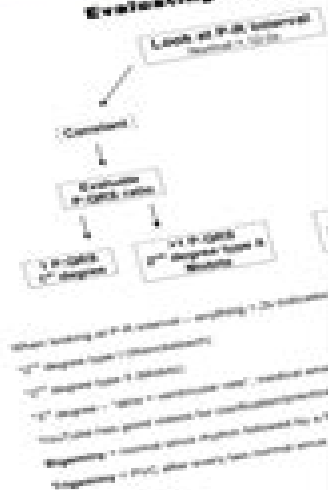


NPTE STUDY GUIDE

Evaluating Heart Block



Other Systems

STAGES OF HEALING

- Information phase (1-10 days)**
- Consists of platelet activation and clotting cascade
 - Most cells, neutrophils, and monocytes
 - Clean wound and tissue restoration
 - Re-epithelialization occurs within 48 hours, 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 begins 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 (good) 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, malodorous
- Fester** - feint, foamy, black/dark, bloody, atypical
- Wound classification (partial and venous)**
- Superficial - non-healing wound
 - 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/blankets

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, sloughs
- Stage 3 - full-thickness fat visible, undermining and tunneling
- Stage 4 - bone, muscle, tendon, osteomyelitis possible
- "Suspected deep tissue" - bruising look
- "Unstageable" if covered by eschar

Moisture management - inability to perceive a light touch/pressure indicates loss of protective sensation. Not able to perceive light is inoperable. May lead to pressure ulcers/ulcers

WOUND HEALING

- Primary intention**
- Surgical incisions, lacerations, punctures, avulsions 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/grafting
- Autolytic debridement** - Drawings placed on wounds. Do not use on infected wounds.

Cardiopulmonary

Cardiac Assessment

Cardiac Assessment

Cardiac Assessment

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