Achievable

NCLEX-RN DUMP SHEET

End of life, screening, and immunization

End of life

- **Palliative care** can start at diagnosis and does not require stopping curative treatment. **Hospice** requires a prognosis of **6 months or less** and comfort-focused care
- **Advance directive** states future preferences (living will + durable power of attorney for healthcare). **POLST/MOLST** is an actionable provider order for the seriously ill. Nurses must honor both
- **Active dying** — Cheyne-Stokes respirations, terminal secretions, **mottling**, cool extremities, ↓LOC, ↓urine output
- **Pain control is the priority.** Opioids are appropriate and **do not hasten death when properly dosed** — treat pain even when the respiratory rate is low. Give constipation prophylaxis. Use **PAINAD** for nonverbal clients
- **Dyspnea** — positioning, a fan or cool air, oxygen for comfort, opioids for air hunger. **Secretions** — anticholinergics
- **DNR means no CPR — it never means less comfort care**
- **Do not prioritize** aggressive diagnostics, frequent vital signs, or non-beneficial procedures
- **Grief** — anticipatory (before), acute (immediately after), complicated (prolonged and disabling), disenfranchised (not socially recognized). Kübler-Ross stages are **not linear**
- Listen more than you speak, validate, avoid clichés, offer resources. **Post-mortem** — close the eyes, cleanse the body, apply ID tags, allow private family time. **If organ donation is planned, do not remove tubes**

Screening and immunization

- **BP** every 3—5 y (18—39), annually ≥40 · **cholesterol** baseline at 20, then q4—6 y · **diabetes** q3 y from 45 or earlier with BMI >25 · **dental** q6 months · **vision** q2 y, annually >60
- **Pap** — start at **21**; 21—29 q3 y cytology; 30—65 q5 y HPV or co-testing, or q3 y cytology alone
- **Mammogram** — biennial ages **40 through 74** (2024 USPSTF)
- **Colorectal** — begin at **45**, continue to 75 then individualize
- **Lung** — annual low-dose CT ages 50—80 with a 20+ pack-year history, currently smoking or quit within 15 years
- **Prostate** — individualized PSA decision ages 55—69 (Grade C); not recommended at 70+. **Testicular self-exam is not routinely recommended** (Grade D)
- **DEXA** — women **≥65**, earlier if high risk · **AAA ultrasound** once for men 65—75 who ever smoked · depression screening and **fall-risk assessment every visit** in older adults
- **Childhood** — HepB at birth; DTaP 2, 4, 6, 15—18 mo, 4—6 y; IPV 2, 4, 6—18 mo, 4—6 y; **MMR and varicella 12—15 mo**; **rotavirus must be completed by 8 months**; HPV starting **9—12 y**; meningococcal 11—12 y with a booster at 16
- **Adults** — influenza annually, **Tdap once, then Td or Tdap every 10 years**, HPV routinely to 26, HepB routinely 19—59. **Shingrix ≥50, two doses. Pneumococcal ≥50, never vaccinated or unknown:** PCV20 or PCV21 alone, or PCV15 then PPSV23; prior doses follow CDC's history-based schedule
- **Screening finds disease in asymptomatic people; diagnostic testing evaluates symptoms.** Don't confuse them