MEDICAL-SURGICAL NURSING II · STUDY GUIDE

Exam 6 Study Guide

This guide covers chapters 11 and 12. You will learn to take a sexual history without flinching, protect a post-TURP bladder, catch torsion inside its six-hour window, and treat postmenopausal bleeding as cancer until biopsy says otherwise. Then you will learn why aging takes reserve rather than function, how to tell delirium from dementia and depression, and how drugs and hospital routines harm older adults. Work one chapter at a time. Read the "what to know" paragraphs, study the tables, then try each worked case with the steps covered. Finish each chapter with its ten self-test items. The cram sheet at the end puts the numbers and rules in one place.

WHAT THIS GUIDE COVERS

- Chapter 11 · the five Ps sexual history, screening calendar, beta-hCG, PSA, PVR, BPH and acute retention, alpha blockers and 5-alpha-reductase inhibitors, TURP, CBI and TUR syndrome, prostate cancer and ADT, testicular torsion, testicular cancer, PDE5 inhibitors and nitrates, PALM-COEIN, fibroids, endometriosis, PCOS, prolapse, hysterectomy, menopause and hormone therapy, breast surgery and lymphedema, gynecologic cancers, brachytherapy safety, STI treatment, PID, PrEP and PEP, sexuality in later life.
- Chapter 12 · homeostenosis and system changes, normal aging versus disease, atypical presentation, functional and frailty screens, delirium and the CAM, causes and non-drug care, dementia and depression, pharmacokinetics and Cockcroft-Gault, polypharmacy, prescribing cascades and Beers Criteria, deprescribing, falls, immobility, nutrition, dehydration, skin and incontinence, elder mistreatment, capacity, caregivers, communication and discharge.

CHAPTER 11

Reproductive and Sexual Health Disorders

Read it in full: **Chapter 11 in the textbook**. Practice it in the lab: **The Six-Hour Clock and the Irrigation Bench** and **The STI Decision Bench**.

What to know

Take the sexual history with the **five Ps**: Partners, Practices (which decides which sites to swab), Protection, Past STIs, Pregnancy intention; many add Problems or pleasure. Ask permission, ask in private, use plain anatomic words, offer a chaperone, and ask about organs present. Three bedside tests reorder most differentials: **beta-hCG** (below 5 mIU/mL is non-pregnant; get it before CT, fluoroquinolones or methotrexate), the **bladder scan** (PVR under 50 mL normal, over 200 significant retention) and PSA (traditional cut point under 4 ng/mL; finasteride halves it, so double the value).

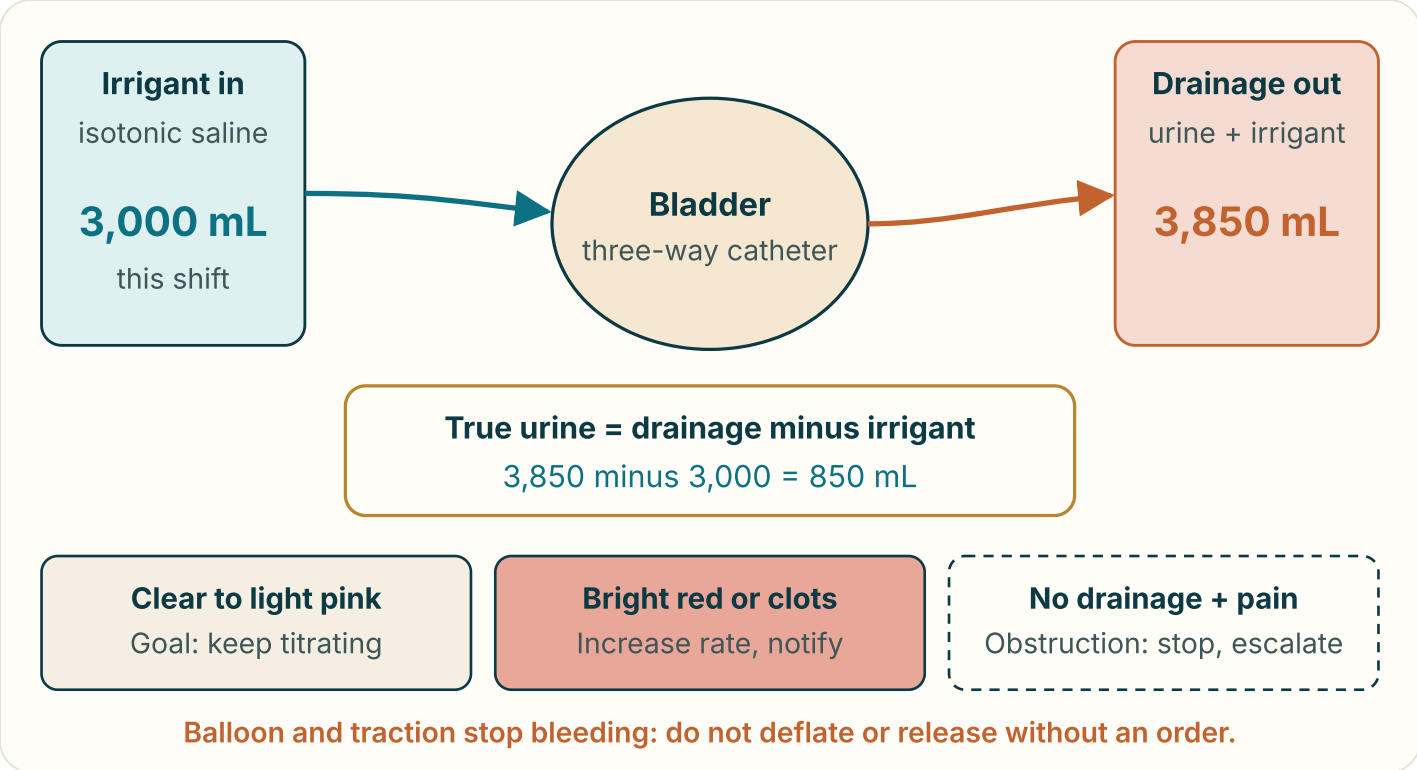
BPH grows in the transition zone and causes voiding symptoms (weak stream, hesitancy) and storage symptoms (frequency, urgency, nocturia). Anticholinergics, antihistamines, decongestants and opioids can precipitate **acute retention**: scan, then catheterize, and watch for post-obstructive diuresis (above 200 mL/h). Alpha-1 blockers work in days (orthostasis, retrograde ejaculation, floppy iris at cataract surgery); 5-alpha-reductase inhibitors take 3 to 6 months. After **TURP**, keep CBI drainage light pink to clear, chart true urine as drainage minus irrigant, and watch for **TUR syndrome**: confusion, bradycardia with hypertension, nausea, visual change and low sodium.

Testicular torsion: sudden severe pain, vomiting, high-riding horizontal testis, absent cremasteric reflex, no relief with elevation. Salvage is above 90% within 6 hours. Escalate first, then NPO, IV and analgesia; do not wait for a scheduled ultrasound. Epididymitis builds over days, comes with dysuria and improves with elevation. Testicular cancer is a painless firm mass in young men; orchiectomy is inguinal; bank sperm before treatment. PDE5 inhibitors with any **nitrate** cause refractory hypotension: no nitrate within 24 h of sildenafil or vardenafil, 48 h of tadalafil. Priapism over 4 hours is an emergency.

Abnormal uterine bleeding is sorted by **PALM-COEIN**. Quantify bleeding: a saturated pad every hour for 2 or more hours is an acute bleed. Fibroids cause iron-deficiency anemia. **Any postmenopausal bleeding** is endometrial cancer until proven otherwise: transvaginal ultrasound (stripe over 4 mm) then biopsy. Systemic estrogen with an intact uterus needs a progestin. After mastectomy with node dissection: affected arm elevated, drains emptied (out when under about 30 mL in 24 h for 2 days), and **no cuff, no needle, no IV** in that arm, ever. During a low-dose-rate

cervical implant: time, distance, shielding, no pregnant staff or visitors under 18, and long-handled forceps plus a lead container if the source dislodges.

Most bacterial STIs are silent, so screen by practices. Chlamydia: doxycycline 100 mg twice daily for 7 days. Gonorrhea: ceftriaxone 500 mg IM once. Syphilis: **benzathine penicillin G 2.4 million units IM only**, never IV; a fever within 24 hours is the Jarisch-Herxheimer reaction, not allergy. Trichomonas: metronidazole, no alcohol. **PID** is treated empirically (ceftriaxone once plus 14 days of doxycycline and metronidazole) because tubal scarring is permanent; sudden rigid abdomen with shock suggests a ruptured tubo-ovarian abscess. PEP within 72 hours for 28 days. Older adults have rising STI rates and still need a sexual history.



Subtract the irrigant, then read the color. Charting all drainage as urine hides oliguria. Light pink to clear is the goal; red with clots or no flow at all needs action now.

LOCK THESE IN

- Five Ps; private, permission, plain words, chaperone.
- Beta-hCG before CT, fluoroquinolones or methotrexate in anyone who could be pregnant.
- True urine on CBI = total drainage minus irrigant. Bright red or clots: increase rate, notify.
- TUR syndrome: confusion, bradycardia with hypertension, visual change, low sodium.
- Torsion: 6-hour window; escalate first; no waiting for imaging.
- No nitrate within 24 h of sildenafil or vardenafil, 48 h of tadalafil.
- Postmenopausal bleeding = endometrial cancer until biopsy. Estrogen plus progestin if uterus present.
- Benzathine penicillin IM only. Lymphedema arm: no cuff, no needle, ever.

Key terms and comparisons: torsion versus epididymitis

Feature	Testicular torsion	Epididymitis
Onset	Sudden, often wakes from sleep	Over days
Associated	Nausea, vomiting	Dysuria, pyuria, often fever
Testis position	High-riding, horizontal	Normal
Cremasteric reflex	Absent on affected side	Present
Elevation (Prehn)	No relief (negative)	Relieves pain (positive)
Action	Escalate to urology now; OR within 6 h	Antibiotics, support, analgesia

Key terms and comparisons: STI treatment

Infection	Treatment	Nursing priority
Chlamydia	Doxycycline 100 mg BID x 7 days (azithromycin 1 g in pregnancy)	Upright 30 min, sun care; abstain 7 days; retest 3 months
Gonorrhea	Ceftriaxone 500 mg IM once (1 g if 150 kg or more)	Deep IM; add doxycycline if chlamydia not excluded
Syphilis (early)	Benzathine penicillin G 2.4 million units IM once	IM only; Jarisch-Herxheimer reaction expected
Trichomonas	Metronidazole 500 mg BID x 7 days (women)	No alcohol; treat partners
PID	Ceftriaxone 500 mg IM once + doxycycline and metronidazole x 14 days	Semi-Fowler; nothing per vagina; full course

Worked cases

WORKED CASE 1 · THE CBI MATH

Mr. Okonkwo is on continuous bladder irrigation after TURP. This shift 3,000 mL of irrigant ran in and the bag collected 3,850 mL. Drainage is light pink. At 0300 he becomes restless, heart rate 52, pressure 168/94, with nausea and blurred vision.

STEP 1 · COMPUTE TRUE OUTPUT

3,850 minus 3,000 = 850 mL of urine. Charting 3,850 as urine would hide oliguria.

STEP 2 · READ THE COLOR

Light pink to clear is the goal. Bright red or clots: increase the rate and notify.

STEP 3 · NAME THE NEW PICTURE

Confusion, bradycardia with hypertension, nausea and visual change: TUR syndrome from absorbed hypotonic irrigant.

STEP 4 · ACT

Notify the surgeon now, stat sodium (normal 135 to 145), slow or stop irrigation per order, protect the airway, seizure precautions.

WORKED CASE 2 · THE SCROTAL CLOCK

Mr. Lindgren, 19, woke at 0400 with sudden severe left scrotal pain and vomiting. It is now 0530. The testis is high and horizontal, the cremasteric reflex is absent, and elevation makes the pain worse. Ultrasound has a 90-minute wait.

STEP 1 · SORT

Sudden onset, vomiting, absent reflex, negative Prehn: torsion, not epididymitis.

STEP 2 · COUNT THE CLOCK

1.5 hours since onset. Salvage is above 90% within 6 hours and falls sharply by 12.

STEP 3 · ESCALATE FIRST

Call urology now; a classic exam goes to the OR without waiting for imaging.

STEP 4 · THEN

NPO, IV access, analgesia. Expect detorsion and fixation of both sides.

WORKED CASE 3 · THE PSA THAT LOOKS FINE

Mr. Haverford, 66, has taken finasteride for two years. His PSA is 2.6 ng/mL. Later he arrives with chest pain; nitroglycerin is on protocol. He takes tadalafil 5 mg daily for BPH.

STEP 1 · ADJUST THE PSA

Finasteride lowers PSA by about half: 2.6 x 2 = 5.2 ng/mL, above the 4 ng/mL cut point. Refer for urologic evaluation.

STEP 2 · ASK THE NITRATE QUESTION

Ask privately about PDE5 inhibitors. Daily tadalafil counts.

STEP 3 · HOLD AND REPORT

No nitrate within 48 hours of tadalafil. Hold the nitroglycerin and tell the provider now.

RULE

One question, five seconds, every chest pain.

TRAPS PEOPLE FALL INTO

- **Charting all CBI drainage as urine.** Subtract the irrigant. True output can be dangerously low.
- **Waiting for an ultrasound in classic torsion.** Tissue dies while you wait. Escalate first.
- **Reassuring a woman about spotting after menopause.** It needs ultrasound and biopsy.
- **Giving benzathine penicillin IV.** It is IM only; IV can be fatal.

- **Taking a blood pressure on the mastectomy side.** No cuff, no needle, no IV in that arm, permanently.

Chapter 11 self-test · ten items

1. During a sexual history, a nurse asks which kinds of sex a patient has. What is the main clinical reason?

A. It decides whether a chaperone must be offered
B. It decides which consent form must be signed
C. It decides whether family may stay in the room
D. It decides which body sites need swabs for testing

D. It decides which body sites need swabs for testing A urine NAAT misses pharyngeal or rectal infection; practices guide specimen sites.

2. A patient on CBI received 4,200 mL of irrigant; the bag collected 5,100 mL. What is the urine output?

A. 5,100 mL
B. 4,200 mL
C. 900 mL
D. 9,300 mL

C. 900 mL Drainage minus irrigant: 5,100 minus 4,200 = 900 mL.

3. After TURP, a patient becomes confused with a heart rate of 50 and a pressure of 170/96. What should the nurse suspect?

A. Bladder spasm from catheter traction
B. TUR syndrome with dilutional hyponatremia
C. Hypovolemic shock from bleeding
D. Normal post-anesthesia confusion only

B. TUR syndrome with dilutional hyponatremia Absorbed hypotonic irrigant causes low sodium, confusion, bradycardia and hypertension.

4. Which finding best supports testicular torsion over epididymitis?

A. Absent cremasteric reflex with no relief on elevation
B. Pus and white cells found on the urinalysis
C. Burning with urination and a fever for three days
D. Gradual swelling with pain eased by elevation

A. Absent cremasteric reflex with no relief on elevation Torsion: sudden, absent reflex, negative Prehn. The others fit epididymitis.

5. A man with chest pain took tadalafil 30 hours ago. Nitroglycerin is ordered. What should the nurse do?

A. Give it, since 24 hours have passed
B. Hold the nitrate and notify the provider
C. Give it with an IV fluid bolus running
D. Give half the dose and recheck the BP

B. Hold the nitrate and notify the provider Tadalafil needs a 48-hour gap before any nitrate.

6. A man on finasteride for two years has a PSA of 2.2 ng/mL. How should it be read?

A. As useless, since finasteride stops all PSA
B. As about 1.1 ng/mL, so cancer is unlikely
C. As about 4.4 ng/mL, above the usual cut point
D. As 2.2 ng/mL, well inside the normal range

C. As about 4.4 ng/mL, above the usual cut point 5-alpha-reductase inhibitors halve PSA; double the measured value.

7. A 59-year-old reports light spotting nine months after her last period. What is the best response?

A. Arrange a transvaginal ultrasound and likely biopsy
B. Reassure her that this is common after menopause
C. Recheck at her next routine visit in a year
D. Suggest a vaginal lubricant for atrophic tissue

A. Arrange a transvaginal ultrasound and likely biopsy Postmenopausal bleeding is endometrial cancer until proven otherwise.

8. A nursing assistant asks which arm to use for a pressure after a left mastectomy with node dissection. What does the nurse say?

A. Use the left arm once the drains are out
B. Either arm is fine after the first week
C. Use the left arm with a smaller cuff size
D. Use the right arm, and never the left

D. Use the right arm, and never the left The surgical side gets no cuff, needle or IV, permanently, to reduce lymphedema.

9. A cervical brachytherapy source falls into the bed. What should the nurse do?

A. Wrap it in the bed linen and send it to laundry
B. Pick it up with long forceps into the lead container
C. Pick it up with gloved hands and put it back in
D. Leave the room and wait for the oncoming shift

B. Pick it up with long forceps into the lead container Never touch the source by hand. Forceps, lead container, call radiation safety.

10. Six hours after benzathine penicillin for syphilis, a patient has fever, chills and aches. What is this?

A. A new bacterial infection
B. An acute penicillin allergy
C. A sign of treatment failure
D. A Jarisch-Herxheimer reaction

D. A Jarisch-Herxheimer reaction Dying spirochetes cause this self-limited reaction; it is not an allergy.

CHAPTER 12

Care of the Older Adult

Read it in full: **Chapter 12 in the textbook**. Practice it in the lab: **Delirium, Dementia, Depression: The Discriminator** and **The Medication List Defuser**.

What to know

Aging takes **reserve**, not baseline function: this is **homeostenosis**. So illness shows up as a change in function: new confusion, a fall, new incontinence, or not eating. Confusion, incontinence, falls, weight loss, anemia and depression are never normal aging. Key changes: stiff arteries (wide pulse pressure, orthostatic hypotension of 20 systolic or 10 diastolic within 3 minutes), weak cough, falling GFR (a normal creatinine can hide a clearance near 30), slower

phase I liver metabolism, blunted fever (a rise of 1.1 C over baseline counts), thin skin and sarcopenia. A third of older adults with MI have no chest pain; tachypnea may be the only sign of pneumonia.

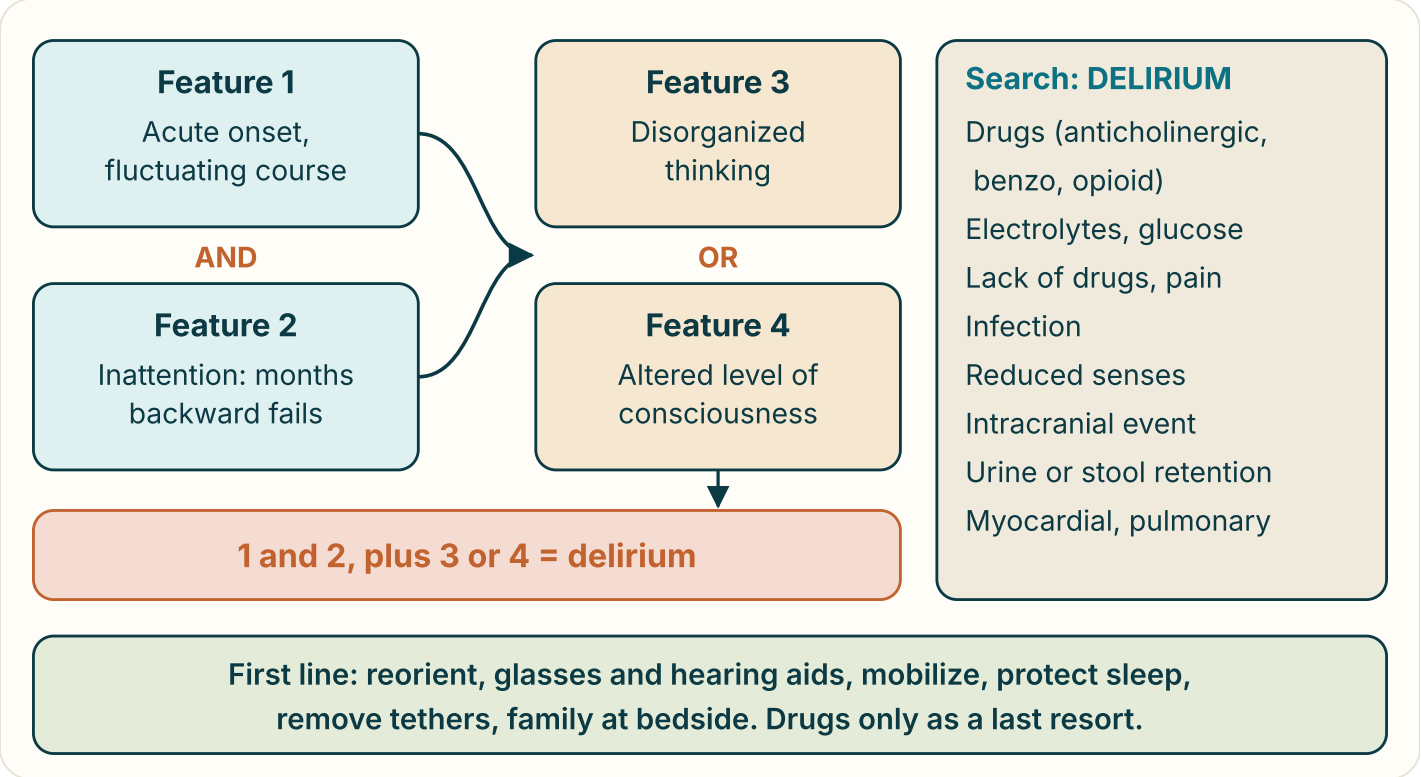
Delirium is acute brain failure with a cause. The **CAM**: feature 1 (acute onset, fluctuating) and feature 2 (inattention), plus feature 3 (disorganized thinking) or feature 4 (altered consciousness). **Hypoactive** delirium, the quiet sleepy patient, is the most common and most missed. Search for the cause (DELIRIUM: drugs, electrolytes, lack of drugs or pain, infection, reduced senses, intracranial, urinary or fecal retention, myocardial or pulmonary). Treat with reorientation, glasses and hearing aids, mobility, sleep, removing tethers and family presence. Drugs last: low-dose haloperidol (watch QTc above 500), not in Parkinson or Lewy body disease; benzodiazepines only for alcohol or benzodiazepine withdrawal.

Dementia is insidious with normal attention and consciousness until late; depression is subacute, with intact attention and a distressed "I don't know." Screen depression with the GDS-15 (5 or more positive) and ask about suicide directly: men 75 and older have the highest suicide rate. Start an SSRI at half dose and check sodium in 2 to 4 weeks. In dementia, behavior is communication: look for pain, hunger, thirst, a full bladder, constipation or fear, and prevent sundowning with light, routine and activity rather than sedation.

Drugs change: less body water raises levels of water-soluble drugs (digoxin, lithium, gentamicin); more fat prolongs fat-soluble drugs (diazepam); low albumin raises the free fraction of phenytoin and warfarin; falling GFR prolongs renally cleared drugs. Estimate clearance with **Cockcroft-Gault**: (140 minus age) x kg / (72 x creatinine), x 0.85 for women. Treat every new symptom as a drug effect until proven otherwise to stop **prescribing cascades**. The **Beers Criteria** flag diphenhydramine, benzodiazepines, Z-drugs, antipsychotics for behavior, tricyclics, muscle relaxants, chronic NSAIDs, ketorolac, glyburide, oxybutynin, meperidine and long-term PPIs. Digoxin range 0.5 to 2.0 ng/mL (0.5 to 0.9 in heart failure); keep potassium 3.5 to 5.0.

The best fall predictor is a previous fall. Timed Up and Go 12 seconds or more means higher risk. Round hourly (pain, potty, position, possessions), bed low, non-skid footwear, scheduled toileting. **Restraints do not prevent falls.** After a fall, assess before moving; an anticoagulated patient who struck the head needs imaging even if well. Bed rest costs 1 to 3% of strength a day; protein 1.0 to

1.2 g/kg/day, 1.2 to 1.5 when ill. Elder mistreatment: interview alone, document objectively, report on **reasonable suspicion** to Adult Protective Services; do not investigate or confront. Capacity is decision-specific; competence is legal. Discharge is a procedure: reconciliation, scheduled follow-up, named red flags and teach-back.



Inattention is the hallmark. A positive CAM is a medical emergency with a cause. The quiet, drowsy patient counts; screen everyone, not only those who are agitated.

LOCK THESE IN

- Aging takes reserve; illness shows as confusion, a fall, incontinence or not eating.
- Orthostatic: drop of 20 systolic or 10 diastolic within 3 minutes of standing.
- CAM: 1 and 2, plus 3 or 4. Inattention is the hallmark. Quiet patients can be delirious.
- Delirium care: find the cause; reorient, sensory aids, mobility, sleep; no benzodiazepines except withdrawal.
- Cockcroft-Gault before dosing renally cleared drugs; a normal creatinine can hide low clearance.
- New symptom = drug effect until proven otherwise. Beers list; anticholinergic burden.
- Previous fall is the best predictor; TUG 12 s or more; restraints do not prevent falls.
- Mistreatment: interview alone, document, report on reasonable suspicion.

Key terms and comparisons: the three Ds

Feature	Delirium	Dementia	Depression
Onset	Hours to days	Months to years	Weeks to months
Course	Fluctuates, worse at night	Progressive or stepwise	Persistent low mood
Attention	Impaired (hallmark)	Normal until late	Intact; poor concentration
Consciousness	Altered	Normal	Normal
Memory testing	Cannot engage	Minimizes or confabulates	Distressed, "I don't know"
Reversible	Usually, if cause found	No	Highly treatable
First action	Search for the cause	Support function, safety	Screen, ask about suicide

Key terms and comparisons: geriatric screens

Tool	Measures	Threshold
Timed Up and Go	Mobility, fall risk	12 seconds or more
Braden	Pressure injury risk (6 to 23)	18 or below at risk; 12 or below high
Mini-Cog	Recall plus clock draw	0 to 2 of 5 positive
GDS-15	Depression	5 or more positive
CAM	Delirium	1 and 2, plus 3 or 4
Post-void residual	Retention	Under 50 normal; over 200 abnormal
Weight loss	Malnutrition	5% in 1 month or 10% in 6 months

Worked cases

WORKED CASE 1 · THE NORMAL CREATININE

Mrs. Pritchard, 87, weighs 48 kg and has a serum creatinine of 1.0 mg/dL. A standard dose of a renally cleared antibiotic is about to be ordered.

STEP 1 · SET UP COCKCROFT-GAULT

(140 minus 87) x 48 / (72 x 1.0) = 53 x 48 / 72 = 35.3.

STEP 2 · APPLY THE FEMALE FACTOR

35.3 x 0.85 = about 30 mL/min.

STEP 3 · INTERPRET

A "normal" creatinine hides a clearance near 30, because she has little muscle.

STEP 4 · ACT

Ask for renal dose adjustment before the first dose. The same applies to DOACs, metformin and gabapentin.

WORKED CASE 2 · THE QUIET PATIENT

Mr. Abernathy, 84, two days after hip repair, was "pleasant, no problems" in report. He is now sleepy and slow to answer. He got oxycodone at 1400 and diphenhydramine at 1600. SpO2 90%, bladder scan 700 mL, glucose 84.

STEP 1 · SCREEN

He cannot say the months backward (inattention), and this is new since yesterday (acute, fluctuating). He is drowsy (altered consciousness). CAM positive: hypoactive delirium.

STEP 2 · ABC FIRST

Oxygen for the low saturation; full vital signs.

STEP 3 · FIND CAUSES

Retention (700 mL), a new anticholinergic (diphenhydramine), an opioid, and possible hypoxia or infection after surgery.

STEP 4 · ACT AND ESCALATE

SBAR: ask for catheterization, chest film, labs, and stopping diphenhydramine. Then non-drug delirium care.

WORKED CASE 3 · THE PRESCRIBING CASCADE

Mrs. Ellery, 84, on donepezil, developed urinary urgency and was started on oxybutynin. Two weeks later she is confused and constipated.

STEP 1 · TRACE THE SEQUENCE

Donepezil (cholinergic) caused urgency; oxybutynin (anticholinergic) was added to treat it.

STEP 2 · NAME THE HARM

Oxybutynin causes confusion, constipation, dry mouth and retention, and it is on the Beers list.

STEP 3 · FIX

Discuss stopping oxybutynin; use timed voiding or pelvic floor training.

RULE

Ask what was started shortly before the new symptom appeared.

TRAPS PEOPLE FALL INTO

- **Writing "pleasantly confused, baseline."** New confusion is never normal aging. Screen with the CAM.
- **Giving lorazepam for agitated delirium.** Benzodiazepines cause and prolong delirium, except in withdrawal.
- **Dosing from creatinine alone in a small older adult.** Estimate clearance with Cockcroft-Gault.
- **Restraining a confused patient to prevent falls.** Restrained patients fall from higher and get more injured. Use rounding, toileting and presence.
- **Confronting a suspected abusive caregiver.** Interview the patient alone, document, report. Do not investigate or confront.

Chapter 12 self-test · ten items

1. An 82-year-old is "weak and not herself" with a respiratory rate of 26 and no chest pain. Which test is most important to add?

A. A thyroid panel next week
B. A head CT without contrast
C. A urine culture from the bag
D. A 12-lead ECG and troponin

D. A 12-lead ECG and troponin A third of older adults with MI have no chest pain; tachypnea and functional change are the clues.

2. Which combination confirms delirium on the CAM?

A. Memory loss over a year, plus poor recall of three words
B. Acute fluctuating onset and inattention, plus altered consciousness
C. Low mood for weeks, plus poor sleep and weight loss
D. Inattention and disorganized thinking, without any change in onset

B. Acute fluctuating onset and inattention, plus altered consciousness Features 1 and 2 are required, plus feature 3 or 4.

3. A drowsy older adult was "pleasant, no problems" in report. What is the first action?

A. Give him a caffeinated drink to wake him up
B. Document that he is resting comfortably now
C. Check oxygen, vital signs, glucose and the bladder
D. Let him sleep and recheck him at the next round

C. Check oxygen, vital signs, glucose and the bladder Hypoactive delirium is common and dangerous. Look for hypoxia, hypoglycemia, retention and drugs.

4. An 85-year-old in delirium pulls at lines. Lorazepam IV is ordered. What is the best response?

A. Question it and search for the cause first
B. Give it and apply soft wrist restraints
C. Give double the dose to be sure it works
D. Give it orally instead of intravenously

A. Question it and search for the cause first Benzodiazepines worsen delirium except in withdrawal. Find the cause; use non-drug measures.

5. A woman, 80, weighs 50 kg with a creatinine of 1.0 mg/dL. What is her estimated creatinine clearance?

A. About 15 mL/min
B. About 100 mL/min
C. About 35 mL/min
D. About 70 mL/min

C. About 35 mL/min (140 minus 80) x 50 / 72 = 41.7, x 0.85 = 35.4 mL/min.

6. Which drug on an older adult's list is a Beers Criteria concern for confusion and falls?

A. Acetaminophen for pain
B. Diphenhydramine at bedtime
C. Cetirizine for allergies
D. Vitamin D each morning

B. Diphenhydramine at bedtime First-generation antihistamines are strongly anticholinergic.

7. A patient on digoxin and furosemide has nausea, yellow vision and a heart rate of 48. Which labs come first?

A. A glucose and an A1C level
B. A TSH and a free T4 level
C. A troponin and a lipid panel
D. A digoxin level and potassium

D. A digoxin level and potassium These are signs of digoxin toxicity; low potassium potentiates it.

8. An anticoagulated patient is found on the floor and says she is fine. What is first?

A. Assess her before moving her, including a head strike
B. Help her back into bed right away, then assess
C. Fill out the incident report before anything else
D. Ask the assistant to lift her back to bed alone

A. Assess her before moving her, including a head strike Assess ABC, vitals, neuro and injuries; a head strike on anticoagulation needs imaging.

9. A family asks for restraints so their father will not fall. What should the nurse explain?

A. Restraints are the safest choice for him at night
B. A bed alarm by itself will prevent all of his falls
C. Restraints raise injury risk; rounding and toileting help
D. Restraints need no order if the family agrees

C. Restraints raise injury risk; rounding and toileting help Restraints do not prevent falls and cause harm. They require an order and failed alternatives.

10. An older adult has bruises on both inner arms and her son answers every question. What should the nurse do?

A. Find a reason to interview her alone
B. Discharge her home with her son
C. Wait for proof before telling anyone
D. Ask the son to explain the bruises

A. Find a reason to interview her alone Interview alone, document objectively, report on reasonable suspicion.

Cram sheet

One page of numbers and rules for both chapters. Cover the right column and say each rule out loud.

Reproductive and sexual health

Item	Rule or value
Five Ps	Partners, Practices, Protection, Past STIs, Pregnancy intention
Labs	Beta-hCG under 5 non-pregnant; PSA under 4 (double on finasteride); CA-125 under 35; PVR under 50
Retention	Scan, catheterize, watch post-obstructive diuresis above 200 mL/h
CBI	Light pink to clear; urine = drainage minus irrigant; do not deflate balloon
TUR syndrome	Confusion, bradycardia, hypertension, visual change, Na below 135
Torsion	Salvage above 90% within 6 h; escalate before imaging
PDE5 and nitrates	24 h after sildenafil or vardenafil; 48 h after tadalafil
Bleeding	Pad an hour for 2 h or more is acute; postmenopausal: stripe over 4 mm, biopsy
Mastectomy	Drain out under 30 mL/24 h x 2 days; no cuff or needle on that arm
Brachytherapy	Time, distance, shielding; forceps and lead container; no pregnant staff
STIs	Doxy 7 days; ceftriaxone 500 mg IM; benzathine PCN IM only; PEP 72 h, 28 days

Older adult

Item	Rule or value
Orthostatic	Drop of 20 systolic or 10 diastolic within 3 min
Temperature	Baseline 36.0 to 36.5 C; rise of 1.1 C counts
Anemia	Hgb under 13 men, under 12 women is never age
CAM	1 + 2, plus 3 or 4
Haloperidol	0.25 to 0.5 mg if essential; hold if QTc above 500
Cockcroft-Gault	(140 minus age) x kg / (72 x Cr), x 0.85 women
Digoxin	0.5 to 2.0 ng/mL (HF 0.5 to 0.9); K 3.5 to 5.0
Apixaban AF	2.5 mg BID if 2 of: age 80+, 60 kg or less, Cr 1.5+
Falls	TUG 12 s or more; hourly rounding; no restraints
Protein	1.0 to 1.2 g/kg/day; 1.2 to 1.5 when ill
Mistreatment	Interview alone; report on reasonable suspicion to APS

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