

# NPTE STUDY GUIDE

## Evaluating Heart Block



## Other Systems

### STAGES OF HEALING

#### Infestation phase (1-10 days)

- Consists of protein activation and clotting cascade
- Most cells, neutrophils, and leukocytes
- Clean wound and tissue restoration
- Re-epithelialization occurs within 48 hours but takes ~10 days to heal

#### 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

**Sanguineous** - red, thin watery (blood) drainage

**Serosanguineous** - light red, watery drainage

**Serosanguineous** - cloudy, opaque with yellow or tan, early warning signs of infection and always abnormal

**Purulent** - yellow, green, thick, (WBCs) (pus)

**Foul** - foul, foamy, blackish, heavy, infected

#### Wound classification (arterial and venous)

- Superficial - non-healing wounds
- Partial - thickness - ulcers
- Full-thickness - Arterial ulcers, venous ulcers, diabetic ulcers, secondary infection
- Subcutaneous - fat, muscle, tendon, bone, secondary infection

**Arterial ulcers** - do NOT elevate legs or use hot prosthetic socks

**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, ulcers
- 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"

**Reassessment testing** - inability to perceive a light touch/pressure indicates loss of protective sensation. Not able to perceive (light to moderate) - May lead to pressure ulcers

### WOUND HEALING

#### Primary intention

- Surgical incisions, lacerations, punctures, sutures and proper dressing wounds
- Minimal swelling and heal quickly in uncomplicated and orderly progression

#### Secondary intention

- Wounds left open to heal by scar formation which requires proper attention
- Abscesses, ulcers, arterial, venous or pressure ulcers
- Must be thoroughly and chronically infected wounds

#### Tertiary intention

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

**Autolytic debridement** - Dressings placed on wounds. Do not use on infected wounds

## Cardiopulmonary

### Chest Inspection

- Inspect for asymmetry in chest expansion
- Inspect for asymmetry in chest expansion
- Inspect for asymmetry in chest expansion
- Inspect for asymmetry in chest expansion

### Respiratory auscultation

- Auscultation of chest
- Auscultation of chest

### Respiratory percussion

- Percussion of chest
- Percussion of chest

### Respiratory palpation

- Palpation of chest
- Palpation of chest

Covers ALL  
Topics!

# Npte Study Guide

**M Lipman**



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