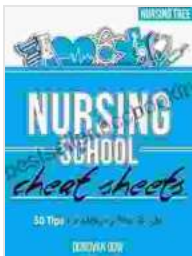


50 Tips for Making the Grade: The Ultimate Guide to Academic Success

Are you ready to take your academic performance to the next level? If so, then you need to read 50 Tips for Making the Grade. This book is packed with essential strategies and techniques for achieving your academic goals.

With 50 practical and actionable tips, you will learn how to:



Nursing School Cheat Sheets: 50 Tips for Making the Grade by Donovan Gow

★★★★☆ 4.5 out of 5

Language : English
File size : 4588 KB
Text-to-Speech : Enabled
Screen Reader : Supported
Enhanced typesetting : Enabled
X-Ray : Enabled
Print length : 104 pages
Lending : Enabled



- Improve your study habits
- Manage your time effectively
- Prepare for and ace tests
- Get the most out of your classes
- Stay motivated and focused

50 Tips for Making the Grade is a must-have resource for any student who wants to succeed in school. Whether you're a high school student, a college student, or a graduate student, this book has something to offer you.

Here's what some people are saying about 50 Tips for Making the Grade:



“50 Tips for Making the Grade is an excellent resource for students of all ages. The tips are practical, actionable, and easy to follow. I highly recommend this book to any student who wants to improve their academic performance.”

Dr. John Smith, Professor of Education”



“I wish I had this book when I was in school! 50 Tips for Making the Grade is full of valuable advice that would have helped me succeed in my classes. I highly recommend this book to any student who wants to get ahead.”

Jane Doe, College Student”

If you're ready to take your academic performance to the next level, then Free Download your copy of 50 Tips for Making the Grade today.

Free Download Now

50 Tips for Making the Grade

1. Set realistic goals.



Don't try to do too much at once. Break down your goals into smaller, more manageable steps.

2. Create a study schedule and stick to it.



Plan out your study time each week and stick to it as much as possible. This will help you stay on track and avoid cramming for exams.

3. Find a study buddy or group.

TRULY THE BEST SELLING STUDENTS AND NURSES CHEAT SHEET

MED/SURG CHEAT SHEET

Basic Metabolic Panel (BMP)

| Electrolyte/Lab | Normal Value | Sign of Abnormality |
|-----------------|--------------|--|
| Sodium | 135-145 | ↑ Fluid: Dehydration, hypotension, (concentrated urine, thirst) |
| Potassium | 3.5-5.0 | ↑ Heart: arrhythmia, palpitations, (weak, dizziness) ↓ Heart: arrhythmia, (dizziness, weakness) |
| Calcium | 8.8-10 | ↑ Kidney: arrhythmia, (weak, dizziness) |
| Phosphorus | 2.5-4.5 | ↓ Kidney: arrhythmia, (weak, dizziness) |
| Ammonia | 0-55 | ↑ Liver: arrhythmia, (weak, dizziness) |

| Name | Onset | Peak | Duration |
|---------------------------|---------------|---------------|-------------|
| Rapid | | | |
| Insulin Lispro (Humalog) | 15-30 min. | 0.5-2.5 hours | 5-6 hours |
| Insulin Aspart (Novolog) | 10-20 min. | 1-3 hours | 3-5 hours |
| Insulin Glargine (Lantus) | 10-15 min. | 1-1.5 hours | 3-5 hours |
| Short | | | |
| Regular Insulin | 30-60 minutes | 1-6 hours | 8-12 hours |
| Intermediate | | | |
| APH Insulin | 1-2 hours | 6-14 hours | 18-24 hours |
| Long | | | |
| Insulin Glargine (Lantus) | 70 minutes | None | 18-24 hours |
| Insulin Degludec (Toujeo) | 1-2 hours | 2-24 hours | None |

Normal Vital Signs

| | |
|------|--|
| BP | <120 mmHg Systolic <80 mmHg Diastolic |
| HR | 60-100 |
| RR | 12-20 |
| O2 | 92%-100% |
| Temp | 97.8°F-99°F |

O2 Delivery Devices

| | | |
|---------------------|-----------|--|
| nasal cannula | 1-6 LPM | Low-flow device, easy to use, Easiest for patient. Use for low-flow O2. |
| Simple Mask | 6-10 LPM | Low-flow device. Used for anxiety patients with a different respiratory rate. |
| Non-rebreather Mask | 10-15 LPM | Delivered by 100% oxygen. Can use flow sensor to monitor patient's breathing during inspiration, and monitor O2 during expiration. |

Heart Rhythm Measurements

| | |
|-------------|-------------------|
| PR Interval | 0.12-0.20 seconds |
| QRS Complex | 0.08-0.12 seconds |
| QT Interval | 0.38-0.44 seconds |

IV Fluid Overfill Volumes

| Volume of Bag | Overall Volume |
|---------------|----------------|
| 100 ML | 10 ML |
| 250 ML | 25 ML |
| 500 ML | 50 ML |
| 1000 ML | 100 ML |

Staging Pressure Ulcers

| | |
|---------|---|
| Stage 1 | Non-blanchable redness of the skin - intact skin |
| Stage 2 | Partial thickness loss of skin involving epidermis, dermis, or both - May present as a blister or abrasion |
| Stage 3 | Full thickness skin loss - Exposed damage to or loss of subcutaneous tissue |
| Stage 4 | Extensive damage to or loss of muscle, bone, or other supporting structures |

Studying with friends or classmates can help you stay motivated and accountable. You can quiz each other, discuss course material, and help each other understand difficult concepts.

4. Take breaks when you study.



When you're well-rested, you'll be able to focus better and learn more effectively. Aim for 7-8 hours of sleep each night.

6. Eat healthy foods.

DIABETES MELLITUS

WHAT IS DIABETES?

Diabetes, or DM (DM is a pertinence condition of food metabolism where the amount of insulin secreted by the body and the amount of insulin provided by the body, is inconsistent leading to blood glucose level changes.

PATHOPHYSIOLOGY

The beta cells in the pancreas produce insulin in the postnatal period, while this, and stored glycogen in the liver, maintain blood glucose levels. Insulin carries glucose into cells & aids in the storage of glycogen in the liver to keep up energy. If insulin production is deficient and free fatty acid storage is inadequate, when insulin is deficient, the essential features for fuel and energy (carbs, proteins, and fatty acids) come from diet modification.

CAUSES

The cause of DM is unknown, but genetic, autoimmune, viral, and hormonal, and socio-economic factors could play a role. **TYPE 1** is characterized by an autoimmune response in patients with genetic predisposition. A virus or bacteria might get the antibodies to attack the beta cells of the pancreas and cause inflammation & destruction of the beta cells leading to a lack of insulin production. **TYPE 2** onset is accelerated by obesity and a sedentary lifestyle. There is little to no insulin production.

TYPES

- Type 1:** Insulin dependent or usually seen since birth, needs insulin & activity, associated with DKA.
- Type 2:** Onset is asymptomatic, often by diagnosis with routine, gradual onset, common blood sugar at normal.
- Gestational:** Develops during pregnancy caused by ↓ production of insulin (beta cells) while the body isn't able to metabolize.
- Secondary:** Secondary to another disease cause (pancreatic disease).
- Chemical:** Secondary to another medication (steroids) may cause an ↑ in blood sugar levels.



**POLYURIA
POLYDIPSIA
POLYPHAGIA
FATIGUE**



**WEIGHT LOSS
RAPID ONSET
SUBQ INJ.**



INFECTIONS

**WEIGHT GAIN
GRADUAL ONSET
ORAL MEDS.**

ASSESSMENT

- CNS:** Irritability, confusion, dizziness, hunger, altered mental, tingling
- CV:** Hypertension, tachycardia, angina
- ENDOCRINE:** Hypothyroidism, hyperthyroidism
- ENT:** Pain, redness, discharge, dry mouth, oral thrush
- GU:** Urinary tract infection
- MSK:** Muscle wasting, weight loss, joint pain
- NEURO:** Numbness, tingling, weakness, falls
- PE:** Fatty liver, xanthelasma, retinopathy, nephropathy, neuropathy

TEACHING

- Medication management
- Insulin administration
- Monitoring blood glucose
- Recognizing hypoglycemia
- Recognizing hyperglycemia
- Recognizing complications
- Recognizing symptoms
- Recognizing signs
- Recognizing symptoms
- Recognizing signs
- Recognizing symptoms
- Recognizing signs

**HYPERGLYCEMIA
CAUSED BY STRESS, ILLNESS OR INJURY
TO LITTLE INSULIN, EXCESS FOOD**

**HYPOLYCEMIA
CAUSED BY EXCESS INSULIN, LACK OF
FOOD, ALCOHOL, OVEREXERCISE**

DOCUMENTATION

- Insulin:** Administered on schedule, correct amount, correct site, correct technique, correct response to medication
- Nutrition:** Responds to dietary, oral food, maintains, tolerance to food, intake & output, body weight
- Complications:** Skin, infection, hypoglycemia, hyperglycemia
- Adherence:** Follows instructions, adheres to protocol, adheres to protocol, adheres to protocol
- Lab Results:** Blood Glucose, HbA1c, lipid panel
- Patient Teaching:**



**Hot & Dry
Sugar High**

**Hot & Dry
Sugar High**

**Hot & Dry
Sugar High**

HOSPITALIZATION

GLUCOSE
MIX. OF GLUCOSE
DIAGNOSIS
DIAGNOSIS

MEDICATIONS

- Humalog U-100:** (Insulin) 100 units/ml, 25 units/ml, 50 units/ml, 100 units/ml, 200 units/ml, 300 units/ml, 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog R-300:** (Insulin) 300 units/ml, 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog N-300:** (Insulin) 300 units/ml, 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-300:** (Insulin) 300 units/ml, 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-500:** (Insulin) 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-1000:** (Insulin) 1000 units/ml
- Humalog U-200:** (Insulin) 200 units/ml, 300 units/ml, 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-300:** (Insulin) 300 units/ml, 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-400:** (Insulin) 400 units/ml, 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-500:** (Insulin) 500 units/ml, 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-600:** (Insulin) 600 units/ml, 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-700:** (Insulin) 700 units/ml, 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-800:** (Insulin) 800 units/ml, 900 units/ml, 1000 units/ml
- Humalog U-900:** (Insulin) 900 units/ml, 1000 units/ml
- Humalog U-1000:** (Insulin) 1000 units/ml

Eating nutritious foods will give you the energy you need to study and perform well in school. Avoid sugary drinks and processed foods, and opt for fruits, vegetables, and whole grains instead.

7. Exercise regularly.



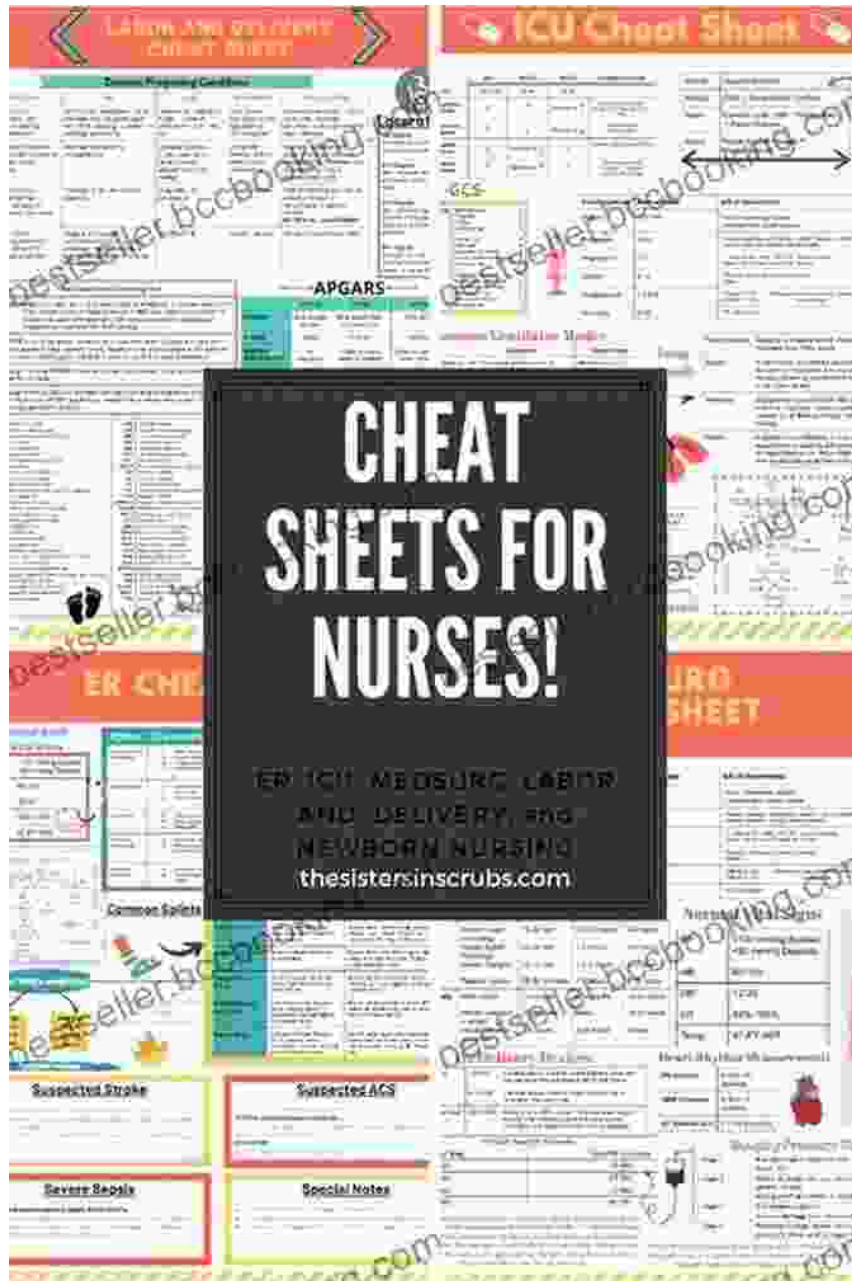
Exercise is not only good for your physical health, but it can also improve your mental health and cognitive function. Aim for at least 30 minutes of moderate-intensity exercise most days of the week.

8. Manage your time wisely.



One of the keys to academic success is time management. Learn to prioritize your tasks and make the most of your time.

9. Get organized.



A organized study space and a well-organized schedule will help you stay on top of your work.

10. Take notes in class.



Taking notes in class will help you stay engaged in the lecture and remember the material later on.

11. Review your notes regularly.

DIABETES MELLITUS

WHAT IS DIABETES?

Diabetes mellitus (DM) is a persistent condition of food metabolism where the amount of sugar present by the body and the amount of insulin produced by the body is insufficient to reduce blood glucose level to normal.

PATHOPHYSIOLOGY

The beta cells of the pancreas produce insulin in the postnatal period, while this, and insulin is secreted into the bloodstream as blood glucose levels rise. Insulin carries glucose into cells & into the storage of glycogen in the liver to keep up energy. In adult patients, pancreas synthesize and free fatty acid storage is adipose tissue. When insulin is deficient, the essential features for fuel and storage (carbs, proteins, and fatty carbons) cause the full syndrome.

CAUSES

The cause of DM is unknown, but genetic, autoimmune, viral, and hormonal, and socio-economic factors could play a role. **TYPE 1** is considered to be autoimmune response in patients with genetic predisposition. A virus or bacteria might get the antibodies to attack the beta cells of the pancreas and cause inflammation & destruction of the beta cells leading to a fall of insulin production. **TYPE 2** onset is accelerated by obesity and a sedentary lifestyle. There is little or no effective insulin production.

TYPES

- Type 1:** Insulin dependent or usually seen since birth in teens, requires & activity, associated DM.
- Type 2:** Onset as hyperosmotic coma, not by treatment with insulin, partial onset, normal blood sugar at onset.
- Gestational:** Onset during pregnancy caused by ↓ production of insulin which makes the body less able to metabolize.
- Secondary:** Situations in addition may cause hyperglycaemia.
- Chemical:** Some chemical (drugs) produced may cause an ↑ in blood sugar levels.



**POLYURIA
POLYDIPSIA
POLYPHAGIA
FATIGUE**



**WEIGHT LOSS
RAPID ONSET
SUBCUTANEOUS**

**WEIGHT GAIN
GRADUAL ONSET
ORAL MEDS.**



ASSESSMENT

CNS: Irritability, anxiety, confusion, dizziness, hunger, altered level of consciousness, tingling.

CV/DI/VASC: CAD, PVD, HTN

ENT: Polyuria, dryness (fungal infection) of skin, oral candida, sleep apnea, ↑ tracheobronchitis, ↓ pulmonary TTT.

GU: Kidney failure

MSE: muscle wasting, weight loss (TDM), thin limbs with fatty deposits around the face, acro- & abdomen (TDM).

INTG: Feet and leg ulcers may reflect micro-vascular disease.

REPRO: hypogonadism (↓ testosterone), ↓ vaginal lubrication (↑ dryness) in female.

**HYPERGLYCEMIA
CAUSED BY STRESS, ILLNESS OR INJURY
TO LITTLE INSULIN, EXCESS FOOD**

**HYPOLYCEMIA
CAUSED BY EXCESS INSULIN, LACK OF
FOOD, ALCOHOL, OVEREXERCISE**

DOCUMENTATION

- Physical findings:** Change in appearance (weight, mood, & pain), edema, rashes, neuropathic pain, strength, regularity, or rhythm, response to medication.
- Nutrition:** Response to dietary or fluid restrictions, tolerance to food, intake & output, body weight.
- Combinations:** See Assessment.
- Activities:** tolerance to activities, ability to perform ADLs, use of assistive devices.
- Lab Results:** Blood Glucose ↑ (HbA1c)
- Patient teaching:**

TEACHING

General & Specific
• Insulin administration
• Monitoring blood glucose
• Diet & exercise
• Self-monitoring blood glucose
• Foot care
• Hypoglycemia management
• Sick day management
• Alcohol & tobacco use
• Medication adherence
• Stress management
• Infection prevention
• Patient education materials
• Support groups
• Emergency planning
• Home safety
• Self-management support

KNOW THE SIGNS!!!



Hyperglycemia Signs: Increased thirst, frequent urination, blurred vision, slow-healing sores, frequent infections, unexplained weight loss, extreme fatigue.

Hypoglycemia Signs: Shakiness, sweating, hunger, dizziness, irritability, rapid heartbeat, confusion, blurred vision, loss of consciousness.

HOSPITALIZATION

Reasons for hospitalization: Severe hyperglycemia, severe hypoglycemia, diabetic ketoacidosis (DKA), hyperosmolar hyperglycemic state (HHS).

GLUCOSE

Normal: 80-100 mg/dL
Diabetes: 125-199 mg/dL
Severe: ≥ 200 mg/dL

MEDICATIONS

- Humalog (Liraglutide):** 2.5 mg subcutaneous, 15-25 mg per week, 10-20 mg per day, 1-2 mg per day, 1-2 mg per day.
- Humalog R (Liraglutide):** 2.5 mg subcutaneous, 15-25 mg per week, 10-20 mg per day, 1-2 mg per day, 1-2 mg per day.
- Humalog N (Liraglutide):** 2.5 mg subcutaneous, 15-25 mg per week, 10-20 mg per day, 1-2 mg per day, 1-2 mg per day.
- Humalog H (Liraglutide):** 2.5 mg subcutaneous, 15-25 mg per week, 10-20 mg per day, 1-2 mg per day, 1-2 mg per day.
- Lantus (Insulin glargine):** 100 units/ml, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day.
- Solostar (Insulin lispro):** 100 units/ml, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day.
- Altra (Insulin aspart):** 100 units/ml, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day.
- Humalog (Insulin lispro):** 100 units/ml, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day.
- Humalog (Insulin lispro):** 100 units/ml, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day.
- Humalog (Insulin lispro):** 100 units/ml, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day, 1-2 units/kg/day.

Don't just take notes and then forget about them. Review your notes regularly to help you retain the information.

12. Use flashcards to study.



Flashcards are a great way to study vocabulary, definitions, and other facts.

13. Use practice tests to prepare for exams.

TRULY THE BEST SELLING STUDENTS' AND NURSES' CHEAT SHEET

MED/SURG CHEAT SHEET

Basic Metabolic Panel (BMP)

Electrolyte Lab

| Electrolyte/Lab | Normal Value | Sign of Abnormality |
|-----------------|--------------|---|
| Sodium | 135-145 | Hyponatremia: Neurologic, seizures, coma, death Hypernatremia: Thirst, confusion, seizures, death |
| Potassium | 3.5-5.0 | Hypokalemia: muscle weakness, paralysis, arrhythmias Hyperkalemia: muscle weakness, paralysis, arrhythmias |
| Calcium | 8.8-10 | Hypocalcemia: muscle cramps, tetany, seizures Hypercalcemia: weakness, confusion, death |
| Phosphorus | 2.5-4.5 | Hypophosphatemia: muscle weakness, respiratory distress Hyperphosphatemia: renal failure, hypocalcemia |
| Ammonia | 0-45 | Hyperammonemia: confusion, coma, death |

| Name | Onset | Peak | Duration |
|---------------------------|---------------|---------------|-------------|
| Rapid | | | |
| Insulin Lispro (Humalog) | 15-30 min | 0.5-2.5 hours | 5-6 hours |
| Insulin Aspart (Novolog) | 10-20 min | 1-3 hours | 3-5 hours |
| Insulin Glargine (Lantus) | 10-15 min | 1-1.5 hours | 3-5 hours |
| Short | | | |
| Regular Insulin | 30-60 minutes | 1-4 hours | 6-10 hours |
| Intermediate | | | |
| ADH Insulin | 1-2 hours | 6-14 hours | 18-24 hours |
| Long | | | |
| Insulin Glargine (Lantus) | 70 minutes | None | 18-24 hours |
| Insulin Degludec (Toujeo) | 1-2 hours | 2-24 hours | Whole day |

Normal Vital Signs

| | |
|------|--|
| BP | <120 mmHg Systolic <80 mmHg Diastolic |
| HR | 60-100 |
| RR | 12-20 |
| O2 | 92%-100% |
| Temp | 97.8°F-99°F |

Normal O2 Delivery Devices

| Device | Flow Rate | Indications |
|---------------------|-----------|-------------------------------------|
| Nasal Cannula | 1-6 LPM | Low-flow oxygen therapy, 1-6 LPM |
| Simple Mask | 6-10 LPM | Low-flow oxygen therapy, 6-10 LPM |
| Non-rebreather Mask | 10-15 LPM | High-flow oxygen therapy, 10-15 LPM |

Heart Rhythm Measurements

| | |
|-------------|-------------------|
| PR Interval | 0.12-0.20 seconds |
| QRS Complex | 0.08-0.12 seconds |
| QT Interval | 0.36-0.44 seconds |

IV Fluid Overfill Volumes

| Volume of Bag | Overflow Volume |
|---------------|-----------------|
| 100 ML | 10 ML |
| 250 ML | 25 ML |
| 500 ML | 50 ML |
| 1000 ML | 100 ML |

Staging Pressure Ulcers

| | |
|---------|--|
| Stage 1 | Non-blanchable redness of the skin - intact skin |
| Stage 2 | Partial thickness skin loss involving epidermis, dermis, or both - May present as a blister or abrasion |
| Stage 3 | Full thickness skin loss - Exposed damage to or loss of underlying tissue |
| Stage 4 | Extensive damage to or loss of tissue, including damage to muscle, bone, or other supporting structures |

Practice tests can help you identify your strengths and weaknesses and focus your studying.

14. Get help when you need it.



Don't be afraid to ask for help from your teachers, classmates, or a tutor when you need it.

15. Stay positive and motivated.



A positive attitude will help you stay motivated and focused on your goals.

16. Find a study environment that works for you.

DIABETES MELLITUS

WHAT IS DIABETES?

Diabetes mellitus (DM) is a progressive condition of food metabolism where the amount of sugar present by the body and the amount of insulin produced by the body is inconsistent leading to blood glucose level dysregulation.

PATHOPHYSIOLOGY

The beta cells in the pancreatic islets produce the protein insulin, which then, in normal individuals, sends the blood stream to blood glucose levels and translocates glucose into cells & into the storage of glycogen in the liver to keep up energy. In abnormal cases, protein synthesis and free fatty acid storage is also decreased. When insulin is deficient, the essential features for fuel and energy (protein, glucose, and fatty acids) can't be utilized normally.

CAUSES

The cause of DM is unknown, but genetic, autoimmune, viral, and hormonal and socio-economic factors could play a role. **TYPE 1** is considered to be an autoimmune response in patients with genetic predisposition. A type of beta cell antigen in the antibodies to attack the beta cells of the pancreas and cause inflammation & destruction of the beta cells leads to a failure of no insulin production. **TYPE 2** onset is accelerated by obesity and a sedentary lifestyle. There is little to no insulin production.

TYPES

- 1. Type 1:** Insulin dependent or usually seen since teenage years, requires & activity, associated with IDDM.
- 2. Type 2:** Onset as hyperinsulinemia, site of resistance with increasing insulin. Normal blood sugar at onset.
- 3. Gestational:** Develops during pregnancy caused by ↑ production of hormones that make the body less able to metabolize.
- 4. NIDDM:** Similar to type 2 but more severe, requires medication.
- 5. Chemical:** Nephritis (uremia), pancreatic insufficiency, can cause ↑ blood sugar levels.



**POLYURIA
POLYDIPSIA
POLYPHAGIA
FATIGUE**



**WEIGHT LOSS
RAPID ONSET
SUBCUTANEOUS INSULIN**

**WEIGHT GAIN
GRADUAL ONSET
ORAL MEDS.**

ASSESSMENT

CNS: Irritability, fatigue, dizziness, hunger, altered psychomotor, tingling.
EARHDVASC: CAD, PVD, HTN.
ENT: Polyuria, oliguria, fungal infections of mouth, rhinitis, otitis, sinusitis, ITN.
GI/GU: Kidney failure.
MSC: muscle wasting, weight loss, ITDMS, dull limbs with fatty deposits around the face, acro & abdomen (T2DM).
INTG: Feet and legs often numb to stimulus.
REPRO: Insulin deficiency, menstrual irregularities, ↓ libido.

**HYPERGLYCEMIA
CAUSED BY STRESS, ILLNESS OR INJURY TO LITTLE INSULIN, EXCESS FOOD**
**HYPOGLYCEMIA
CAUSED BY EXCESS INSULIN, LACK OF FOOD, ALCOHOL, OVEREXERCISE**

DOCUMENTATION

- 1. Physical findings:** Changes in appearance, weight, mood, & pain reported, episodic hypoglycemia (sweat, tremors, or numbness), response to medication.
- 2. Nutrition:** Response to dietary or fluid restrictions, tolerance to food, intake & output, body weight.
- 3. Comorbidities:** See Assessment part.
- 4. Activity tolerance:** Level of activity, ability to perform ADLs, current exercise program.
- 5. Lab Results:** Blood Glucose, HbA1c, lipid panel.
- 6. Patient teaching:**



MEDICATIONS

- Humalog, Lantus, Ultralene, Ultralene U-500** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units, 100 mg/500 units.
- Humalog R, Regular** (Short acting) 250 mg/100 units, 100 mg/50 units, 100 mg/50 units.
- Humalog N, NPH, 70/30, 75/25** (Intermediate acting) 250 mg/100 units, 100 mg/50 units, 100 mg/50 units.
- Actrapid, Humalog, Ultralene** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units.
- Lantus** (Long acting) 100 mg/100 units, 200 mg/200 units, 300 mg/300 units.
- Novorapid** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units.
- Humalog** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units.
- Humalog** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units.
- Humalog** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units.
- Humalog** (Rapid acting) 25 mg/100 units, 100 mg/500 units, 100 mg/500 units.

TEACHING

Diabetes Mellitus
 Blood Glucose Monitoring
 Insulin Administration
 Diet
 Exercise
 Foot Care
 Medication Management
 Self-Monitoring
 Stress Management
 Sick Day Management
 Travel Management
 Wound Care
 Pregnancy Management
 Smoking Cessation
 Alcohol Moderation
 Hypertension Management
 Lipid Management
 Eye Care
 Kidney Care
 Neuropathy Management
 Skin Care
 Vaccinations
 Workplace Safety

KNOW THE SIGNS!!!



Hyperglycemia
 Thirst, frequent urination, blurred vision, fatigue, slow wound healing, frequent infections, unexplained weight loss, dry skin, tingling in hands and feet, frequent hunger, drowsiness, difficulty concentrating.

Hypoglycemia
 Shaking, sweating, rapid heartbeat, hunger, irritability, confusion, weakness, blurred vision, difficulty concentrating, dizziness, lightheadedness, headache, slurred speech, numbness or tingling in fingers and toes, vision changes, double vision, difficulty seeing at night, seizures, loss of consciousness, death.

Hot Spot Sugar High
Cold & Gloomy Needs Candy

Hospitalization
 Hypoglycemia, Hyperglycemia, Diabetic Ketoacidosis, Diabetic Coma, Diabetic Retinopathy, Diabetic Neuropathy, Diabetic Foot, Diabetic Ulcers, Diabetic Wounds, Diabetic Infections, Diabetic Pregnancy, Diabetic Eye Disease, Diabetic Heart Disease, Diabetic Kidney Disease, Diabetic Skin Disease, Diabetic Hearing Loss, Diabetic Blindness, Diabetic Amputation, Diabetic Coma, Diabetic Death.

GLUCOSE
 MIA, QI, DKA, Diabetic Ketoacidosis, Diabetic Coma, Diabetic Eye Disease, Diabetic Heart Disease, Diabetic Kidney Disease, Diabetic Skin Disease, Diabetic Hearing Loss, Diabetic Blindness, Diabetic Amputation, Diabetic Coma, Diabetic Death.

Some people prefer to study in a quiet library, while others prefer to study in a coffee shop or at home with music playing. Find a study environment that is comfortable and conducive to learning.

17. Take care of yourself.



Remember to take care of yourself both physically and mentally. Eat healthy foods, get enough sleep, and exercise regularly. This will help you stay healthy and focused on your studies.

18. Find a mentor.

DIABETES MELLITUS

WHAT IS DIABETES?

Diabetes mellitus (DM) is a persistent condition of food metabolism where the amount of insulin secreted by the body and the amount of insulin produced by the body is inadequate leading to blood glucose level elevation.

PHYSIOLOGY

The beta cells of the pancreas produce insulin in the posterior part, while the alpha cells produce glucagon in the anterior part. The beta cells secrete insulin into the blood stream to lower the blood glucose level and to store it in the liver to be used when needed. The alpha cells secrete glucagon into the blood stream to raise the blood glucose level. When insulin is deficient, the essential feature for fuel and energy source, glucose, and fatty acids, are not able to get into the cells.

CAUSES

The cause of DM is unknown, but genetic, autoimmune, viral, and hormonal and socio-economic factors could play a role. **TYPE 1** is characterized by autoimmune response in patients with genetic predisposition. A virus of beta cells in the pancreas to attack the beta cells of the pancreas and cause inflammation & destruction of the beta cells leads to a lack of insulin production. **TYPE 2** onset is accelerated by obesity and sedentary lifestyle. There is little beta cell function in this production.

TYPES

1. **Type 1:** Insulin dependent or usually seen since before 30 years, requires & activity, associated with QD.
2. **Type 2:** Onset is late in life, often associated with obesity, gradual onset, common blood sugar at normal.
3. **Gestational:** Develops during pregnancy caused by ↓ production of hormones that make the body less able to metabolize insulin.
4. **Secondary:** Usually go to diabetes when cause is removed (e.g. alcohol, pancreatitis).
5. **Chemical:** Results from toxins, poisons, drugs that can ↑ or ↓ blood sugar levels.



**POLYURIA
POLYDIPSIA
POLYPHAGIA
FATIGUE**



**WEIGHT LOSS
RAPID ONSET
SUBCUTANEOUS
INSULIN**

INFECTIONS

**WEIGHT GAIN
GRADUAL ONSET
ORAL MEDS.**

ASSESSMENT

CNS: Irritability, confusion, headache, fatigue, decreased peripheral feeling.
CARDIOVASC: CAD, PVD, HCN
RESP: Pulmonary edema, frothy sputum if CHF, orthopnea, dyspnea, ↑ bronchospasm or ↓ pulmonary HTN
GU: Kidney failure
MS: muscle wasting, weight loss (TDM), dull limbs with fatty deposits around the face, acral & abrasions (TDM).
INTG: Feet and leg ulcers, loss of sensation in hands
REPRD: Insulin-dependent, 1st type, 2nd type, gestational, 3rd type

HYPERGLYCEMIA
CAUSED BY STRESS, ILLNESS OR INJURY
TO LITTLE INSULIN, EXCESS FOOD

HYPOLYCEMIA
CAUSED BY EXCESS INSULIN, LACK OF FOOD, ALCOHOL, OVEREXERCISE

DOCUMENTATION

1. **Physical findings:** Changes in appearance (skin, hair, & peripheral edema), peripheral pulse strength, regularity, or rhythm, response to medication.
2. **Nutrition:** Response to dietary or fluid restrictions, tolerance to food, intake & output, body weight.
3. **Cardiovascular:** See Assessment page.
4. **Activities/Exercise:** Level of activity, ability to perform ADLs, safety of exercise program.
5. **Labs/Biochem:** Blood Glucose, HbA1c, lipid panel.
6. **Patient teaching:**



MEDICATIONS

- Humulin U-100:** (Rapid Insulin) 100 units/ml. U-500: (Ultra-rapid Insulin) 500 units/ml. Humulin R: (Short-acting Insulin) 100 units/ml. Humulin N: (NPH, 70/30, 75/25) (Intermediate-acting Insulin) 100 units/ml. Humulin V: (U-100, U-500) (Ultra-rapid Insulin) 100 units/ml. Humulin I: (Rapid-acting Insulin) 100 units/ml.
- Lantus:** (Long-acting Insulin) 100 units/ml.
- Syllmetacin:** (SGLT2 inhibitor) 500 mg.
- Metformin:** (Biguanide) 500 mg.
- Glinacids:** (Glinacids) 1 mg.
- Thiazolidinediones:** (Thiazolidinediones) 1 mg.
- Insulin:** (Insulin) 1 unit.

TEACHING

- 1. **Insulin:** Know your insulin, how to use it, how to store it, how to mix it, how to inject it, how to wear a pump, how to use a pump, how to use a pump, how to use a pump.
- 2. **Diet:** Know your diet, how to use it, how to store it, how to mix it, how to inject it, how to wear a pump, how to use a pump, how to use a pump.
- 3. **Exercise:** Know your exercise, how to use it, how to store it, how to mix it, how to inject it, how to wear a pump, how to use a pump, how to use a pump.
- 4. **Medication:** Know your medication, how to use it, how to store it, how to mix it, how to inject it, how to wear a pump, how to use a pump, how to use a pump.
- 5. **Monitoring:** Know your monitoring, how to use it, how to store it, how to mix it, how to inject it, how to wear a pump, how to use a pump, how to use a pump.

KNOW THE SIGNS!!!



- Hyperglycemia:** Thirst, frequent urination, blurry vision, fatigue, weight loss, slow wound healing, frequent infections, dehydration, confusion, drowsiness, fruity breath.
- Hypoglycemia:** Shakiness, sweating, hunger, irritability, confusion, drowsiness, blurred vision, headache, rapid heartbeat, weakness, slurred speech, difficulty concentrating, anxiety, feeling of doom, loss of consciousness, seizures.

HOSPITALIZATION

- 1. **Hyperglycemia:** Blood Glucose > 200 mg/dL
- 2. **Hypoglycemia:** Blood Glucose < 70 mg/dL
- 3. **Insulin:** Insulin 1 unit

- GLUCOSE:** MIA, QD, QID
- DIET:** 1500 kcal
- ACTIVITY:** 1 hour



A mentor can provide you with support, guidance, and advice on your academic journey.

19. Set priorities.



Don't try to do everything at once. Set priorities and focus on the most important tasks.

20. Break down large tasks into smaller ones.

DIABETES MELLITUS

WHAT IS DIABETES?

Diabetes mellitus (DM) is a progressive condition of food metabolism where the amount of glucose absorbed by the body and the amount of glucose produced by the body, is in constant balance with blood glucose level (BGL).

PATHOPHYSIOLOGY

The beta cells of the pancreas produce insulin that regulates glucose uptake by the rest of the body, while this, and stored glucose, enters the bloodstream as blood glucose. Excess glucose enters the liver to be stored as glycogen in the liver to supply energy. If the pancreas produces less insulin and free fatty acid storage is reduced, then insulin is deficient, the essential feature for fuel and energy (carbs, proteins, and fatty carbs) can't be utilized normally.

CAUSES

The cause of DM is unknown, but genetic, autoimmune, viral, and hormonal and socio-economic factors could play a role. **TYPE 1** is associated with autoimmune response in patients with genetic predisposition. A virus of unknown type that stimulates to attack the beta cells of the pancreas and cause inflammation & destruction of the beta cells leads to a failure of no insulin production. **TYPE 2** onset is accelerated by obesity and a sedentary lifestyle. There is little to no insulin production.

TYPES

- Type 1:** Insulin dependent or usually seen since before 20 years, requires 24-hour activity, acarbose QID
- Type 2:** Onset as hyperactive insulin, can be managed with diet/exercise, gradual onset, normal blood sugar at onset
- Gestational:** Develops during pregnancy caused by ↓ production of hormone (placenta) which the body isn't able to metabolize
- Surgical:** Surgery to abdomen may cause hypersecretion
- Chemical:** Steroids (corticoids), prolactin may cause an ↑ in blood sugar levels

Type One

WEIGHT LOSS
RAPID ONSET
SUBCUTANEOUS

Type Two

POLYURIA
POLYDIPSIA
POLYPHAGIA
FATIGUE

↑ INFECTIONS

Type Two

WEIGHT GAIN
GRADUAL ONSET
ORAL MEDS



ASSESSMENT

- CNS:** Irritability, confusion, drowsiness, hunger, dizziness, peripheral tingling
- Cardiovascular:** CAD, PVD, HTN
- ENT:** Palmonary edema (fluidy, crackles) if SOB, orthostatic hypotension, ↑ bronchospasm (w/ ↓ pulmonary FTR)
- GU:** Kidney failure
- MS:** muscle wasting, weight loss (T2DM), dil pupils with fatty deposits around the eyes, acne & abscesses (T2DM)
- INTG:** Feet and leg ulcers may affect the spread of med
- REPRO:** Insulin ↓, ↑ pregnancy, ↓ vaginal lubrication (w/ ↓ libido)

HYPERGLYCEMIA
CAUSED BY STRESS, ILLNESS OR INJURY TO LITTLE INSULIN, EXCESS FOOD

HYPOGLYCEMIA
CAUSED BY EXCESS INSULIN, LACK OF FOOD, ALCOHOL, OVEREXERCISE

DOCUMENTATION

- Physical findings:** Changes in appearance (weight, skin, & pupil dilation) secondary to prolonged glucose, irregular, or abnormal response to medication
- Nutrition:** Response to dietary or fluid restrictions, tolerance to food, intake & output, body weight
- Compositions:** See Assessment
- Activities:** Increased Level of Activity, ability to perform ADLs, ↓ social interaction problems
- Lab Results:** Blood Glucose ↑ (HTN typical)
- Patient Teaching:**

MEDICATIONS

- Humalog (Liraglutide) (Inject Insulin) 25 mg once daily** (See peak, last 24hrs, age 13-65yr)
- Humalog R (Regular) (Short Acting) 3000 units** (See peak, last 24hrs, age 13-65yr)
- Humalog N (NPH) 3000, 75/15 (Intermediate Acting)** (See peak, last 24hrs, age 13-65yr)
- Actrapid Long-acting (ultra-rapid) 4-22hrs peak, last 24-36hrs**
- Lantus (Insulin analog) (Inject Insulin) 2500 units** (See peak, last 24-36hrs)
- Lantus (All Day Insulin) (Inject) (See 24hrs)**
- Syllmet (Metformin) (Inject Insulin) (See 24hrs)**
- Actrapid (See peak, last 24hrs, age 13-65yr)**
- Glucocorticoids:** (See peak, last 24hrs, age 13-65yr)
- Thiazolidinediones:** (See peak, last 24hrs, age 13-65yr)
- Diuretics:** (See peak, last 24hrs, age 13-65yr)

TEACHING

- Assessment & Monitoring
- Medication Management
- Meal Management
- Exercise Management
- Foot Care
- Insulin Management
- Diabetes Education
- Stress Management
- Weight Management
- Alcohol Management
- Insulin Management
- Diabetes Management
- Diabetes Management

KNOW THE SIGNS!!!



21. Reward yourself for completing tasks.



This will help you stay motivated and on track.

22. Don't be afraid to ask for help.

TRULY THE BEST SELLING STUDENTS AND NURSES CHEAT SHEET

MED/SURG CHEAT SHEET

Basic Metabolic Panel (BMP)

Electrolyte Lab

| Electrolyte/Lab | Normal Value | Sign of Abnormality |
|-----------------|--------------|---|
| Sodium | 135-145 | Hydrate: Dehydration, Agitation Dehydration, coma, seizures |
| Potassium | 3.5-5.0 | Hydrate: weakness, paralysis, constipation, muscle pain Dehydrate: weakness, paralysis, constipation |
| Calcium | 8.8-10 | Hydrate: weakness, constipation, hypotension Dehydrate: weakness, hypotension, hyporeflexia |
| Phosphorus | 2.5-4.5 | Hydrate: weakness, hyporeflexia, hypotension Dehydrate: weakness, hyporeflexia, hypotension |
| Ammonia | 0-55 | Dehydrate: weakness, hyporeflexia, hypotension |

| Name | Onset | Peak | Duration |
|---------------------------|---------------|---------------|-------------|
| Rapid | | | |
| Insulin Lispro (Humalog) | 15-30 min. | 0.5-2.5 hours | 5-6 hours |
| Insulin Aspart (Novolog) | 10-20 min. | 1-3 hours | 3-5 hours |
| Insulin Glargine (Lantus) | 10-15 min. | 1-1.5 hours | 3-5 hours |
| Short | | | |
| Regular Insulin | 30-60 minutes | 1-6 hours | 8-12 hours |
| Intermediate | | | |
| ADH Insulin | 1-2 hours | 6-14 hours | 18-24 hours |
| Long | | | |
| Insulin Glargine (Lantus) | 70 minutes | None | 18-24 hours |
| Insulin Degludec (Toujeo) | 1-2 hours | 2-24 hours | None |

Normal Vital Signs

| | |
|------|--|
| BP | <120 mmHg Systolic <80 mmHg Diastolic |
| HR | 60-100 |
| RR | 12-20 |
| O2 | 92%-100% |
| Temp | 97.8°F-99°F |

O2 Delivery Devices

| Flow Device | Flow Rate | Indications |
|---------------------|-----------|---|
| Nasal Cannula | 1-6 LPM | Low-flow oxygen, 1-6 LPM, 24-hour use, 1-6 LPM |
| Simple Mask | 6-10 LPM | Low-flow oxygen, 6-10 LPM, 24-hour use, 6-10 LPM |
| Non-rebreather Mask | 10-15 LPM | High-flow oxygen, 10-15 LPM, 24-hour use, 10-15 LPM |

Heart Rhythm Measurements

| | |
|-------------|-------------------|
| PR Interval | 0.12-0.20 seconds |
| QRS Complex | 0.08-0.12 seconds |
| QT Interval | 0.36-0.44 seconds |

IV Fluid Overfill Volumes

| Volume of Bag | Overfill Volume |
|---------------|-----------------|
| 100 ML | 10 ML |
| 250 ML | 25 ML |
| 500 ML | 50 ML |
| 1000 ML | 100 ML |

Staging Pressure Ulcers

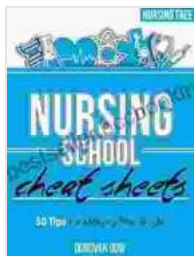
| | |
|---------|---|
| Stage 1 | Non-blanchable redness of the skin - intact skin |
| Stage 2 | Partial thickness loss of skin involving epidermis, dermis, or both - May present as a blister or abrasion |
| Stage 3 | Full thickness skin loss - Exposed damage to or loss of subcutaneous tissue |
| Stage 4 | Extensive damage to or loss of damage to muscle, bone, or other supporting structures |

There are many people who are willing to help you succeed.

23. Take breaks.



This means finding a place where you can study without distractions.



Nursing School Cheat Sheets: 50 Tips for Making the Grade by Donovan Gow

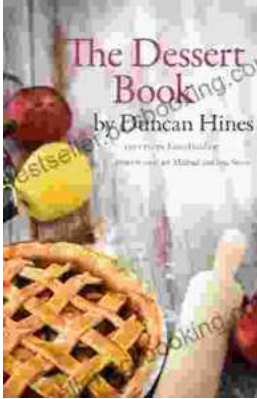
★★★★★ 4.5 out of 5

| | |
|----------------------|-------------|
| Language | : English |
| File size | : 4588 KB |
| Text-to-Speech | : Enabled |
| Screen Reader | : Supported |
| Enhanced typesetting | : Enabled |
| X-Ray | : Enabled |
| Print length | : 104 pages |
| Lending | : Enabled |

FREE

DOWNLOAD E-BOOK





The Quintessential American Cook: A Culinary Journey with Duncan Hines

Prologue: The Man Behind the Name Duncan Hines, a name synonymous with American dining, was born in 1880 into a humble farming family in Bowling...



Introducing Romanticism: A Literary Guide to the Romantic Era

Romanticism was a literary movement that emerged in the late 18th century and flourished in the early 19th century. It was a reaction against the...