Achievable

NCLEX-RN DUMP SHEET

Nutrition, elimination, and pain

Nutrition and hydration

- **Dehydration** — dry mucous membranes, poor turgor (unreliable in older adults), urine <30 mL/hr and concentrated, hypotension, tachycardia, confusion, ↑ BUN and hematocrit
- **Fluid overload** — periorbital/sacral/pedal edema, weight gain, hypertension, crackles, JVD, dilutional hyponatremia
- **Daily weight is the best indicator of fluid volume change.** Record I&O every shift

Diet	Indication
Clear liquid	GI surgery, early post-op, N/V
Full liquid	Bridge from clear to soft
Mechanical soft	Chewing/swallowing difficulty
Pureed	Severe dysphagia, post-stroke
Low sodium	Heart failure, hypertension
Renal	CKD — low Na, K, phosphorus
High protein	Wound healing, burns, high metabolic demand

- **Feeding safety** — sit **upright at 90°**, small bites, unhurried, suction available. **Coughing, choking, or a wet voice means aspiration.** Assess swallowing before oral intake after stroke or anesthesia
- **Enteral feeding** — verify placement before use, **HOB 30—45° during and after**, flush for patency, check residuals per protocol for bolus gastric feeds (not jejunal)
- **TPN** — central line, **dedicated line, no piggybacking**, monitor glucose and electrolytes, change tubing and bag **every 24 hours. Never stop abruptly** — hypoglycemia; hang D10W per protocol if the next bag is delayed

Elimination

- **Indwelling catheter is a last resort** — CAUTI risk. Closed system, **bag below bladder level**, secure the tubing, empty at ½—⅔ full with clean technique, remove as soon as it is no longer indicated
- **Stoma** — should be **pink, moist, slightly protruding. Pale, dusky, purple, or black = impaired perfusion, report immediately.** Pouch change every **3—5 days**, empty at **⅓—½ full**, clean peristomal skin with **warm water only**
- **Colostomy** formed stool · **ileostomy** liquid to semi-formed · **urostomy** continuous urine
- **Bristol types 3—4 are normal.** Never perform digital disimpaction without an order

Pain and comfort

Tool	Population
Numeric 0—10	Alert adults
Wong-Baker FACES	Children ~3+ who can self-report
FLACC	Nonverbal infants and young children
PAINAD	Late-stage dementia

- **Self-report is the most reliable indicator of pain.** Reassess with the same tool after the intervention
- **Acute** (sudden, post-surgical) · **chronic** (>6 months) · **neuropathic** (burning, tingling — gabapentin, antidepressants) · **nociceptive** (sharp somatic, dull visceral)
- **Heat** — vasodilation for muscle spasm, arthritis, cramps. **Cold** — vasoconstriction for sprains, acute injury, post-op swelling
- Apply thermal therapy **15—20 minutes** with a cloth barrier; never on impaired sensation or impaired circulation
- Non-pharmacologic measures go **with** medication, not instead of it, unless pain is mild