



MINIKURZ NCLEX – 4. část

Ochutnávka otázek z amerického národního testu z ošetřovatelství NCLEX – National Council Licensure Examination COPD

Read the text and answer following questions. Find correct answers and Czech translation of words in bold at www.g5plus.com/cz/diagnoza

COPD is the abbreviation for chronic obstructive pulmonary disease. COPD includes two diseases known as chronic bronchitis and emphysema. Obstructive pulmonary diseases **progressively** limit airflow into the lungs with an **inflammatory response**. Chronic bronchitis involves inflammation of the bronchial walls. There is also an increase in size of the mucus **goblet** cells. This means more **mucus** is produced than normally and air exchange in the alveoli is severely **impaired**. Chronic bronchitis patients have a chronic **cough**. Chronic bronchitis is often caused by cigarette smoking and infection. Emphysema is characterized by chronic dilation of alveoli as well as destroyed alveoli that are **collapsed**. The bronchioles are also **obstructed**. There is very limited exchange of oxygen and **carbon dioxide** through the alveolar capillaries. Again, cigarette smoking is strongly associated with emphysema.

Patients with COPD often experience **weakness** and **fatigue**, **dyspnea** and headache. In order to breathe easier, they often breathe sitting straight up or slightly forward. This is called orthopnea. When you listen to their lungs with a stethoscope you will often hear expiratory **wheezing** which can stimulate coughing. When patients have suffered with COPD for a long time, their anatomy can change. They often become **barrel** chested and their fingers become **clubbed** and cyanotic. They may also have **distended** neck veins and peripheral edema if they have also developed right sided heart failure as a result of the COPD.

Treating COPD is not easy as there is **no cure**, except for lung transplantation. Medications such as bronchodilators can reduce airway **restriction**. Mucolytics and expectorants can help **liquefy** mucus secretions and make it easier to cough it out. Low dose oxygen therapy, at a maximum level of 1 to 3 liters, often helps increase the oxygen saturation. More than 3 liters lead to carbon dioxide intoxication. Carbon dioxide intoxication can lead to coma because of toxic level of carbon dioxide in the blood. Regular nebulizer therapy can help to ease breathing. For end stage emphysema, lung transplant may be considered if the patient meets transplantation criteria.

As nurses care for patients with COPD, they must remember that there is a lot of teaching we can do for these patients and their families. Teaching patients about **quitting** smoking is very helpful, as it can prevent the disease from progressing so quickly. Teaching the patient about **avoiding** other **irritants** such as **dust** and other people with respiratory infections is also important. They must also be aware of the early symptoms of infection, hypoxia and hypercapnia. Teaching them the proper use of inhalers and oxygen equipment at home as well as the correct way to do their respiratory exercises is very important

to add to discharge teaching. Putting all of the information for patients and their families in writing is very helpful, as patients often forget much of what they are told due to **anxiety** and the overwhelming amount of new information they are given. They will have **lifelong** activity restrictions, need to take new medications and need to wear and carry **portable** oxygen with them throughout the rest of their lives. Trying to quit smoking is not easy and can also cause considerable struggle and anxiety as well. Providing emotional support, patience and repeating new information can help patients and their families learn to live with a diagnosis of COPD a little easier.

Questions

- A patient is receiving Albuterol (Proventil) to relieve severe asthma. The nurse should monitor the patient for:
 - Lethargy
 - Palpitations
 - Visual disturbances
 - Decreased pulse rate
- The nurse must be alert for signs of respiratory acidosis in the patient with emphysema, because this individual has a long term problem with oxygen maintenance and:
 - The carbon dioxide is not excreted
 - Hyperventilation occurs, even if the cause is not physiologic
 - There is a loss of carbon dioxide from the body's buffer pool
 - Localized tissue necrosis occurs as a result of poor oxygen supply to the area
- To facilitate maximum air exchange, a patient should be placed in the:
 - Supine position
 - Orthopneic position
 - High-Fowler's position
 - Semi-Fowler's position
- A patient with emphysema experiences an episode of shortness of breath. The physician diagnoses spontaneous pneumothorax. The nurse is aware of that the probable cause of the spontaneous pneumothorax is a:
 - Pleural friction rub
 - Tracheoesophageal fistula
 - Rupture of a subpleural bleb
 - Puncture wound of the chest wall
- When a spontaneous pneumothorax is suspected in a patient with emphysema, the nurse should call the physician and:
 - Administer 60% oxygen via venture mask
 - Place the client on the affected side
 - Give oxygen 2L per minute via nasal cannula
 - Prepare for IV (intravenous) administration of electrolytes

vzdělávání

- The nurse is aware that when emphysema is present, there is a decreased oxygen supply because of:
 - Pleural effusion
 - Infectious obstructions
 - Loss of aerating surfaces
 - Respiratory muscle paralysis
- While receiving an adrenergic beta2 agonist for asthma, the patient complains of palpitation, chest pain and a throbbing headache. In view of these symptoms, the most appropriate nursing action would be to:
 - Withhold the drug until additional orders are given by the physician
 - Tell the patient not to worry; these are normal side effects from the medicine
 - Ask the patient to relax; then give instructions to breathe slowly and deeply for several minutes
 - Reassure the patient that these effects are temporary and will subside as the body becomes used to the drug
- What would be the priority goal established for a patient with asthma who is being discharged from the hospital? The patient:
 - Is able to obtain pulse oximeter readings
 - Demonstrates use of a metered-dose inhaler
 - Knows the primary care physician's office hours
 - Can identify the foods that may cause wheezing
- A patient with a long history of asthma is scheduled for surgery. Preoperative teaching should include the fact that the patient:
 - Will be prone to respiratory tract infections
 - Can control and limit asthmatic attacks, if desired
 - Should try to limit coughing, because this causes distension of the chest
 - Can control anxiety and decrease the severity of postoperative asthma attacks
- A patient with asthma is being taught how to use a peak flow meter to monitor how well the asthma is being controlled. The patient should be instructed to:
 - Perform the procedure once in the morning and once at night
 - Move the trunk from an upright position to a bending position while exhaling
 - Inhale completely and then blow out as hard and as fast as possible through the mouthpiece
 - Place the mouthpiece between the lips and in front of the teeth before starting the procedure

Minikurz NCLEX pro Vás vytvořila americká sestra Jennifer Granger, RN, BSN, lektorka společnosti G5 Plus (www.g5plus.com). G5 Plus zdravotníkům nabízí odbornou předodjezdovou přípravu a následné zprostředkování zaměstnání v USA, Saúdské Arábii, Bahrajnu, Kataru a Irsku.

Připravil Dr. Ing. Robert Chlebík, MBA

inzerce



Chicory Dream

náš svět jsou voňavé nápoje

Produktovou řadu Chicory doporučuje Heidi Janků
Foto Heidi Janků: Marian Lojkasek

ag foods
a family company since 1990

Příchuť: Mild, Basic, Strong, Light, Sweet, Easy.

Chicory Dream jsou chutné kávovinové nápoje se sušeným mlékem a rostlinnou smetanou, obohacené sladovým výtažkem (zdroj vitaminů skupiny B a minerálních látek) a vysokým obsahem rozpustné vlákniny – inulinu.

Nápoj lze připravit velmi snadno rozpuštěním v teplé vodě, bez nutnosti cedit. V nabídce je šest typů nápojů, které se liší formou slazení a poměrem mléčné a kávovinové složky.

Hlavní přednosti produktu:

- chutný, výborně rozpustný kávovinový nápoj
- obsahuje rozpustnou vlákninu inulin
- varianta pro diabetiky – LIGHT – kávovina slazená sladidlem
- rychlá příprava rozpuštěním v teplé vodě
- s obsahem sušeného mléka
- bez obsahu kofeinu
- není třeba cedit
- bez chemických konzervantů a barviv.

AG FOODS Group a.s.,

Košíkov 72, Velká Bíteš, 595 01 Česká republika, tel. 800 NÁPOJE (800 627 653)
fax: +420 566 503 012, pondělí až pátek od 7.00 do 17.30, www.agfoods.eu