

advanced nurse pack

INCLUDED IN THIS PACK:

- Patient Assessment
- ECG Interpretation
- 12 Lead ECG
- Blood Gas Analysis
- 18 Lead ECG
- Rhythm Analysis



PATIENT ASSESSMENT

CNS	GCS: Pain score. Analgesia - check patient is alert, medication orders and delivery system. Symmetry and co-ordination of pupils, sedation score.
NEURO-VASCULAR	Extremities, CNMS, Capillary refill & pedal pulses.
CVS	HR rhythm, febrile, ECG, oedema, skin colour, warmth, moist/dry. Anticoagulants. BP IV Therapy (see Drip Rates card).
RESP	Rate and effort. Cough moist/dry, sputum/colour. O2 Sat. Mode of O2 delivery & flow - symmetrical A/E to upper/mid/lower, wheeze/inspirale, crackles course/fine, nail bed colour, rebs, ICG, swing, bubble, draining.
GIT	Nausea/vomiting, tolerating diet & fluids, nil orally? Bowel sounds. Bowel open, ? when, abdomen soft non-tender, distended, pain location. Continent. BGL.
ISBAR	Identify, Situation, Background, Assessment, Recommendation. For further information, refer to ISBAR card

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12 LEAD ECG

To obtain heart rate, put the arrow on peak of QRS, then measure to the second QRS peak from the arrow.

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ECG INTERPRETATION

LEADS	AREA AFFECTED	CORONARY ARTERY INVOLVED
II, III, aVF	Inferior	RCA - Remember 18 lead ECG
I, aVL, V5, V6	Lateral	LAD, Circumflex
V1, V2	Septal	LAD
V3, V4	Anterior	LAD
Rv4, Rv5, Rv6	Right Ventricular	RCA
V7, V8, V9	Posterior	RCA, Posterior Descending, Circumflex
V1 - V6 + L aVL	Extensive Anterior	Left Main

GET THE COMPLETE NURSE APP TO SEE "ECG SUMMARY"

T WAVE INVERSION	Myocardial Ischaemia or late changes in Infarction.
ST ELEVATION	Myocardial Injury (Infarction).
ST DEPRESSION	Myocardial Ischemia.
Q WAVES	Myocardial Necrosis (Old AMI).

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RYTHM ANALYSIS

Rate	Regular	Normal	WAVE	P-R INTERVAL	QRS COMPLEX	T WAVE
Normal	Regular	Normal	Normal	0.12-0.20 sec	0.10-0.12 sec	Same as P/QRS
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BLOOD GAS ANALYSIS

BLOOD GASES: NORMAL VALUES

ARTERIAL	VENOUS
7.35-7.45	pH 7.31-7.41
100-110 mm Hg	pO ₂ 30-40 mm Hg
35-45 mm Hg	pCO ₂ 41-51 mm Hg
12-26 mEq/L	HCO ₃ 22-28 mEq/L
95%-99%	SO ₂ 80%-85%
-2 to +2	BE 0 to +4

INTERPRETING ABG'S

- Check pH
 - alkalosis;
 - acidosis
- Check pCO₂
 - CO₂ retention (hypoventilation), respiratory acidosis or compensating for metabolic alkalosis;
 - CO₂ blown off (hyperventilation), respiratory alkalosis or compensating for metabolic acidosis.
- Check HCO₃
 - nonvolatile acid is lost: HCO₃ is gained (metabolic alkalosis or compensating for respiratory acidosis);
 - nonvolatile acid is added: HCO₃ is lost (metabolic acidosis or compensating for respiratory alkalosis).
- Determine source of imbalance.
- Determine whether compensation exists.

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