



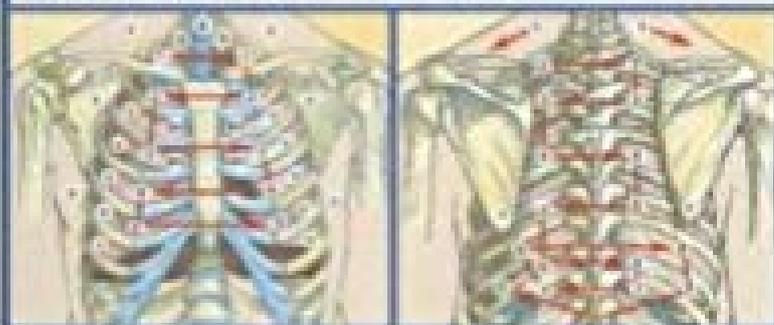
NURSING

ASSESSING LUNG SOUNDS

To auscultate lung sounds, note the placements of your stethoscope according to the locations on the corresponding diagram.

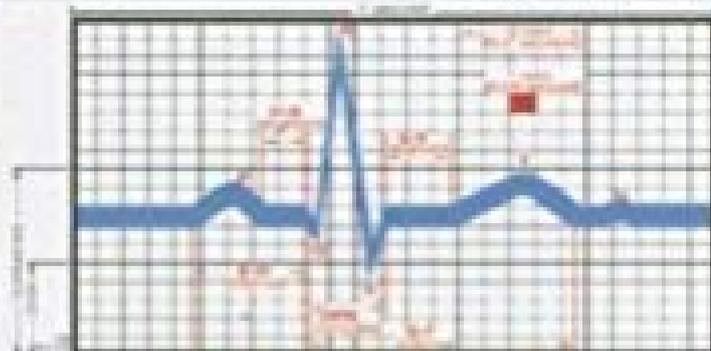
There are 3 normal breath sounds:

- (A) **Resonant breath sounds** - clear, loud, high-pitched
 Heard over trachea, bronchi (between clavicles and umbilicus), and over lung bases.
- (B) **Vesicular breath sounds** - blowing sounds, medium intensity and pitch
 Heard over lung apices, in other parts of thorax at the lung periphery, and between scapulae.
- (C) **Crackles breath sounds** - soft, popping quality, low-pitched
 Heard over the peripheral lung area, heard best at base of lung.



NORMAL ECG PATTERN

COMPLEX	NORMAL LENGTH OF TIME	WHAT IT REPRESENTS
P wave	0.10 sec	depolarization of atria, preparation for contraction
PR interval	0.12 to 0.20 sec	time for impulse to travel from SA to AVN
QRS complex	0.08 to 0.12 sec	depolarization of the ventricle
ST segment	0.12 and 0.20 sec above and below the baseline	completion of ventricular depolarization
QT interval	up to 0.42 sec	ventricular cycle
T wave	0.2 sec in amplitude	repolarization of ventricle
V wave		ventricular volume, ventricular pressure, ventricular pressure, and ventricular frequency



CARDIAC MARKERS & SERUM ENZYME LEVELS FOLLOWING ACUTE MYOCARDIAL INFARCTION

ENZYME MARKER	NORMAL	APPEARS UPON ONSET OF MI	PEAKS (HR)	IN BASELINE (DAYS)
Myoglobin	0.0-0.1 ug/ml	1-2	6-8	1-4
Cardiac Troponin I (cTnI)	0.05 ug/ml	4-6	12-24	5-14
Cardiac Troponin T (cTnT)	0.1 ug/ml	3-6	12-48	5-14
CPK-MB (CK-MB) Creatine phosphokinase myocardial band	0-1.5 ug/ml	2-4	12-24	3-5

ADVENTITIOUS LUNG SOUNDS

NAME	CAUSE/CHARACTER	USUAL PLACEMENT
Crackles	fluid, mucus, atelectasis, pneumonia, or edema	peripheral, primarily lower lung fields, bases, 100
Wheezes	constriction of airways	peripheral, primarily middle lung fields
Rhales	hyperinflated lungs, fluid, airway obstruction, and respiratory distress	peripheral, upper lung fields, midline
Plural friction rub	dry pleura, most in subscapular and axillary	peripheral, posterior, lower chest

ARTERIAL BLOOD GAS ANALYSIS (ABGs)

pH	7.35 to 7.45	7.35 acid
PCO ₂	35 to 45 mm Hg	45 acid
PO ₂	75-100 mmHg	100 acid

↳ quick method of analysis:

Look at the pH first. Then see where it is in low or high. An arrow indicating low (↓) means acidosis. An arrow indicating high (↑) means alkalosis. Then, look at the respiratory indicator (PCO₂). Does an arrow point to a low or high. Interpretation of the arrow will be the opposite direction. The problem is respiratory in nature - either respiratory acidosis or respiratory alkalosis. Next, look at the metabolic indicator (PO₂). Does an arrow point to a low or high. Interpretation of the indicator will be the same as the arrow above. The problem is metabolic in nature - either metabolic acidosis or metabolic alkalosis.
Additional note: ↑ respiratory + positive ↓ the arrow of PCO₂ and ↓ PO₂ are respiratory. Normal compensation is present if the arrow of PCO₂ and ↓ PO₂ point in the same direction.

GRADING OF HEART MURMURS

- Grade I - Barely heard after nurse has concentrated
- Grade II - Barely heard from concentration
- Grade III - Moderately loud, not accompanied with thrill
- Grade IV - Loud and may be accompanied with a thrill
- Grade V - Very loud, accompanied with thrill
- Grade VI - Very loud, heard with withdrawal of steth. decreased with thrill

HEART SOUNDS

Heart sounds produced by valve closure are best heard when stethoscope is over base of the valve instead of directly over the valve. The white dotted area on the corresponding diagram denotes optimal placement of the stethoscope for auscultating heart sounds.

For placement of stethoscope, think of "A-P" for "Aortic" or "Pulmonary".

- A - aortic valve - 1C location
- P - pulmonary valve - 2C location
- E - Erb's point - 3C - 4C
- T - tricuspid valve - 5C location
- M - mitral valve (APV) - 6C location

1. The stethoscope glass begins with the first heart sound (S₁). The closure of the valve and changes the valve.
2. The stethoscope glass begins with the second heart sound (S₂). The closure of the ventricle and changes the valve.



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