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NCLEX-RN® Test Plan - Electrolyte and Acid-Base Balance - Video Review

ELECTROLYTES

As a nurse you are expected to know about electrolytes, their normal levels, and what effect they have on the body if they fall outside of their usual range.

ELECTROLYTE (normal adult range)	REASONS FOR ABNORMAL FINDINGS	
	DEFICIENCY	EXCESS
CALCIUM (4.5-5.5 mEq/L)	HYPocalcemia • Hypoparathyroidism • Acute pancreatitis • Hypophosphatemia • Thyroid carcinoma • Vitamin D deficiency	HYPERcalcemia • Renal failure • Hyperparathyroidism • Malignancy of bone
POTASSIUM (3.5-5 mEq/L)	HYPOKalemia • Excessive loss through vomiting, urination, perspiration, or diarrhea • Use of drugs • Excessive intake of potassium • Hyperaldosteronism	HYPERKalemia • Renal failure • Hypoaldosteronism • Use of drugs • Excessive intake of potassium • Condition where potassium moves out of tissue cells into plasma
SODIUM (135-145 mEq/L)	HYPONatremia • Excessive loss through diarrhea, sweating, vomiting, or use of diuretics • Excessive water intake • Head injury	HYPERNatremia • Loss of fluids through diarrhea • Deprivation of water • Excessive salt intake • Diabetes insipidus • Heat stroke
CHLORIDE (95-108 mEq/L)	HYPochloremia • Addison's disease • Diarrhea • Metabolic alkalosis • Respiratory acidosis • Vomiting	HYPERchloremia • Cardiac decompensation • Metabolic acidosis • Respiratory alkalosis • Corticosteroid therapy • Uremia
MAGNESIUM (1.5-2.5 mEq/L)	HYPOMagnesemia • Excessive loss from GI tract • Use of drugs • Chronic alcoholism • Diabetic ketoacidosis • Hyperparathyroidism	HYPERMagnesemia • Renal disease and renal failure • Treatment with magnesium and magnesium-containing medications
PHOSPHATE (1.5-4.5 mEq/L)	HYPOPhosphatemia • Alkalosis • Diabetes • Chronic alcoholism • Recovery from malnutrition • Severe diarrhea	HYPERPhosphatemia • Renal failure • Hypoparathyroidism • Excessive ingestion of phosphorus • Trauma • Heat stroke

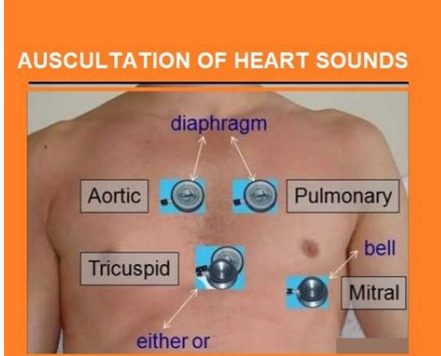
Nursing www.nclexquiz.com

NCLEX® September 2016 - Room 316
NCLEX Review & Tutoring

SUN	MON	TUE	WED	THU	FRI	SAT
4	5	6	7	8	9	10
	HOLIDAY	9am-2pm Coordinated Care	6pm-10pm Mr. H Safety and Infection Control	9am-10pm Mr. H Psychosocial Integrity		Not Available
11	12	13	14	15	16	17
	Health promotion And maintenance	9am-2pm Mrs. Rose Spiderman 1 9am-10pm Mr. H Basic care and comfort	9am-2pm Mrs. Rose Spiderman 2 6pm-10pm Mr. H Reduction of Risk Potential	9am-2pm Mrs. Rose Spiderman 3 6pm-10pm Mr. H Physiological Adaptation	9am-2pm Dr. E Hurst Pharm Packet	
18	19	20	21	22	23	24
	Safety and Infection	9am-2pm Mr. H Psychosocial Integrity	9am-2pm Mrs. Rose Spiderman 4 6pm-10pm Mr. H Health promotion and maintenance	9am-2pm Mrs. Rose Spiderman 5 6pm-10pm Mr. H Basic Care and comfort	9am-2pm Dr. E Hurst Infection Control Packet	
25	26	27	28	29	30	1
	Reduction of Risk Potential	9am-2pm Mr. H Testing	9am-2pm Mrs. Rose Coordinated Care 6pm-10pm Mr. H Testing	9am-2pm Mrs. Rose Endocrine 6pm-10pm Mr. H Physiological Adaptation	9am-2pm Dr. E Hurst Developmental Stages Packet	

One on one Tutoring Available!
Call the NCLEX Dept. at 909-954-1204 to schedule an afternoon appt. M,T,W, & Th

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909-954-1204



Fluid and Electrolytes Cheat Sheet

HYPONatremia ↓Na <135 "SALT LOSS"	HYPOkalemia ↓K <3.5 "slow and low /A SIC WALT"
S/S muscle spasm urine loss (↓output) ↓DTR ↑bowel motility	S/S Alkalosis shallow respirations ↑BP ↓bowel
weakness shallow respiration orthostatic hypotension	irritability ↓ breath sounds lethargy thread pulse constipation confusion
Causes Na excretion (renal, NG suction, V/D, diuretics, sweating) ↓aldosterone Fluid overload or FVD	Causes Drugs ↑H2O intake
SIADH diabetes insipidus low intake	NPO cushings disease ↑aldosterone
HYPERnatremia ↑Na >145 "no FRIED food"/think dehydrated	HYPERkalemia ↑K >5.0 "MURDER"
S/S Fever, flushed skin Restless ↑fluid retention, edema	S/S Muscle spasm/ cramps, twitching Seizures Shallow resp.
dry mouth/skin agitated confusion	weakness urine loss, ↓output ↓BP rhythmΔs
Causes Hypercortisolism (cushings) IncR intake (oral/IV) GI tube w/o adequate H2O intake Hypertonic solutions Reduced excretion Infection, fever, sweating, D	Causes Cellular mvmt ICF->ECF Excess intake Drugs (K-sparing diuretic, ace inhibitors, NSAIDs)
hyperventilation hypoaldosteronism thirst impairment corticosteroids loss of fluids	renal failure addisons (adrenal insuff.)
↑P HYPONatremia ↓Ca <8.5 "cramps"	HYPOmagnesemia ↓Mg <1.5 "twitching" (neuro excitability)
S/S + trousseaus, chvostek's seizures arrhythmias	S/S + trousseaus, chvostek's Toures de pointes ↑DTR ↑BP ↑RR ↓bowel motility
tetany, spasm confusion	tetany cardiac Δs seizures ↓BP ↓bowel motility
Causes Low PTH Acute pancreatitis Inadequate intake (alcohol, bulimia) Wound drainage (esp GI)	Causes "LOW MAG" Limited intake Other electrolyte issues (hypocalcemia, hypokalemia) Malabsorption Glycemic issues (DKA, insulin)
celiac/crohns chronic kidney issues ↑Phos. ↓mobility	Wasting Mg Alcohol
↓P HYPERcalcemia ↓Ca >10 "body is weak"	HYPERmagnesemia ↑Mg >2.5 "body system is lethargic"
S/S Muscle weakness, lethargy EKG Δs Abdominal distention d/t constipation Ca deposits	S/S Muscle weakness → resp. arrest EKG Δs → cardiac arrest Absent or ↓DTR N/V ↓BP
confused kidney stone formation	
Causes hyperPTH ↓excretion (renal failure, thiazides) bone cancer glucocorticoids (suppress Ca) addisons (adrenal insuff.)	Causes Mg rich antacids/laxatives (Maalox, Mylanta) Addisons (adrenal insuff.) Glomerular filtration insuff.

NURSE STUDY GUIDES **MATERNAL & CHILD HEALTH NURSING**

The Newborn Assessment
Cheat Sheet

APGAR Score

APGAR	0	1	2
Appearance	Blue	Blue	Red
Pulse	0	<100	>100
Grimace	0	Facial Grimace	Cry
Activity	0	Some	Active
Respiration	0	Slow	Good

Normal Measurement

Weight: 6-10 lbs.
Head circumference: 33-35 cm.
Chest circumference: 32-34 cm.
Temperature: 36.5-37.5°C

Med's & Labs

Vitamins K, iron, and folic acid.
Ocular Antibiotic: prevent newborn blindness
PBI Level: within 24 hrs after heelstick pricks

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The All-in-One Classroom And NCLEX® Supplement For Future Nurses. From pre-nursing to NCLEX® success, NURSING.com provides clear and concise information for nursing students. Build your confidence and skills with our comprehensive resources. Causes, Grading, Diagnosis, Treatment, and More. Author: Ahaana Singh. Editor s: Antonella Melani, MD, Lisa Miklush, PhD, RN, CNS. Illustrator: Abbey Richard. What is pitting edema? Pitting edema occurs when excess fluid builds up in the body, causing swelling; when pressure is applied to the swollen area, a “pit”, or indentation, will remain.



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