylephrine	mannitol	Amiodarone
Diazepam	Estrogen	Allopurinol	Ezetimibe	Meclizine
Penicillin	Lisinopril + HCTZ	Metronidazole	Quinapril	Minocycline
Sitagliptin	Bupropion	Vitamin D	Sildenafil	Phenazopyridine
Amitriptyline	Cetirizine	Testosterone	Ondansetron	Spirolactone
Clonidine	Topiramate	Ropinirole	Oseltamivir	Vardenafil
Latanoprost	Valacyclovir	Risperidone	Methotrexate	Clobetasol
Lisdexamfetamine	Eszopiclone	Olopatadine	Dabigatran	Benzonatate
Fluticasone + Salmeterol	Acyclovir	Donepezil	Budesonide	Divalproex
Budesonide + Formoterol	Cefdinir	Dexmethylphenidate	Doxazosin	Dutasteride

MED LIST 2

# TOP 200 MED LIST

5	6	1	2	3
Dexlansoprazole	Clindamycin	Enoxaparin	Desvenlafaxine	Febuxostat
Glyburide	Levetiracetam	Fentanyl	Insulin lispro	Lamotrigine
Olanzapine	Gemfibrozil	Dicyclomine	Clarithromycin	Nortriptyline
Tolterodine	Guaifenesin	Levalbuterol	Buspirone	Glimepiride
Ranitidine	Glipizide	Atomoxetine	Finasteride	Rabeprazole
Famotidine	Irbesartan	Ramipril	Ketoconazole	Etanercept
Diltiazem	Metoclopramide	Temazepam	Solifenacin	Nebivolol
Insulin Glargine	Losartan	Phentermine	Methadone	Nabumetone
Spironolactone	Nitroglycerine	Oxybutynin	Mupirocin	Nifedipine
Epinephrine	Esmolol	Lidocaine	Milrinone	nicardipine
Insulin Glargine	Losartan	Phentermine	Methadone	Nabumetone
Spironolactone	Nitroglycerine	Oxybutynin	Mupirocin	Nifedipine
Vardenafil	Propranolol	Tadalafil	Nitrofurantoin	Naproxen
Clobetasol	Nystatin	Triamcinolone	Etanercept	Tizanidine

## MED LIST 3

4	5	6	
Dutasteride	Phenytoin	Cefuroxime	
Febuxostat	Fenofibrate	Methocarbamol	
Lamotrigine	Liraglutide	Travoprost	
Nortriptyline	Ticagrelor	Lurasidone	
Glimepiride	Diclofenac	Terazosin	
Rabeprazole	Saxagliptin	Sumatriptan	
Nifedipine	Amoxicillin + Clavulanate	Mirtazepine	
Nitrofurantoin	Ezetimibe + Simvastatin	Adalimumab	
Nitroglycerine	Raloxifene	Baclofen	
Hydralazine	Nabumetone	Dextro- amphetamine	
Benzonatate	Verapamil	Rivastigmine	
Divalproex	Estradiol	Lansoprazole	
Nebivolol	Amphetamine	heparin	
Neostigmine	Salmeterol	lithium	

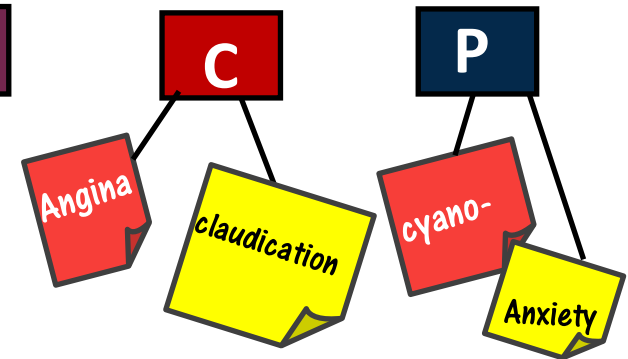


**Second Class Assignment Symptom Analysis:**

Each Group gets assigned a number 1-4 then writes the names of the symptoms on the stick-e-note according to acuity by color of stickenote- "red" acute "yellow" chronic



Once complete Students match symptom with the organ on the wall



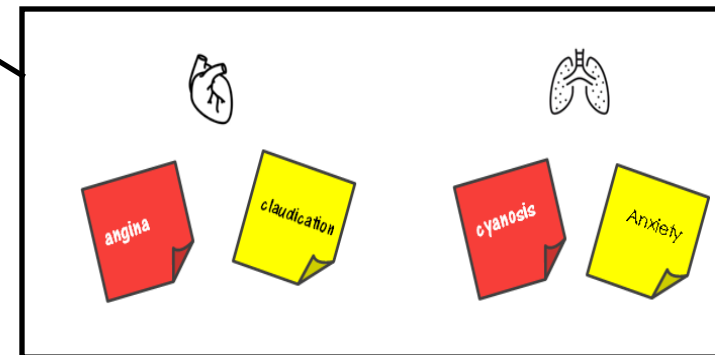
**Third Class Assignment Symptom Analysis:**

Each # Group 1-4 then rearranges under according to writes the names of the symptoms on the stick-e-note according to acuity by color of stickenote- "red" acute "yellow" chronic

**Fourth Symptomology Concept Assessment**

**Discussion on the following Conceptual Focus**

- O- Oxygenation Related
- B- Perfusion Related
- S- Safety Related
- M- Higher Maslow- (ie. Requiring education, teaching)



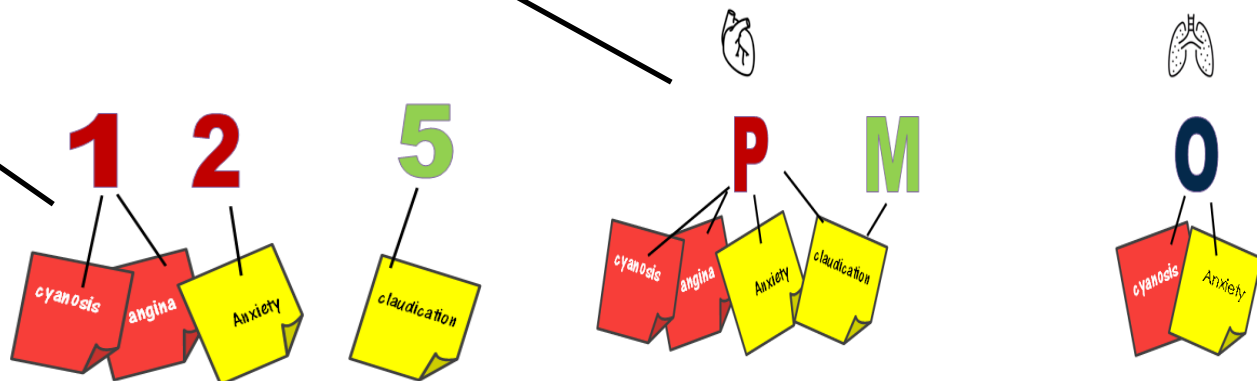
Students Further Classify by OBSM

**Fifth Class Assignment Symptom Analysis:**

**Discussion on the following**

**Acuity Rating**

- 1- Stay in the room Urgent-Notify Provider
- 2- Intervention Needed
- 3- Assess Patient gather more Data
- 4- Anticipate Medication Being Ordered
- 5- Non Urgent



SYMPTOMOLOGY CLASSIFICATION

1	2	3	4
Abdominal distention	Breast nodule	Deep tendon reflexes (hyperactive)	Flank pain
Abdominal mass	Breast pain	Deep tendon reflexes (hypoactive)	Flatulence
Abdominal pain	Breast ulcer	Delirium	Fontanel (bulging)
Abdominal rigidity	Breath odor (ammonia)	Depression	Fontanel depression
Accessory muscle use	Breath odor (fecal)	Diaphoresis	Footdrop
Agitation	Breath odor (fruity)	Diarrhea	Gag reflex abnormalities
Alopecia	Brudzinski sign	Diplopia	Gait (bizarre)
Amenorrhea	Bruit	Dizziness	Gait (propulsive)
Amnesia	Buffalo hump	Doll's eye reflex (absent)	Gait (scissors)
Analgesia	Butterfly rash	Drooling	Gait (spastic)
Anhidrosis	Café-au-lait spots	Dysarthria	Gait (steppage)
Anorexia	Capillary refill time (increased)	Dysmenorrhea	Gait (waddling)
Anosmia	Carpopedal spasm	Dyspareunia	Gallop, atrial (S4)
Anuria	Cat's cry	Dyspepsia	Gallop, ventricular (S3)
Anxiety	Chest expansion (asymmetrical)	Dysphagia	Genital lesions (male)
Aphasia (dysphasia)	Chest pain	Dyspnea	Gum bleeding
Apnea	Cheyne-Stokes respirations	Dystonia	Gum swelling
Apneustic respirations	Chills	Dysuria	Gynecomastia
Apraxia	Chorea	Earache	Halitosis
Arm pain	Chvostek sign	Edema (arm)	Halo vision
Nipple discharge	Pulse pressure (widened)	Stools (clay-colored)	Wheezing
Nipple retraction	Pulse rhythm (abnormal)	Stridor	Wrist Drop
Nocturia	Pulsus alternans	Syncope	
Nasal flaring	Psychotic behavior	Skin (mottled)	Visual Floaters
Nasal obstruction	Ptosis	Skin (scaly)	Vomiting

**SYMPTOMOLOGY CLASSIFICATION**

1	2	3	4
Ascites	Clubbing	Edema (face)	Headache
Asterixis (liver flapping tremor)	Cogwheel rigidity	Edema (generalized)	Hearing loss
Ataxia	Cold intolerance	Edema (leg)	Heat intolerance
Athetosis	Confusion	Enophthalmos	Heberden nodes
Babinski reflex	Conjunctival injection	Enuresis (nocturnal)	Hematemesis
Back pain	Constipation	Epistaxis	Hematochezia
Barrel chest	Corneal reflex (absent)	Erectile dysfunction	Hematuria
Battle sign	Costovertebral angle tenderness	Eructation	Hemianopsia
Biot respirations	Cough (barking)	Erythema	Hemoptysis
Bladder distention	Cough (nonproductive)	Exophthalmos	Hepatomegaly
Blood pressure decrease	Cough (productive)	Eye discharge	Hiccups
Blood pressure increase	Crackles	Eye pain	Hirsutism
Bowel sounds (absent, silent)	Crepitation (bony)	Facial pain	Hoarseness
Bowel sounds (hyperactive)	Crepitation (subcutaneous)	Fasciculations	Homans sign
Bowel sounds (hypoactive)	Cry (high-pitched, cerebral)	Fatigue	Hyperpigmentation
Bradycardia	Cyanosis	Fecal incontinence	Hyperpnea
Bradypnea	Decerebrate posture	Fetor hepaticus	Hypopigmentation
Breast dimpling	Decorticate posture	Fever	Insomnia
Nausea	Pulse (absent or weak)	Skin turgor (decreased)	Vulvar Lesions
Neck pain	Pulse (bounding)	Spider angioma	Weight Gain(Excessive)
Night blindness	Pulse pressure (narrowed)	Splenomegaly	Weight Loss(Excessive)
Muscle spasticity	Postnasal drip	Seizures (generalized tonic-clonic)	Violent behavior
Muscle weakness	Priapism	Setting sun sign	Vision loss
Mydriasis	Pruritus	Skin (bronze)	Visual blurring
Myoclonus	Psoas sign	Skin (clammy)	Vaginal bleeding (postmenopausal)

**SYMPTOMOLOGY CLASSIFICATION**

1	2	3	4
Intermenstrual bleeding	Nuchal rigidity	Pulsus bisferiens	Tachycardia
Intermittent claudication	Nystagmus	Pulsus paradoxus	Tachypnea
Janeway lesions	Ocular deviation	Pupils (nonreactive)	Taste abnormalities
Jaundice	Oligomenorrhea	Pupils (sluggish)	Tearing (increased)
Jaw pain	Oliguria	Purple striae	Throat pain
Jugular vein distention	Opisthotonos	Purpura	Thyroid enlargement
Kehr sign	Orofacial dyskinesia	Pustular rash	Tics
Kernig sign	Orthopnea	Pyrosis	Tinnitus
Leg pain	Orthostatic hypotension	Raccoon eyes	Tracheal deviation
Level of consciousness (decreased)	Ortolani sign	Rebound tenderness	Tracheal tugging
Lid lag	Osler nodes	Rectal pain	Tremors
Light flashes	Otorrhea	Respirations (grunting)	Trismus
Low birth weight	Pallor	Respirations (shallow)	Tunnel vision
Lymphadenopathy	Palpitations	Respirations (stertorous)	Uremic frost
Masklike facies	Papular rash	Retractions (costal and sternal)	Urethral discharge
McBurney sign	Paralysis	Rhinorrhea	Urinary frequency
McMurray sign	Paresthesia	Rhonchi	Urinary hesitancy
Melena	Paroxysmal nocturnal dyspnea	Romberg sign	Urinary incontinence
Menorrhagia	Peau d'orange	Salivation (decreased)	Urinary urgency
Miosis	Pericardial friction rub	Salivation (increased)	Urine cloudiness
Moon facies	Peristaltic waves (visible)	Salt craving	Urticaria
Mouth lesions	Photophobia	Scotoma	Vaginal bleeding (postmenopausal)
Murmurs	Pleural friction rub	Scrotal swelling	Vaginal discharge
Muscle atrophy	Polydipsia	Seizures (focal aware)	Venous hum
Muscle flaccidity	Polyphagia	Seizures (focal with impaired awareness)	Vertigo
Muscle spasms	Polyuria	Seizures (generalized absence)	Vesicular rash

# NURSINGKAMP NCLEX Study Plan

# 3

Step Three : After test Review Four Squares Studying content Using AWHALES ASLEEAPS AND ALEAPS FORMAT once complete—do next question Set

**1** Step One: Set up blank page of paper into four parts.  
As you are doing questions put the item of question in proper location

In order to master content you must think of things differently these are ways to think about the content you may be struggling with to study further— Basically you should be able to explain or be able to “teach” all of these content areas showing mastery of content— Don’t know the area that is what you need to study.

<b>Content</b>	<b>Medications</b>
Example Pulmonary Embolism	Example Lisinopril
Diet Isolation Procedures	
Example Echocardiogram	<b>SCORE</b>

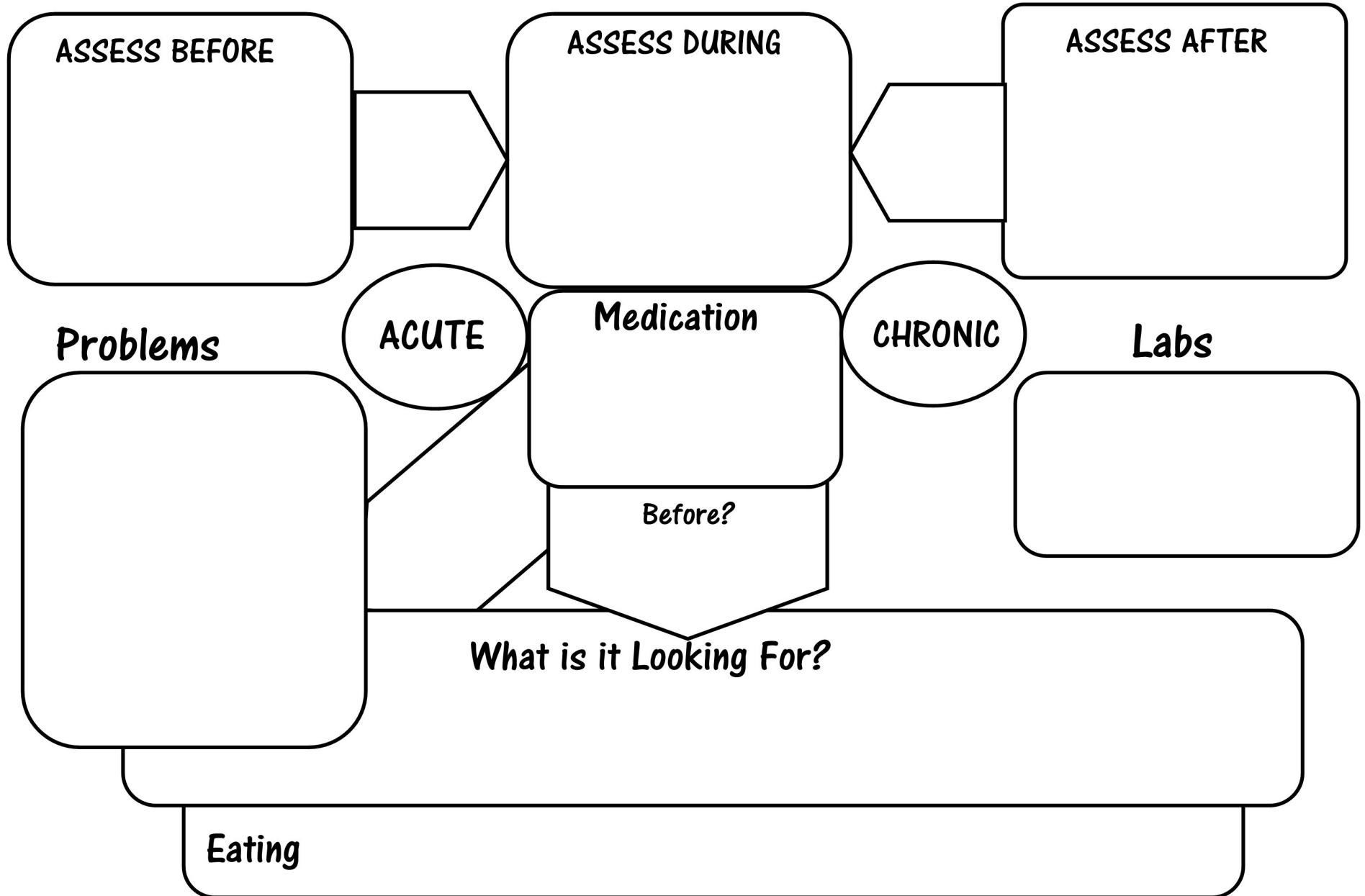
Content Areas	Procedures	Medications
A- Define Acute or Chronic	A- Define Acute or Chronic	A- Define Acute or Chronic
S-Start How does it	L-Looking for why is it done	W-How does it work
L-Labs associated with it	L-Any Labs associate	H-When do you hold
E-Affect eating?	E-Eating Before, After?	A-Assessment Before During After
A-Assess before during after	A-Assessment Before During After	L-Labs associated with
P-Procedures- any associated	P-Procedure Problems	E-Can they eat with it
P-Prescriptions any meds	P-Prescriptions Held, given	S- What Stands out

## EXAMPLES- These show the process of evaluation of this method

Pulmonary Embolism	Echocardiogram	Lisinopril
A- Acute	A- Chronic	A- Chronic
S-Clot migrates lodges into Lung-usually from dvt	L-Looking for strcture of heart post MI or CHF Symptoms, Ejec-tion Fraction	W-Works on the renin angiotensin system inhibiting this process
L-D-Dimer, PT PTT	L- NO	H-Angioedema, Cough, High Potas-sium
E-NO	E-NO Issue non invasive bedside	A-Assessment Potassium
A-Before-Maybe a DVT Hx	A-Before pt knowledge of it	L-Potassium
During-Pain Inspiration, hemoptysis	During After Nothing	E-Maybe High potassium no
P-Spiral CT,xray?	P-None	S- Look for acute Angioedema, swelling, cough is chronic swtich to arbs, and potassium sparing may be a problem or renal
P-Heparin Gtt, other antico-agulants	P-None	
S-This is an acute priority	S- Mainly diagnostic for evaluating	

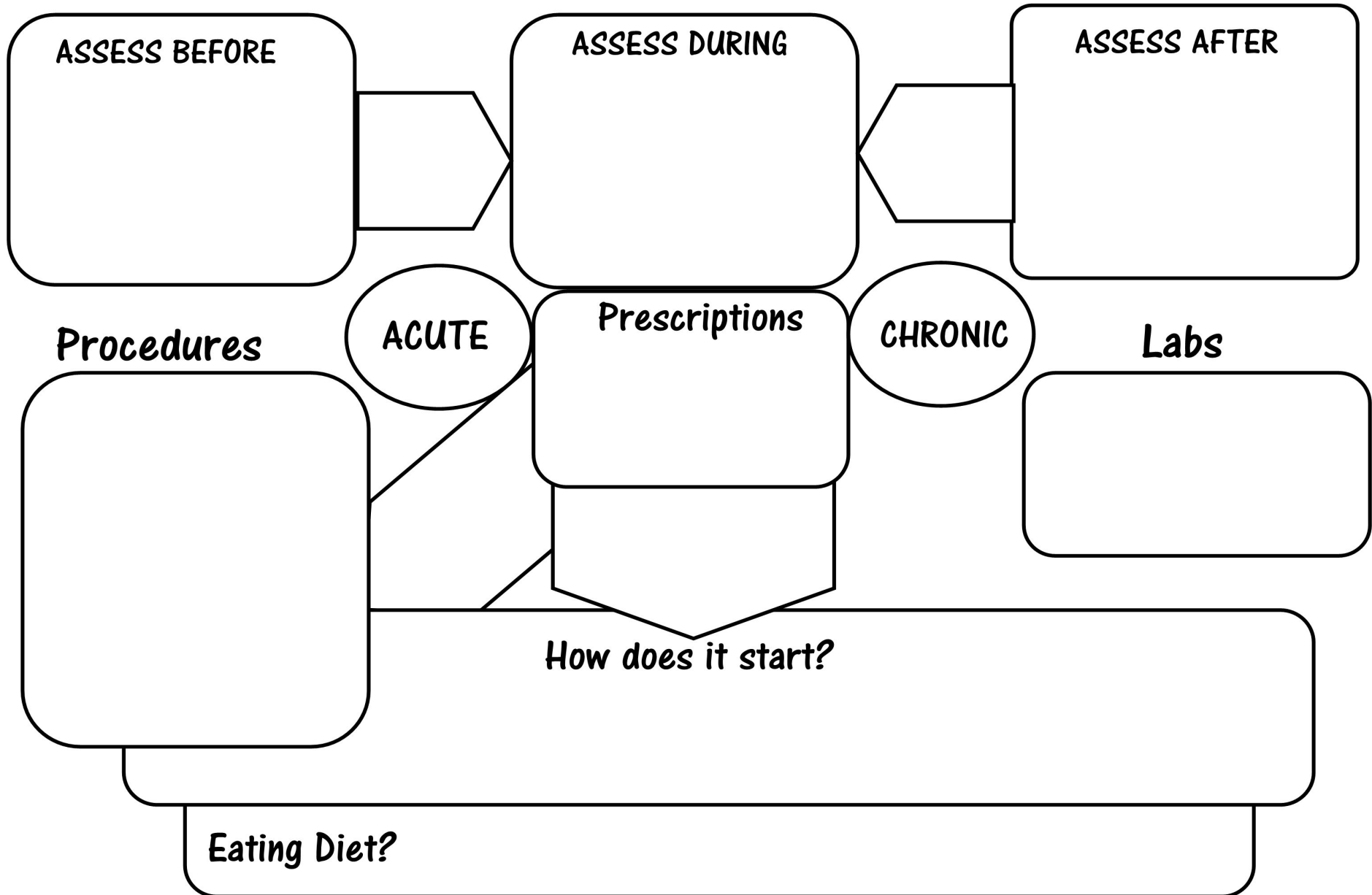
**2** Step Two : Do Question Set filling out Four Squares as you are moving through questions, just key words

# ALEAPPS3 Assessment



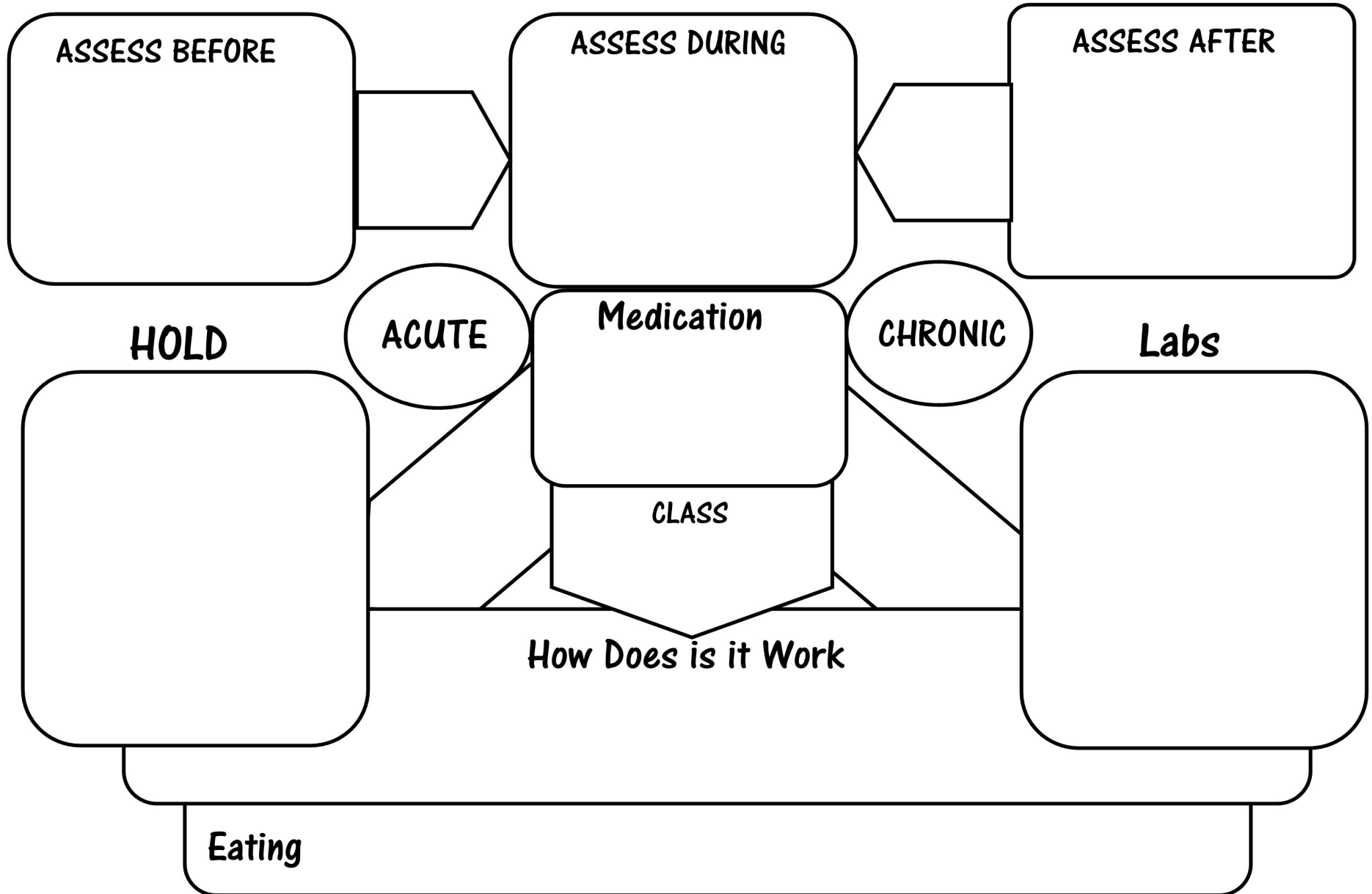
Nursing 7 1 2 3 4 5 6 7

# ASLEAPPS3 Assessment



Nursing 7 1 2 3 4 5 6 7

# AWHALES Assessment



Nursing 7 1 2 3 4 5 6 7





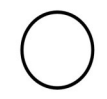
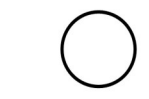
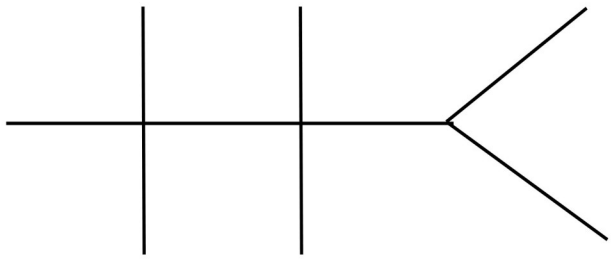
Related to	Related Meds
<b>THE ACUTE 3</b>	

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**Basic Metabolic Panel LABS**

- Sodium
- Potassium
- Chloride
- CO2
- BUN
- Creatinine
- Glucose

	↑↓
TEMP	
PULSE	
RESP	
BP	
MAP	
PULSE OX	

**The Nursing 7**



FLUID STATUS

PULSES

COMPLICATIONS



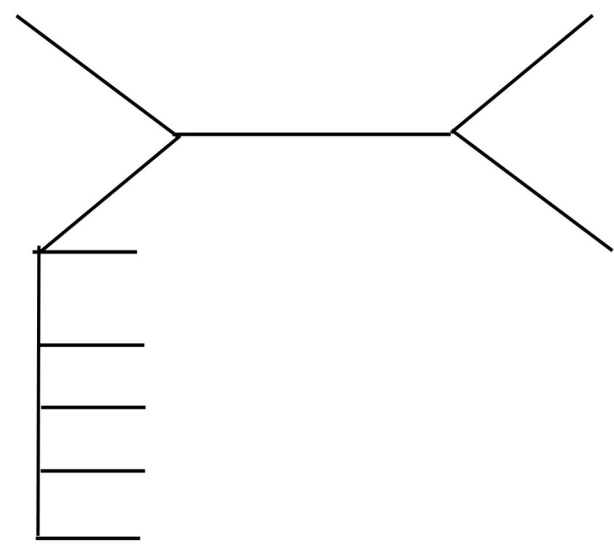
Related to	Related Meds
THE ACUTE 3	

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**Complete Blood Count LABS**

- WBC
- HGB
- HCT
- PLT
- Neutrophils
- Leukocytes
- Macrophages
- Eosinophils
- Basophils

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TEMP	
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RESP	
BP	
MAP	
PULSE OX	

**The Nursing 7**



○ FLUID STATUS      ○ PULSES

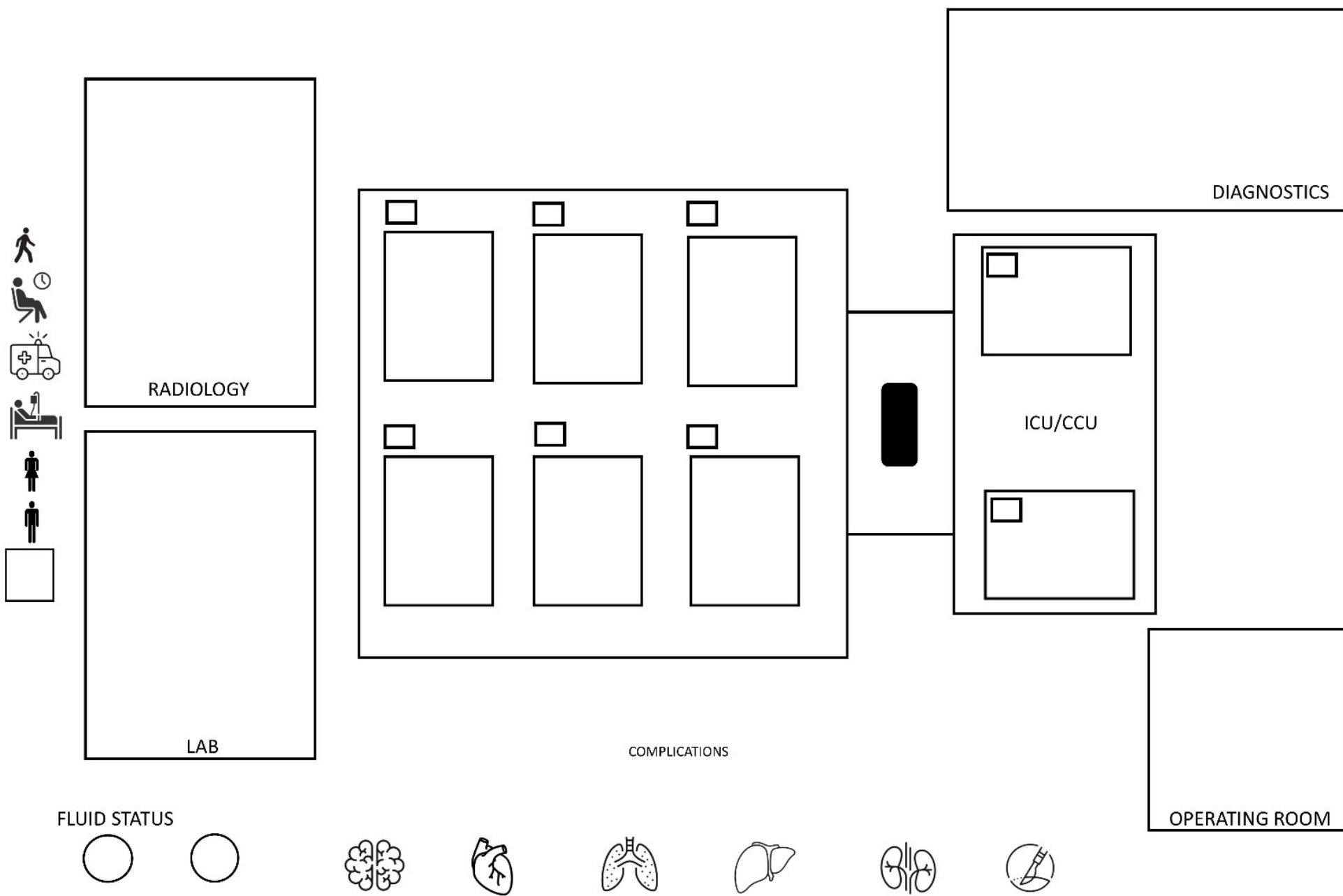
COMPLICATIONS

# BURN LIST CARDIAC MEDS

1	2	3	4	5	6
lisinopril	bivalirudin	enoxaparin	enoxaparin	propranolol	alteplase
atorvastatin	tamsulosin	ramipril	ramipril	verapamil	norepinephrine
simvastatin	rosuvastatin	quinapril	quinapril	fenofibrate	Epinephrine
clopidogrel	enalapril	dabigatran	dabigatran	ticagrelor	Atenolol
triamterene + HCTZ	lovastatin	doxazosin	doxazosin	ezetimibe+ Simvastatin	losartan
metoprolol	pravastatin	clonidine	clonidine	furosemide	carvedilol
hydrochlorothiazide	rivaroxaban	spironolactone	spironolactone	gemfibrozil	Streptokinase
valsartan	apixaban	sotalol	sotalol	heparin	digoxin
warfarin	diltiazem	nebivolol	nebivolol	nitro	Irbesartan
amlodipine	benazepril	nifedipine	nifedipine	aspirin	terazosin
nitroprusside	diazoxide	fosinopril	fosinopril	isosorbide dinitrate	metolazone
phenylephrine	midodrine	reteplase	reteplase	dobutamine	Amiodarone
Dopamine	Adenosine	diazoxide	diazoxide	verapamil	bumetanide
ethacrynic acid	amiloride	Hydralazine	Hydralazine	eptifibatide	Atropine
candesartan	methyldopa	olmesartan	olmesartan	isosorbide mononitrate	esmolol
bisoprolol	tenecteplase	urokinase	urokinase	nicardipine	argatroban
minoxidil	travoprost	vardenafil	vardenafil	sildenafil	phenytoin

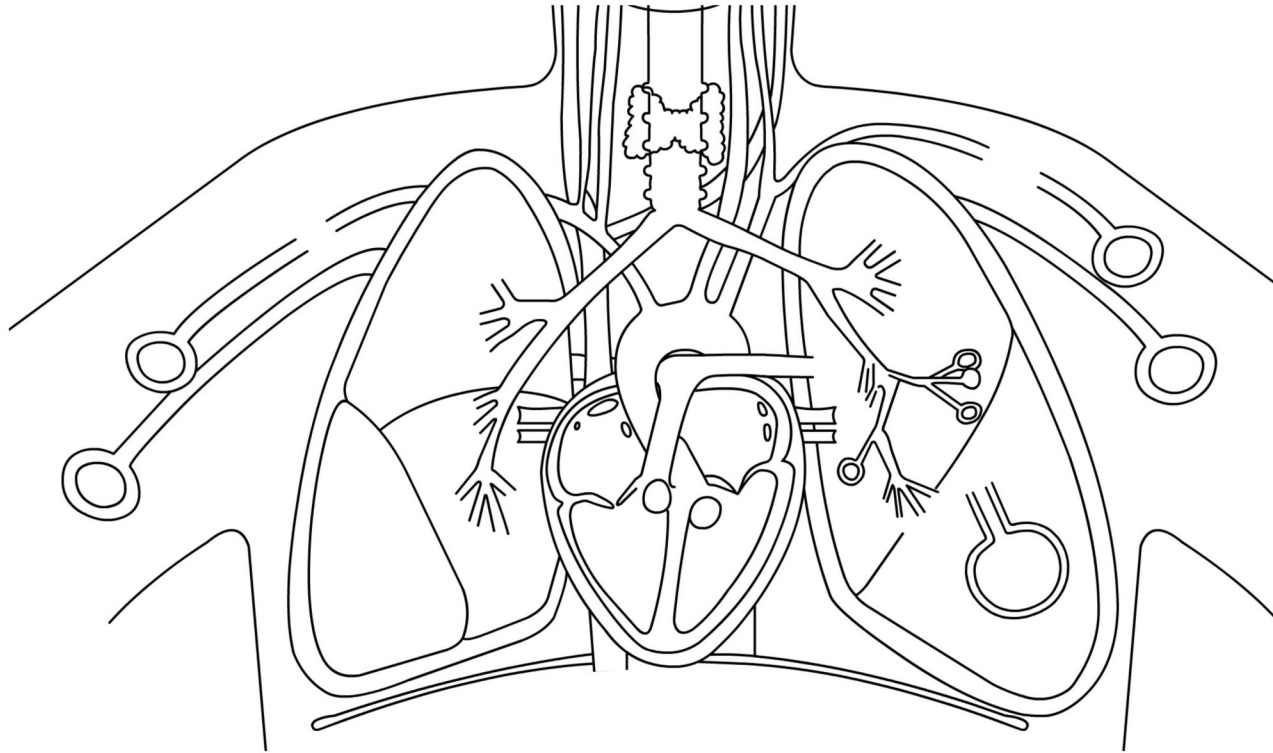
# BURN LIST CARDIAC

1	2	3	4	5	6
LDL	CAD	Total Cholesterol	ACS	Triglycerides	PVD
Angina	CRP	Prinzmetal Angina	Variant Angina	Stress Test	Stable Angina
Arterial Ulcers	HDL	Arteriosclerosis	Intermittent Claudication	Unstable Angina	CK-Total
Chest Pain	ST Elevation	Venous Ulcers	Myoglobin	Atherosclerosis	ST Depression
BNP	ANP	Troponin 1	Cardiac Tamponade	Troponin T	Dilated
Cardiomyopathy	D-Dimer	Myocarditis	ANP	Hypertrophic	Marfan Syndrome
Endo Carditis	Hep XA	PE	Marfan Syndrome	DVT	PAWP>12
Stroke	Murmur	CVP>8	Rheumatic Fever	Hypotension	Left Sided Stroke
INR	PT	Dobutamine	Right Sided Stroke	PTT	S4
EF<60	Cardiogenic	Ca Pines	Cardiogenic Shock	Aortic Stenosis	Cal
S3	Dopamine	JVD	Muffled Heart Sounds	Nitroprusside	isosorbide
Ca Diltiazem	Nitro Gtt	Nitro	Calcium Glyclerides	Heparin	ARBS
Coumadin	Ace Inhibitors	Atropine	Thoracic Aneurysm	Bradycardia	Integrelin
Aortic Aneurysm	Adenosine	Amiodarone	Distended Neck Veins	Neo	Beta Blockers
Increased Afterload	Tachycardiac	Decreased LOC	Decreased Afterload	High Creatinine	Impending Doom
Decreased Preload	PP	CO	Decreased Preload	Pace Maker	Hypotension



# Cardiovascular Hemodynamics

CVP  
PAWP  
CO  
EF  
SV  
HR  
BP  
MAP  
S1  
S2  
AV Valves  
S3  
S4



SVR  
Tricuspid  
Mitral  
Pulmonic  
Aortic  
Aorta  
Pulmonary  
Arteries  
Carotids  
Sa Node  
AV Node  
PP

COAGULATION FISHBONE PT PTT INR HEPXA

CARDIAC FISHBONE TCHOL Try LDL HDL CRP CK MB Trop I T BNP



Related to	Related Meds
THE ACUTE 3	

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**CARDIAC LABS**

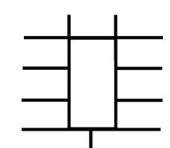
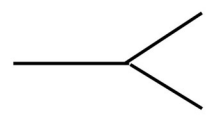
Total	PT
Cholesterol	PTT
Triglycerides	INR
LDL	Hepxa
HDL	Troponin I
CRP	Troponin T
CKMB	BNP
CK TOTAL	

Related to	Related Meds
THE ACUTE 3	



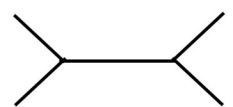
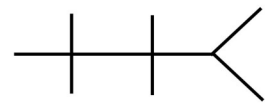
TEMP	↑↓
PULSE	
RESP	
BP	
MAP	
PULSE OX	

TEMP	↑↓
PULSE	
RESP	
BP	
MAP	
PULSE OX	

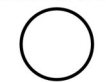


**The Nursing 7**

**The Nursing 7**

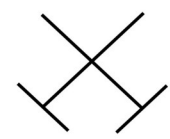


FLUID STATUS



PULSES

COMPLICATIONS



# Cardiac Medications

## You Should Know!

1	2	3	4	5
lisinopril	bivalirudin	enoxaparin	propranolol	alteplase
atorvastatin	tamsulosin	ramipril	verapamil	norepinephrine
simvastatin	rosuvastatin	quinapril	fenofibrate	Epinephrine
clopidogrel	enalapril	dabigatran	ticagrelor	Atenolol
triamterene + HCTZ	lovastatin	doxazosin	ezetimibe + Simvastatin	losartan
metoprolol	pravastatin	clonidine	furosemide	carvedilol
hydrochlorothiazide	rivaroxaban	spironolactone	gemfibrozil	Streptokinase
valsartan	apixaban	sotalol	heparin	digoxin
warfarin	diltiazem	nebivolol	nitro	Irbesartan
amlodipine	benazepril	nifedipine	aspirin	terazosin

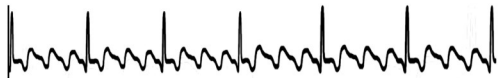
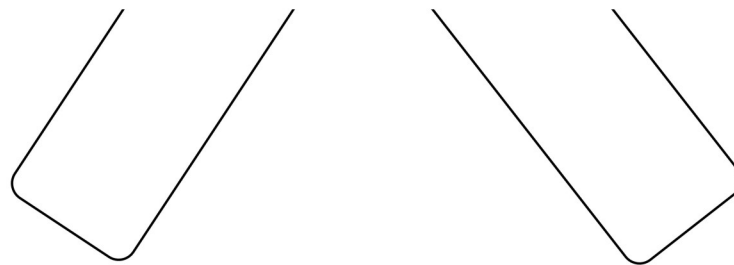
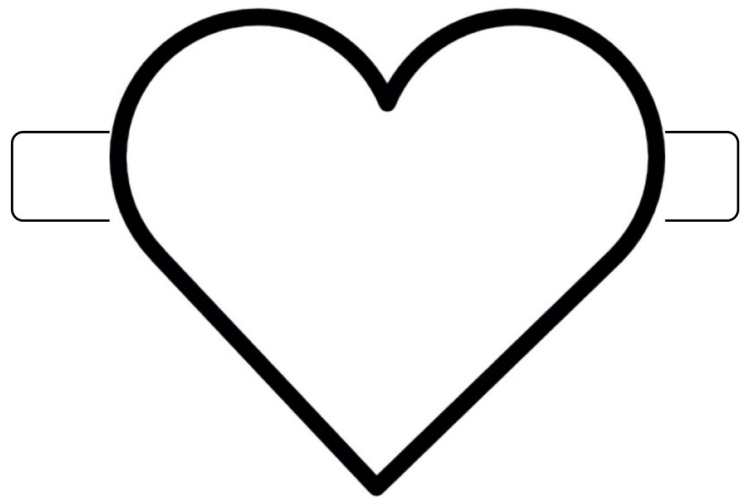
GTK - Good to Know—These meds are not on the Top 200 though still commonly used

nitroprusside	diazoxide	fosinopril	isosorbide dinitrate	metolazone
phenylephrine	midodrine	reteplase	dobutamine	Amiodarone
Dopamine	Adenosine	diazoxide	verapamil	bumetanide
ethacrynic acid	amiloride	Hydralazine	eptifibatide	Atropine
candesartan	methyldopa	olmesartan	isosorbide mononitrate	esmolol
bisoprolol	tenecteplase	urokinase	nicardipine	argatroban

Medications that Often CONTRAINDICATED With Acute Cardiac Medications

minoxidil	travoprost	vardenafil	sildenafil	phenytoin
-----------	------------	------------	------------	-----------





Volume?



Meds?



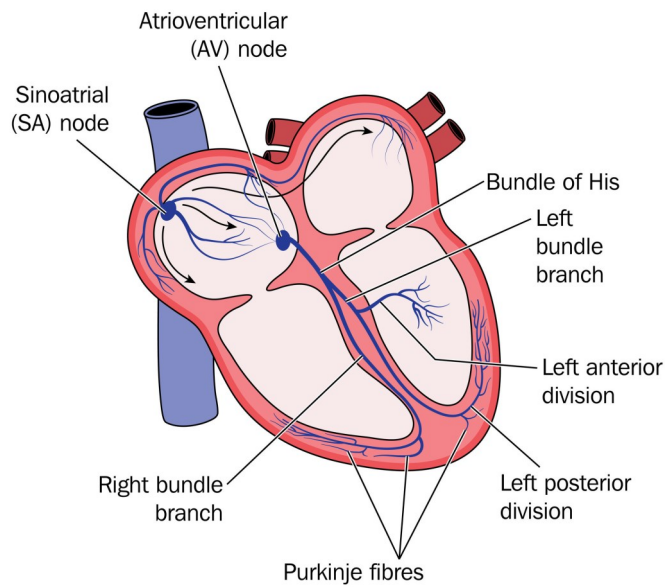
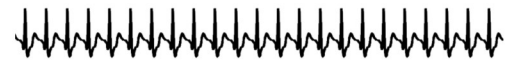
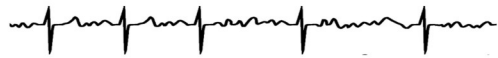
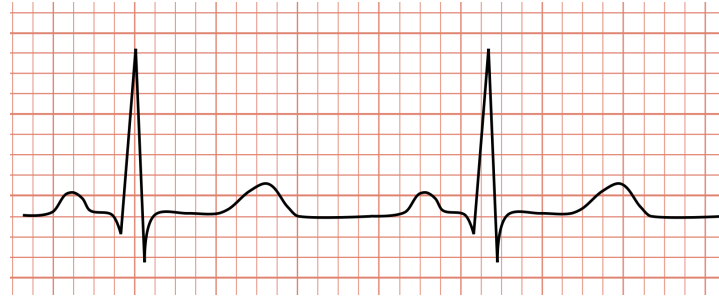
Electrical?



Vessel?



Pump?



# Pulmonary Unit

## Pulmonary Medications

**You Should Know!**

### From the Top 200 List of Prescribed Medications

Montelukast	Methylprednisolone	Fluticasone + Salmeterol	Olopatadine	Salbutamol
Albuterol	Loratadine	Budesonide + Formoterol	Levalbuterol	Ipratropium
Promethazine	Prednisone	Cetirizine	Clobetasol	Salmeterol
Fluticasone	Prednisolone	Guaifenesin	Benzonatate	Tiotropium
Tiotropium	Mometasone	ipratropium bromide	Triamcinolone	Terbutaline

### PULMONARY MEDS ARE CLASSIFIED AS EITHER SABA or SAMA or LABA or LAMA

<b>SABA</b> - Short Acting $\beta$ Agonist (rescue med)	Salbutamol, Terbutaline	Used in acute inhalers in combination with <b>SAMA</b>
<b>SAMA</b> -Short Acting Muscarinic Antagonist	Ipratropium	Used in Combination with <b>SABA</b>
<b>LABA</b> =Long Acting $\beta$ Agonist	Salmeterol, Formeterol	Used in combination with <b>LAMA</b>
<b>LAMA</b> =Long Acting Muscarinic Antagonist	Tiotropium	Used in combination with <b>LABA</b>

Medications change frequently. This list may not be all inclusive and up to date —2018



Related to	Related Meds
THE ACUTE 3	

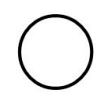
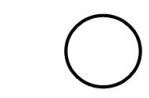
CONCEPTUAL KAMP © 2018  
 ABG- Arterial Blood Gas

Ph  
 Pco2  
 HCO3  
 PaO2  
 SVo2

TEMP	↑↓
PULSE	
RESP	
BP	
MAP	
PULSE OX	

**The Nursing 7**

A		B
B		A
A		B




COMPLICATIONS

FLUID STATUS

PULSES



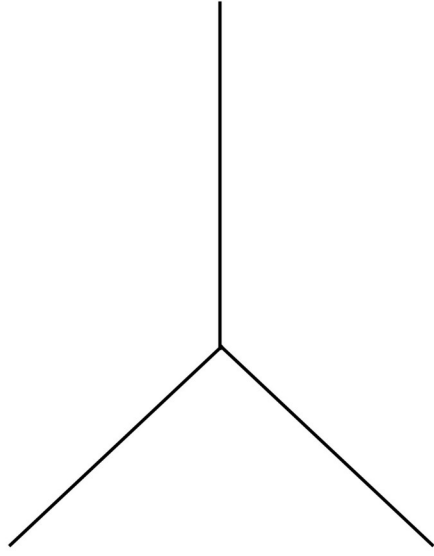
Related to	Related Meds
 THE ACUTE 3	

CONCEPTUAL KAMP © 2018  
Renal Diagram

Mg  
Ca  
Phos

	↑↓
TEMP	
PULSE	
RESP	
BP	
MAP	
PULSE OX	

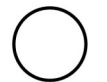
**The Nursing 7**



COMPLICATIONS



FLUID STATUS



PULSES

**From the Top 200 List of Prescribed Medications**

Levothyroxine—3	Allopurinol	Testosterone	Lamotrigine
Esomeprazole-3	Sitagliptin	Dicyclomine	Nortriptyline
Metformin	Latanoprost	Ondansetron	Glimepiride
Omeprazole	Dexlansoprazole	Budesonide	Rabeprazole
Folic Acid	Glyburide	Doxazosin	Lansoprazole
Pantoprazole	Tolterodine	Insulin Lispro	Terazosin
Pioglitazone	Ranitidine	Finasteride	Estradiol
Insulin Detemir	Famotidine	Ketoconazole	Liraglutide
Insulin Aspart	Insulin Glargine	Solifenacin	Saxagliptin
Estrogen	Glipizide	Dutasteride	Febuxostat
Meclizine	Metoclopramide	Phenazopyridine	

Medications change frequently. This list may not be all inclusive and up to date —2018



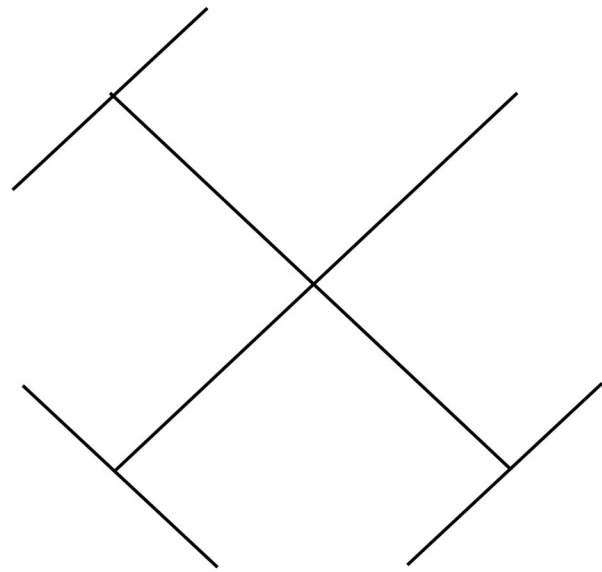
Related to	Related Meds
THE ACUTE 3	

CONCEPTUAL KAMP © 2018  
Liver Diagram

- Albumin
- AST
- ALT
- APhos
- Amylase
- Lipase
- Ammonia

	↑↓
TEMP	
PULSE	
RESP	
BP	
MAP	
PULSE OX	

**The Nursing 7**



COMPLICATIONS

Room/Name \_\_\_\_\_ Age Gender \_\_\_\_\_  
 Full Code DNR DNI HCP MOST Advanced Directive \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Admit Date \_\_\_\_\_ Primary \_\_\_\_\_  
 Admit Dx \_\_\_\_\_

**Mobility:** AD-LIB Assist 1 2 FULL Cane Walker Bedrest  
 BR Priv Commode Neuro Checks Restraints Bed Alarms

**Precautions-** FALL - Elope  
 ⚡️ ⓘ  
 CDIFF MRSA VRE FLU  
 OBS 1:1 Neutropenic

**LOC** AOX3 NPO  
 D P P Strict I&O  
 Confused Daily Weights  
 Last BM

**PAST HISTORY**

Angina	CAD	HTN	↑ Lipid	PVD	ACS
MI	Cath	CABG	Stent	CHF R	CHF L
Cardiac Other					
DVT	PE	COPD-E	COPD-B	Asthma	PNA
Pulmonary—Other					↑ Thyroid ↓
HD	PD	CKD	DM 1	DM 2	
AKI	Ulcer	Divert	Seizure	Smoker	ETOH
Seizure	CA	Glaucoma	Hepatitis	Cataracts	Dementia
Other HX					

**CURRENT CONSULTS TEST**

XRAY \_\_\_\_\_ MRI \_\_\_\_\_ CT \_\_\_\_\_ ECHO \_\_\_\_\_

**US**

**CATH**

T	P	R	R	BP	MAP	O2
T	P	R	R	BP	MAP	O2
T	P	R	R	BP	MAP	O2

**IV #** \_\_\_\_\_ **R L SL DATE:**  
**Site:** AC FA HAND Wrist  
**Central:** IJ TLC PICC Port  
 Dialysis G S

**IVF:** NS 0.45 NS  
 D51/2 D5NS LR  
 \_\_\_\_\_ cc/hr  
 \_\_\_\_\_ ukg/hr  
 Blood TPN Lipids

**IV #** \_\_\_\_\_ **R L SL DATE:**  
**Site:** AC FA HAND Wrist  
**Central:** IJ TLC PICC Port  
 Dialysis G S

**IVF:** NS 0.45 NS  
 D51/2 D5NS LR  
 \_\_\_\_\_ cc/hr  
 \_\_\_\_\_ ukg/hr  
 Blood TPN Lipids

**CARDIOVASCULAR** — EKG Telemetry Lead Rate

SB NS ST Afib Aflutter A-Paced F D V-Paced F D  
 AV Paced AICD Block 1 2 3 PAC's PVC's \_\_\_\_\_  
**Heart Sounds:** S1 S2 S3 S4 Murmur I II III IV V  
**Pulses:** R I W T B Doppler  
**Pulse Trend:** \_\_\_\_\_100—90—80—70—60—50—  
 VTE Prophylaxis: SCD's Foot Pumps Heparin Lovenox Coumadin Other

**PULMONARY** — O2@ \_\_\_\_\_ L NC VM PRB NRB CPAP BIPAP FIO2 \_\_\_\_\_ TRACH # \_\_\_\_\_ F NF C U

**Breath Sounds:** Clear Diminished Coarse Wheezes Crackles

**Cough:** Productive Non-Productive—

**Treatments:** Nebs \_\_\_\_\_ ISP \_\_\_\_\_ CPT

**O2 Sats Trend:** 100—95—90—85—80—75—70—65—60—55—50—

**Rate Trend:** \_\_\_\_\_24—20—16—

**Chest Tube:** R L Pneumo Hemo

**Endocrine/GU** Voiding Anuria Urinal Bedside Commode Bedpan Incontinence Assist 1 2 I

**Bowel Sounds:** Hypo Hyper Active Nausea Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_

**NGT: R L — Green Clear Red \_\_\_\_\_ Amount:** \_\_\_\_\_

**G - J TUBE:** CKD Dialysis: M T W T F Sa Su

**Foley: # F** Clear Cloudy Amber Bloody Intake \_\_\_\_\_ Output \_\_\_\_\_

**Skin/Drains/Dressings** CDI Dressings 1 2 3 4 5

**Weakness:** RUE LUE RLE LLE

**Numbness:** RUE LUE RLE LLE

**Pain:** 1 2 3 4 5 6 7 8 9 10 **Location:**

**Med:** **Frequency:**

**Trend Pain:** 1 2 3 4 5 6 7 8 9 10 **JP- HV- WV-**

**MEDICATIONS**

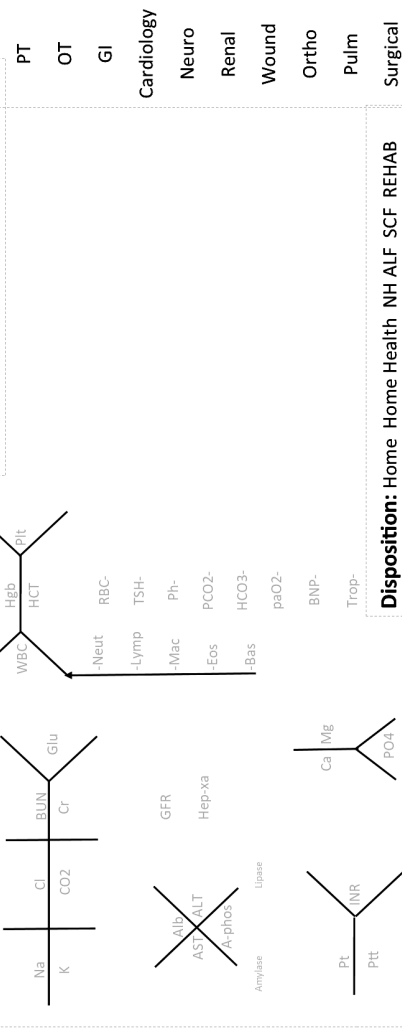
\_\_\_\_\_ MEDS PRN

HgA1c	BG	AC B	ACL	AC D	HS
-------	----	------	-----	------	----

**Consulted:**

Speech \_\_\_\_\_ CM \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ GI \_\_\_\_\_

Cardiology \_\_\_\_\_ Neuro \_\_\_\_\_ Renal \_\_\_\_\_ Wound \_\_\_\_\_ Ortho \_\_\_\_\_ Pulm \_\_\_\_\_ Surgical \_\_\_\_\_



**Disposition:** Home Home Health NH ALF SCF REHAB



Room	Age/Gender		
Name			
Admit Date	Code		
Admit DX			
Precautions-Fall-Mobility	LOC/ Diet		
<b>PAST MEDICAL HISTORY</b>			
♥ <b>CARDIAC</b>			
🍷 <b>PULMONARY</b>			
👤 <b>RENAL/GU</b>			
<b>INFECTION</b>			
<b>SEIZURES, CANCER, THYROID OTHER</b>			
<b>CURRENT ASSESSMENT</b>			
<b>CARDIAC- ECG</b>	PULSES- R I W T B		
S1 S2 S3 S4	EDEMA - 1 2 3 4		
Extra Sounds			
<b>PULMONARY</b>	Anterior	Posterior	
O2-			
Chest Tube-			
<b>RENAL/GU</b>	Bowel Sounds/Ostomy		
NG Tube-			
Foley-			
<b>Skin/Dressings</b>			
Wound Vac			
IV=Location Gauge, Fluid, Rate			
		<b>INTAKE</b>	<b>OUT</b>

## SHAMLDC3 Reporting Method Developed by Nursing KAMP

This is a reporting method that is used in clinical to learn what is most important to report on staying within the medical model vs the higher “Maslow” or convoluted process.

This method helps to streamline a report into a logical and thorough report focusing on the most important data.

The report should be handwritten on a “half sheet” normal paper allowing for 4 patients on one sheet of paper.

Some rules of SHAMLDC3 it is reported in that order

S– Must be complete since these are the things that are essential for nursing practice Finish with Mobility

H– The focus is on CPRI 4 things that would cause the nurse to call the HCP— minor medical comorbidities **ie.Gout** does not cause ACUTE interventions so can still be reported just not a priority.

A– Assessment is divided by physical Assessment first then medical devices (ie foley) assessment ending with IV Lines.

M– Meds of consequence are acute medications that the nurse may call the doctor for– Dosages and PO are not reported unless IV changed to PO like Lasix-IV DUNEBS PRN IF GIVEN WHEN

L– Labs all fishbones done circle what is abnormal trend what needs to be

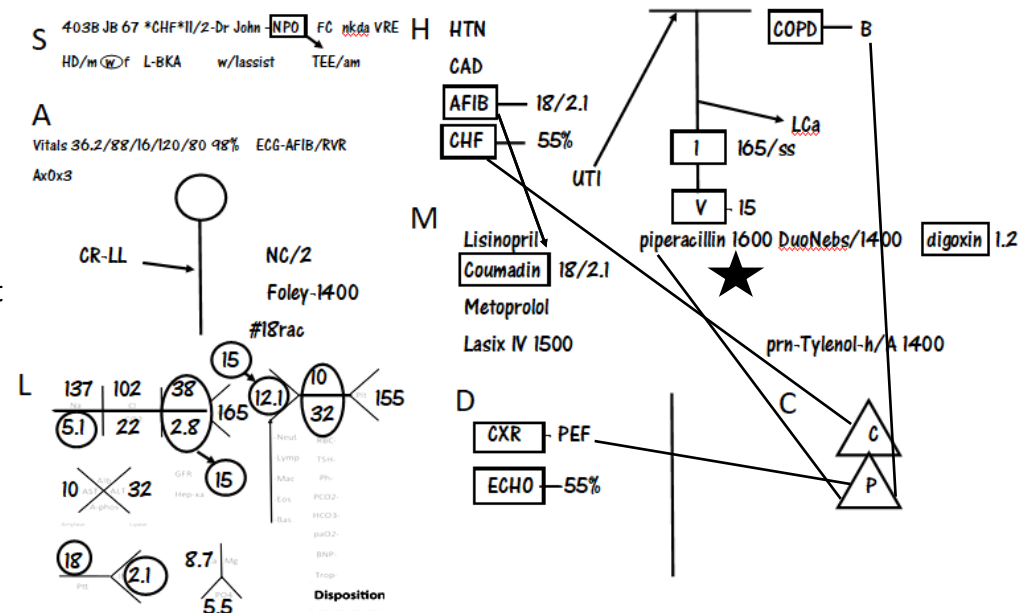
D– Diagnostic’s why and impression

C– who is consulted and why

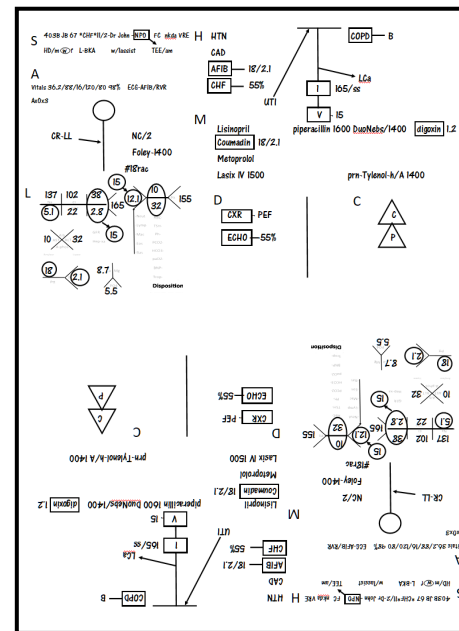
3—3 thing that you are concerned about this patient use ★

Other Rules =Boxes= require further assessment to be reported on NO Lines on Paper 4 Patients per paper only– SHAMLDC3 should take 4-5 People in Half Hour of Time-Initially takes 2-3 hours per patient

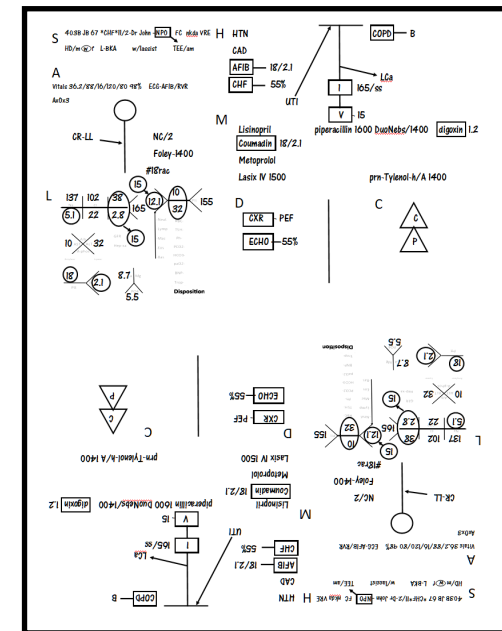
Report is given in SHAMLDC3 order



## EXAMPLE OF SHAMLDC3 COMPLETED



FRONT SIDE 2 PATIENTS



BACK SIDE 2 PATIENTS

S 403B JB 67 \*CHF\*11/2-Dr John **NPO** FC nkda VRE  
 HD/m(w)f L-BKA w/lassist TEE/am

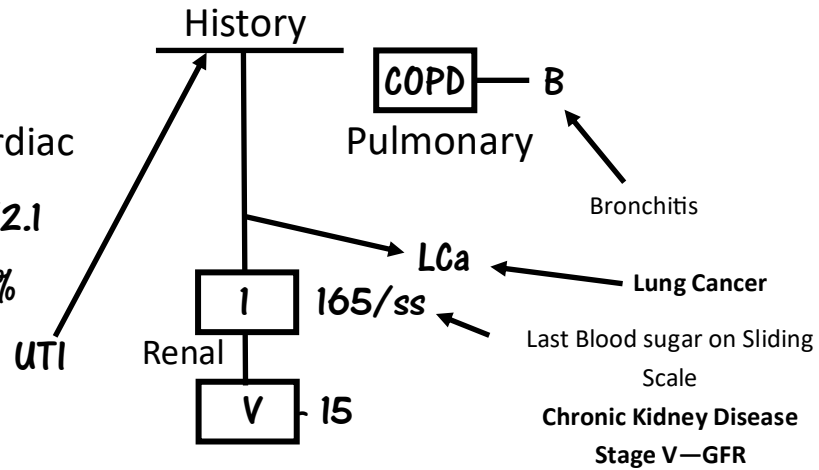
# Statistics

This section is the statistical information that is important to start out in report and lay the foundation of presentation—Notable obvious deformities should be expressed at this time considered BEACH

- B-Blind**
- E-Ears— Hard of hearing**
- A-Amputees**
- C-Chemo Patients**
- H-Hemodialysis Patients**

Boxing an item indicates There is a second assessment That should be reported  
 ie AFIB(on anticoagulants? What was the PT/INR/ are they AFIB Now on monitor)

H HTN  
 CAD Cardiac  
**AFIB** 18/2.1  
**CHF** 55%

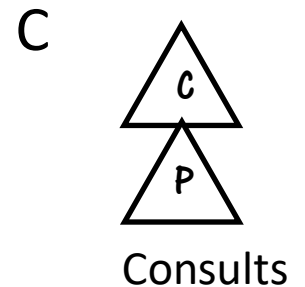
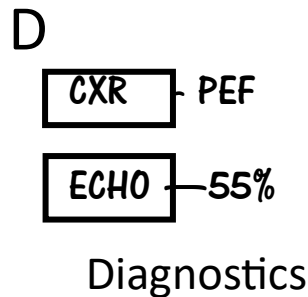


This is sectioned into the three main areas that would cause complication of the patient. Other medical comorbidities are less likely to cause immediate complications. The Complex Conditions include CPRI C-Cardic P-Pulmonary R-Renal I-Infection

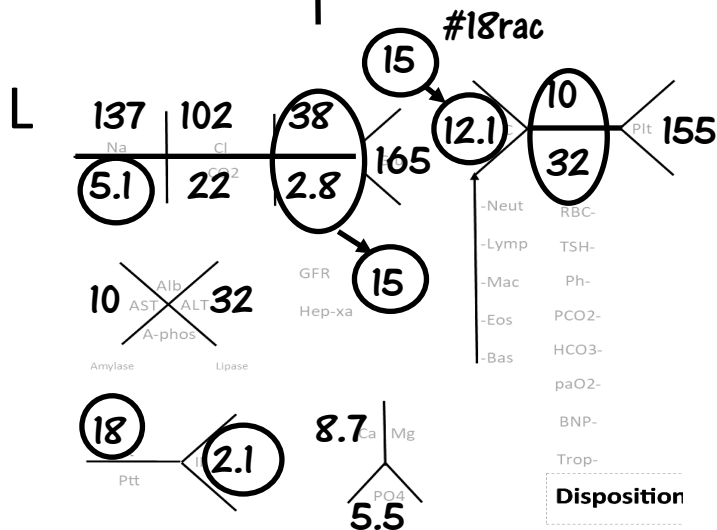
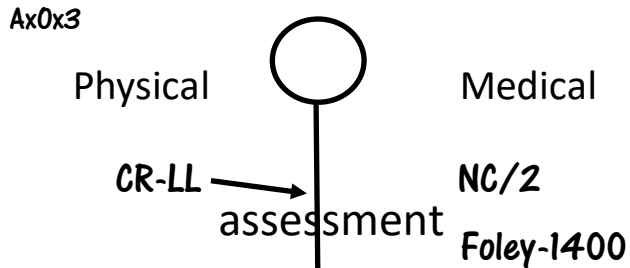
# M C Medications of Consequence

- Lisinopril
- Coumadin** 18/2.1
- Metoprolol
- Lasix IV 1500
- piperacillin 1600 DuoNeb/1400
- digoxin** 1.2
- prn-Tylenol-h/A 1400

This is section is Meds of Consequence mainly representing mediations that are acute or that you need to know and should report on these are called CRIPL C Renal IV Infection (antibiotics) Pulmonary (only duo-nebs) Level Medications (coumadin, digoxin etc)



A Vitals 36.2/88/16/120/80 98% ECG-AFIB/RVR



# Disposition

P R E S E N T A T I O N



**SYMPTOMS-3**

**Precipitating!**

Anticipate!

**MAIN CONCEPT CONDITION**

**Main Complication Condition**

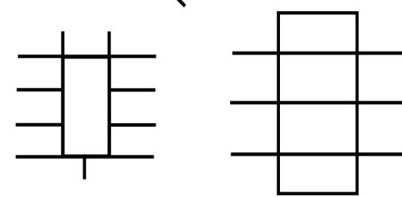
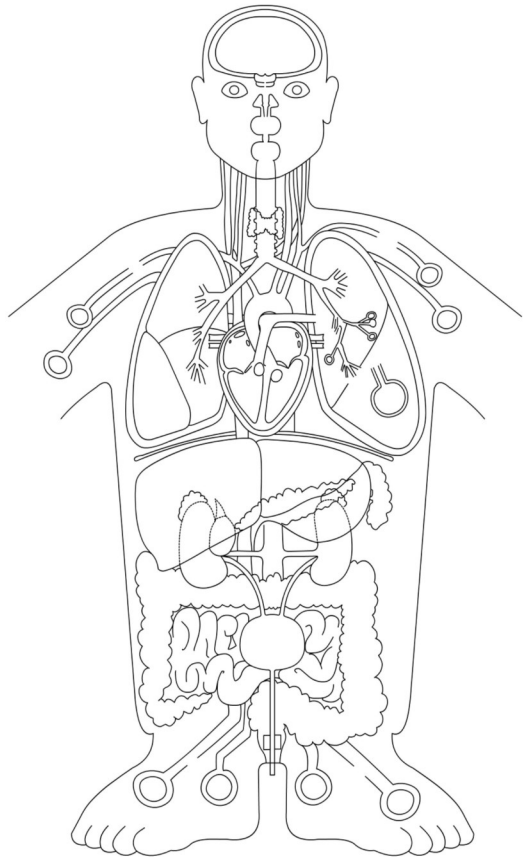
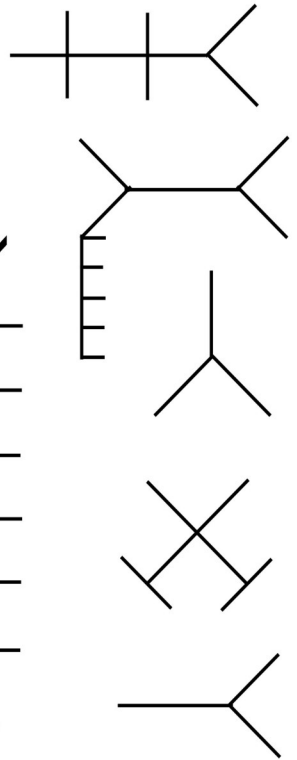
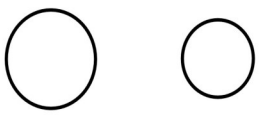
**THE ACUTE 3**

**The Nursing 7**

TEMP	
PULSE	
RESP	
BP	
MAP	
PULSE OX	



FLUID STATUS    PULSES



- D/C
- MS
- TELE
- ICU
- CCU
- OR
- 

COMPLICATION ←

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