

EXAM ✓ CRAM

The NCLEX-RN® Cram Sheet

This cram sheet contains the distilled, key facts about the licensure exam. Review this information just before you enter the testing center, paying special attention to those areas where you feel you need the most review. You can transfer any of these facts from your head onto a blank sheet provided by the testing center. We also recommend reading the glossary as a last-minute cram tool before entering the testing center. Good luck.

GENERAL TEST INFORMATION

- 1. Minimum 75/maximum 265**—The maximum time allotted for the test is 6 hours. Don't get frustrated if you need to take the entire number of items or take the entire allotted time. Get up and move around and take breaks if you need a time-out.
- 2. Take deep breaths and imagine yourself studying in your favorite location**—Take a small item with you that you have had with you during your study time.
- 3. Read the question and all answers carefully**—Don't jump to conclusions or make wild guesses.
- 4. Look for keywords**—Avoid answers that include *always, never, all, every, only, must, no, except, or none*.
- 5. Watch for specific details**—Avoid vague answers. Look for adjectives and adverbs.
- 6. Eliminate answers that are clearly wrong or incorrect**—Eliminating any incorrect answer increases the probability of selecting the correct answer by 25%.
- 7. Look for information given within the question and the answers**—For example, the phrase "client with *diabetic ketoacidosis*" should bring to mind the range of 7.35–7.45 or normal pH.
- 8. Look for the same or similar wording in the question and the answers.**
- 9. Watch for grammatical inconsistencies**—Subjects and verbs should agree, meaning singular subject, singular verb or plural subject, plural verb. If the question is an incomplete sentence, the correct answer should complete the question in a grammatically correct manner.
- 10. Don't read into questions**—Reading into the question can create errors in judgment. If the question asks for an immediate response or prioritization of action, choose the answer that is critical to the life and safety of the client.
- 11. Make an educated guess**—If you are unsure after carefully reading the question and all the answers, choose C or the answer with the most information.

NORMAL LAB VALUES

- 12. Serum electrolytes**—It is important for you to remember these normal lab values because they might be included in questions throughout the test.
 - ▶ Sodium: 135–145 mEq/L
 - ▶ Potassium: 3.5–5.5 mEq/L
 - ▶ Calcium: 8.5–10.9 mg/L
 - ▶ Chloride: 95–105 mEq/L
 - ▶ Magnesium: 1.5–2.5 mEq/L
 - ▶ Phosphorus: 2.5–4.5 mg/dL
- 13. Hematology values**
 - ▶ RBC: 4.5–5.0 million
 - ▶ WBC: 5,000–10,000
 - ▶ Pit.: 200,000–400,000
 - ▶ Hgb: 12–16 gms women; 14–18 gms men
- 14. ABG values**
 - ▶ HCO₃: 24–26 mEq/L
 - ▶ CO₂: 35–45 mEq/L
 - ▶ PaO₂: 80%–100%
 - ▶ SaO₂: > 95%
- 15. Chemistry values**
 - ▶ Glucose: 70–110 mg/dL
 - ▶ Specific gravity: 1.010–1.030
 - ▶ BUN: 7–22 mg/dL
 - ▶ Serum creatinine: 0.6–1.35 mg/dL (< 2 in older adults)

*Information included in laboratory test may vary slightly according to methods used

- ▶ LDH: 100–190 U/L
- ▶ CPK: 21–232 U/L
- ▶ Uric acid: 3.5–7.5 mg/dL
- ▶ Triglyceride: 40–50 mg/dL
- ▶ Total cholesterol: 130–200 mg/dL
- ▶ Bilirubin: < 1.0 mg/dL
- ▶ Protein: 6.2–8.1 g/dL
- ▶ Albumin: 3.4–5.0 g/dL

16. Therapeutic drug levels

- ▶ Digoxin: 0.5–2.0 ng/ml
- ▶ Lithium: 0.8–1.5 mEq/L
- ▶ Dilantin: 10–20 mcg/dL
- ▶ Theophylline: 10–20 mcg/dL

17. Vital signs (adult)

- ▶ Heart rate: 80–100
- ▶ Respiratory rate: 12–20
- ▶ Blood pressure: 110–120 (systolic); 60–90 (diastolic)
- ▶ Temperature: 98.6° ?/–1

18. Maternity normals

- ▶ FHR: 120–160 BPM.
- ▶ Variability: 6–10 BPM.
- ▶ Contractions: normal frequency 2–5 minutes apart; normal duration < 90 sec.; intensity < 100 mm/hg.
- ▶ Amniotic fluid: 500–1200 ml (nitrozone urine-litmus paper green/amniotic fluid-litmus paper blue).
- ▶ Apgar scoring: A = appearance, P = pulses, G = grimace, A = activity, R = reflexes (Done at 1 and 5 minutes with a score of 0 for absent, 1 for decreased, and 2 for strongly positive.)
- ▶ AVA: The umbilical cord has two arteries and one vein. (Arteries carry deoxygenated blood. The vein carries oxygenated blood.)

- 19. FAB 9**—Folic acid = B9. Hint: B stands for brain (decreases the incidence of neural tube defects); the client should begin taking B9 three months prior to becoming pregnant.

20. Abnormalities in the laboring obstetric client—

- Decelerations are abnormal findings on the fetal monitoring strip. Decelerations are classified as
- ▶ **Early decelerations**—Begin prior to the peak of the contraction and end by the end of the contraction. They are caused by head compression. There is no need for intervention if the variability is within normal range (that is, there is a rapid return to the baseline fetal heart rate) and the fetal heart rate is within normal range.

- ▶ **Variable decelerations**—Are noted as V-shaped on the monitoring strip. Variable decelerations can occur anytime during monitoring of the fetus. They are caused by cord compression. The intervention is to change the mother's position; if pitocin is infusing, stop the infusion; apply oxygen; and increase the rate of IV fluids. Contact the doctor if the problem persists.
- ▶ **Late decelerations**—Occur after the peak of the contraction and mirror the contraction in length and intensity. These are caused by uteroplacental insufficiency. The intervention is to change the mother's position; if pitocin is infusing, stop the infusion; apply oxygen; and increase the rate of IV fluids. Contact the doctor if the problem persists.

- 21. TORCHS syndrome in the neonate**—This is a combination of diseases. These include toxoplasmosis, rubella (German measles), cytomegalovirus, herpes, and syphilis. Pregnant nurses should not be assigned to care for the client with toxoplasmosis or cytomegalovirus.

- 22. STOP**—This is the treatment for maternal hypotension after an epidural anesthesia:

1. Stop pitocin if infusing.
2. Turn the client on the left side.
3. Administer oxygen.
4. If hypovolemia is present, push IV fluids.

23. Anticoagulant therapy and monitoring

- ▶ Coumadin (sodium warfarin) PT: 10–12 sec. (control).
- ▶ Antidote: The antidote for Coumadin is vitamin K.
- ▶ Heparin/Lovenox/Dalteparin PTT: 30–45 sec. (control).
- ▶ Antidote: The antidote for Heparin is protamine sulfate.
- ▶ Therapeutic level: It is important to maintain a bleeding time that is slightly prolonged so that clotting will not occur; therefore, the bleeding time with medication should be 1 1/2–2 times the control.

*The control is the premedication bleeding time.

24. Rule of nines for calculating TBSA for burns

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

CULTURAL AND RELIGIOUS CONSIDERATIONS IN HEALTH CARE

25. **Arab American cultural attributes**—Females avoid eye contact with males; touch is accepted if done by same-sex healthcare providers; most decisions are made by males; Muslims (Sunni), refuse organ donation; most Arabs do not eat pork; they avoid icy drinks when sick or hot/cold drinks together; colostrum is considered harmful to the newborn.
26. **Asian American cultural attributes**—They avoid direct eye contact; feet are considered dirty (the feet should be touched last during assessment); males make most of the decisions; they usually refuse organ donation; they generally do not prefer cold drinks, believe in the “hot-cold” theory of illness.
27. **Native American cultural attributes**—They sustain eye contact; blood and organ donation is generally refused; they might refuse circumcision; may prefer care from the tribal shaman rather than using western medicine.
28. **Mexican American cultural attributes**—They might avoid direct eye contact with authorities; they might refuse organ donation; most are very emotional during bereavement; believe in the “hot-cold” theory of illness.
29. **Religions beliefs**
 - ▶ **Jehovah’s Witness**—No blood products should be used
 - ▶ **Hindu**—No beef or items containing gelatin
 - ▶ **Jewish**—Special dietary restrictions, use of kosher foods
30. **Therapeutic diets**
 - ▶ **Renal diet**—High calorie, high carbohydrate, low protein, low potassium, low sodium, and fluid restricted to intake = output + 500 ml
 - ▶ **Gout diet**—Low purine; omit poultry (“cold chicken”) medication for acute episodes: Colchicine; maintenance medication: Zyliprim
 - ▶ **Heart healthy diet**—Low fat (less than 30% of calories should be from fat)
31. **Acid/base balance**
 - ▶ ROME (respiratory opposite/metabolic equal) is a quick way of remembering that in respiratory acid/base disorders the pH is opposite to the other components. For example, in respiratory acidosis, the pH is below normal and the CO₂ is elevated, as is the HCO₃ (respiratory opposite). In metabolic disorders, the components of the lab values are the same. An example of this is metabolic acidosis. In metabolic acidosis, the pH is below normal and the CO₂ is decreased, as is the HCO₃. This is true in a compensated situation.
 - ▶ pH down, CO₂ up, and HCO₃ up = respiratory acidosis
 - ▶ pH down, CO₂ down, and HCO₃ down = metabolic acidosis

- ▶ pH up, CO₂ down, and HCO₃ down = respiratory alkalosis
 - ▶ pH up, CO₂ up, and HCO₃ up = metabolic alkalosis
32. **Addison’s versus Cushing’s**—Addison’s and Cushing’s are diseases of the endocrine system involving either overproduction or inadequate production of cortisol:
 - ▶ Treatment for the client with Addison’s: increase sodium intake; medications include cortisone preparations.
 - ▶ Treatment for the client with Cushing’s: restrict sodium; observe for signs of infection.
 33. **Treatment for spider bites/bleeding**—RICE (rest, ice, compression, and elevate extremity)
 34. **Treatment for sickle cell crises**—HHOP (heat, hydration, oxygen, pain medications)
 35. **Five Ps of fractures and compartment syndrome**—These are symptoms of fractures and compartment syndrome:
 - ▶ Pain
 - ▶ Pallor
 - ▶ Pulselessness
 - ▶ Paresthesia
 - ▶ Polar (cold)
 36. **Hip fractures**—Hip fractures commonly hemorrhage, whereas femur fractures are at risk for fat emboli.
 37. **Profile of gallbladder disease**—Fair, fat, forty, five pregnancies, flatulent (actually gallbladder disease can occur in all ages and both sexes).

TIPS FOR ASSIGNING STAFF DUTIES

38. **Management and delegation**
 - ▶ Delegate sterile skills such as dressing changes to the RN or LPN. Where nonskilled care is required, you can delegate the stable client to the nursing assistant. Choose the most critical client to assign to the RN, such as the client who has recently returned from chest surgery. Clients who are being discharged should have final assessments done by the RN.
 - ▶ The PN, like the RN, can monitor clients with IV therapy, insert urinary catheters and feeding tubes, apply restraints, discontinue IVs, drains, and sutures.
 - ▶ For room assignments, do not coassign the post-operative client with clients who have vomiting, diarrhea, open wounds, or chest tube drainage. Remember the A, B, Cs (airway, breathing, circulation) when answering questions choices that ask who would you see first. For hospital triage, care for the client with a life-threatening illness or injury first. For disaster triage, choose to triage first those clients who can be saved with the least use of resources.

LEGAL ISSUES IN NURSING

Review common legal terms: tort, negligence, malpractice, slander, assault, battery.

Legalities—The RN and the physician institute seclusion protection. The MD or the hospice nurse can pronounce the client dead.

39. Types of drugs

*The generic name is listed first with the trade name in parentheses.

- ▶ **Angiotensin-converting agents:** Benazepril (Lotensin), lisinopril (Zestril), captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), moexipril (Univas), quinapril (Acupril), ramipril (Altace)
- ▶ **Beta adrenergic blockers:** Acebutolol (Monitan, Rhotral, Sectral), atenolol (Tenormin, Apo-Atenol, Nova-Atenol), esmolol (Brevibloc), metoprolol (Alupent, Metaproterenol), propranolol (Inderal)
- ▶ **Anti-infective drugs:** Gentamicin (Garamycin, Alcomycin, Genoptic), kanamycin (Kantrex), neomycin (Mycifradin), streptomycin (Streptomycin), tobramycin (Tobrex, Nebcin), amikacin (Amikin)
- ▶ **Benzodiazepine drugs:** Clonazepam (Klonopin), diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan), flurazepam (Dalmane)
- ▶ **Phenothiazine drugs:** Chlompromazine (Thorazine), prochlorperazine (Compazine), trifluoperazine (Stelazine), promethazine (Phenergan), hydroxyzine (Vistaril), fluphenazine (Prolixin)
- ▶ **Glucocorticoid drugs:** Prednisolone (Delta-Cortef, Prednisol, Prednisolone), prednisone (Apo-Prednisone, Deltasone, Meticorten, Orasone, Panasol-S), betamethasone (Celestone, Selestoject, Betnesol), dexamethasone (Decadron, Deronil, Dexon, Mymethasone, Dalalone), cortisone (Cortone), hydrocortisone (Cortef, Hydrocortone Phosphate, Cortifoam), methylprednisolone (Solu-cortef, Depo-Medrol, Depopred, Medrol, Rep-Pred), triamcinolone (Amcort, Aristocort, Atolone, Kenalog, Triamolone)
- ▶ **Antivirals:** Acyclovir (Zovirax), ritonavir (Norvir), saquinavir (Invirase, Fortovase), indinavir (Crixivan), abacavir (Ziagen), cidofovir (Vistide), ganciclovir (Cytovene, Vitrasert)
- ▶ **Cholesterol-lowering drugs:** Atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocar), rosuvastatin (Crestor)
- ▶ **Angiotensin receptor blocker drugs:** Valsartan (Diovan), candesartan (Altacand), losartan (Cozaar), telmisartan (Micardis)
- ▶ **Cox 2 enzyme blocker drugs:** Celecoxib (Celebrex), valdecoxib (Bextra)
- ▶ **Histamine 2 antagonist drugs:** Cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), ranitidine (Zantac)

- ▶ **Proton pump inhibitors:** Esomeprazole (Nexium), lansoprazole (Prevacid), pantoprazole (Protonix), rabeprazole (AciPhex)
- ▶ **Anticoagulant drugs:** Heparin sodium (Hepalean), enoxaparin sodium (Lovenox), dalteparin sodium (Fragmin)

40. Drug schedules

- ▶ **Schedule I**—Research use only (example LSD)
- ▶ **Schedule II**—Requires a written prescription (example Ritalin)
- ▶ **Schedule III**—Requires a new prescription after six months or five refills (example codeine)
- ▶ **Schedule IV**—Requires a new prescription after six months (example Darvon)
- ▶ **Schedule V**—Dispensed as any other prescription or without prescription if state law allows (example antitussives)

41. Medication classifications commonly used in a medical/surgical setting

- ▶ **Antacids**—Reduce hydrochloric acid in the stomach
- ▶ **Antianemics**—Increase red blood cell production
- ▶ **Anticholinergics**—Decrease oral secretions
- ▶ **Anticoagulants**—Prevent clot formation
- ▶ **Anticonvulsants**—Used for management of seizures/bipolar disorder
- ▶ **Antidiarrheals**—Decrease gastric motility and reduce water in bowel
- ▶ **Antihistamines**—Block the release of histamine
- ▶ **Antihypertensives**—Lower blood pressure and increase blood flow
- ▶ **Anti-infectives**—Used for the treatment of infections
- ▶ **Bronchodilators**—Dilate large air passages in asthma/lung disease
- ▶ **Diuretics**—Decrease water/sodium from the Loop of Henle
- ▶ **Laxatives**—Promote the passage of stool
- ▶ **Miotics**—Constrict the pupils
- ▶ **Mydriatics**—Dilate the pupils
- ▶ **Narcotics/analgesics**—Relieve moderate to severe pain