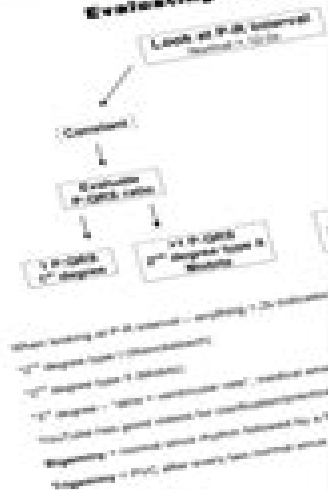


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Evaluating Heart Size



Other Systems

STAGES OF HEALING

- Informing phase (5-10 days)**
- Consists of platelet activation and clotting cascade
 - Most cells, neutrophils, and monocytes
 - Clean wound and tissue restoration
 - Re-epithelialization occurs within 48hrs, but takes ~3 days to see
- Proliferative phase (3-21 days)**
- Capillary buds and tissue granulation appears
 - Wound closure and contraction
- Maturation phase (7 days-2 years)**
- Initiated when granulation tissue and epithelial differentiation begin to appear in wound bed
 - May reach 80% tensile strength when completely healed
 - Hypertrophic scarring can significantly impact maturation

WOUND EXUDATE

- Serous** - clear, watery, normal drainage
- Serosanguineous** - red, thin, watery, (normal drainage)
- Sanguisanguineous** - light red, watery drainage
- Sanguinulent** - cloudy, opaque with yellow or tan tint, early warning signs of infection and always abnormal
- Purulent** - yellow, green, thick, (WBCs)
- Fester** - foamy, frothy, black/dark, (fatty attached)
- Wound classification (arterial and venous)**
- Superficial - non-healing, red/pink
 - Partial - thickness, below
 - Full-thickness - 4mm depth, subcutaneous fat visible, secondary intention
 - Subcutaneous - fat, muscle, tendon, bone, secondary intention

Arterial ulcers - do NOT elevate legs or use hot socks/blankets, exercise

Diabetic ulcers - Wagner Ulcer scale

Pressure ulcers - Norton and Braden scales

Pressure ulcer staging

- Stage 1 - non-perforated redness, local discoloration
- Stage 2 - partial thickness, open with granulation tissue, blisters
- Stage 3 - subcutaneous fat visible, undermining and tunneling
- Stage 4 - bone, muscle, tendon, osteomyelitis possible
- "Suspected deep tissue" - bruising look
- "Unstageable" if covered by eschar

Moisture testing - inability to perceive a light touch/pressure indicates loss of protective sensation. Not able to perceive (light) is inelastic. May lead to pressure ulcers/ulcers

WOUND HEALING

Primary intention

- Surgical incisions, lacerations, punctures, lacerations and partial thickness wounds
- Minimal swelling and heal quickly in uncomplicated and orderly progression

Secondary intention

- Wound is left open to heal by scar formation which requires ongoing attention
- Abscesses, ulcers, arterial, venous or pressure ulcers
- Must full-thickness and chronically inflamed wounds

Tertiary intention

- Wound "delayed primary intention" because it occurs when healing needs to be delayed
- Closed with sutures once free of further infection/drainage, repair or debridement

Multiple debridement - Drawings placed on wounds. Do not use on infected wounds.

Cardiopulmonary

Clinical indicators

- Cyanosis (blue/purple) in extremities, lips, nail beds, mucous membranes
- Tachypnea (rapid breathing) with or without wheezing, crackles, or rhales
- Hypoxemia (low oxygen levels) and hypercapnia (high carbon dioxide levels)

Respiratory distress signs

- Tachypnea (rapid breathing)
- Hyperinflation (barrel chest)
- Cyanosis (blue/purple) in extremities, lips, nail beds, mucous membranes

Cardiovascular signs

- Tachycardia (rapid heart rate)
- Hypotension (low blood pressure)
- Edema (swelling) in extremities

Other signs and symptoms

- Fatigue
- Anxiety
- Confusion

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Topics!

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Table of Contents **13 Npte Review And Study Guide**

1. Understanding the eBook **13 Npte Review And Study Guide**
 - The Rise of Digital Reading **13 Npte Review And Study Guide**
 - Advantages of eBooks Over Traditional Books
2. Identifying **13 Npte Review And Study 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 **13 Npte Review And Study Guide**
 - User-Friendly Interface
4. Exploring eBook Recommendations from **13 Npte Review And Study Guide**
 - Personalized Recommendations
 - **13 Npte Review And Study Guide** User Reviews and Ratings
 - **13 Npte Review And Study Guide** and Bestseller Lists

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 - Interactive Elements 13 Npte Review And Study Guide
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 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
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9. Balancing eBooks and Physical Books 13 Npte Review And Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection 13 Npte Review And Study Guide
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 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine 13 Npte Review And Study Guide
 - Setting Reading Goals 13 Npte Review And Study Guide
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of 13 Npte Review And Study Guide
 - Fact-Checking eBook Content of 13 Npte Review And Study 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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