Review Calculations related to medications, 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:

- Inadequate analgesia – more frequent PCA attempts than allowed pain level = 8.
- Arterial sheath removal, direct pressure for as long as needed to prevent bleeding at least 5 minutes
- Arthroplasty (hip), affected leg positioning post-op, abducted (away from midline) in straight alignment
- Blood transfusion reaction
- Signs of readiness for extubation, follows command to lift head off bed and hold for 5 seconds
- Proper position ET tube, listen for bilateral breath sounds
- Femoral-popliteal bypass, assessment of operative leg
- Bilateral rales early indication of fluid overload
- Hemorrhage post-hysterectomy/oophorectomy. Check for signs of bleeding, report immediately to surgeon
- Hypoxia, agitation after extubation
- Hypovolemia, NS bolus
- Malignant hyperthermia, early indications: tachycardia, muscle rigidity
- MRSA, appropriate personal protective equipment
- PACU discharge criteria: BP and heart rate within 20% of pre-op baseline; Nausea and vomiting minimal after medication; pain decreasing with medication
- Pain assessment – patient’s description of pain or nonverbal signs of pain
- Pediatric patient – retractions an early sign of respiratory difficult
- Post-extubation agitation, assess respiratory and pain status
- Post-extubation tachycardia, SaO₂ 90, dyspnea. Administer O₂, contact anesthesia
- Post-operative confusion in the elderly, due to medication intolerance, hypoxia
- Post-operative MI, call anesthesia, anticipate orders for labs, O₂, and aspirin.
- Post-operative nausea and vomiting (PONV): raise head of bed, administer antiemetic
- Appearance of urine post-TURP
- Respiratory acidosis – interpret from ABGs, anticipate increasing the ventilator rate
- Sequential compression device (SCD) to prevent DVT
- Significant decrease in BP, increase in heart rate – administer NS bolus
- Skin assessment, nonblanchable erythema
- Thoracic surgery, excessive bloody chest tube drainage post-operative: assess for hypovolemia, notify surgeon
- Toxicity, morphine: difficult to arouse, decreased respiratory rate – give naloxone (Narcan®)
- Transurethral resection of prostate (TURP), appearance of urine
Review action, preparation, monitoring, and precautions related to medications commonly used, such as:

- Benzodiazepines, risk for falling
- Cefalozin sodium (Ancef®) calculation, mL/dose
- Diltiazem (Cardizem®), calculation, mL/dose
- Insulin sliding scale
- Labetalol calculation, mL/dose
- Morphine, toxicity
- Naloxone (Narcan®)
- Ondansetron (Zofran®)
- Oxygen
- Reversal agent for muscle relaxant – patient lying very still, not arousable
- Vancomycin administer via central line or large vein; calculation, mL/dose

Review laboratory results, including:

- ABG interpretation: respiratory acidosis, increase ventilator rate
- $O_2$ saturation

Review cardiac rhythm strip interpretation and appropriate action, including:

- ECG interpretation, NSR w/multifocal PVCs
- ECG interpretation and action: ventricular fibrillation, defibrillation

A great source for ACLS protocol review is [https://acls.com/](https://acls.com/)
A great source for rhythm review is the RN.com course [Telemetry Interpretation](http://www.ecglibrary.com/ecghome.html)
Also recommended:

- ECG Library (Jenkins, J & Gerrend, S., 2009)

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

- Catheter-associated urinary tract infection (CAUTI) prevention bundle
- Fall risk, elderly/benzodiazepines
- Handwashing w/ C. diff, rather than alcohol-based disinfectant alone
- Patient identifiers
- MRSA, gown and gloves required
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

Laboratory Results

- ABG interpretation: respiratory acidosis, increase ventilator rate
- O₂ saturation

CMS Hospital Acquired Conditions

- Blood transfusion reaction
- CAUTI prevention
- DVT prevention
- Glycemic control
- Skin assessment
- Risk for falling