

# Download File PDF Medical Surgical Nursing Lecture Notes

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Nursing IV Monday Lecture Notes

Medical Surgical Unit

Acute Respiratory Failure

1. Respiratory failure: PaO<sub>2</sub> less than 55mm Hg (hypoxia), PaCO<sub>2</sub> > 50mm (normal 35-45), and a pH less than 7.35
  - a. Restlessness, fatigue, headache, dyspnea, air hunger, tachycardia, increased blood pressure, confusion, use of accessory muscles
2. Apnea not readily reversible
3. Nursing management
  - a. Maintain mechanical ventilation; monitor LOC, blood gases, SaO<sub>2</sub>, vital signs, turning schedule, mouth and skin care, range of motion exercises.

Chronic Respiratory Failure

Acute Respiratory Distress Syndrome

1. Severe form of acute lung injury
2. Characterized by sudden and progressive pulmonary edema (increasing bilateral infiltrates on chest x-ray).
3. Hypoxia unresponsive to oxygen, regardless of PEEP.
4. Occurs as a result of diffuse alveolar damage.
5. Dyspnea, arterial hypoxemia, cardiogenic pulmonary edema, increased alveolar dead space.
6. Clinical manifestations
  - a. ARDS is an acute event
    - i. Develops in 4 to 48 hours
  - b. Closely resembles severe hemodynamic pulmonary edema.
  - c. Acute phase marked by rapid onset of severe dyspnea 12-48 hours after the initiating event.
  - d. Increased alveolar dead space, "stiff lungs"
7. Assessment
  - a. Plasma brain natriuretic peptide (BNP) levels
    - i. This is helpful to distinguish ARDS from a cardiac event
  - b. Echocardiography, and pulmonary artery catheterization (the definitive test)
8. Nutrition
  - a. ARDS patients require 35-45 kcal/kg/day
9. Nursing management

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