



WELCOME TO RACHELL ALLEN PRE-LIVE MODULES!

The Free Refresher Modules are carefully designed to help you prepare for the 10-Day Live Course. They are designed to help you refresh your basic concepts that were commonly asked in the actual NCLEX for the last 3-6 months. The modules are very crucial to your NCLEX success! According to our own study, 98.38% of Rachell Allen students who really studied the modules performed better than those who did not pay much attention to the modules prior to attending the 10-Day Comprehensive Live Course.

Since you are getting the modules for free, let us make it a habit to say "Thank You". A grateful heart attracts success, brilliance and abundance!

Happy Learning!

- The Rachell Allen Success Team

ANSWER KEY

Module 8

CARDIO-RESPI

*"If you focus on results,
you will never change. If
you focus on change, you
will get results."*

- Jack Dixon

Review of Anatomy and Physiology

1. epicardium
2. endocardium
3. myocardium
4. pericardium
5. systole
6. diastole
7. atria
8. ventricles
9. left
10. right

The Heart Valves

1. C
2. A
3. D
4. B

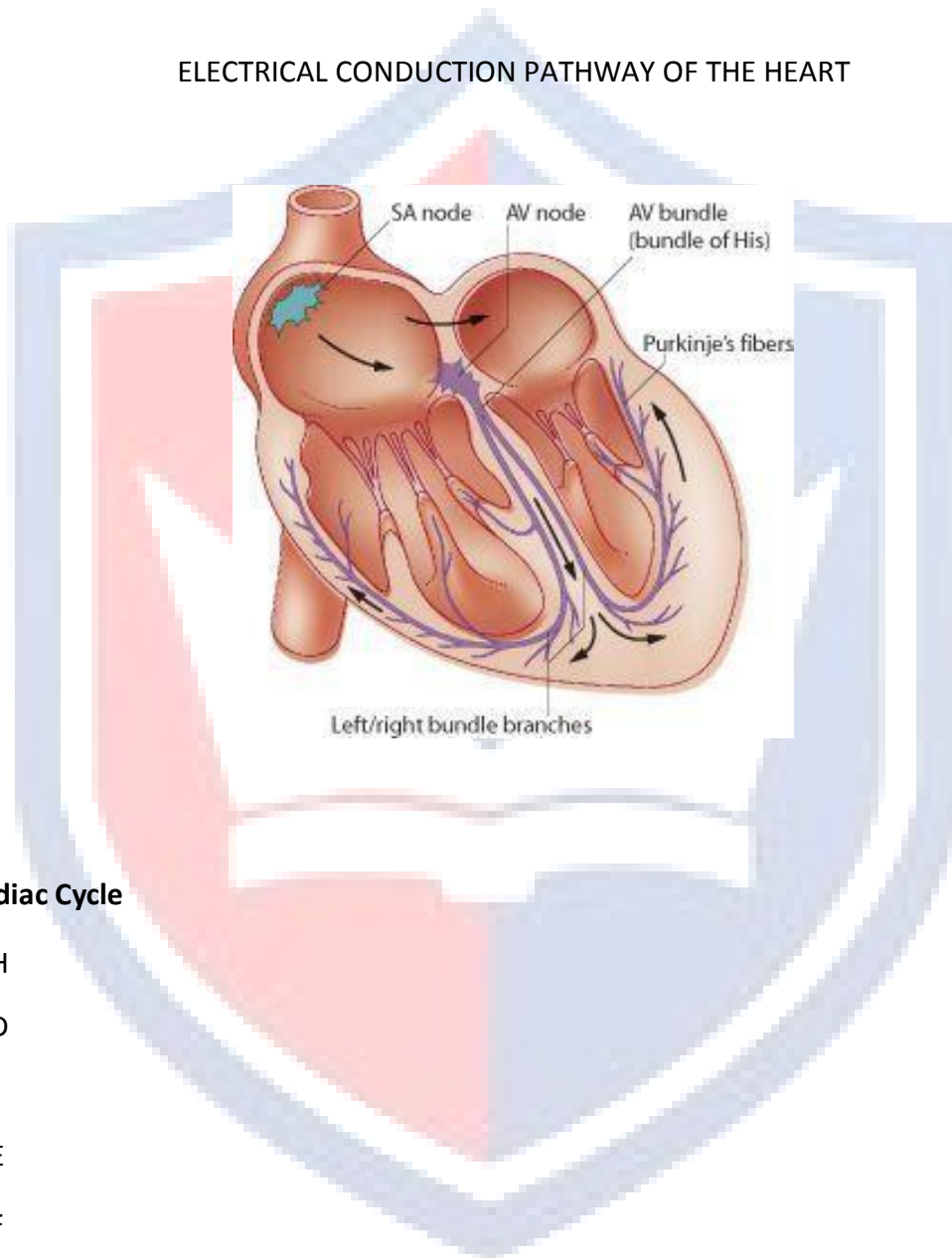
The Electrical Conduction Pathway of the Heart

1. sinoatrial node
2. 60 – 100
3. atrioventricular node



4. 40 – 60
5. bundle of His
6. Purkinje's fibers

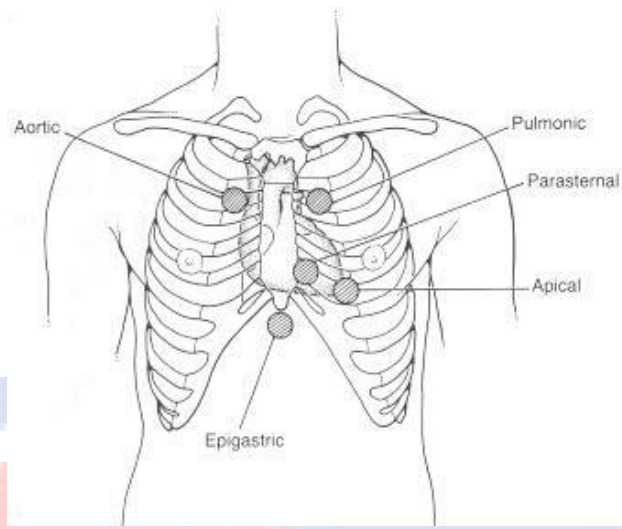
ELECTRICAL CONDUCTION PATHWAY OF THE HEART



The Cardiac Cycle

1. H
2. D
3. I
4. E
5. F
6. A
7. C
8. G
9. B

Cardiovascular History and Assessment



HEART SOUNDS

1. F
2. D
3. G
4. E
5. C
6. B
7. A

ELECTROCARDIOGRAMS

1. S wave
2. Q wave
3. R wave
4. PR Interval
5. S-T segment
6. T wave

7. P wave
8. QRS complex

List three sinus rhythms of the heart:

1. Normal sinus rhythm
2. Sinus bradycardia
3. Sinus tachycardia

List three common atrial rhythms of the heart:

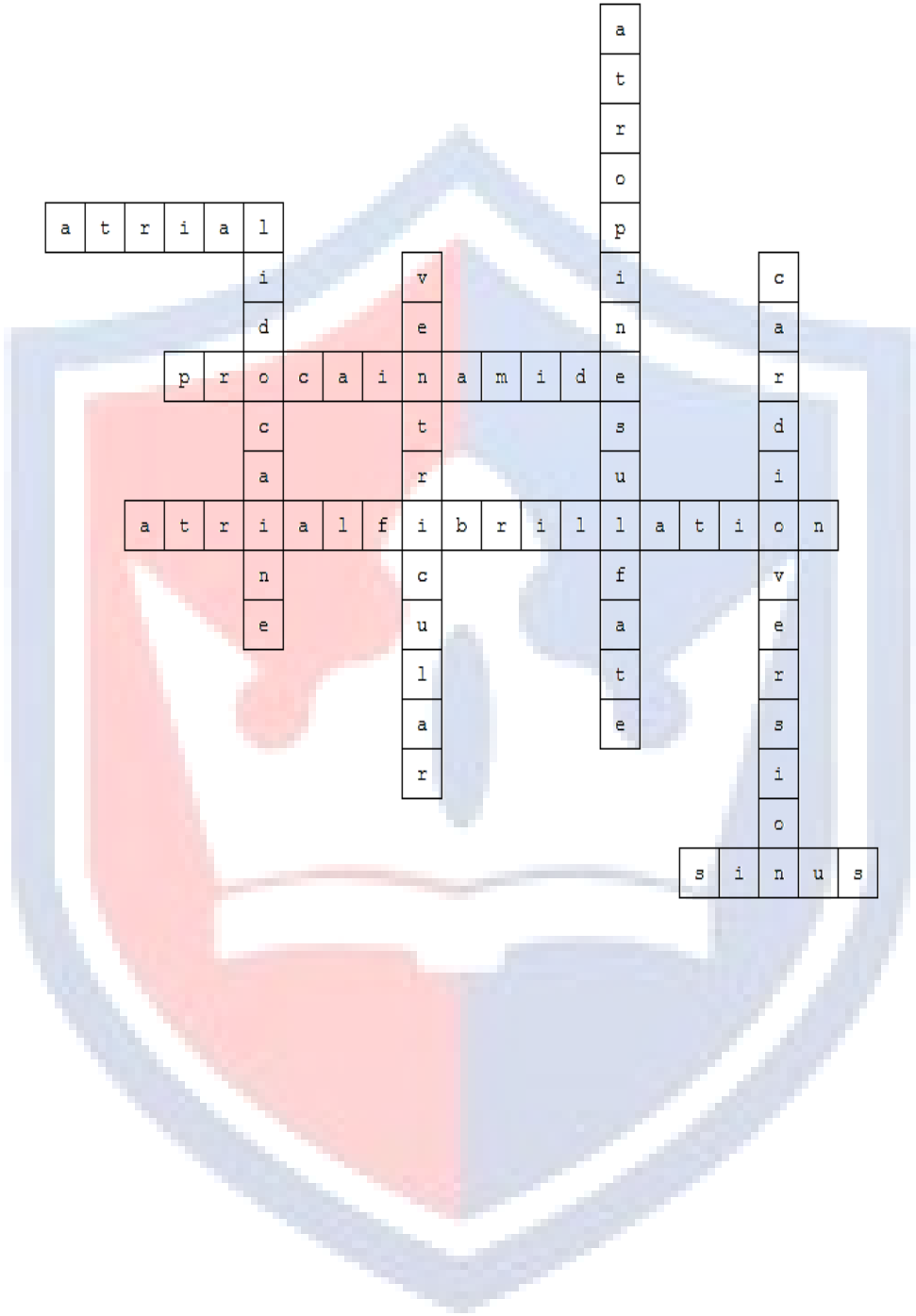
1. Atrial flutter
2. Atrial fibrillation
3. Supraventricular tachycardia

List three common ventricular rhythms of the heart

1. Premature ventricular contraction
2. Ventricular tachycardia
3. Ventricular fibrillation



EASY G!



CARDIAC CATHETERIZATION

1. 8 hours
2. heat, palpitations
3. femoral artery, brachial artery
4. numbness, sensation, pulses, bleeding
5. chest pain; numbness/tingling of extremity

DISORDERS OF THE CARDIOVASCULAR SYSTEM

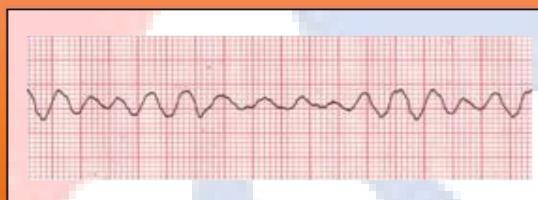
MYOCARDIAL INFARCTION

1. Dysrhythmias
2. Heart failure
3. Cardiogenic shock
4. Death

CONGESTIVE HEART FAILURE

- A. right
- B. left
- C. right
- D. right
- E. left
- F. left
- G. right
- H. right
- I. left
- J. left
- K. left
- L. left
- M. right

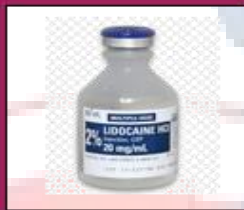
**Guess!
What!**



Answer Key:

VENTRICULAR FIBRILLATION

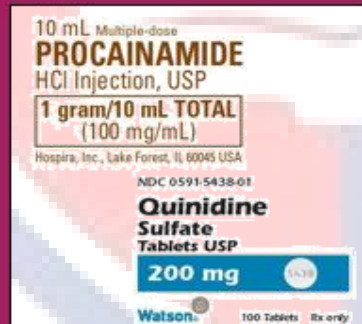
**Guess!
What!**



Answer Key:

VENTRICULAR TACHYCARDIA

**Guess!
What!**



Answer Key: ATRIAL FLUTTER

HEART ATTACK!

BLUNT PAIN	NAGGING PAIN	RELIEVED BY REST
NALOXONE	LEVINE'S FAIN	AMBULATE
OXYGEN	MORPHINE	ANTIPLATELET

ANGINA!

HAIRY CHEST	INTRAMUSCULAR	MORPHINE
NON HAIRY CHEST	TRANSFORMAL PATCH	12 MONTHS ALLOWANCE
INTRAVENOUS	SUBLINGUAL	6 MONTHS ALLOWANCE

Left-Sided Heart Failure

HIEBGTANR	B R E A T H I N G 3 4
PHINAEROOT	O R T H O P N E A
PEDSYNA	D Y S P N E A
LESCACRK	C R A C K L E S 1
CGHOU	C O U G H 2
SUTMUP	S P U T U M 5
AIDCRCA	C A R D I A C

L	U	N	G	S
1	2	3	4	5

B	R	E	A	T	H	I	N	G
							3	4

O	R	T	H	O	P	N	E	A
---	---	---	---	---	---	---	---	---

D	Y	S	P	N	E	A
---	---	---	---	---	---	---

C	R	A	C	K	L	E	S
---	---	---	---	---	---	---	---

C	O	U	G	H
---	---	---	---	---

S	P	U	T	U	M
---	---	---	---	---	---

C	A	R	D	I	A	C
---	---	---	---	---	---	---

L	U	N	G	S
1	2	3	4	5

Right-Sided Heart Failure

SIEDEOND T **D I S T E N D E D**
2

RUAJUGL **J U G U L A R**
1

TESCAIS **A S C I T E S**
3

INSEACER **I N C R E A S E**

TAEGAEHYMPOL **H E P A T O M E G A L Y**
4

NOEGESMALPYL **S P L E N O M E G A L Y**

EDAEM **E D E M A**

NIGA **G A I N**

RIUCONTA **N O C T U R I A**

R E S T
1 2 3 4

Digoxin Therapy

List four signs and symptoms of digoxin toxicity:

- A. Visual disturbances
- B. Anorexia
- C. Nausea and vomiting
- D. Diarrhea

In order to prevent toxicity in digoxin therapy, the nurse must assess for what 3 things?

- A. Client's heart rate
- B. Digoxin level
- C. Potassium level

Digoxin INCREASES or DECREASES the following:

- A. I n c r e a s e s
- B. Decreases
- C. Decreases
- D. Increases

Vasodilator Therapy

Vasodilator therapy **reduces** or **increases** the following:

- A. Reduces
- B. Increases
- C. Reduces
- D. Reduces

CARDIOGENIC SHOCK

- 1. False
- 2. True
- 3. True
- 4. False
- 5. True
- 6. True
- 7. True
- 8. True
- 9. True

OTHER INFECTIONS AND DISORDERS OF THE CARDIOVASCULAR SYSTEM

- 1. C
- 2. F
- 3. A
- 4. D
- 5. B
- 6. E


Arterial Disorder

Cool to touch	Heavy & aching	Swelling
warm to touch	Intermittent claudication	Absent pulses
Brownish discoloration	Pallor	Bounding pulses

Venous Disorder

Cool to touch	Heavy & aching	Swelling
warm to touch	Intermittent claudication	Absent pulses
Brownish discoloration	Pallor	Bounding pulses

DVT



P R E V E N T I O N O F D E E P V E I N T H R O M B O S I S

Heart Surgeries

ANSWER KEY:

WOF: Absent Distal Pulse

Sandbag

**Complete Bed Rest
for 12hrs**

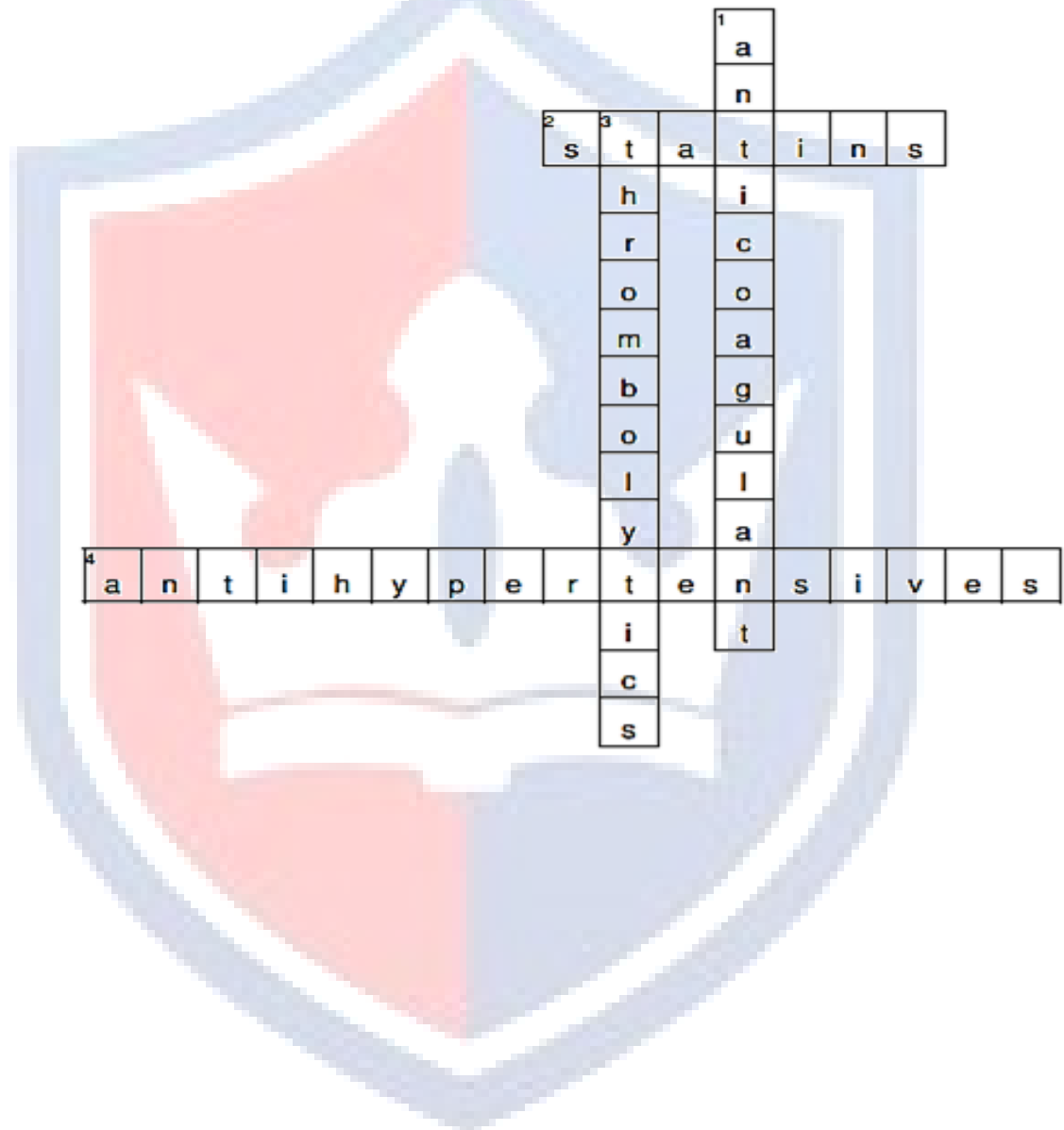
Balloon Catheter

Mediastinal Tube

WOF: DVT

Greater Saphenous Vein

AAA Medications



NCLEX-RN STYLE QUESTIONS

1. (2) Checking the 24-hour intake-output record will be the initial nursing assessment of the weight gain.
2. (4) The first step is for the nurse to always assess the situation and then follow through with any additional actions.
3. (2) Muscle weakness and weight gain due to water retention are signs of low sodium levels.
4. (2) Healing the vessel is most important in preventing hemorrhage or hemotoma formation at the entry side.
5. (2) The client should be instructed about the potassium, wasting properties of furosemide (Lasix).
6. (3) Thrombolytic therapy is considered in clients presenting with symptoms of myocardial infarction. Once exclusion criteria is chest pain for greater than 6 hours.
7. (4) Morphine can cause hypotension. When administering it IV, it must be given slowly because rapid administration may lead to hypotension and circulatory collapse.
8. (3) Nausea and vomiting are classic symptoms of digoxin toxicity.
9. (1) Vision changes, nausea, and vomiting are symptoms of digoxin toxicity.

Review of Anatomy and Physiology

1. pleural
2. slide
3. diaphragm
4. alveolocapillary
5. surfactant
6. Ventilation
7. Respiration
8. obstruction, spasm, swelling
9. hydrogen
10. acidosis
11. alkalosis

Assessment of the Respiratory System

ADENTITIOUS BREATH SOUNDS

1. C
2. G
3. D
4. B
5. A
6. F
7. E



RACHELL ALLEN
WHERE NURSES EXCEL

RESPIRATORY PATTERNS

1. J
2. D
3. G
4. I
5. E
6. A
7. C
8. H
9. F
10. B

Other abnormal clinical manifestations of respiratory problems:

1. A
2. C
3. D
4. B
5. F
6. E



RACHELL ALLEN
WHERE NURSES EXCEL

Diagnostic Studies

1. E
2. A
3. D
4. C
5. B

ARTERIAL BLOOD GASES

1. acid-base
2. respiratory
3. metabolic
4. bicarbonate
5. oxygen
6. hemoglobin

Disorders of the Respiratory System

CHRONIC OBSTRUCTIVE PULMONARY DISEASES

1. Emphysema
2. Chronic bronchitis
3. Bronchial asthma
4. cor pulmonale



RACHELL ALLEN
WHERE NURSES EXCEL

INFECTIOUS PROCESSES

1. Pneumonia
2. Bacterial pneumonia
3. Viral pneumonia
4. Tuberculosis



FE LOW VER GR ADE

LOW GR ADE FE VER

COU GH

COU GH

ATS HT NIG SWE

NIG HT SWE ATS

E FAT IGU

FAT IGU E

GHT LO SS WEI

WEI GHT LO SS



STRUCTURAL PROBLEMS

1. Acute respiratory distress syndrome
2. Atelectasis
3. Flail chest
4. Pleural effusion
5. Pneumothorax or Hemothorax

MULTISYSTEM PROBLEMS

1. Pulmonary edema
2. Pulmonary emboli

General Care of the Client with Pulmonary Dysfunction

Low Pressure Alarm		
Kinked ET tube	Broncho spasm	Coughing
Patient fights ventilator	Air leak	Loss of airway
Pulmonary edema	Secretions	Disconnection



RACHELL ALLEN
WHERE NURSES EXCEL

High Pressure Alarm

Secretions	Coughing	Patient fights ventilator
Air leak	Disconnection	Broncho spasm
Pulmonary edema	Loss of airway	Kinked ET tube



RACHELL ALLEN
WHERE NURSES EXCEL

PLEURAL DRAINAGE

1. Collection chamber
2. Water seal chamber
3. Suction control chamber

SURGERY

Types of Lung Surgery

1. Pneumonectomy
2. Lobectomy
3. Sleeve Lobectomy
4. Wedge Lobectomy
5. Segment Resection (Segmentectomy)

Pharmacology of the Respiratory System

1. Anticholinergics
2. Anti-inflammatory agents
3. Antihistamines
4. Antituberculosis drugs
5. Antitussives
6. Bronchodilators
7. Methylxanthines
8. Expectorants
9. Mucolytics

*This Pre-live module is only intended as supplementary material to the 35-day NCLEX Boot Camp and the 10-day Live Course.
This document is the intellectual property of Rachell Allen. Reproduction of this file in any form is strictly prohibited.
2018-ARD-Rachell Allen*



RACHELL ALLEN
WHERE NURSES EXCEL

NCLEX-RN Style Questions

1. (2) Coughing and deep breathing prevents atelectasis and pneumonia.
2. (1) A Mantoux is most reliable test for determining whether a person was exposed to tuberculosis.
3. (1) Elevating the head of the client in at least 45° angle or in a sitting position reduces the risk of regurgitation and pulmonary aspiration.
4. (4) Sputum cultures for acid fast bacillus are the definitive diagnosis for tuberculosis.
5. (4) Tachycardia occurs as the heart compensates by increasing oxygen flow through the body, and restlessness results from decreased oxygen flow to the brain. Cyanosis is a late sign of hypoxemia.
6. (1) The client can come out of isolation when the sputum is clear of the organism.
7. (3) A bicarbonate level of 16 mEq/L is low, which is consistent with metabolic acidosis.
8. (4) In metabolic alkalosis, the pH is above 7.45, the PaO₂ is normal, and the bicarbonate is above 26.
9. (1) Teaching the client to balance mild exercise, such as walking, with rest helps conserve energy.
10. (2) Low oxygenation in the blood is evident in this case scenario based on the arterial level being extremely low.