Announcements
4/29

Classes – Clarified
- Last lecture – next week, 5/6
- UNIT TEST #3 Thursday, 5/13
- Self-study –
  - Blood Transfusions
  - Possibly, Sensory, depending on time
- LAST LAB - 5/19
- LAST CLINICAL - 5/19

New Article
- Psychiatric morbidity in pediatric critical illness survivors: a comprehensive review of the literature.

Postings in evolve
- Grades.
- Questions are answered in announcements.
- Study helps are there, too.

Test blueprint for exam #3
- Hematologic stressors: 5-8 questions
- Atherosclerosis and Hypertension: 15-20 questions
- Diabetes: 15-20 questions
- Sensory: 5-10 questions
- Skills lab: 5-8 questions (pain management, wounds, capillary blood glucose monitoring, team building/management and communication).
- Drug calculations: 2 questions
- The real test may vary slightly in the number of questions for each category. Questions may also include prior learning.

MEDS?
- [http://www2.sunysuffolk.edu/winstah/NR33/nr33a.html](http://www2.sunysuffolk.edu/winstah/NR33/nr33a.html)
ATI

- Practice assessments.
- Repeat until you achieve scores > 90%.
- If you are not scoring over 90%, consider NurseLogic /RN learning systems and test-taking reviews.
- The grading for the ATI is also explained in the ATI folder.
- REMEMBER to bring your **USERNAME** and **PASSWORD** on 5/11 or 5/12.

POLYPHARMACY

- Sometimes, esp. in HTN & DM
- Small amounts of multiple meds work better than larger amounts of one med
- How does this affect the patient?
  - More pills
  - Higher cost
  - More to remember – timing, indications
  - Combination medications
  - The **POLYPILL** is almost here!

Rhabdomyolysis

- **Why do we worry?**

Pathophysiology – pp.1467-1468

- Starts with an absence of insulin
- Can also be insulin resistance

Hyperglycemia →

P P P (ketones)
Polyuria, polydipsia, polyphagia

Pathophysiology – pp.1467-1468

Dehydration →

H H H H H

Hemoconcentration, Hypovolemia, Hyperviscosity, Hypoperfusion, Hypoxia → lactic acidosis

Pathophysiology – pp.1467-1468

- Metabolic acidosis
  - ↓pH, ↓HCO3,
- Compensatory Respiratory Alkalosis
  - ↓PaCO2
- Kussmauls respirations fruity breath
Pathophysiology – pp.1467-1468
- POTASSIUM - an essential electrolyte
- Excreted in the urine remember P?
- ↓ serum levels
- BUT
- ↓pH causes electrolye shifts
- Potassium moves from the cells into the bloodstream → ↑ serum levels
- SO YOU HAVE TO v the K+
- Before any treatment

Factors influencing the Potassium level:
- Hydration level
- Severity of Acidosis
- Response to treatment

Contrast MI in a DM vs non-DM
- With diabetic neuropathy, the diabetic with an evolving infarct is less likely to feel discomfort/pain as quickly as the non-diabetic.
- They present later and with more damage to the myocardium.
- Their vessels are also more difficult to treat with intravascular interventions.