CLINICALJUDGE™ · MASTER STUDY GUIDE

# DISEASE & DISORDER MASTER REFERENCE

Every high-yield condition on the 2026 Next-Generation NCLEX-RN — organized by body system with pathophysiology, hallmark cues, priority nursing management, and key teaching points. A complete diagnosis-recognition reference spanning adult med-surg, OB, peds, and mental health.

2026 NGN BLUEPRINT | ~120 CONDITIONS | 13 BODY SYSTEMS | PATHO · CUES · MANAGEMENT · TEACHING | MED-SURG · OB · PEDS · PSYCH

| RED | BLUE | GREEN | ORANGE | YELLOW | PURPLE | TEAL |
|---|---|---|---|---|---|---|
| CRITICAL CUES | PATHOPHYSIOLOGY | NURSING MGMT | COMPLICATIONS | DISTINGUISHING | MEDICATIONS | PT. EDUCATION |

HOW TO USE THIS REFERENCE

Each card moves left-to-right the way a nurse thinks: **what's happening (patho) → what you'll see (cues) → what you do (management) → what stands out / what to teach.** Color follows the locked ClinicalJudge™ legend above.

## 01 CARDIOVASCULAR

PERFUSION · RHYTHM · VASCULAR

### HYPERTENSION

"Silent killer" · ≥130/80

PATHO

↑Peripheral resistance / volume → chronic ↑arterial pressure → end-organ damage

CUES

Often asymptomatic; headache, nosebleeds, blurred vision late. Damages heart, brain, kidney, retina.

MGMT

Lifestyle (DASH diet, ↓Na, exercise, weight, ↓alcohol); thiazides/ACE/ARB/CCB; monitor BP trends.

TEACH

Adherence even when asymptomatic; rise slowly; home BP log; don't stop meds abruptly.

### CORONARY ARTERY DISEASE / ANGINA

Atherosclerosis · ischemia

PATHO

Plaque narrows coronary arteries → $O_2$ supply < demand → chest pain (ischemia)

CUES

**Stable:** predictable, relieved by rest/nitro. **Unstable:** at rest, new/worsening = ACS warning.

MGMT

Nitrates, beta-blockers, antiplatelets, statins; risk-factor modification; cath/PCI as indicated.

TEACH

Carry SL nitro; stop & rest with pain; call 911 if unrelieved; manage cholesterol/BP/glucose.

### HEART FAILURE (LEFT VS RIGHT)

Pump failure · ↓cardiac output

CUES

LEFT = LUNGS
Dyspnea, orthopnea, crackles, pink frothy sputum, ↓$O_2$

RIGHT = REST OF BODY
JVD, peripheral/dependent edema, ascites, weight gain, hepatomegaly

MGMT

High-Fowler's, $O_2$, diuretics, ACE/ARB, beta-blockers, daily weight, fluid/Na restriction; monitor $K^+$.

TEACH

**Report weight gain >2–3 lb/day or >5 lb/week**; low-sodium diet; med adherence.

### ATRIAL FIBRILLATION

Irregular · loss of atrial kick

PATHO

Disorganized atrial activity → ineffective contraction → blood pools → clot/stroke risk

CUES

Irregularly irregular pulse, palpitations, fatigue, pulse deficit; no distinct P waves.

MGMT

Rate control (beta-blocker/CCB), **anticoagulation** (stroke prevention), cardioversion/ablation.

TEACH

Anticoagulant safety; report stroke signs; check pulse.

## INFECTIVE ENDOCARDITIS

Valve/endocardium infection

CUES

Fever, new murmur, **Janeway lesions, Osler nodes, splinter hemorrhages, Roth spots**, emboli.

MGMT

Long-term IV antibiotics (weeks), blood cultures, monitor for emboli/HF.

TEACH

Antibiotic prophylaxis before dental/invasive procedures for high-risk patients; good oral hygiene.

## PERICARDITIS

Pericardial inflammation

CUES

**Sharp chest pain worse lying down / inspiration, relieved leaning forward**; pericardial friction rub; diffuse ST elevation.

WATCH

Effusion → **tamponade** (Beck's triad).

MGMT

NSAIDs/colchicine, treat cause; position upright/forward for comfort.

## PERIPHERAL ARTERIAL VS VENOUS DISEASE

Arterial insufficiency vs venous

CUES

ARTERIAL
Intermittent claudication, cool/pale, ↓pulses, hairless, pain with elevation, round/deep ulcers on toes

VENOUS
Warm, edema, brown discoloration, pain relieved with elevation, irregular ankle ulcers

TEACH

**Arterial → dangle/lower legs; venous → elevate legs.** No crossing legs; foot care; smoking cessation.

## DEEP VEIN THROMBOSIS (DVT)

Venous clot · VTE

CUES

Unilateral calf swelling, warmth, redness, pain/tenderness; risk = Virchow's triad (stasis, injury, hypercoagulability).

WATCH

**Pulmonary embolism** if clot dislodges.

MGMT

Anticoagulation, **do not massage**, elevate, early ambulation/prophylaxis (SCDs, LMWH).

## AORTIC ANEURYSM

Weakened arterial wall dilation

CUES

Often silent; pulsatile abdominal mass, bruit. **Rupture = sudden severe back/abd pain, hypotension** (emergency).

MGMT

**Do not palpate deeply;** BP control, monitor size, surgical/endovascular repair if large.

## RHEUMATIC FEVER / VALVULAR DISEASE

Post-strep autoimmune · stenosis/regurg

PATHO

Untreated group A strep → autoimmune response → carditis/valve damage

CUES

Carditis, migratory polyarthritis, chorea, rash, murmurs; valve disease → murmur, HF, fatigue.

TEACH

Treat strep throat fully; prophylactic antibiotics; report worsening dyspnea/edema.

# 02 RESPIRATORY

OXYGENATION · VENTILATION · GAS EXCHANGE

## COPD (EMPHYSEMA / CHRONIC BRONCHITIS)

Chronic airflow limitation

CUES

EMPHYSEMA "PINK PUFFER"
Barrel chest, pursed-lip breathing, ↓weight, dyspnea

BRONCHITIS "BLUE BLOATER"
Chronic productive cough, cyanosis, edema, ↑$CO_2$

MGMT

Bronchodilators, ICS, low-flow $O_2$ (1–2 L), pursed-lip/tripod positioning, pulmonary rehab.

TEACH

**Cautious $O_2$ — high flow can suppress hypoxic drive in $CO_2$ retainers;** smoking cessation; flu/pneumonia vaccines.

## ASTHMA

Reversible bronchospasm + inflammation

CUES

Wheeze, chest tightness, cough, prolonged expiration. **Silent chest = ominous** (no air movement).

MGMT

SABA (rescue) + ICS (control); identify/avoid triggers; peak-flow monitoring; asthma action plan.

TEACH

Rescue inhaler always available; rinse mouth after ICS; recognize worsening (rescue not working).

### PNEUMONIA
Alveolar infection/inflammation

CUES
Fever, productive cough, pleuritic pain, ↑WBC, crackles, ↓$O_2$, consolidation on CXR; elderly may present with confusion.

MGMT
Antibiotics (bacterial), $O_2$, hydration, incentive spirometry, position upright, cough/deep breathe.

TEACH
Pneumococcal & flu vaccines; complete antibiotics; smoking cessation; hand hygiene.

### TUBERCULOSIS
M. tuberculosis · airborne

CUES
Chronic productive cough, **hemoptysis, night sweats, weight loss**, low-grade fever; +acid-fast bacilli sputum.

MGMT
**Airborne precautions (negative-pressure, N95)**; RIPE multidrug therapy 6–12 months; sputum AFB to confirm.

TEACH
**Adhere to full regimen** (resistance); rifampin → orange fluids; INH → take B6; not infectious after ~3 negative sputums.

### PULMONARY EMBOLISM
Clot in pulmonary vasculature

CUES
**Sudden** dyspnea, pleuritic chest pain, tachycardia, hypoxia, anxiety, possible hemoptysis.

MGMT
High-Fowler's, $O_2$, anticoagulation; thrombolytics/embolectomy if massive; VTE prophylaxis.

### PNEUMOTHORAX / PLEURAL EFFUSION
Air or fluid in pleural space

CUES
Pneumo: sudden dyspnea, ↓/absent breath sounds, hyperresonance. **Tension → tracheal deviation, hypotension.** Effusion: dullness, ↓sounds.

MGMT
Chest tube/thoracentesis; monitor water-seal drainage (tidaling normal, continuous bubbling = leak).

### ARDS
Acute respiratory distress syndrome

CUES
**Refractory hypoxemia** (no improvement with $O_2$), bilateral infiltrates ("white-out"), tachypnea.

MGMT
Lung-protective ventilation (low tidal volume + PEEP), prone positioning, treat underlying cause.

### CYSTIC FIBROSIS
Autosomal recessive · thick secretions

PATHO
CFTR defect → thick mucus → lung infection + pancreatic enzyme blockage

CUES
**Salty-tasting skin**, chronic respiratory infections, steatorrhea, failure to thrive; +sweat chloride test.

MGMT
Chest physiotherapy/airway clearance, pancreatic enzymes **with meals**, high-calorie diet, fat-soluble vitamins (ADEK).

## 03 GASTROINTESTINAL & HEPATIC
DIGESTION · ABSORPTION · LIVER

### GERD
Reflux of gastric contents

CUES
Heartburn (pyrosis), regurgitation, worse lying down/after meals; risk of Barrett's esophagus.

MGMT
PPIs/H2 blockers; small frequent meals; HOB elevated.

TEACH
Avoid caffeine, alcohol, chocolate, fatty/spicy foods; no eating 2–3 h before bed; weight loss; stop smoking.

### PEPTIC ULCER DISEASE
Gastric vs duodenal · H. pylori/NSAIDs

CUES
**Gastric:** pain worse *with* food. **Duodenal:** pain relieved *by* food, returns 2–3 h after. Melena/hematemesis if bleeding.

WATCH
**Perforation** → sudden severe pain, rigid board-like abdomen.

MGMT
PPIs, H. pylori triple therapy, stop NSAIDs/alcohol; monitor for GI bleed.

### INFLAMMATORY BOWEL DISEASE
Crohn's vs Ulcerative Colitis

CUES

CROHN'S
Whole GI tract, "skip" lesions, transmural, fistulas, RLQ pain, malabsorption

ULCERATIVE COLITIS
Colon/rectum continuous, bloody diarrhea (up to 20/day), ↑colon cancer risk

MGMT
Aminosalicylates, steroids, immunomodulators, biologics; low-residue during flares; monitor fluid/electrolytes.

### DIVERTICULITIS
Inflamed diverticula

CUES
**LLQ pain**, fever, ↑WBC, change in bowel habits; risk of perforation/abscess.

MGMT
Acute: NPO/clear liquids + antibiotics, bowel rest. Prevention: **high-fiber** diet, avoid straining.

TEACH
High-fiber when not inflamed; adequate fluids; avoid acute-phase high fiber.

### APPENDICITIS
Appendix inflammation

CUES
**RLQ pain (McBurney's point)**, rebound tenderness, fever, N/V, ↑WBC. **Sudden pain relief = rupture.**

MGMT
NPO, IV fluids, appendectomy; **no heat or laxatives** (rupture risk); monitor for peritonitis.

### CHOLECYSTITIS / CHOLELITHIASIS
Gallbladder inflammation / stones

CUES
**RUQ pain** after fatty meals, radiates to right shoulder, +Murphy's sign, N/V; jaundice if duct blocked.

MGMT
Low-fat diet, pain control, cholecystectomy; monitor post-op T-tube drainage.

TEACH
Risk = 5 F's (female, forty, fat, fertile, fair); low-fat diet.

### PANCREATITIS
Pancreatic autodigestion

CUES
Severe **epigastric/LUQ pain radiating to back**, N/V, **↑amylase/lipase**; Cullen's/Turner's sign (hemorrhagic). Causes: gallstones, alcohol.

MGMT
NPO (rest pancreas), IV fluids, pain control, NG suction if vomiting; monitor calcium/glucose.

TEACH
Avoid alcohol; low-fat diet; recognize recurrence.

### CIRRHOSIS
Chronic liver scarring

CUES
Jaundice, ascites, **esophageal varices**, ↑bilirubin/ammonia, ↓albumin, bleeding/bruising, **asterixis** (encephalopathy).

WATCH
Variceal bleed, hepatic encephalopathy, hepatorenal syndrome.

MGMT
**Lactulose** (↓ammonia), low-Na diet, fluid restriction, paracentesis, vitamin K; bleeding precautions.

### BOWEL OBSTRUCTION
Mechanical or functional (ileus)

CUES
Cramping abdominal pain, distention, vomiting (fecal if low), no stool/flatus; high-pitched then absent bowel sounds.

MGMT
NPO, **NG tube decompression**, IV fluids/electrolytes, monitor output, surgery if mechanical.

### VIRAL HEPATITIS
A-E · see comparison table

CUES
Fatigue, jaundice, dark urine, clay stools, RUQ pain, ↑LFTs/bilirubin, anorexia.

MGMT
Rest, nutrition, avoid hepatotoxins (alcohol, acetaminophen); standard/contact precautions per type; antivirals for B/C.

TEACH
A/E fecal-oral (hand hygiene, food/water); B/C/D bloodborne (no sharing needles/razors); vaccines for A & B.

## 04 ENDOCRINE
HORMONES · GLUCOSE · METABOLISM

### DIABETES MELLITUS (TYPE 1 & 2)
Hyperglycemia · insulin deficiency/resistance

CUES
Polyuria, polydipsia, polyphagia, fatigue, blurred vision; **Type 1** = absolute deficiency (DKA-prone); **Type 2** = resistance (HHS-prone).

WATCH
Neuropathy, retinopathy, nephropathy, CAD, poor wound healing.

MGMT
Insulin/oral agents, glucose monitoring, carb-consistent diet, exercise; HbA1c <7% goal.

TEACH
Foot care, sick-day rules, recognize hypo/hyperglycemia, rotate injection sites.

### HYPOTHYROIDISM
↓Thyroid hormone · "slowed"

CUES
Fatigue, cold intolerance, weight gain, bradycardia, constipation, dry skin, depression, ↑TSH/↓T4. Severe → myxedema coma.

MGMT
Levothyroxine (AM, empty stomach, lifelong); monitor TSH.

### HYPERTHYROIDISM / GRAVES'
↑Thyroid hormone · "sped up"

CUES
Weight loss, heat intolerance, tachycardia, exophthalmos, goiter, anxiety, diarrhea, ↓TSH/↑T4. Severe → thyroid storm.

MGMT
Antithyroid (PTU/methimazole), beta-blockers, radioactive iodine, thyroidectomy; cool environment, eye care.

### CUSHING'S SYNDROME
Excess cortisol

CUES
**Moon face, buffalo hump, truncal obesity, striae**, thin skin/bruising, hyperglycemia, HTN, hypokalemia, ↑infection, osteoporosis.

MGMT
Treat cause (taper steroids, remove tumor); monitor glucose/BP/$K^+$; infection precautions.

### ADDISON'S DISEASE
Adrenal insufficiency · ↓cortisol

CUES
Fatigue, weight loss, **hyperpigmentation**, hypotension, hyponatremia, **hyperkalemia**, hypoglycemia. Crisis = shock.

MGMT
Lifelong corticosteroid replacement; **stress dosing** during illness; never stop abruptly; medical-alert ID.

### SIADH
↑ADH · water retention

CUES
**Dilutional hyponatremia**, ↓urine output, concentrated urine, fluid overload, ↓serum osmolality, confusion/seizures.

MGMT
**Fluid restriction**, hypertonic saline (cautious) if severe, daily weight, seizure precautions.

DISTINGUISH
**SIADH = "Soaked inside"** (retains water). Opposite of DI.

### DIABETES INSIPIDUS
↓ADH · water loss

CUES
**Massive dilute urine**, intense thirst, dehydration, hypernatremia, ↑serum osmolality.

MGMT
**Desmopressin (DDAVP)**, fluid replacement, monitor I&O/weight/Na.

DISTINGUISH
**DI = "Dry inside"** (loses water). Opposite of SIADH.

### PARA/PITUITARY & PHEOCHROMOCYTOMA
Calcium & catecholamines

CUES
Hyperparathyroid → ↑Ca (stones, bones, groans). Hypoparathyroid → ↓Ca (Chvostek/Trousseau, tetany). Pheo → episodic severe HTN, palpitations, sweating.

MGMT
Correct calcium; pheochromocytoma → avoid palpation, control BP, surgical removal.

## 05 RENAL & GENITOURINARY
FILTRATION · FLUID · ELIMINATION

### UTI / PYELONEPHRITIS
Lower vs upper urinary infection

CUES
UTI: dysuria, frequency, urgency, cloudy/foul urine. **Pyelo:** + flank/CVA tenderness, high fever, chills. Elderly → confusion.

MGMT
Antibiotics, fluids, urine culture; complete full course.

TEACH
Wipe front-to-back, void after intercourse, adequate fluids, no holding urine.

### ACUTE KIDNEY INJURY
Prerenal / intrarenal / postrenal

CUES
↓Urine output (oliguria), ↑BUN/creatinine, **hyperkalemia**, fluid overload, metabolic acidosis; often reversible.

MGMT
Treat cause, fluid/electrolyte balance, monitor I&O/weight, dialysis if severe; avoid nephrotoxins.

### CHRONIC KIDNEY DISEASE
Progressive irreversible ↓GFR

CUES
↑BUN/creatinine, hyperkalemia, anemia (↓EPO), **↑phosphate/↓calcium**, fluid overload, uremia, metabolic acidosis, bone disease.

MGMT
Diet (↓protein/Na/K/phosphate), phosphate binders **with meals**, EPO, dialysis/transplant; protect AV fistula (no BP/IV in that arm).

### NEPHROTIC SYNDROME / GLOMERULONEPHRITIS
Glomerular injury

CUES

NEPHROTIC
Massive proteinuria, hypoalbuminemia, edema, hyperlipidemia

GLOMERULONEPHRITIS
Hematuria (tea-colored), HTN, mild proteinuria, often post-strep

MGMT
Manage edema/BP, monitor protein/urine, steroids/immunosuppressants; treat strep cause.

### RENAL CALCULI (KIDNEY STONES)
Crystallized minerals

CUES

**Severe colicky flank pain** radiating to groin, hematuria, N/V, restlessness.

MGMT

Pain control, push fluids (2–3 L), strain urine, lithotripsy; diet based on stone type.

TEACH

High fluid intake; calcium-oxalate → limit oxalate (spinach, tea, nuts); ambulate to aid passage.

### BPH / PROSTATE DISORDERS
Benign prostatic hyperplasia

CUES

Weak stream, hesitancy, frequency, nocturia, retention, dribbling; risk of UTI/retention.

MGMT

Alpha-blockers ("-osin"), 5-alpha-reductase inhibitors (finasteride), TURP; post-TURP continuous bladder irrigation.

TEACH

Avoid anticholinergics/decongestants (worsen retention); finasteride teratogenic—pregnant women avoid handling.

## 06 NEUROLOGIC
BRAIN · CORD · NERVES · COGNITION

### STROKE (CVA)
Ischemic vs hemorrhagic

CUES

BE-FAST: sudden one-sided weakness/numbness, facial droop, aphasia, vision/balance changes; hemorrhagic → "worst headache."

MGMT

CT first (rule out bleed), tPA for ischemic within window, swallow screen before PO, BP management, rehab.

TEACH

Aspiration precautions; approach on unaffected side; recognize BE-FAST; control risk factors.

### SEIZURE DISORDER / EPILEPSY
Abnormal electrical activity

CUES

Aura, LOC, tonic-clonic movements, postictal confusion; status epilepticus = >5 min (emergency).

MGMT

During: protect head, side-lying, $O_2$, suction, time it, **nothing in mouth, don't restrain.** AEDs; seizure precautions.

TEACH

Med adherence (don't stop abruptly); identify triggers; safety; medical-alert ID.

### PARKINSON'S DISEASE
Dopamine deficiency · basal ganglia

CUES

**TRAP:** Tremor (pill-rolling, resting), Rigidity, Akinesia/bradykinesia, Postural instability; shuffling gait, mask face.

MGMT

Levodopa-carbidopa, dopamine agonists; fall precautions, OT/PT, small frequent meals (dysphagia).

TEACH

High-protein meals ↓ levodopa absorption; rise slowly; safe swallowing.

### MULTIPLE SCLEROSIS
Autoimmune demyelination · CNS

CUES

Relapsing-remitting fatigue, vision changes (diplopia, optic neuritis), weakness, paresthesia, ataxia, bladder dysfunction; worsens with heat.

MGMT

Immunomodulators, steroids for flares, energy conservation, **avoid heat/stress**, PT.

### MYASTHENIA GRAVIS
Autoimmune · ↓ACh receptors

CUES

**Descending muscle weakness worse with activity, better with rest**; ptosis, diplopia, dysphagia, respiratory weakness.

MGMT

Cholinesterase inhibitors (pyridostigmine), immunosuppression; monitor respiratory; plan activity early in day.

DISTINGUISH

**Myasthenic crisis** (too little med, weak + resp failure) vs **cholinergic crisis** (too much med, SLUDGE).

### GUILLAIN-BARRÉ SYNDROME
Autoimmune · ascending paralysis

CUES

**Ascending symmetric weakness/paralysis** (feet → up), often after infection; risk of **respiratory failure.**

MGMT

Monitor respiratory status closely (vital capacity), plasmapheresis/IVIG, supportive care; usually reversible.

### ALS (LOU GEHRIG'S)
Progressive motor neuron degeneration

CUES
Progressive muscle weakness/atrophy, dysphagia, dysarthria, eventual respiratory failure; **cognition intact.**

MGMT
Riluzole, supportive/respiratory care, communication aids, advance directives, palliative focus.

### ALZHEIMER'S / DEMENTIA
Progressive cognitive decline

CUES
Memory loss, disorientation, impaired judgment, wandering, sundowning, eventual ADL dependence.

MGMT
Cholinesterase inhibitors (donepezil), memantine; consistent routine, safe environment, simple cues.

TEACH
Reduce stimulation, redirect (don't argue), caregiver support, prevent wandering/falls.

### MENINGITIS
Meningeal infection · bacterial/viral

CUES
**Nuchal rigidity**, +Kernig & Brudzinski signs, fever, severe headache, photophobia, AMS; petechial rash (meningococcal).

MGMT
**Droplet precautions**, antibiotics ASAP (bacterial), quiet/dark room, seizure precautions, ICP monitoring.

### SPINAL CORD INJURY
Level determines deficits

CUES
Loss of function below injury; **C3–5 → diaphragm/respiratory risk;** spinal/neurogenic shock acutely.

WATCH
**Autonomic dysreflexia** (injury ≥T6): pounding headache, severe HTN, bradycardia → sit up, find trigger.

MGMT
Immobilization, respiratory support, skin/bowel/bladder programs, DVT prophylaxis.

## 07 MUSCULOSKELETAL & AUTOIMMUNE
BONE · JOINT · CONNECTIVE TISSUE

### OSTEOARTHRITIS VS RHEUMATOID ARTHRITIS
Degenerative vs autoimmune

CUES

OA
Asymmetric, weight-bearing joints, worse with use, Heberden/Bouchard nodes, no systemic signs

RA
Symmetric small joints, morning stiffness >1 h, systemic (fatigue/fever), +RF

MGMT
OA: acetaminophen/NSAIDs, weight loss, joint protection. RA: DMARDs (methotrexate), biologics, balance rest/activity.

### OSTEOPOROSIS
↓Bone density · fragility fractures

CUES
Often silent until fracture; ↓height, kyphosis, fragility fractures (hip, vertebrae, wrist); ↓DEXA T-score.

MGMT
Calcium + vitamin D, bisphosphonates, weight-bearing exercise, fall prevention.

TEACH
Bisphosphonates: take with full water, **upright 30 min**, empty stomach (esophagitis risk).

### GOUT
Uric acid crystal deposition

CUES
Acute severe joint pain/redness (often **great toe**), tophi, ↑uric acid.

MGMT
Acute: NSAIDs/colchicine/steroids. Chronic: allopurinol/febuxostat; push fluids.

TEACH
Limit purines (organ meats, shellfish, alcohol esp. beer); allopurinol prevents, not treats acute.

### FRACTURES
Bone discontinuity

CUES
Pain, swelling, deformity, ↓function, crepitus; assess neurovascular (5 P's).

WATCH
**Compartment syndrome** (pain on passive stretch, unrelieved), **fat embolism** (long bones → resp distress, petechiae), DVT.

MGMT
Immobilize, ice/elevate, neurovascular checks, traction/casting; monitor for complications.

### OSTEOMYELITIS
Bone infection

CUES
Localized bone pain, swelling, warmth, fever, ↑WBC/ESR/CRP; common after open fracture/surgery.

MGMT
Long-term IV antibiotics, possible surgical debridement, immobilization.

### SYSTEMIC LUPUS ERYTHEMATOSUS
Autoimmune · multisystem

CUES
**Butterfly (malar) rash**, photosensitivity, joint pain, fatigue, fever, nephritis, +ANA; flares & remissions.

MGMT
NSAIDs, steroids, antimalarials, immunosuppressants; monitor renal function.

TEACH
**Avoid sun** (triggers flares), manage stress/infection, monitor for renal involvement.

# 08 HEMATOLOGIC & IMMUNE

BLOOD · CLOTTING · IMMUNITY

## ANEMIAS

Iron, B12/pernicious, folate, aplastic — see table

CUES

Fatigue, pallor, dyspnea, tachycardia; B12 → neuro symptoms; iron → pica, spoon nails.

MGMT

Replace deficiency (iron/B12/folate), treat cause, transfusion if severe.

TEACH

Iron with vitamin C, expect dark stools; B12 IM lifelong for pernicious anemia.

## SICKLE CELL DISEASE

Autosomal recessive HbS

PATHO

Hypoxia/stress → RBCs sickle → vaso-occlusion → pain crisis + ischemia

CUES

Severe pain crises, swelling, jaundice, splenic issues, ↑infection; triggers = dehydration, hypoxia, cold, stress, infection.

MGMT

**Hydration + oxygen + pain control** (opioids), hydroxyurea, avoid triggers, prevent infection.

## THROMBOCYTOPENIA / ITP

↓Platelets

CUES

Petechiae, purpura, easy bruising, bleeding gums, prolonged bleeding; platelets <150k (<20k = spontaneous bleed).

MGMT

Steroids/IVIG, **bleeding precautions** (soft toothbrush, no IM/razors), avoid NSAIDs/aspirin.

## HEMOPHILIA

X-linked clotting factor deficiency

CUES

Prolonged bleeding, **hemarthrosis** (joint bleeds), deep bruising; ↑PTT, normal platelets.

MGMT

Factor replacement, bleeding precautions, no contact sports/aspirin; RICE for joint bleeds.

## LEUKEMIA

Malignant proliferation of WBCs

CUES

Fatigue, frequent infections, bleeding/bruising, bone pain, ↑/abnormal WBC, anemia, thrombocytopenia.

MGMT

Chemo, possible HSCT; **neutropenic + bleeding precautions**, infection prevention.

## LYMPHOMA (HODGKIN / NON-HODGKIN)

Lymphatic malignancy

CUES

Painless lymphadenopathy, **B symptoms** (fever, night sweats, weight loss); Hodgkin → Reed-Sternberg cells.

MGMT

Chemo/radiation; infection precautions, monitor for tumor lysis.

## MULTIPLE MYELOMA

Plasma cell malignancy

CUES

**CRAB:** hyperCalcemia, Renal failure, Anemia, Bone pain/lytic lesions; pathologic fractures.

MGMT

Hydration (renal/calcium), chemo, bisphosphonates, pain/fracture management.

## HIV / AIDS

Retrovirus · ↓CD4 immunity

CUES

Flu-like seroconversion → latency → AIDS (CD4 <200) with opportunistic infections (PCP, TB, candidiasis), wasting.

MGMT

**Antiretroviral therapy (ART) adherence**, prevent/treat opportunistic infections, monitor CD4/viral load, standard precautions.

TEACH

Lifelong ART, safer sex, no needle sharing, undetectable = untransmittable; vaccinations as advised.

# 09 INTEGUMENTARY

SKIN · WOUNDS · INFECTION

## BURNS

Thermal/chemical/electrical injury

CUES

Depth (superficial → full-thickness); **airway risk** (facial burns, soot, hoarseness); massive fluid shifts; early hyperkalemia.

MGMT

Airway first, Parkland fluid resuscitation (LR), pain control, infection prevention, nutrition, wound care.

## PRESSURE INJURIES

Ischemic skin/tissue breakdown

CUES

Staged 1–4 (+ unstageable/deep tissue) over bony prominences; nonblanchable erythema → tissue loss.

MGMT

**Reposition q2h**, pressure-redistribution surfaces, nutrition/protein, keep clean & dry, stage-appropriate dressings.

### CELLULITIS
Bacterial skin/soft-tissue infection

CUES
Localized redness, warmth, swelling, tenderness, fever; spreading margins.

MGMT
Antibiotics, elevate, mark borders to track spread, monitor for sepsis.

### HERPES ZOSTER (SHINGLES)
Reactivated varicella-zoster

CUES
**Painful unilateral vesicular rash along a dermatome**; postherpetic neuralgia.

MGMT
Antivirals (early), pain control; **contact precautions (airborne if disseminated)**; vaccine prevents.

## 10 ONCOLOGY
COMMON CANCERS · TREATMENT EFFECTS

### BREAST CANCER
Most common in women

CUES
Painless lump, skin dimpling (peau d'orange), nipple retraction/discharge, axillary nodes.

MGMT
Surgery, chemo, radiation, hormonal therapy; post-mastectomy: **no BP/blood draws in affected arm**, arm exercises.

TEACH
Self-exam, screening mammograms, lymphedema prevention.

### LUNG CANCER
Often smoking-related

CUES
Persistent cough, hemoptysis, dyspnea, chest pain, weight loss; often late diagnosis.

MGMT
Surgery/chemo/radiation/immunotherapy; symptom & respiratory management; smoking cessation.

### COLORECTAL CANCER
Colon/rectal malignancy

CUES
Change in bowel habits, blood in stool, ↓caliber stool, weight loss, anemia; +occult blood.

MGMT
Surgery (possible colostomy), chemo; ostomy care teaching.

TEACH
Screening colonoscopy at 45; high-fiber diet; report bowel changes/bleeding.

### PROSTATE CANCER
Most common male cancer

CUES
Often asymptomatic early; urinary changes, ↑PSA, bone pain if metastatic.

MGMT
Active surveillance, surgery, radiation, hormonal therapy.

### SKIN CANCER / MELANOMA
UV-related

CUES
**ABCDE:** Asymmetry, Border irregular, Color varied, Diameter >6 mm, Evolving.

MGMT
Excision, staging; sun protection.

### CANCER TREATMENT EFFECTS
Chemo / radiation nursing

CUES
Myelosuppression (↓WBC/RBC/platelets), N/V, alopecia, mucositis, fatigue; radiation → skin changes.

MGMT
**Neutropenic precautions** (infection = priority), bleeding precautions, antiemetics, oral care; protect radiation skin markings (no lotions/sun).

DISTINGUISH
**Fever in neutropenia = emergency** (may be only infection sign).

## 11 MATERNITY & NEWBORN
PRENATAL · INTRAPARTUM · POSTPARTUM

### PREECLAMPSIA / ECLAMPSIA
HTN + proteinuria after 20 wks

CUES
BP ≥140/90, proteinuria, edema, headache, visual changes, RUQ pain, hyperreflexia; **seizure = eclampsia**; HELLP variant.

MGMT
**Magnesium sulfate** (seizure prophylaxis — monitor DTRs/RR/output; antidote calcium gluconate), antihypertensives, quiet environment; delivery is cure.

### GESTATIONAL DIABETES
Glucose intolerance in pregnancy

CUES
+50 g glucose screen; risk of macrosomia, neonatal hypoglycemia, birth injury.

MGMT
Diet/exercise, insulin if needed (oral agents limited), glucose monitoring; monitor fetal growth.

TEACH
Postpartum screening (↑future type 2 risk); newborn glucose monitoring.

### PLACENTA PREVIA VS ABRUPTION
Third-trimester bleeding

CUES

PREVIA
**Painless** bright-red bleeding; placenta over cervix — **no vaginal exam**

ABRUPTION
**Painful** dark bleeding, rigid/tender uterus, fetal distress, DIC risk

MGMT

Monitor mom/fetus, IV access, prepare for possible C-section; treat for shock.

### ECTOPIC PREGNANCY
Implantation outside uterus

CUES

Unilateral lower abdominal pain, scant bleeding, +hCG; **rupture → shock + referred shoulder pain.**

MGMT

Methotrexate (early/unruptured) or surgery; monitor for hemorrhage.

### HYPEREMESIS GRAVIDARUM
Severe pregnancy vomiting

CUES

Persistent vomiting, weight loss, dehydration, ketonuria, electrolyte imbalance.

MGMT

IV fluids/electrolytes, antiemetics, small bland frequent meals; monitor weight/labs.

### POSTPARTUM HEMORRHAGE / MASTITIS
PPH & breast infection

CUES

PPH: boggy uterus, >1 pad/h, ↓BP/↑HR (atony #1 cause). Mastitis: unilateral red, warm, painful breast + fever/flu-like.

MGMT

PPH: **fundal massage first**, uterotonics, fluids. Mastitis: antibiotics, **continue breastfeeding/empty breast**, warm compress.

### NEWBORN COMPLICATIONS
Jaundice · hypoglycemia · NAS

CUES

Pathologic jaundice (<24 h, ↑bilirubin → kernicterus risk); hypoglycemia (jittery, poor feeding); NAS (irritability, high-pitched cry, tremors).

MGMT

Phototherapy (eye protection, hydration), feed for hypoglycemia, swaddle/low-stimulation for NAS.

## 12 PEDIATRIC
CONGENITAL · INFECTIOUS · DEVELOPMENTAL

### CROUP VS EPIGLOTTITIS
Upper airway obstruction

CUES

CROUP (VIRAL)
Barking/seal cough, stridor, gradual, low fever — cool mist

EPIGLOTTITIS (EMERGENCY)
Drooling, Dysphagia, Distressed, high fever, tripod — **no throat exam**

MGMT

Epiglottitis: keep calm, NPO, prep airway/intubation; Hib vaccine prevents.

### RSV / BRONCHIOLITIS
Lower airway viral infection

CUES

Wheezing, tachypnea, retractions, nasal flaring, poor feeding in infants; apnea risk.

MGMT

Supportive: $O_2$, suction, hydration, **contact + droplet precautions**; palivizumab prophylaxis for high-risk.

### FEBRILE SEIZURES
Rapid temp rise · 6 mo–5 yr

CUES

Brief generalized seizure with fever; usually benign.

MGMT

Protect from injury, side-lying, antipyretics, treat fever source; reassure caregivers.

### KAWASAKI DISEASE
Vasculitis · coronary aneurysm risk

CUES

High fever >5 days, **strawberry tongue**, cracked lips, conjunctivitis, rash, edema, peeling hands/feet, lymphadenopathy.

MGMT

IVIG + **high-dose aspirin** (one of the few peds aspirin uses), monitor cardiac (echo).

### CONGENITAL HEART DEFECTS
Acyanotic vs cyanotic

CUES

Acyanotic (VSD/ASD/PDA): murmur, HF signs, poor feeding. Cyanotic (Tetralogy of Fallot): cyanosis, **"tet" spells** (squat/knee-chest).

MGMT

Monitor feeding/growth/HF; small frequent feeds; surgical repair; endocarditis prophylaxis.

### CLEFT LIP / PALATE
Congenital facial defect

CUES

Feeding difficulty, aspiration/regurgitation risk.

MGMT

Special feeders, upright feeding, frequent burping; post-op: **protect suture line** (no straws/pacifiers/prone), elbow restraints.

### PYLORIC STENOSIS
Pyloric muscle hypertrophy

CUES
**Projectile vomiting** (non-bilious) after feeds, hungry, **olive-shaped mass**, dehydration, metabolic alkalosis.

MGMT
Rehydrate/correct electrolytes, surgical pyloromyotomy.

### INTUSSUSCEPTION / HIRSCHSPRUNG
Bowel telescoping / aganglionic colon

CUES
Intussusception: **"currant-jelly" stools**, sausage mass, intermittent severe pain. Hirschsprung: no meconium <48 h, constipation, distention.

MGMT
Intussusception: air/contrast enema (may reduce), surgery. Hirschsprung: surgical resection.

### WILMS TUMOR (NEPHROBLASTOMA)
Renal malignancy in young children

CUES
Painless abdominal mass/swelling, hematuria, HTN.

MGMT
**DO NOT palpate the abdomen** (risk of tumor seeding); surgery, chemo.

### CEREBRAL PALSY
Non-progressive motor disorder

CUES
Abnormal tone/movement, spasticity, delayed milestones, feeding/communication challenges.

MGMT
PT/OT/speech, antispasmodics, safe feeding/aspiration precautions, mobility aids, family support.

## 13 MENTAL HEALTH
MOOD · PSYCHOSIS · ANXIETY · BEHAVIOR

### MAJOR DEPRESSIVE DISORDER
Persistent low mood ≥2 weeks

CUES
SIGECAPS: Sleep, Interest loss, Guilt, Energy ↓, Concentration ↓, Appetite change, Psychomotor change, Suicidal ideation.

MGMT
SSRIs (2–6 wk onset), therapy, ECT for severe; **assess suicide risk directly**; watch ↑energy + lingering ideation early in treatment.

### BIPOLAR DISORDER
Mania ↔ depression

CUES
Mania: grandiosity, ↓sleep, pressured speech, flight of ideas, impulsivity, ↑risk behavior.

MGMT
Mood stabilizers (lithium — monitor level/Na/fluids), antipsychotics; structured low-stimulation environment, high-calorie finger foods during mania.

### SCHIZOPHRENIA
Psychotic disorder

CUES
**Positive:** hallucinations, delusions, disorganized speech. **Negative:** flat affect, avolition, anhedonia, social withdrawal.

MGMT
Antipsychotics (monitor EPS/NMS/metabolic; clozapine → WBC); don't argue with delusions, ensure safety, build trust.

### ANXIETY & PANIC DISORDERS
Excessive fear/worry

CUES
Restlessness, palpitations, SOB, panic attacks (feel of doom), avoidance; physical symptoms mimic cardiac.

MGMT
SSRIs, short-term benzodiazepines, CBT; **stay with patient, calm low-stimulation environment, slow breathing.**

### PTSD & OCD
Trauma- & compulsion-related

CUES
PTSD: flashbacks, hypervigilance, avoidance, nightmares. OCD: intrusive obsessions + ritual compulsions to ↓anxiety.

MGMT
SSRIs, trauma-focused/CBT/ERP; allow rituals initially (don't abruptly block), establish safety/trust.

### EATING DISORDERS
Anorexia · bulimia

CUES
Anorexia: restriction, low weight, amenorrhea, bradycardia, distorted body image. Bulimia: binge-purge, normal weight, enamel erosion, electrolyte loss.

MGMT
Nutritional rehab (**watch refeeding syndrome**), supervised meals/bathroom, monitor electrolytes/cardiac, therapy.

### SUBSTANCE USE DISORDERS
Intoxication & withdrawal

CUES
Alcohol withdrawal (CIWA): tremor, anxiety, ↑VS, seizures, **DTs** (emergency). Opioid withdrawal (COWS): flu-like, GI, dilated pupils.

MGMT
Alcohol: benzodiazepines + thiamine. Opioid: methadone/buprenorphine. Monitor VS, seizure precautions, supportive nonjudgmental care.

### DELIRIUM VS DEMENTIA
Acute vs chronic cognitive change

CUES

| DELIRIUM | DEMENTIA |
|---|---|
| Acute, fluctuating, reversible; often infection/meds/electrolytes | Gradual, progressive, irreversible decline |

MGMT
**Delirium = find & treat the cause** (e.g., UTI in elderly); reorient, safe environment.

## 14 QUICK-REFERENCE COMPARISON TABLES
HIGH-YIELD SIDE-BY-SIDES

### ANEMIAS AT A GLANCE

| TYPE | CAUSE | KEY FEATURES | TREATMENT |
|---|---|---|---|
| **Iron-deficiency** | Blood loss, poor intake | Microcytic, pica, spoon nails, fatigue | Iron + vitamin C |

| TYPE | CAUSE | KEY FEATURES | TREATMENT |
|---|---|---|---|
| **B12 / Pernicious** | Lack of intrinsic factor | Macrocytic, **neuro symptoms**, glossitis | B12 IM (lifelong) |
| **Folate-deficiency** | Diet, alcohol, pregnancy | Macrocytic, no neuro signs | Folic acid, diet |
| **Aplastic** | Marrow failure | Pancytopenia (↓all cells) | Transfusion, immunosuppression, HSCT |
| **Hemolytic / Sickle** | RBC destruction | Jaundice, ↑bilirubin, pain crises | Treat cause, hydration/$O_2$ |

### VIRAL HEPATITIS

| TYPE | TRANSMISSION | CHRONIC? | PREVENTION |
|---|---|---|---|
| **Hep A** | **Fecal-oral (food/water)** | No | Vaccine, hand hygiene |
| **Hep B** | **Blood/body fluids, perinatal** | Yes | Vaccine, no needle sharing |
| **Hep C** | **Blood (needles)** | Yes (often) | No vaccine; antivirals can cure |
| **Hep D** | **Blood (only with Hep B)** | Yes | Hep B vaccine (prevents D) |
| **Hep E** | **Fecal-oral (water)** | No | Sanitation; risky in pregnancy |

### TRANSMISSION-BASED ISOLATION PRECAUTIONS

| PRECAUTION | PPE / ROOM | KEY CONDITIONS ("MEMORY HOOKS") |
|---|---|---|
| **Airborne** | **N95 + negative-pressure room** | **M-T-V:** Measles, TB, Varicella (chickenpox/disseminated zoster) |
| **Droplet** | Surgical mask, private room | Influenza, pertussis, meningococcal meningitis, mumps, rubella, pneumonia |
| **Contact** | Gown + gloves | MRSA/VRE, **C. diff** (soap & water, not alcohol), RSV, scabies, wound infections |
| **Standard** | Hand hygiene, PPE as needed | ALL patients — assume all body fluids infectious |

### POSITIONING QUICK HITS

| CONDITION | POSITION | WHY |
|---|---|---|
| **Increased ICP** | HOB 30°, head midline/neutral | Promote venous drainage |
| **Respiratory distress / COPD** | High-Fowler's / tripod | Maximize lung expansion |
| **Autonomic dysreflexia** | Sit upright | Lower blood pressure |
| **Air embolism / post central line** | Left side, Trendelenburg | Trap air in right atrium |
| **Post lumbar puncture** | Supine/flat | Prevent spinal headache |
| **Arterial insufficiency** | Dependent / dangle legs | Improve arterial flow |
| **Venous insufficiency / DVT** | Elevate legs | Promote venous return |
| **Seizure / unconscious / aspiration risk** | Side-lying (recovery) | Protect airway |

## 15 CROSS-CONDITION PATIENT-TEACHING CHECKLIST

PREVENTION · SELF-MANAGEMENT · WHEN TO REPORT

### HIGH-YIELD TEACHING POINTS ✓

- ✓ Heart failure: daily weights, report >2–3 lb/day gain, low-sodium diet
- ✓ COPD: pursed-lip breathing, cautious low-flow $O_2$, vaccines
- ✓ Anticoagulation: bleeding precautions, consistent vitamin-K intake (warfarin)
- ✓ Seizures/epilepsy: med adherence, trigger avoidance, safety
- ✓ Osteoporosis: calcium/vitamin D, weight-bearing exercise, fall prevention
- ✓ Cancer/neutropenia: report fever immediately; infection precautions
- ✓ Mental health: assess suicide risk directly; medication onset takes weeks (SSRIs)
- ✓ Stroke: aspiration precautions, swallow screen before PO, BE-FAST recognition
- ✓ Diabetes: foot care, sick-day rules, recognize/treat hypoglycemia
- ✓ TB: complete the full multidrug course; B6 with INH
- ✓ Steroids/Addison's: never stop abruptly; stress dosing; medical-alert ID
- ✓ Lupus/MS: avoid sun/heat triggers; manage stress & infection
- ✓ Sickle cell: hydration, avoid hypoxia/cold/dehydration triggers
- ✓ Cleft palate/peds post-op: protect suture line, special feeding
- ✓ Delirium in elderly: look for reversible cause (infection, meds, electrolytes)
- ✓ Always: med reconciliation, allergy band, recognize when to call provider/911

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