75 questions
Questions: Assess, diagnose, treat, who is at risk, what are risk factors

WEEK ONE

Chapter 4 The Art and Diagnosis of Treatment

- Specificity and sensitivity of a diagnostic study (see course lesson)
  - Specificity = SPIN = NEGATIVE
    - number of true negatives divided by total # of non-diseased individuals
    - High specificity = healthy individuals will have a normal result
    - Low specificity = false positive
    - Low to moderate sensitivity with high specificity = false negative
  - Sensitivity = SNIP = POSITIVE
    - number of true positives divided by total # of diseased people
    - Positive predictive value (PPV) = proportion of clients with a positive test who have the disease
      - PPV Depends on the prevalence of the disease
        - Low PPV = more false positive
        - Low NPV = more false negatives
- Where in the chart is OLD CARTS used?
  - HPI

Chapter 5 Evidence-based Practice

- Sources that NPs use to help with clinical decision-making (i.e. evidence-based research, clinical practice guidelines)
  - Practice guidelines are not cookbooks that take the decision making away from providers; instead, they allow for flexibility when making individual patient-care decisions.
  - Practice standards are intended to be used under all circumstances and define correct overall practice.

Chapter 80 The Business of Advanced Practice Nursing, p. 1327-1341

- Third-party payers
  - Seven general categories:
    - Medicare
    - Medicaid
    - indemnity insurance companies
    - managed care organizations
    - workers compensation

        - veterans administration
        - auto liability
- Payment of NPs by Centers for Medicare and Medicaid Services (CMS)
    - NPs are reimbursed by CMS at 85% of the physician's fee, with the patient still paying a 20% share (NP fees are typically 15% lower than that of physicians
- Assistance for patients on Medicare to help with pay out of pocket expenses.
    - Most patients on the traditional Medicare plan acquire a secondary insurance plan to cover the 20% patient out-of-pocket expense.
- Medicare Part A and B (what each pays)
    - Part A – inpatient hospital stay, skilled nursing care, hospice, home care
    - Part B – outpatient services, provider visits, surgery, lab tests, medical equipment, preventative exams
    - Part C – wellness services, vision exams, hearing exams, eye glasses, hearing aids
    - Part D – prescription drugs
- The purpose of Medicare Advantage Plans
    - Medicare advantage plans = medicare MCOs (alternative carrier for medicare beneficiaries)
    - They offer all of the benefits of Medicare and usually offer additional benefits and lower co-payments.
    - These carriers offer traditional CMS services in addition to other health services at a lower cost. (CMS = centers for medicare and Medicaid services)
    - They are able to lower costs mainly due to economic efficiencies realized by their volume of commercial business relationships.
    - But, bc of the high medical utilization of and greater health-care costs incurred by their beneficiaries, many Medicare Advantage plans have found this market to be less financially viable

WEEK TWO

Chapter 10 Infectious and Inflammatory Neurological Disorders (p. 131-134)

- Assessment and diagnosis of herpes zoster
    - AKA shingles
    - Unexplained pain, intermittent/tingling/stabbing 48-72 hours before rash
        - Pain worsens at night & with temp changes
    - Painful rash with blisters
    - Unilateral vesicular rash along a dermatome, mostly thoracic or lumbar

- Begins as erythema and then changes to popular lesions that rapidly form vesicles. The vesicles then rupture releasing infectious fluid and forms scabs
- Pain
- Fluid filled vesicles that crust over
- Segmentary rash, does not cross the midline of body
- Dx by hx and PE, but PCR assay & antibody test can also be done
- Tx: antiviral (valcyclovir), pain mgmt. (gabapentin or tricylic antidepressants) and calamine lotion until crust over. After crust over, capsaicin cream

Chapter 11 Common Skin Complaints

- Assessment and diagnosis of common skin complaints
  - Vitiligo
    - Total loss of skin color in patchy areas of the body – white macules/patches in sun exposed areas and maybe effect membranes/retina
    - Tx corticosteroids, light therpay, psoralen, UVA, topical creams
  - Chloasma
    - Pregnancy mask – dark patches in sun exposed areas
    - Tx retinoic acid, hydroquinone cream, tretinoin, corticosteroids
  - Herpes labialis (cold sore)
    - Tx valacyclovir within 72 hours of onset, and viscous lidocaine to reduce pain
  - Pityriasis rosea
    - Raised truncal patch = herald patch
    - Scaly plaques/papules in Christmas tree shaped
    - Scattered on trunk and limbs
    - Nausea, mild fever
    - Tx: reduce fever, pruritus, and discomfort (Tylenol, loratadine, phototherapy)
    - Resolves within 6-12 weeks, uncommon to recur
  - Psoriasis
    - Silvery white scales
    - Circumscribed plaques
    - Elbows, knees, scalp
    - Not contagious
  - Rubeola (measles)
    - Highly contagious virus through respiratory droplets
    - Symptoms begin 7-14 days after exposure
    - High fever, red mucosal membranes, conjunctivitis, nasal congestion

        - Reddish purple generalized macular and papular rash
        - Lesions start on the head (face, behind the ears) and spread down the body within 48 hrs
        - Diff dx: drug reaction, toxic shock, other viral exanthems
        - Dx testing: reverse-transcriptase polymerase chain reaction (RT PCR) / IgG / IgM
        - Must report all + cases
        - High risk pts: pregnant, immunocompromised, younger than 5 or older than 20
        - Complications: pneumonia, bronchitis, myocarditis, encephalitis, premature / low birth weight
        - Tx: pain relievers.
        - Infectious 4 days before rash onset and 4 days after rash onset – return to school after rash subsides
    - Rubella (German measles/3 day measles)
        - spread from respiratory droplets
        - Rash starts 2 weeks after exposure
        - Low grade fever, headache, sore throat, rhinorrhea, malaise, eye pain, myalgia
        - Rose pink macules and papules that first start at the head and progress down the body
        - Rash fades 1-2 days in same order lesions appeared
        - Diff dx: hypersensitivity rxn, contact dermatitis, scarlet fever
        - Tx: Tylenol and NSAIDs and rest
        - Myalgias may last weeks after the virus
        - Infectious 4-7 days before rash and can return to work after rash clears
        - Complications: miscarriage and congenital rubella syndrome
    - Varicella (chicken pox)
        - Highly contagious spread through contact
        - Malaise, fever, chills, headache, arthralgia
        - 1-2 days after exposure
        - Urticarial erythematous macules and papules -> evolve into vesicles and pustules
        - Starts on the face and chest then spreads (can be in ear canal/mouth)
        - Lesions crust in 1 week
        - Diff dx: insect bites, drug reactions, measles
        - Tx: antihistamines, NSAIDs, cool compresses, oatmeal baths
        - Contagious 2-3 days before rash and may return after lesions crust over
        - Complications: pneumonia, encephalitis, hemorrhagic, sepsis
        - High risk: infants, adolescents, adults, pregnant, immunocompromised

        - Can reactivate as shingles later
    - Roseola (sixth disease)
        - Spread through saliva
        - Common in kids under 2
        - Mild illness
        - Lasts 3-5 days, macules resolve 1-3 days
        - High fever, irritability, diarrhea, cough, cervical lymphadenopathy
        - Light pink erythematous macules and papules on the face/neck/extremities
        - No tx
    - Erythema infectiosum (fifth disease)
        - c/b human parovirus
        - respiratory droplets and blood
        - symptoms start before rash – headache, fever, chills, cough
        - 3 stages of the rash:
            - First – bright red bilateral slapped cheek rash. Rash does not extend to forehead/nasal bridge/perioral area
            - Second – pink lacy or reticulated erythematous macules appear on extremities/trunk but are not present on soles/palms. May be itchy
            - Third – intermittent body rash. Can last up to 3 weeks
        - Dx antibody testing --- not positive until 3 weeks after rash develops so mostly dx by hx and PE
        - Diff dx: phototoxic rreaction, systemic lupus ertheamtosus, drug eruption
        - Tx: avoid heat
        - Contagious days before rash and can return to work after initial constitutional s/s resolve even if there is still a rash
    - Hand foot mouth disease
        - Highly contagious virus through respiratory droplets/feces/contaminated surfaces
        - s/s before rash: low grade fever, fatigue, sore throat
        - painful mouth sores – small red spots that develop into blisters -> rash then spreads to palms and soles and presents with erythematous halos -> vesicles may appear on legs/butt/face… lesions resolve in 7 days
        - dx through Hx and PE
        - diff dx: varicella and herpes
        - treat: disinfect toys and tx symptoms
        - contagious until lesions scabbed
    - molluscum contagiosum
        - virus encased in a protective sac that prevents immune system from triggering