Nurse Cram Sheet

Nursing Exam Cram Sheet

1. Test Information

- **Six hours**—the maximum time allotted for the NCLEX is 6 hours. Take breaks if you need a time out or need to move around.
- **75/265**—the minimum number of questions you can answer is 75 and a maximum of 265.
- **Read the question and answers carefully**—do not jump into conclusions or make wild guesses.
- **Look for keywords**—Avoid answers with absolutes like *always, never, all, every, only, must, except, none,* or *no.*
- **Don't read into the question**—Never assume anything that has not been specifically mentioned and don't add extra meaning to the question.
- **Eliminate answers that are clearly wrong or incorrect**—to increase your probability of selecting the correct answer!
- **Watch for grammatical inconsistencies**—Subjects and verbs should agree. If the question is an incomplete sentence, the correct answer should complete the question in a grammatically correct manner.
- **Rephrase the question**—putting the question into your own words can pluck the unneeded info and reveal the core of the stem.
- **Make an educated guess**—if you can't make the best answer for a question after carefully reading it, choose the answer with the most information.

2. Vital Signs

- **Heart rate**: 80—100 bpm
- **Respiratory rate**: 12-20 rpm
- **Blood pressure**: 110-120/60 mmHg
- **Temperature**: 37 °C (98.6 °F)

3. Hematology values

- **RBCs**: 4.5—5.0 million
- **WBCs**: 5,000—10,000
- **Platelets**: 200,000—400,000
- **Hemoglobin** (Hgb): 12—16 gm (female); 14—18 gm (male).
- **Hematocrit** (Hct): 37—47 (female); 40—54 (male)

4. Serum electrolytes

- **Sodium**: 135—145 mEq/L
- **Potassium**: 3.5—5.5 mEq/L
- **Calcium**: 8.5—10.9 mEq/L
- **Chloride**: 95—105 mEq/L
- **Magnesium**: 1.5—2.5 mEq/L
- **Phosphorus**: 2.5—4.5 mEq/L

5. ABG Values

- **pH**: 7.36—7.45
- **HCO3**: 24—26 mEq/L
- **CO2**: 35—45 mEq/L
- **PaO2**: 80%—100%
- **SaO2**: >95%

6. Acid-Base Balance

- Remember ROME (respiratory opposite/ metabolic equal) to remember that in respiratory acid/base disorders the pH is opposite to the other components.
- Use the Tic-Tac-Toe Method for interpreting ABGs.

7. Chemistry Values

- **Glucose**: 70—110 mg/dL
- **Specific Gravity**: 1.010—1.030
- **BUN**: 7-22 mg/dL
- **Serum creatinine**: 0.6—1.35 mg/dL
- **LDH**: 100-190 U/L
- **Protein**: 6.2—8.1 g/dL
- **Albumin**: 3.4—5.0 g/dL
- **Bilirubin**: <1.0 mg/dL
- **Total Cholesterol**: 130—200 mg/dL
- **Triglyceride**: 40—50 mg/dL
- **Uric acid**: 3.5—7.5 mg/dL
- **CPK**: 21-232 U/L

8. Therapeutic Drug Levels

- **Carbamazepine (Tegretol):** 4—10 mcg/ml
- **Digoxin (Lanoxin):** 0.8—2.0 ng/ml
- **Gentamycin (Garamycin):** 5—10 mcg/ml (peak), <2.0 mcg/ml (valley)
- **Lithium (Eskalith):** 0.8—1.5 mEq/L
- **Phenobarbital (Solfoton):** 15—40 mcg/mL
- **Phenytoin (Dilantin):** 10—20 mcg/dL
- **Theophylline (Aminophylline):** 10—20 mcg/dL
- **Tobramycin (Tobrex):** 5—10 mcg/mL (peak), 0.5—2.0 mcg/mL (valley)
- **Valproic Acid (Depakene):** 50—100 mcg/ml
- **Vancomycin (Vancocin):** 20—40 mcg/ml (peak), 5 to 15 mcg/ml (trough)

9. Anticoagulant therapy

- **Sodium warfarin (Coumadin) PT:** 10—12 seconds (control). The antidote is Vitamin K.
- **INR (Coumadin):** 0.9—1.2
- **Heparin PTT:** 30—45 seconds (control). The antidote is protamine sulfate.
- **APTT:** 23.3—31.9 seconds
- **Fibrinogen level:** 203—377 mg/dL

10. Conversions

- 1 teaspoon (t) = 5 ml
- 1 tablespoon (T) = 3 t = 15 ml
- 1 oz = 30 ml
- 1 cup = 8 oz
- 1 quart = 2 pints
- 1 pint = 2 cups
- 1 grain (gr) = 60 mg
- 1 gram (g) = 1,000 mg
- 1 kilogram (kg) = 2.2 lbs
- 1 lb = 16 oz
- Convert C to F: C+40 multiply by 9/5 and subtract 40
- Convert F to C: F+40 multiply by 5/9 and subtract 40

11. Maternity Normal Values

- **Fetal Heart Rate**: 120—160 bpm
- **Variability**: 6—10 bpm
- **Amniotic fluid**: 500—1200 ml
- **Contractions**: 2—5 minutes apart with duration of < 90 seconds and intensity of <100 mmHg.
- **APGAR Scoring**: **A**ppearance, **P**ulses, **G**rimace, **A**ctivity, **R**eflex Irritability. Done at 1 and 5 minutes with a score of 0 for absent, 1 for decreased, and 2 for strongly positive. Scores 7 and above are generally normal, 4 to 6 fairly low, and 3 and below are generally regarded as critically low.
- **AVA**: The umbilical cord has two arteries and one vein.

12. STOP—Treatment for maternal hypotension after an epidural anesthesia:

- Stop infusion of Pitocin.
- Turn the client on her left side.
- Administer oxygen.
- If hypovolemia is present, push IV fluids.

13. Pregnancy Category of Drugs

- Category A—No risk in controlled human studies
- Category B—No risk in other studies. Examples: Amoxicillin, Cefotaxime.
- Category C—Risk not ruled out. Examples: Rifampicin (Rifampin), Theophylline (Theolair).
- Category D—Positive evidence of risk. Examples: Phenytoin, Tetracycline.
- Category X—Contraindicated in Pregnancy. Examples: Isotretinoin (Accutane), Thalidomide (Immunoprin), etc.
- Pregnancy Category N—Not yet classified

14. Drug Schedules

- **Schedule I**—no currently accepted medical use and for research use only (e.g., heroin, LSD, MDMA).
- **Schedule II**—drugs with high potential for abuse and requires written prescription (e.g., Ritalin, hydromorphone (Dilaudid), meperidine (Demerol), and fentanyl).
- **Schedule III**—requires new prescription after six months or five refills (e.g., codeine, testosterone, ketamine).
- **Schedule IV**—requires new prescription after six months (e.g., Darvon, Xanax, Soma, and Valium).
- **Schedule V**—dispensed as any other prescription or without prescription (e.g., cough preparations, Lomotil, Motofen).

15. Medication Classifications

- **Antacids**—reduces hydrochloric acid in the stomach.
- **Antianemics**—increases blood cell production.

- **Anticholinergics**—decreases oral secretions.
- **Anticoagulants**—prevents clot formation,
- **Anticonvulsants**—used for management of seizures and/or bipolar disorders.
- **Antidiarrheals**—decreases gastric motility and reduce water in bowel.
- **Antihistamines**—block the release of histamine.
- **Antihypertensives**—lower blood pressure and increases blood flow.
- **Anti-infectives**—used for the treatment of infections,
- **Bronchodilators**—dilates large air passages in asthma or lung diseases (e.g., COPD).
- **Diuretics**—decreases water/sodium from the Loop of Henle.
- **Laxatives**—promotes the passage of stool.
- **Miotics**—constricts the pupils.
- **Mydriatics**—dilates the pupils.
- **Narcotics/analgesics**—relieves moderate to severe pain.

16. Rules of nines for calculating Total Body Surface Area (TBSA) for burns

- Head: 9%
- Arms: 18% (9% each)
- Back: 18%
- Legs: 36% (18% each)
- Genitalia: 1%

17. Medications

- **Digoxin (Lanoxin)—**Assess pulses for a full minute, if less than 60 bpm hold dose. Check digitalis and potassium levels.
- **Aluminum Hydroxide (Amphojel)**—Treatment of GERD and kidney stones. WOF constipation.
- **Hydroxyzine (Vistaril)**—Treatment of anxiety and itching. WOF dry mouth.
- **Midazolam (Versed)**—given for conscious sedation. WOF respiratory depression and hypotension.
- **Amiodarone (Cordarone)**—WOF diaphoresis, dyspnea, lethargy. Take missed dose any time in the day or to skip it entirely. Do not take double dose.
- **Warfarin (Coumadin)**—WOF for signs of bleeding, diarrhea, fever, or rash. Stress importance of complying with prescribed dosage and follow-up appointments.
- **Methylphenidate (Ritalin)**—Treatment of ADHD. Assess for heart related side-effects and reported immediately. Child may need a drug holiday because the drug stunts growth.
- **Dopamine**—Treatment of hypotension, shock, and low cardiac output. Monitor ECG for arrhythmias and blood pressure.
- **Rifampicin**—causes red-orange tears and urine.
- **Ethambutol**—causes problems with vision, liver problem.
- **Isoniazid**—can cause peripheral neuritis, take vitamin B6 to counter.

18. Developmental Milestones

- **2—3 months**: able to turn head up, and can turn side to side. Makes cooing or gurgling noises and can turn head to sound.
- **4—5 months**: grasps, switch and roll over tummy to back. Can babble and can mimic sounds.
- **6—7 months**: sits at 6 and waves bye-bye. Can recognize familiar faces and knows if someone is a stranger. Passes things back and forth between hands.
- **8—9 months**: stands straight at eight, has favorite toy, plays peek-a-boo.
- **10—11 months**: belly to butt.
- **12—13 months**: twelve and up, drinks from a cup. Cries when parents leave, uses furniture to cruise.

19. Cultural Considerations

- **African Americans**—May believe that illness is caused by supernatural causes and seek advice and remedies form faith healers; they are family oriented; have higher incidence of high blood pressure and obesity; high incidence of lactose intolerance with difficulty digesting milk and milk products.
- **Arab Americans**—May remain silent about health problems such as STIs, substance abuse, and mental illness; a devout Muslim may interpret illness as the will of Allah, a test of faith; may rely on ritual cures or alternative therapies before seeking help from health care provider; after death, the family may

want to prepare the body by washing and wrapping the body in unsewn white cloth; postmortem examinations are discouraged unless required by law. May avoid pork and alcohol if Muslim. Islamic patients observe month long fast of Ramadan (begins approximately mid-October); people suffering from chronic illnesses, pregnant women, breast-feeding, or menstruating don't fast. Females avoid eye contact with males; use same-sex family members as interpreters.

- **Asian Americans**—May value ability to endure pain and grief with silent stoicism; typically family oriented; extended family should be involved in care of dying patient; believes in "hot-cold" yin/yang often involved; sodium intake is generally high because of salted and dried foods; may believe prolonged eye contact is rude and an invasion of privacy; may not without necessarily understanding; may prefer to maintain a comfortable physical distance between the patient and the health care provider.
- **Latino Americans**—May view illness as a sign of weakness, punishment for evil doing; may consult with a curandero or voodoo priest; family members are typically involved in all aspects of decision making such as terminal illness; may see no reason to submit to mammograms or vaccinations.
- **Native Americans**—May turn to a medicine man to determine the true cause of an illness; may value the ability to endure pain or grief with silent stoicism; diet may be deficient in vitamin D and calcium because many suffer from lactose intolerance or don't drink milk; obesity and diabetes are major health concerns; may divert eyes to the floor when they are praying or paying attention.
- **Western Culture**—May value technology almost exclusively in the struggle to conquer diseases; health is understood to be the absence, minimization, or control of disease process; eating utensils usually consists of knife, fork, and spoon; three daily meals is typical.

20. Common Diets

- **Acute Renal Disease**—protein-restricted, high-calorie, fluid-controlled, sodium and potassium controlled.
- **Addison's disease**—increased sodium, low potassium diet.
- **ADHD and Bipolar**—high-calorie and provide finger foods.
- **Burns**—high protein, high caloric, increase in Vitamin C.
- **Cancer**—high-calorie, high-protein.
- **Celiac Disease**—gluten-free diet (no BROW: barley, rye, oat, and wheat).
- **Chronic Renal Disease**—protein-restricted, low-sodium, fluid-restricted, potassium-restricted, phosphorus-restricted.
- **Cirrhosis (stable)**—normal protein
- **Cirrhosis with hepatic insufficiency**—restrict protein, fluids, and sodium.
- **Constipation**—high-fiber, increased fluids
- **COPD**—soft, high-calorie, low-carbohydrate, high-fat, small frequent feedings
- **Cystic Fibrosis**—increase in fluids.
- **Diarrhea**—liquid, low-fiber, regular, fluid and electrolyte replacement
- **Gallbladder diseases**—low-fat, calorie-restricted, regular
- **Gastritis**—low-fiber, bland diet
- **Hepatitis**—regular, high-calorie, high-protein
- **Hyperlipidemias**—fat-controlled, calorie-restricted
- **Hypertension, heart failure, CAD**—low-sodium, calorie-restricted, fat-controlled
- **Kidney Stones**—increased fluid intake, calcium-controlled, low-oxalate
- **Nephrotic Syndrome**—sodium-restricted, high-calorie, high-protein, potassium-restricted.
- **Obesity, overweight**—calorie-restricted, high-fiver
- **Pancreatitis**—low-fat, regular, small frequent feedings; tube feeding or total parenteral nutrition.
- **Peptic ulcer**—bland diet
- **Pernicious Anemia**—increase Vitamin B12 (Cobalamin), found in high amounts on shellfish, beef liver, and fish.

- **Sickle Cell Anemia**—increase fluids to maintain hydration since sickling increases when patients become dehydrated.
- **Stroke**—mechanical soft, regular, or tube-feeding.
- **Underweight**—high-calorie, high protein
- **Vomiting**—fluid and electrolyte replacement

21. Positioning Clients

- **Asthma**—orthopneic position where patient is sitting up and bent forward with arms supported on a table or chair arms.
- **Post Bronchoscopy**—flat on bed with head hyperextended.
- **Cerebral Aneurysm**—high Fowler's.
- **Hemorrhagic Stroke**: HOV elevated 30 degrees to reduce ICP and facilitate venous drainage.
- **Ischemic Stroke**: HOB flat.
- **Cardiac Catheterization**—keep site extended.
- **Epistaxis**—lean forward.
- **Above Knee Amputation**—elevate for first 24 hours on pillow, position on prone daily for hip extension.
- **Below Knee Amputation**—foot of bed elevated for first 24 hours, position prone daily for hip extension.
- **Tube feeding for patients with decreased LOC**—position patient on right side to promote emptying of the stomach with HOB elevated to prevent aspiration.
- **Air/Pulmonary embolism**—turn patient to left side and lower HOB.
- **Postural Drainage**—Lung segment to be drained should be in the uppermost position to allow gravity to work.
- **Post Lumbar puncture**—patient should lie flat in supine to prevent headache and leaking of CSF.
- **Continuous Bladder Irrigation (CBI)**—catheter should be taped to thigh so legs should be kept straight.
- **After myringotomy**—position on the side of affected ear after surgery (allows drainage of secretion).
- **Post cataract surgery**—patient will sleep on unaffected side with a night shield for 1-4 weeks.
- **Detached retina**—area of detachment should be in the dependent position.
- **Post thyroidectomy**—low or semi-Fowlers, support head, neck and shoulders.
- **Thoracentesis**—sitting on the side of the bed and leaning over the table (during procedure); affected side up (after procedure).
- **Spina Bifida**— position infant on prone so that sac does not rupture.
- **Buck's Traction**—elevate foot of bed for counter-traction.
- **Post Total Hip Replacement**—don't sleep on operated side, don't flex hip more than 45-60 degrees, don't elevate HOB more than 45 degrees. Maintain hip abduction by separating thighs with pillows.
- **Prolapsed cord**—knee-chest position or Trendelenburg.
- **Cleft-lip**—position on back or in infant seat to prevent trauma to the suture line. While feeding, hold in upright position.
- **Cleft-palate**—prone.
- **Hemorrhoidectomy**—assist to lateral position.
- **Hiatal Hernia**—upright position.
- **Preventing Dumping Syndrome**—eat in reclining position, lie down after meals for 20-30 minutes (also restrict fluids during meals, low fiber diet, and small frequent meals).
- **Enema Administration**—position patient in left-side lying (Sim's position) with knees flexed.
- **Post supratentorial surgery (incision behind hairline)**—elevate HOB 30-45 degrees.
- **Post infratentorial surgery (incision at nape of neck)**—position patient flat and lateral on either side.
- **Increased ICP**—high Fowler's.
- **Laminectomy**—back as straight as possible; log roll to move and sand bag on sides.
- **Spinal Cord Injury**—immobilize on spine board, with head in neutral position. Immobilize head with padded C-collar, maintain traction and alignment of head

manually. Log roll client and do not allow client to twist or bend.
- **Liver Biopsy**—right side lying with pillow or small towel under puncture site for at least 3 hours.
- **Paracentesis**—flat on bed or sitting.
- **Intestinal Tubes**—place patient on right side to facilitate passage into duodenum.
- **Nasogastric Tubes**—elevate HOB 30 degrees to prevent aspiration. Maintain elevation for continuous feeding or 1hour after intermittent feedings.
- **Pelvic Exam**—lithotomy position.
- **Rectal Exam**—knee-chest position, Sim's, or dorsal recumbent.
- **During internal radiation**—patient should be on bed rest while implant is in place.
- **Autonomic Dysreflexia**—place client in sitting position (elevate HOB) first before any other implementation.
- **Shock**—bed rest with extremities elevated 20 degrees, knees straight, head slightly elevated (modified Trendelenburg).
- **Head Injury**—elevate HOB 30 degrees to decrease intracranial pressure.
- **Peritoneal Dialysis when outflow is inadequate**—turn patient side to side before checking for kinks in the tubing.
- **Myelogram**
  - Water-based dye—semi Fowler's for at least 8 hours.
  - Oil-based dye—flat on bed for at least 6-8 hours to prevent leakage of CSF.
  - Air dye—Trendelenburg.

22. Common Signs and Symptoms

- **Pulmonary Tuberculosis (PTB)**—low-grade afternoon fever.
- **Pneumonia**—rust-colored sputum.
- **Asthma**—wheezing on expiration.
- **Emphysema**—barrel chest.
- **Kawasaki Syndrome**—strawberry tongue.
- **Pernicious Anemia**—red beefy tongue.
- **Down syndrome**—protruding tongue.
- **Cholera**—rice-watery stool and washer woman's hands (wrinkled hands from dehydration).
- **Malaria**—stepladder like fever with chills.
- **Typhoid**—rose spots in the abdomen.
- **Dengue**—fever, rash, and headache. Positive Herman's sign.
- **Diphtheria**—pseudo membrane formation.
- **Measles**—Koplik's spots (clustered white lesions on buccal mucosa).
- **Systemic Lupus Erythematosus**—butterfly rash.
- **Leprosy**—leonine facies (thickened folded facial skin).
- **Bulimia**—chipmunk facies (parotid gland swelling).
- **Appendicitis**—rebound tenderness at McBurney's point. Rovsing's sign (palpation of LLQ elicits pain in RLQ). Psoas sign (pain from flexing the thigh to the hip).
- **Meningitis**—Kernig's sign (stiffness of hamstrings causing inability to straighten the leg when the hip is flexed to 90 degrees), Brudzinski's sign (forced flexion of the neck elicits a reflex flexion of the hips).
- **Tetany**—hypocalcemia, [+] Trousseau's sign; Chvostek sign.
- **Tetanus**— Risus sardonicus or rictus grin.
- **Pancreatitis**—Cullen's sign (ecchymosis of the umbilicus), Grey Turner's sign (bruising of the flank).
- **Pyloric Stenosis**—olive like mass.
- **Patent Ductus Arteriosus**—washing machine-like murmur.
- **Addison's disease—**bronzelike skin pigmentation.
- **Cushing's syndrome—**moon face appearance and buffalo hump.
- **Grave's Disease (Hyperthyroidism)**—Exophthalmos (bulging of the eye out of the orbit).
- **Intussusception**—Sausage-shaped mass.
- **Multiple Sclerosis**—Charcot's Triad: nystagmus, intention tremor, and dysarthria.
- **Myasthenia Gravis**—descending muscle weakness, ptosis (drooping of eyelids).
- **Guillain-Barre Syndrome**—ascending muscles weakness.

- **Deep vein thrombosis (DVT)**—Homan's Sign.
- **Angina**—crushing, stabbing pain relieved by NTG.
- **Myocardial Infarction (MI)**—crushing, stabbing pain radiating to left shoulder, neck, and arms. Unrelieved by NTG.
- **Parkinson's disease**—pill-rolling tremors.
- **Cytomegalovirus (CMV) infection**—Owl's eye appearance of cells (huge nucleus in cells).
- **Glaucoma**—tunnel vision.
- **Retinal Detachment**—flashes of light, shadow with curtain across vision.
- **Basilar Skull Fracture**—Raccoon eyes (periorbital ecchymosis) and Battle's sign (mastoid ecchymosis).
- **Buerger's Disease**—intermittent claudication (pain at buttocks or legs from poor circulation resulting in impaired walking).
- **Diabetic Ketoacidosis**—acetone breathe.
- **Pregnancy Induced Hypertension (PIH)**—proteinuria, hypertension, edema.
- **Diabetes Mellitus**—polydipsia, polyphagia, polyuria.
- **Gastroesophageal Reflux Disease (GERD)**—heart burn.
- **Hirschsprung's Disease (Toxic Megacolon)—**ribbon-like stool.
- Sexual Transmitted Infections:
    - **Herpes Simplex Type II**—painful vesicles on genitalia
    - **Genital Warts**—warts 1-2 mm in diameter.
    - **Syphilis**—painless chancres
    - **Chancroid**—painful chancres.
    - **Gonorrhea**—green, creamy discharges and painful urination.
    - **Chlamydia**—milky discharge and painful urination.
    - **Candidiasis**—white cheesy odorless vaginal discharges.
    - **Trichomoniasis**—yellow, itchy, frothy, and foul-smelling vaginal discharges.

23. Miscellaneous Tips

- Delegate sterile skills (e.g., dressing change) to the RN or LPN.
- Where non-skilled care is required, delegate the stable client to the nursing assistant.
- Assign the most critical client to the RN.
- Clients who are being discharged should have final assessments done by the RN.
- The **Licensed Practical Nurse (LPN)** can monitor clients with IV therapy, insert urinary catheters, feeding tubes, and apply restraints.
- Assessment, teaching, medication administration, evaluation, unstable patients cannot be delegated to an unlicensed assistive personnel.
- **Weight** is the best indicator of dehydration.
- When patient is in distress, **administration of medication is rarely the best choice**.
- Always check for allergies before administering antibiotics.
- **Neutropenic patients** should not receive vaccines, fresh fruits, or flowers.
- **Nitroglycerine patch** is administered up to three times with intervals of five minutes.
- **Morphine** is contraindicated in pancreatitis because it causes spasms of the Sphincter of Oddi. **Demerol** should be given.
- Never give **potassium (K+)** in IV push.
- Infants born to an HIV-positive mother **should receive all immunizations** of schedule.
- **Gravida** is the number of pregnancies a woman has had, regardless of outcome.
- **Para** is the number of pregnancies that reached viability, regardless of whether the fetus was delivered alive or stillborn. A fetus is considered viable at 20 weeks' gestation.
- **Lochia rubra** is the vaginal discharge of almost pure blood that occurs during the first few days after childbirth.
- **Lochia serosa** is the serous vaginal discharge that occurs 4 to 7 days after childbirth.
- **Lochia alba** is the vaginal discharge of decreased blood and increased leukocytes that's the final stage of lochia. It occurs 7 to 10 days after childbirth.
- In the event of fire, the acronym most often used is **RACE**. (R) Remove the patient. (A) Activate the alarm. (C) Attempt to contain the fire by closing

the door. (E) Extinguish the fire if it can be done safely.

- Before signing an **informed consent** form, the patient should know whether other treatment options are available and should understand what will occur during the preoperative, intraoperative, and postoperative phases; the risks involved; and the possible complications. The patient should also have a general idea of the time required from surgery to recovery. In addition, he should have an opportunity to ask questions.
- The first nursing intervention in a quadriplegic client who is experiencing **autonomic dysreflexia** is to **elevate his head as high as possible**.
- Usually, patients who have the **same infection** and are in strict isolation can **share a room**.
- **Veracity** is truth and is an essential component of a therapeutic relationship between a health care provider and his patient.
- **Beneficence** is the duty to do no harm and the duty to do good. There's an obligation in patient care to do no harm and an equal obligation to assist the patient.
- **Nonmaleficence** is the duty to do no harm.
- Tyramine-rich food, such as aged cheese, chicken liver, avocados, bananas, meat tenderizer, salami, bologna, Chianti wine, and beer may cause severe hypertension in a patient who takes a monoamine oxidase inhibitor.
- **Projection** is the unconscious assigning of a thought, feeling, or action to someone or something else.
- **Sublimation** is the channeling of unacceptable impulses into socially acceptable behavior.
- **Repression** is an unconscious defense mechanism whereby unacceptable or painful thoughts, impulses, memories, or feelings are pushed from the consciousness or forgotten.
- People with **obsessive-compulsive disorder** realize that their behavior is unreasonable, but are powerless to control it.
- A significant toxic risk associated with **clozapine (Clozaril) administration** is blood dyscrasia.
- Adverse effects of haloperidol (Haldol) administration include drowsiness; insomnia; weakness; headache; and extrapyramidal symptoms, such as akathisia, tardive dyskinesia, and dystonia.
- **Hypervigilance** and **déjà vu** are signs of posttraumatic stress disorder (PTSD).