

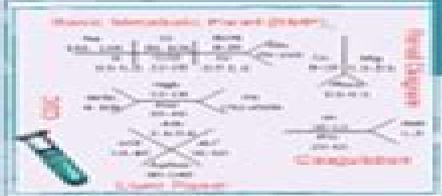
# CHEAT SHEET FOR ER NURSES

## ER CHEAT SHEET



### Normal Adult Vital Signs

BP	~120 mmHg Systolic ~80 mmHg Diastolic
HR	60-100
RR	12-20
O2	95%-100%
Temp	97.8°F-99°F



Rhythm	Characteristics	Treatment	Notes
Supraventricular Tachycardia	<ul style="list-style-type: none"> <li>• Rapid, regular rhythm</li> <li>• P waves normal and sinusoidal rhythm</li> <li>• P waves maintain preceding T wave</li> <li>• Atrioventricular rate</li> </ul>	<ul style="list-style-type: none"> <li>• Vagal maneuvers</li> <li>• Adenosine</li> <li>• CCB, BB, amio</li> <li>• Digoxin</li> <li>• Calcium channel</li> </ul>	Caused by parasympathetic stimulation, decreased sympathetic stimulation, rapid ventricular conduction
Atrial Fibrillation	<ul style="list-style-type: none"> <li>• Irregular and irregularly irregular rhythm</li> <li>• No P waves</li> <li>• Fast ventricular rate</li> </ul>	<ul style="list-style-type: none"> <li>• CCB, BB, amio</li> <li>• Anticoagulation</li> <li>• Digoxin</li> <li>• Rate control</li> </ul>	Caused by heart failure, heart disease, atrial enlargement, hypertension, alcohol, caffeine
Atrial Flutter	<ul style="list-style-type: none"> <li>• Rapid, regular rhythm (fast atrium)</li> <li>• QRS complex irregularly irregular</li> <li>• Sawtooth P waves</li> </ul>	<ul style="list-style-type: none"> <li>• CCB, BB, amio</li> <li>• Anticoagulation</li> <li>• Digoxin</li> <li>• Calcium channel</li> </ul>	Caused by heart failure, PVD, MI, alcohol, atrial valve disease
Ventricular Tachycardia	<ul style="list-style-type: none"> <li>• Rapid, regular rate (140-220)</li> <li>• QRS complex wide</li> <li>• P waves not discernible</li> </ul>	<ul style="list-style-type: none"> <li>• 3 drugs: amio, CCB and Digoxin</li> <li>• BB &amp; CCB, amiodarone, procainamide</li> </ul>	Caused by MI, CAD, valve disease, heart failure, hypertension, hyperthyroidism, PVD
Ventricular Fibrillation	<ul style="list-style-type: none"> <li>• Rapid, irregular rhythm</li> <li>• Irregularly irregular rhythm</li> <li>• No P waves are visible</li> </ul>	<ul style="list-style-type: none"> <li>• Fast CCB and amio (not effective)</li> </ul>	Caused by MI, untreated MI, hyperthyroidism, hypertension, alcohol, cocaine, stimulants, hyperkalemia, electrolyte

### Common Splints



Splint for Limb	Indications	Notes
Wrist Splint	Displaced fracture, fracture of forearm, radial fracture and neck fracture	Start at distal wrist joint, above ulnar and radial styloid, extend to distal end of fingers, extend to D5, neutral wrist and forearm.
Upper Limb Splint	Injured or immobilized, radial fracture or ulnar fracture	Start at elbow, above the ulnar styloid, extend to distal wrist joint, extend to D5, ulnar and radial styloid.
Thumb Splint	Injured or immobilized, thumb fracture, 1st metacarpal or 1st wrist fracture	Start at distal wrist joint, extend to distal end of thumb, extend to distal wrist joint.
Forearm/Lower Leg Splint	Fracture of radius/ulna or tibia/fibula, distal humerus fracture, humeral shaft fracture, humeral head fracture	Start at distal wrist joint, extend to distal end of fingers, extend to D5, ulnar and radial styloid.
Distal Leg Splint	Fracture of tibia/fibula, distal tibia/fibula fracture, distal humerus fracture, humeral head fracture	Start at distal wrist joint, extend to distal end of thumb, extend to distal wrist joint.

Need a TBISA x weight (Kg)

- Give 1st 50% in first 8 hours
- Give 2nd 50% in next 16 hours

The Parkland Formula is used to calculate fluid replacement in burn patients.



### Suspected Stroke

- 15 min: General assessment, IV access, Labs, 50 mg aspirin
- 25 min: Aspirin 250 mg, stroke team activation, 300 mg aspirin
- 45 min: CT scan/head
- 60 min: give IV tPA if not contraindicated, 0.9% NaCl for thrombolysis

### Severe Sepsis

- If pt meets severe sepsis or septic shock criteria:
- 2 hrs: Draw lactate, blood cultures, give antibiotics, give 30 mL/kg fluid bolus
- 6 hrs: repeat lactate, reassess vital signs, other pressures for acid base fluid balance, LFT assessment to reduced clinical exam

### Suspected ACS

- 5 min: ECG and Troponin test/serial
- If STEMI confirmed send to cath lab:
- 30 min: Cath lab: give ASA, CCB, nitroglycerin, aspirin, heparin bolus
- 60 min: PT on cath lab table
- If no STEMI:
- 2-3 hrs: Repeat and send troponin level

### Special Notes

- Times are from arrival to Emergency Department
- Every hospital's protocol will vary but will be similar to these guidelines
- Times vary for hospitals without a cath lab that will require transfer

# Er Nurse Guide

**RJ Alexander**



**Er Nurse Guide:**

## **Er Nurse Guide** Book Review: Unveiling the Magic of Language

In an electronic era where connections and knowledge reign supreme, the enchanting power of language has become more apparent than ever. Its ability to stir emotions, provoke thought, and instigate transformation is truly remarkable. This extraordinary book, aptly titled "**Er Nurse Guide**," written by a highly acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound effect on our existence. Throughout this critique, we shall delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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### **Table of Contents Er Nurse Guide**

1. Understanding the eBook Er Nurse Guide
  - The Rise of Digital Reading Er Nurse Guide
  - Advantages of eBooks Over Traditional Books
2. Identifying Er Nurse Guide
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Er Nurse Guide
  - User-Friendly Interface
4. Exploring eBook Recommendations from Er Nurse Guide
  - Personalized Recommendations
  - Er Nurse Guide User Reviews and Ratings
  - Er Nurse Guide and Bestseller Lists
5. Accessing Er Nurse Guide Free and Paid eBooks

- Er Nurse Guide Public Domain eBooks
  - Er Nurse Guide eBook Subscription Services
  - Er Nurse Guide Budget-Friendly Options
6. Navigating Er Nurse Guide eBook Formats
- ePub, PDF, MOBI, and More
  - Er Nurse Guide Compatibility with Devices
  - Er Nurse Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
- Adjustable Fonts and Text Sizes of Er Nurse Guide
  - Highlighting and Note-Taking Er Nurse Guide
  - Interactive Elements Er Nurse Guide
8. Staying Engaged with Er Nurse Guide
- Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Er Nurse Guide
9. Balancing eBooks and Physical Books Er Nurse Guide
- Benefits of a Digital Library
  - Creating a Diverse Reading Collection Er Nurse Guide
10. Overcoming Reading Challenges
- Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Er Nurse Guide
- Setting Reading Goals Er Nurse Guide
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Er Nurse Guide
- Fact-Checking eBook Content of Er Nurse Guide
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
- Utilizing eBooks for Skill Development

- Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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