Think Like A Nurse!

Train Your Brain from Day One of Nursing School
Nursing school tests will challenge you in more ways than you can imagine at the start of school.

They are a special kind of awesome that will leave you both celebrating at the end of each one and dreading the fact that another one will be coming up soon.

I want you to kick-ass on these tests + I know you want the same.

To do that you need to change the way you look at testing + studying. This is not your typical subject matter.

Human beings are complex and since you will be taking care of human beings in your real-world gig it makes sense that the prep work would also be a complex thing, right?

The testing piece we’ve chatted about already; you have the magic decoder ring that will help you read the questions correctly.

Now we should rap about this other piece; how you actually study + store the data so that you can recall it.

You will need it for tests in school. You will need it for the NCLEX and most important; you will need it for life.

Those questions become people once you have your shiny new nursing license, after all.

Nursing school tests are not the typical multiple choicey type questions you saw on all those tests you took to get into nursing school.

You cannot just jot down facts ‘verbatim’ from the textbook + expect to do well on these tests.

It makes no sense to try to memorize large chunks of data.

You may be able to handle one test this way but I promise that when you sit for your final or your NCLEX a ton of that memorized stuff will have vanished from your brain.

You want to retain for later use here, phenom.

To do that you gotta to connect-the-dots between pieces of assessment data and actual medical and nursing interventions, as many concepts as you can connect to one another.

As you study you are leading yourself through disease states, nursing concepts, pharmacology, lab values, from what you see in your patient to what you are going to do about it by asking questions as you gather data from the textbook you are reading. (This works for in-person assessments and theory class notes, too)

Using the nursing process is a HUGE help. More on that later.

For now I want us to focus on using five simple words ... 

What/When/Where/Why/How

They will help your brain create meaningful links in your head backwards and forwards and between concepts.

This is the way information gets rooted in your brain. For keeps.

This allows you to recall the information at a moment’s notice at any point in the chain of information. It transforms your hard-won knowledge into power.
While you will start out using the template, you will quickly find yourself modifying these in a way that makes sense to you and your particular learning style.

Okay, so honestly. I use the word ‘template’ here very loosely. I am inherently against anything that tells you to follow a set trail/path because if we don’t happen to ‘get it’ the same way our buddy does then we automatically label ourselves losers. So much time we waste on that nonsense. The ‘concept’ is what you are after here and what you need to focus on grasping. Your ‘template’ and mine may look totally different. I will give you a few later to start with but you can and should tweak it to match the way that the ‘concept’ best roots itself in your brain.

To be a good nurse you have to teach yourself to think like one.

Sadly, while school tells you that you need to think like a nurse it is not the best at teaching you HOW to actually do that. So here we go, let’s make connection between ideas......cause you want to be an awesome nurse.

You want to study so that your brain is trained to be able to peek at the consequences of an action before that action happens. After all, some of the consequences of our actions could be lethal so it is really a super-essential part of being a nurse, right?

As an aside.....Try to remove the expectations you have placed on yourself. You cannot/will not/do not think like a nurse day one of nursing school, regardless of what anyone is telling you. Just don’t go down that road, please.

Here it the real scoop guys, you can’t think like one because you are not one, not yet. There is NOT any possible way that you can do this, at this point in time, hours of study be damned.

While you have to answer a fixed percentage of test questions correctly in class and on the NCLEX to get your license, the point of learning how to do this is to save the lives of the patients you work with...to leave them better than you found them.

Practice this method of study. It is a powerful tool and will get you thinking like a nurse faster than you can create a care plan...seriously.
On with the plan.

You should immediately arm yourself with the syllabus for this portion of your course work. It is the definitive guide to what you will be tested on; hopefully your instructors haven’t put some little ‘other items as specified in class’ caveat on your syllabus. That makes it a free-for-all and you need to know the whole chapter. Anyway,

Get your list of shit you need to know for this coming test.

Get your book and some paper and get ready to amaze yourself.

You will always start your journey here:

1. Gathering Data: Locate whatever it is you need to read. Let’s say the section on CHF.
   - Ask yourself about each disease state as you read. We are going to use what/when/where/why/how questions.
     - What is the disease state?
     - When does it occur?
     - Where does it manifest symptoms?
     - Why are these symptoms a problem?
     - How will the doctor fix this? How will you support what the doctor does?
   - When you get to labs and meds ask the same questions
     - What is the lab value associated with this disease state?
     - When will it be elevated? What will that elevated number tell me?
     - Where will I see the symptoms associated with that elevated number?
     - Why is this a problem?
     - How will the doctor fix it? How will you support the doctor in what he is doing with your independent nursing interventions?
   - Link the nursing interventions to the specific symptoms each disease state manifests with the same what/when/where/why/how questions (let’s use CHF)
     - What nursing intervention will I perform for shortness of breath associated with CHF?
     - When will I have to use this intervention?
     - Where will my patient feel the difference because of the intervention?
     - Why will this help?
     - How will my actions help the patient have a better life? How will my actions help support what the doc is doing?
   - Link the teaching for each disease state to the specific symptom with the same questions, too!
     - What will I teach my patient about the shortness of breath that comes with CHF?
     - When is the best time to teach him?
     - Where will my patients’ life improve for using this info?
     - Why is this info important?
     - How will this teaching help my patient to have a better life?

What questions do you think would be helpful to ask as you study?
2. Find the most important thing about each disease state, the one thing you better know in a pinch so you can save your patients life. Ask yourself these kinds of questions again focused on the most important thing about each disease. You know use those what/when/where/why/how questions. Know how it shows up or ‘what’ it looks like and what you will do to intervene. In our CHF example this is flash pulmonary edema. It is life-threatening and can happen at any time.

- What will I do if my patient develops signs of pulmonary edema?
- What signs/symptoms will my patient show if he develops this complication?
- When will my doc intervene?
- Where will my most important (lifesaving) intervention focus?
- How will I know it is effective?

3. Tell yourself a story to connect the dots with what you have learned. Read it into a recorder and listen to it...as much as you can. This helps you understand it backwards and forwards. I did this with the diabetes and the types of insulin. Man, I had tons of trouble remembering all this. Today, in ICU, almost every patient has DM and is on insulin for some reason. It is important to understand so I told a story about glucose and her BFF insulin. It worked!

Here is my story-book format example about CHF. The highlights are the what/when/where/why/how questions I answered with data from the textbook when I was studying. Again, your story doesn’t have to be as complicated as mine. This is what worked for me. All the yellow is the pertinent data.

In CHF the heart stops pumping effectively, this can occur for a number of reasons like MI, HTN untreated DM, infections, anything that makes the left ventricle fail. Patients that have CHF often show fatigue and edema, they may complain of SOB when laying down or orthopnea. I would expect the doc to order a BNP level to confirm that CHF is present, the normal values are < 100. If my client comes back from 100-300 I know that HF is present, if he comes back > 900 I know severe HF is present. BNP elevates because when you have CHF the heart stretches and the lower chambers release B-Type natriuretic Peptide. Patients with CHF also c/o difficulty breathing and anxiety, as a nurse I can help my CHF patient with the symptom of dyspnea, orthopnea, SOB, by assisting with ADL’s, clustering care and teaching them to help themselves by using pillows to elevate the head of bed. I know the doc will order Lasix to be give to my patient which helps remove fluid from the body, it can also cause my patient to feel weak, this weakness might be related to loss of potassium secondary to increased urination. So I need to teach my patient to make sure they eat lots of food that contains potassium like oranges and spinach, maybe bananas or cooked dried beans. This will help replace what lasix has depleted. I will teach them to decrease their intake of salt in their diet because salt causes fluid retention, which adds extra fluid to an already over burdened circulatory system. I know removing the extra fluid is essential because in left sided heart failure the left ventricle is not able to push blood/fluid thru the body like it used to do. That extra fluid causes issues in other body systems and eventually causes right sided heart failure because the weakening left side backs up fluid into the pulmonary system which causes extra work for the right side of the heart. I will need to teach my patients to weigh themselves, this will help them maintain the disease because weight gain is the best indicator of fluid retention which I know shows worsening HF. I might expect they will be weaker, have less energy, have trouble breathing when sleeping or laying down...this will cause me to cluster care/utilize energy saving techniques/teach them to cluster care at home/conserve energy and keep the HOB elevated and show them how to do this at home...I will teach the family s/s of flash pulmonary edema so they can get help quickly.
4. When time is short, just skip the long story and make short sentences instead. Just the down-and-dirty facts:

Wow...if you get CHF then you could have ___________________ (what)
My patient will need help with ___________________ (when) because of ___________________ (where)
That means as a ninja (I mean nurse) I will do/teach/give__________________________ (intervention)
I did____ now_____ has happened...so this will be my response as a nurse
This has happened so my doc will do this....

5. Practice in reverse. Give yourself a nursing intervention and think...what would I use this for? Many interventions are used for multiple disease processes. Always relate the intervention to a s/s.

For Example, assisting with ADL’s—This could be used for shortness of breath caused by a number of issues, not just CHF. My patient needs help because being short of breath causes them to oxygenate poorly and this will cause a host of other problems. Can you name them?

6. Safety first, last and always...for every disease state you study, every nursing intervention, every med you give you need to know how to keep the patient safe. Again use the five words in question form for each safety topic.
What will happen if I leave out this safety piece?
When do I need to implore this safety technique?
Where does this safety intervention apply?
Why is this intervention needed to keep my patient safe?
How will I teach my patient this safety intervention?

There is not a 'right' or 'wrong' way to do this.

You do not have to go all-in with this technique for it to work well for you.

Ask yourself questions while you are reading your textbook so that you can draw correlations between disease states, labs, medicines and most importantly nursing interventions.

You must know what you will do as the nurse to help your patient.

Here are a couple of example templates that may help you organize your thoughts.

Again...morph this to be what you find most helpful. It is YOUR brain you need to work with, Nurse Awesome, not mine.
Use this template to help you organize your thoughts as you begin asking What/When/Where/Why/How questions

<table>
<thead>
<tr>
<th>What is the disease?</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the pathophysiology:</td>
<td></td>
</tr>
<tr>
<td>When does it occur?</td>
<td></td>
</tr>
<tr>
<td>Why are these symptoms a problem?</td>
<td>Organ Compromise?</td>
</tr>
<tr>
<td>What will the doctor do to fix the issue?</td>
<td>When will he Treat?</td>
</tr>
<tr>
<td>How will I know my interventions are effective?</td>
<td>Signs my patient is improving</td>
</tr>
<tr>
<td>What will I teach my patient as a result of the disease?</td>
<td>Restrictions/Life Changes</td>
</tr>
</tbody>
</table>
The point is to connect concepts however works best for your brain. If it makes sense to focus only on nursing interventions than do it. If it makes sense to look more deeply at lab values, do that. Whatever fits with your program and your learning style-Do it!
Mine looks like this—although it is hand written and in many different colors, NOT in a neat diagram:

- **Congestive Heart Failure**
- **Left Ventricle of Heart stops pumping as effectively as it should**
- **CAD, DM, MI, HTN, Infection, Heart valve issues**

**When will doc know it is worsening**
- Increase BNP
- Weight gain
- Symptoms increase

**How will he treat?**

- **Medications**
  - **Digoxin**
  - slow heart rhythms + increase contraction strength
  - **Lasix**
  - Removes Fluid

- **Restrictions on activity**

**Nursing Interventions**

- **Teach:**
  - Diet
  - Energy Conservation
  - Sleep upright

**Labs:**
- BNP < 100 norm
- >900 severe HF
- Lungs sound = ‘crackles’
- Cap refill > 3 sec
- Pt reports Fatigue
- Edema

**S/S:**
- Left sided
- Tachycardia
- Orthopnea
- DOE
- Weight gain

**Left Ventricle of Heart** stops pumping as effectively as it should.
Here is the one I did on pneumonia

The body’s own inflammation response produces A LOT of edema which stiffens the lungs.

Stiff lungs decreases the ability to take in O2 so lung compliance and vital capacity decreases.

As vital capacity decreases do does the available supply of O2.

We need O2 to be traveling through our blood so our cells can be happy.

Cells cannot take up O2 that is not there so as O2 in blood decreases we become hypoxemic

Other times I just want to look at the several diseases and compare the symptoms, like this:

<table>
<thead>
<tr>
<th>Bronchitis</th>
<th>Bronchiolitis</th>
<th>Respiratory Syncytial Virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large airway branch inflammation</td>
<td>Small airway branch inflammation</td>
<td>Acute Viral Infection-Epithelial cells of resp tract swell and lose their cilia</td>
</tr>
<tr>
<td>Abrupt Symptoms</td>
<td>Develops slowly after RSV</td>
<td>Presents as cold symptoms/URI</td>
</tr>
<tr>
<td>Dry Hacking unproductive cough that is worse at night becomes productive in 2-3 days</td>
<td>Labored respirations, cough, persistent cough, tachypnea, increased nasal mucus, fever</td>
<td>Wheezing, crackles, diminished breath sounds, retractions, dyspnea, tachypnea, copious nasal secretions</td>
</tr>
<tr>
<td>Year round-allergic response can trigger (smoke, pollen)</td>
<td>Winter and Spring-history of allergy play a role</td>
<td>Winter and Spring</td>
</tr>
<tr>
<td>Usually Viral</td>
<td>Usually caused by RSV, adenovirus, or M. Pneumoniae</td>
<td>Begins with URI</td>
</tr>
<tr>
<td>Self-Limiting; treat symptoms for relief-recover in 5-10 days</td>
<td>Humidified oxygen, IV fluid d/t aspiration risk</td>
<td>If acquired under age of 1 this is a significant risk for development of ASTHMA</td>
</tr>
<tr>
<td>Hand washing best way to prevent</td>
<td>Most common infectious disease of lower airway</td>
<td>Contact precautions: most children have been infected by age 3 at least once-MOST common reason for hospitalization in kids under 1</td>
</tr>
</tbody>
</table>
Alright, amazing new nursing student. Time to put down this pdf and pick up your book.

I know that if you read your book and ask yourself these kinds of questions you will start to develop the nursing chops that you need to successfully get through school with incredible grades.

Even better, you will retain the stuff you are working so hard to learn so you can use it when you get out of school and start nursing for real!

You learn so much the first year as a real nurse that having this great base of knowledge formed by this type of concrete, interconnected study will be essential.

They are the beginning steps to learning how to critically think.

They will help you think like a nurse as you are learning to be one.

I know you can do this!
I do this work because I love nursing but hated the process of becoming a nurse. I want your way to be easier so you can focus on other things that are more important in school. You are welcome to share this pdf with your fellow students. The more the merrier in this party. Share it but give me credit for creating it. It came from my brain, my heart, my observation, my practice. It is super-bad karma to steal stuff and not at all awesome to claim it as your own when it is not. Nursing school is a big enough monster without bringing the ‘I steal shit’ pox on yourself. Thanks in advance. Now, go be awesome!