Review Calculations related to medications and IV drips, Basic Safety and Infection Control, Core Measures, National Patient Safety Goals, Pain Management, and Blood Administration.

Review assessment, interventions, monitoring, and care for conditions commonly encountered including:

- Apnea, pulseless, asystole – ACLS protocol, first medication = epinephrine
- Post-angioplasty
- Removal arterial catheter/sheath: direct pressure for at least 5 minutes
- Blood transfusion reaction
- Cardiac tamponade signs and symptoms post-removal of epicardial wires
- Cerebrovascular accident (CVA), symptoms
- Congestive heart failure (CHF), lung sounds indicate worsening
- Diabetes
- Hypertension
- Hypoglycemia, cool, clammy skin
- Myocardial infarction (MI), bilateral rates post-MI, early indication left-sided heart failure
- Pulmonary embolism, contact the rapid response team
- Renal impairment, lab values
- Restraints, monitor every 2 hours and re-evaluate need
- Ventilator, practice bundle

Review action, preparation, monitoring, and precautions related to medications commonly used, such as

- Benzodiazepines, risk for falling
- Captopril (Capoten®)
- Diltiazem SR (Cardizem®): toxicity, tablet calculation
- Dopamine (Intropin®), low dose to improve renal perfusion
- Furosemide (Lasix®), hold for low serum potassium
- Heparin protocol
- Insulin sliding scale
- Labetalol
- Medications per enteral feeding tube
- Morphine: calculate mL for mg dose, toxicity
- Naloxone (Narcan®)
- Oxygen
Progressive Care Unit (PCU) Knowledge Assessment Exam: Study Guide

- IV drops per minute calculation
- Infiltration with a known vesicant, stop infusion and disconnect IV tubing

Review cardiac rhythm strip interpretation and appropriate action, including

- Finding associated with MI, S-T segment elevation
- ECG rhythm strip interpretation: atrial fibrillation
- ECG rhythm strip interpretation: sinus rhythm with multifocal PVC couplet
- ECG rhythm strip interpretation: supraventricular tachycardia (SVT), first action = vagal maneuvers
- ECG rhythm strip interpretation and action: ventricular fibrillation, shock at 200 joules, biphasic
- ECG rhythm strip interpretation: ventricular tachycardia

A great source for ACLS protocol review is www.acls.net

A great source for rhythm review is the RN.com course Telemetry Interpretation

Also recommended:

- ECG Library (Jenkins, J & Gerrend, S., 2009)  
  http://www.ecglibrary.com/ecghome.html

Review Laboratory Results commonly encountered, such as

- BUN
- Serum creatinine
- Serum electrolytes
- Serum glucose

Review principles and practices related to safety and infection prevention, including

- Catheter-associated urinary tract infection (CAUTI) prevention bundle
- Catheter-associated bloodstream infection (CLABSI) prevention bundle
- Fall risk, elderly/benzodiazepines
- Handwashing w/ C. diff
• Patient identifiers
• Monitor restraints every 2 hours and re-evaluate need
• Ventilator-associated pneumonia (VAP) prevention bundle

Review principles and practices of **communication with patients and family**, including

• Patient satisfaction
• Purpose of oxygen post-MI
• Heart failure discharge teaching required in Core Measures
• Demand pacemaker, functioning

Review measures to prevent **CMS Hospital Acquired Conditions**, including

• Blood transfusion reaction
• CAUTI prevention
• DVT prevention
• Glycemic control
• Skin assessment, pressure ulcer staging
• Risk for falling

Review **calculations**, including

• Medication protocols
• Sliding scale
• IV drip rate, calculating drops per minute

**To calculate the infusion rate: IV drip rate in drops per minute =**

**Volume to be infused (mL) over 1 hour/ Drop factor constant**

<table>
<thead>
<tr>
<th>Common drop factors</th>
<th>Drop factor constant</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 gtt/mL - minidrip set</td>
<td>1</td>
</tr>
<tr>
<td>10 gtt/mL – regular drip set</td>
<td>6</td>
</tr>
<tr>
<td>15 gtt/mL – regular drip set</td>
<td>4</td>
</tr>
</tbody>
</table>
Common drop factors are also known as the clock method – drop factors are obtained by dividing 60 minutes by the number of gtts per mL that the IV set delivers.