

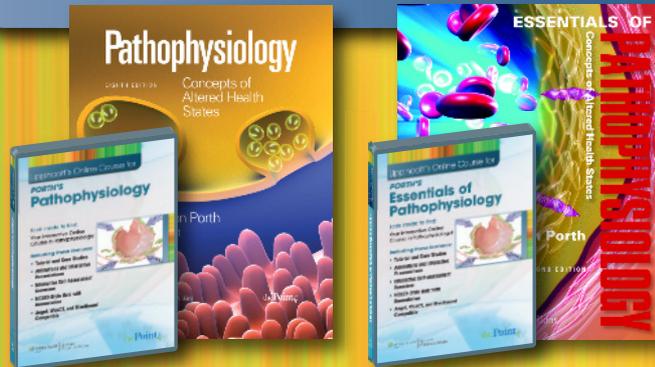
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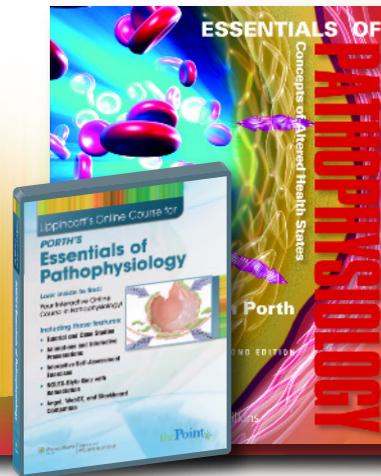
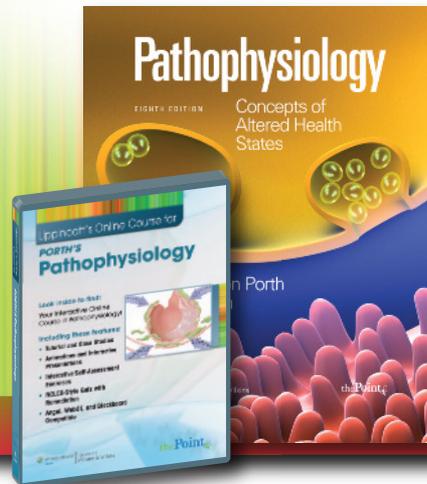
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- **Case Studies** challenge students to apply what they've learned.
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Engaging animations demonstrate key pathophysiology concepts with life-like detail

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Pathophysiology
Endocrine System

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Pathophysiology: Diabetes Mellitus

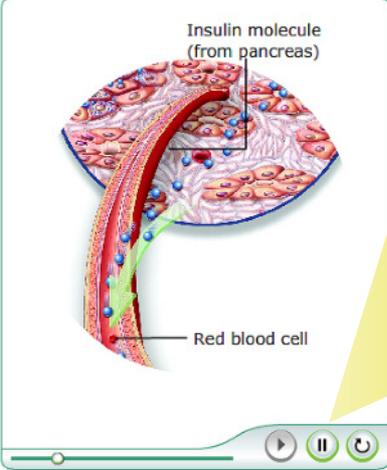
Diabetes mellitus is an endocrine disease caused by failure of the pancreas to function correctly. As a result, the body does not properly produce or use [insulin](#), a condition that can lead to [hyperglycemia](#).

There are two main types of diabetes:

- Type 1, which is characterized by a total absence of insulin production
- Type 2, which is characterized by resistance to the action of insulin on target tissues and a relatively diminished secretion of insulin

In both types, use of glucose by the body cells is decreased. Additionally, the liver overproduces glucose.

Type 2 diabetes is often associated with obesity.



Consistent navigation buttons allow for self-paced study

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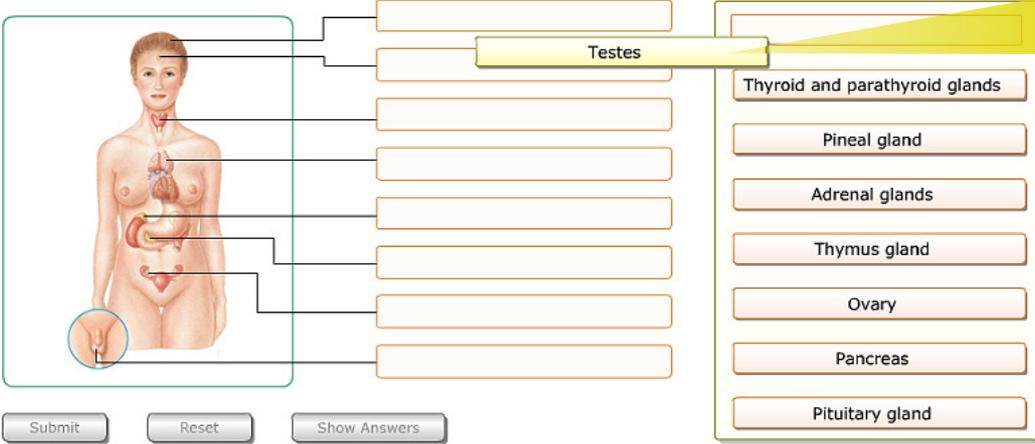
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Anatomy & Physiology: Glands

In this exercise, you'll identify the endocrine glands by their location in the body.
Drag and drop the labels that appear on the right into the corresponding placeholders and then click Submit.



Submit Reset Show Answers

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Highlighted key terms link to easy-to-understand definitions

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The screenshot shows a web interface for "Pathophysiology Endocrine System" by Wolters Kluwer Health | Lippincott Williams & Wilkins. The page title is "Anatomy & Physiology: Endocrine System". The main text describes the endocrine system's role in growth, metabolism, and reproduction, listing three major components: Glands, Hormones, and Receptors. A pop-up window titled "Receptors" provides a definition: "Protein molecules that bind specifically with other molecules. Hormone receptors are a necessary component, along with glands and hormones, to the correct functioning of the endocrine system. Hyporesponsiveness of hormone receptors can lead to an endocrine disorder." The background features an anatomical diagram of the human endocrine system with labels for the Pituitary gland, Pineal gland, Thyroid and parathyroid glands, Thymus gland, and Testes. A yellow callout bubble points to the pop-up window with the text "Definitions open in a separate window for easy readability". The interface includes navigation buttons like "Previous", "3 of 40", and "Next" at the bottom.

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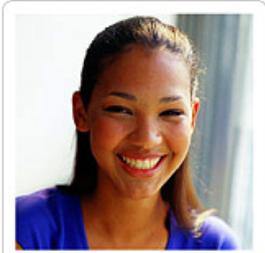
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Case Study 1

Lisa, 18 years old, presents to her primary care physician. She reports fatigue, recurrent headaches, and an unplanned weight loss of 8 pounds. Lisa is a college freshman; she says that she has been "under a lot of stress" since the beginning of the school year. Lisa reports that she eats nutritiously but that she "always feels hungry." She adds that she has been thirsty a lot lately, and that she has been urinating more frequently than usual. Lisa denies using any medications and having allergies; her past medical history is significant for a "really bad flu" approximately 6 months prior to this appointment. She has had no surgeries.



Lisa's laboratory results are as follows:

- Sodium level: 134 mmol/L
- Potassium level: 5.8 mmol/L
- Chloride level: 118 mmol/L
- Bicarbonate level: 15 mmol/L
- Blood glucose level: 450 mg/dL
- Urine: positive for large amount of glucose and ketones

Her vital signs are pulse 124, respiratory rate 24, blood pressure 110/60, and temperature 37°C.

Patient Chart

- Sodium level of 134 mmol/L
- Potassium level: 5.8 mmol/L
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[Patient Chart](#)

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Click to display patient charts

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Multiple Choice • Sequencing • Labeling • Fill-in-the-Blank • Categorization • True/False

Case Study 1: Question 4

Three nursing diagnoses have been identified for this patient. What is the rationale for each diagnosis?

Select a box in the left column and the corresponding answer from the box in the right column to match the diagnoses with their rationales. Click the "Patient Chart" button to view the patient's history.

Priority Nursing Diagnosis		Supporting Factor
Deficient fluid volume	<input type="checkbox"/>	Lack of awareness about diabetes mellitus
Imbalanced nutrition: less than body requirements	<input type="checkbox"/>	Dehydration from the elevated blood glucose resulting in osmotic diuresis
Deficient knowledge	<input type="checkbox"/>	Weight loss from the inability to use blood glucose, resulting in cellular starvation

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User	IS Reps
Submitted	7/27/09 10:50 AM
Name	Module 06: NCLEX Quiz
Status	Completed
Score	4 out of 20 points
Instructions	

Question 1 0 out of 1 points

Which of the following are major components of the endocrine system? Select all that apply.

Selected Answers: b. Bursae

Correct Answers: a. Hormones
 c. Glands
 e. Receptors

Feedback: The three major components of the endocrine system are glands, hormones, and receptors. Tendons and bursae are part of the musculoskeletal system. (For more information, see: Corwin, Handbook of Pathophysiology, 3rd edition, page 243; Porth, Essentials of Pathophysiology: Concepts of Altered Health States, 2nd edition, page 659; Porth, Pathophysiology: Concepts of Altered Health States, 7th edition, page 951; Pathophysiology Made Incredibly Easy, 4th edition, page 243.)

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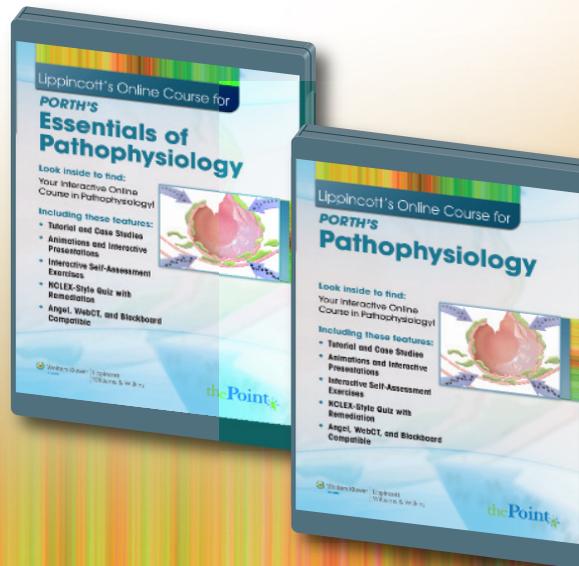
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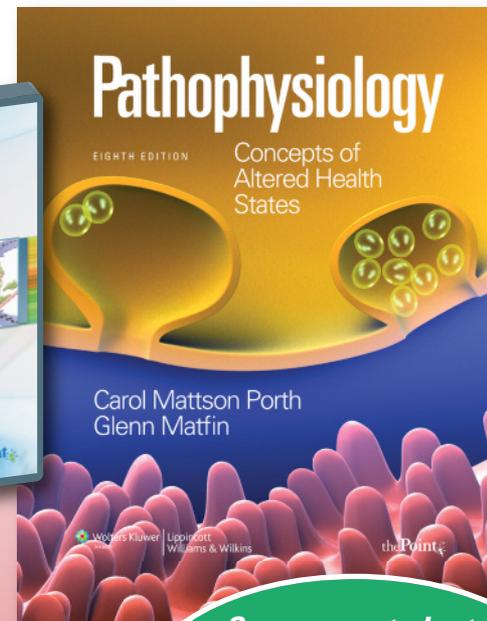
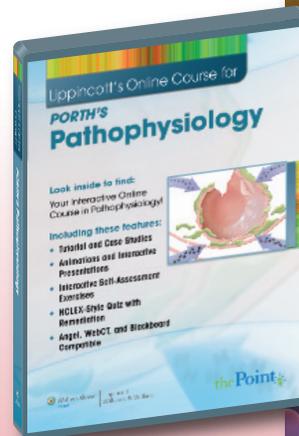
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- Neurologic System
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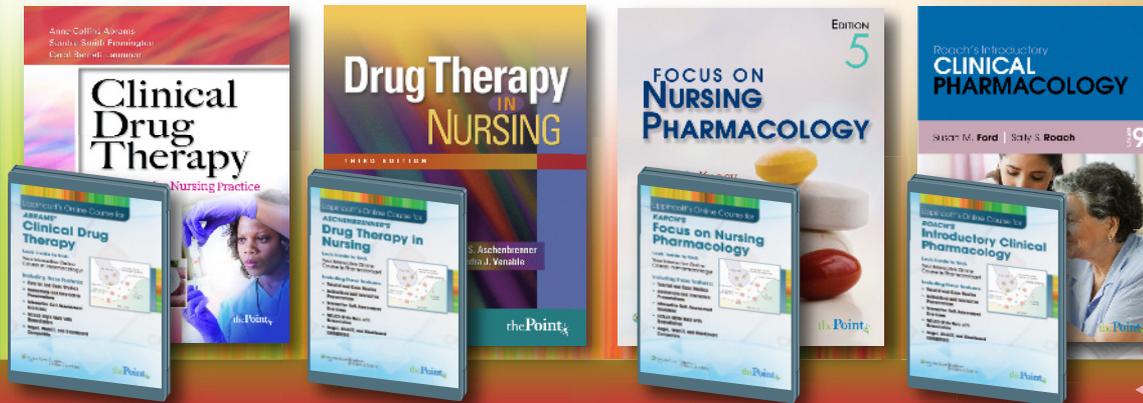
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Pharmacology
Pharmacology Basics

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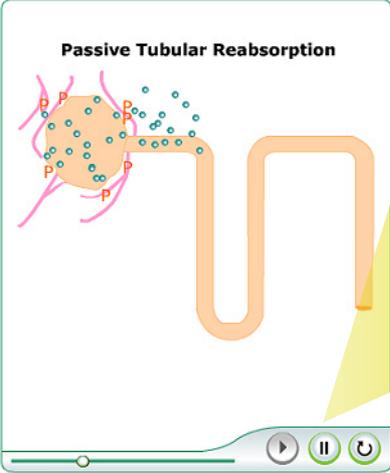
Excretion

Renal excretion of a drug involves three processes.

1. Drug molecules that are small enough pass through the capillary walls and enter the tubules of the nephrons, where they become part of the filtrate and then pass out of the body as urine. This is glomerular filtration. Protein-bound drugs cannot pass through the capillary membrane because the protein molecules are too large.
2. Because of the concentration gradient that exists with more drug molecules in the tubules than in the blood, some drug molecules pass into the nephrotic tubules but then are passively reabsorbed into the blood. Lipophilic drug molecules can be passively reabsorbed but non-lipid-soluble molecules cannot.
3. Active transport systems in the tubules move some of the drug molecules out of the blood and into the urine.

Excretion is measured as [serum half-life](#), or the time it takes for one-half of the drug to be eliminated from the body.

Passive Tubular Reabsorption



Consistent navigation buttons allow for self-paced study

Navigation controls: Play, Pause, Stop, Previous, Next, 11 of 36

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Metabolism: Self-Assessment Exercise

This exercise tests how well you understand the basics of drug metabolism.
Drag and drop the labels that appear on the right into the corresponding placeholders and then click Submit.

1. Most drugs are transformed into _____ metabolites which are then excreted.
2. _____ do not become active until they are metabolized.
3. A large percentage of the drug molecules are converted in their _____ through the liver.
4. The _____ plays the largest role in the metabolism of drugs.
5. The route of administration can affect the rate of _____ metabolites

Active
First-pass
Liver
Prodrugs
Inactive

Submit Reset Show Answers

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Drop and drag

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The screenshot shows a web interface for 'Pharmacology Basics' by Wolters Kluwer Health | Lippincott Williams & Wilkins. The page title is 'Secondary Effects' and it lists 'Adverse reactions' including Allergic reactions, Drug idiosyncrasy, Drug tolerance, Cumulative drug effects, Toxic reactions, and [Pharmacogenetic reactions](#). A definition window is open for 'Pharmacogenetic Disorder', which states: 'A pharmacogenetic disorder is a genetically determined abnormal response to normal doses of a drug. This abnormal response occurs because of inherited traits that cause abnormal metabolism of drugs.' The window has a close button (X) in the top right corner. At the bottom of the page, there are navigation controls: a play/pause button, a refresh button, a volume icon, a print icon, and a page indicator showing '17 of 36' with 'Previous' and 'Next' buttons.

Definitions open in a separate window for easy readability

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Case Study 2

Carolyn is an 80-year-old Hispanic woman with hypertension and atherosclerosis who is also hearing impaired. Carolyn's current medication regimen includes Losarten for her hypertension and Lipitor for her high cholesterol. Carolyn presents to the Emergency Department because of heart pain. She is diagnosed with angina pectoris and the emergency physician prescribes nitroglycerin in addition to the hypertensive medications she is already taking. As Carolyn's ER nurse, you give her the instructions that she should have a follow-up appointment with her regular physician after she is discharged.



Patient Chart

Female, 80 years old
History: hypertension, atherosclerosis, hearing impaired
Current meds: Losarten, Lipitor
Presenting symptom: chest pain
Diagnosis: angina pectoris
New prescription: nitroglycerin

Click to display patient charts

Patient Chart

◀ Previous 4 of 8 Next ▶

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Multiple Choice • Sequencing • Labeling • Fill-in-the-Blank • Categorization • True/False

Case Study 1: Question 4

Three nursing diagnoses have been identified for this patient. What is the rationale for each diagnosis?

Select a box in the left column and the corresponding answer from the box in the right column to match the diagnoses with their rationales. Click the "Patient Chart" button to view the patient's history.

Priority Nursing Diagnosis		Supporting Factor
Deficient fluid volume	<input type="checkbox"/>	Lack of awareness about diabetes mellitus
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Review Assessment: Module 01: NCLEX Quiz

User: Jeannette Loews
Submitted: 5/1/09 1:42 PM
Name: Module 01: NCLEX Quiz
Status: Completed
Score: 2 out of 20 points
Instructions

Question 1 0 out of 1 points

In which of the following ways are drugs absorbed into cells? Select all that apply.

Selected Answers: ✓ Facilitated diffusion

Correct Answers: ✓ Passive diffusion
✓ Facilitated diffusion
✓ Active transport

Feedback: Passive diffusion, facilitated diffusion, and active transport are the three ways by which drugs are absorbed into cells. Biotransformation is another term for metabolism. Metabolism is the process by which a drug is converted from its dosage form to inactive compounds through a series of chemical reactions. (For more information on this topic, consult:
Amy M. Karch, *Focus on Nursing Pharmacology*, 4th Edition, page(s) 21
Anne Collins Abrams, Sandra Smith Pennington, & Carol Barnett Lammon, *Clinical Drug Therapy*, 8th Edition, page(s) 12-14, 13b
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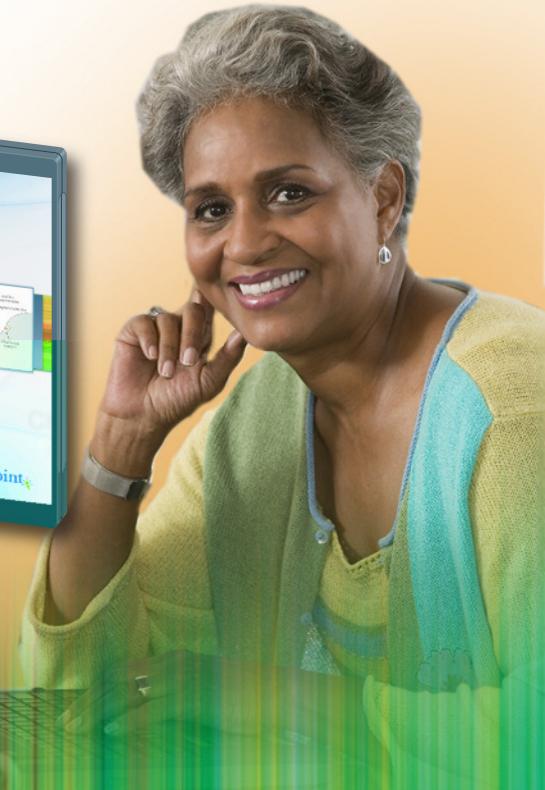
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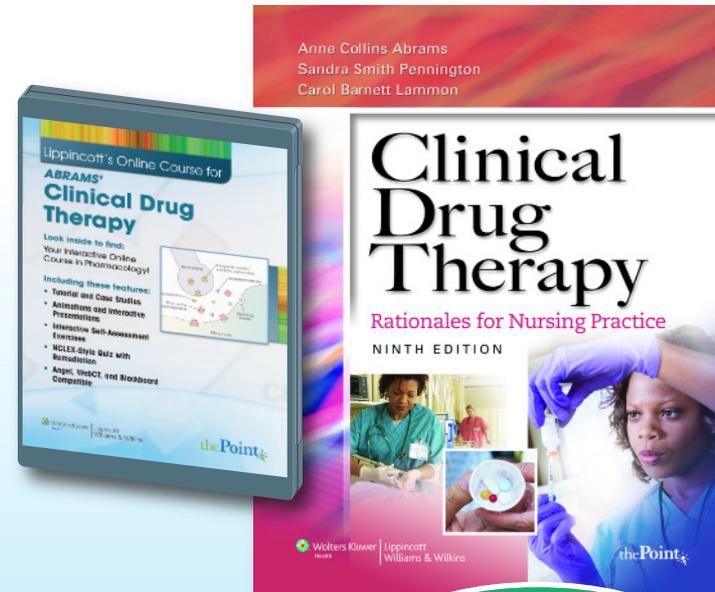
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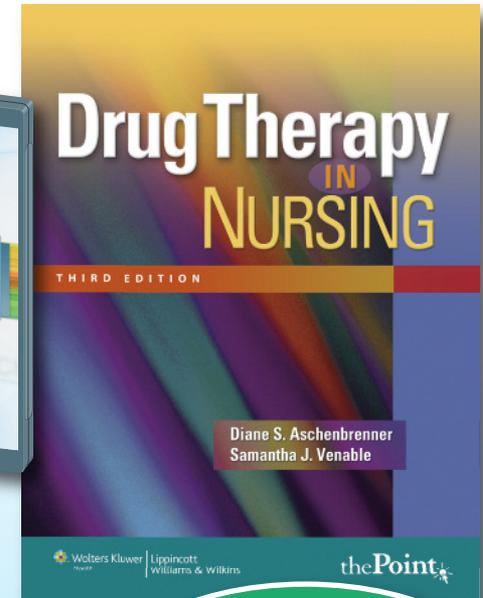
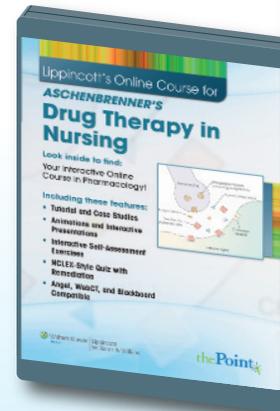
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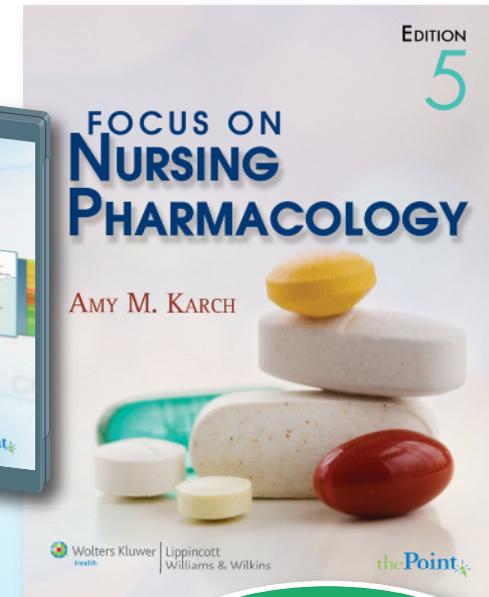
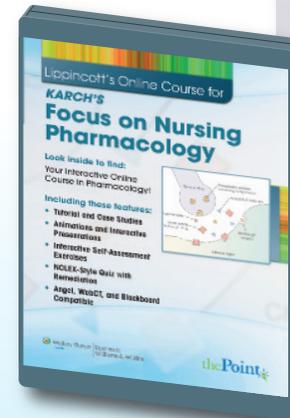
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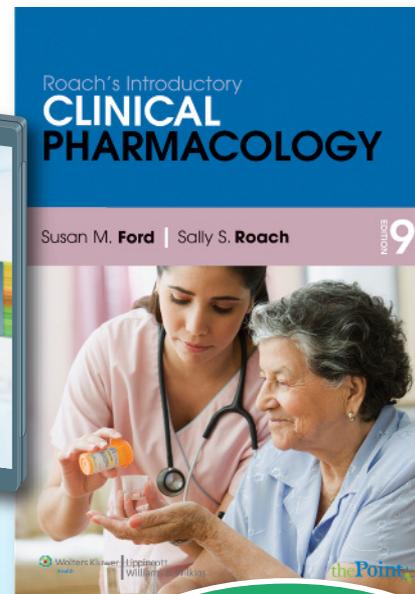
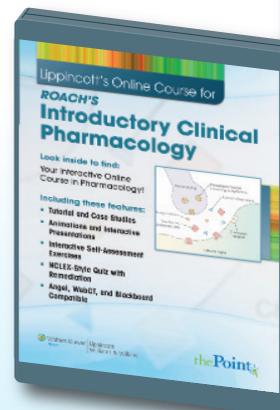
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