

Diagnostic Tests for Respiratory Disorders Cheat Sheet by harpieee via cheatography.com/71374/cs/18450/

NONINVASIVE PROCEDURES		
Pulse oximetry	Pulmonary function tests	
Sputum culture	Computed tomography (CT)	
MRI	Chest x-ray: use lead shield for adults of childb- earing age	

ARTERIAL BLOOD GAS (ABGs)

ABGs via arterial puncture or arterial line: Allows the most accurate method of assessing respiratory function

Perform Allen test if no arterial line

Sample is drawn into heparinized syringe

Keep on ice and transport to lab immediately

Document amount and method of oxygen delivered for accurate results

Apply direct pressure to puncture site at least 5 min

Monitor for hematoma

BRONCHOSCOPY			
Bronch- oscopy:	Nursing Interventions:	Observe postpr-ocedure:	
Visualize larynx, trachea, bronchi	Maintain NPO 8 to 12 hr	Gag reflex	
Obtain tissue biopsy	Provide local anesthetic throat spray	Bleeding	
Foreign body removal	Obtain informed consent	Respir- atory status	
	Position pt upright	Vital signs	
	Administer meds as prescribed (atropine - to reduce oral secretions, sedation, antianxiety	Level of consci- ousness	
	Label specimens		

MANTOUX TEST

Positive test indicates exposure to TB

Diagnosis must be confirmed w/ sputum culture for presence of acidfast bacillus (AFB)

Administer 0.1 mL purified protein derivative intradermal to upper half inner surface of forearm (insert needle bevel up)

Monitor for reaction in 48 to 72 hr following injection

Induration (hardening) of 10 mm or greater is considered a positive test

5 mm can be considered significant if immunocompromised

QuantiFERON-TB Gold test (QFT-FT) & T-SPOT.TB

Identify the presence of Mycobacterium tuberculosis infection by measuring the immune response to the TB bacteria in whole blood

THORACENTESIS

Thoracentesis: Surgical perforation of the pleural space to obtain specimen, to remove fluid or air, or to instill medication

Obtain informed consent

Reinforce pt education (remaining still, feeling of pressure, positioning)

Position the pt upright

Monitor respiratory status & vital signs

Label specimens

Document pt response, and amount, color, and viscosity of fluid

Maximum amount of fluid to be removed at one time is 1 L

Chest tube at bedside

Obtain CXR before & after procedure



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