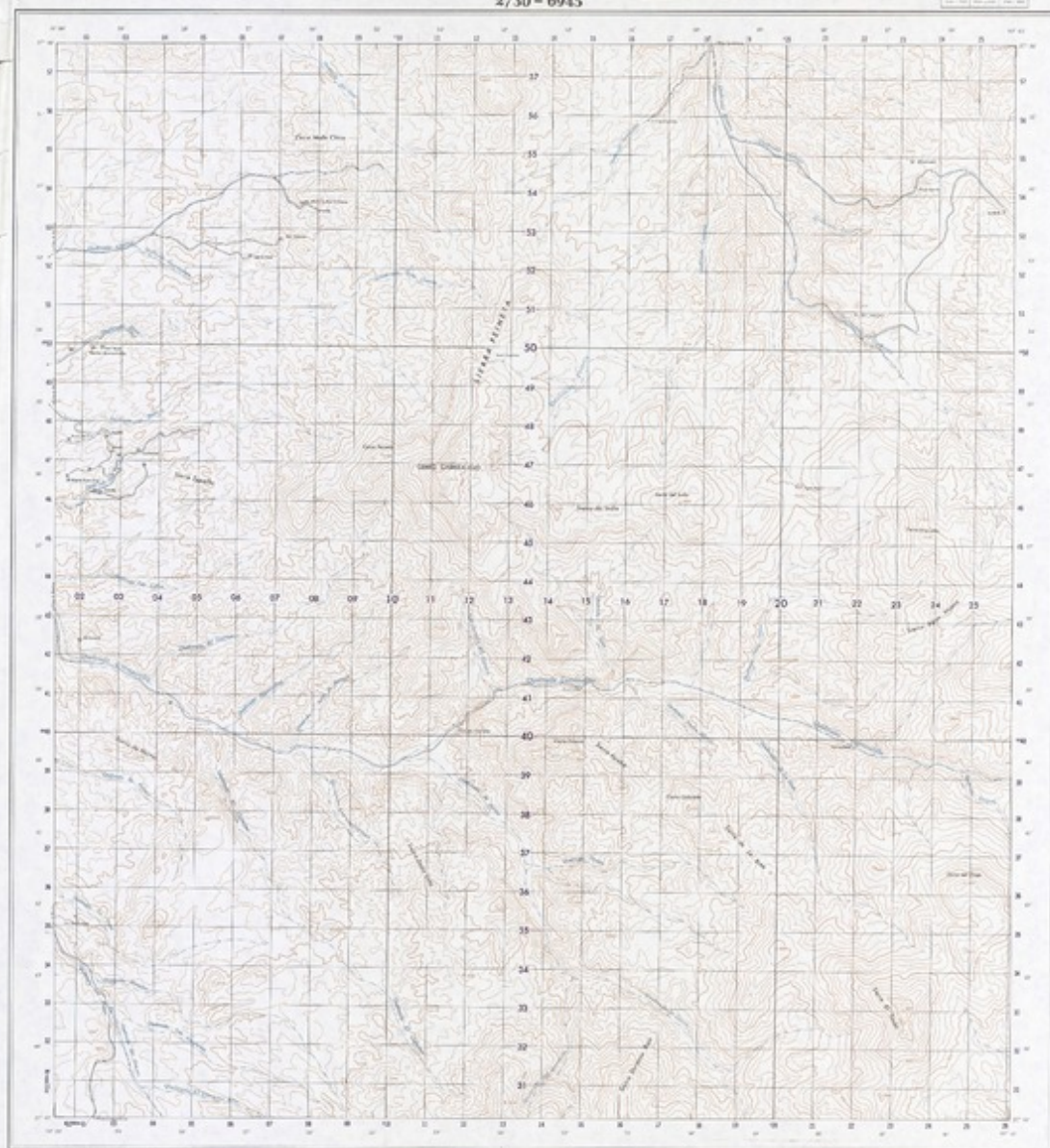




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ESCALA 1-50 CCM

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QUESTION	ANSWER	EXPLANATION
1. A patient with a history of chronic kidney disease (CKD) is being treated with a diuretic. The patient's serum potassium level is 2.8 mEq/L. Which of the following is the most appropriate action?	Stop the diuretic and administer potassium supplements.	The patient's serum potassium level is significantly low (2.8 mEq/L), which is a common side effect of diuretic therapy in CKD. Stopping the diuretic and administering potassium supplements is the most appropriate action to prevent complications.
2. A patient with a history of heart failure is being treated with a beta-blocker. The patient's heart rate is 55 bpm. Which of the following is the most appropriate action?	Monitor the patient's heart rate and symptoms.	The patient's heart rate is low (55 bpm), which is a common side effect of beta-blocker therapy in heart failure. Monitoring the patient's heart rate and symptoms is the most appropriate action to ensure the patient is stable.
3. A patient with a history of hypertension is being treated with a calcium channel blocker. The patient's blood pressure is 180/110 mmHg. Which of the following is the most appropriate action?	Administer a short-acting antihypertensive medication.	The patient's blood pressure is significantly high (180/110 mmHg), which is a common side effect of calcium channel blocker therapy in hypertension. Administering a short-acting antihypertensive medication is the most appropriate action to lower the blood pressure.
4. A patient with a history of diabetes is being treated with insulin. The patient's blood glucose level is 10 mg/dL. Which of the following is the most appropriate action?	Administer a fast-acting carbohydrate.	The patient's blood glucose level is significantly low (10 mg/dL), which is a common side effect of insulin therapy in diabetes. Administering a fast-acting carbohydrate is the most appropriate action to raise the blood glucose level.
5. A patient with a history of asthma is being treated with a beta-2 agonist. The patient's heart rate is 120 bpm. Which of the following is the most appropriate action?	Monitor the patient's heart rate and symptoms.	The patient's heart rate is high (120 bpm), which is a common side effect of beta-2 agonist therapy in asthma. Monitoring the patient's heart rate and symptoms is the most appropriate action to ensure the patient is stable.

PROBLEMA DEL RINCHIAMENTO DEL CEMENTO
L'azione del rinchio è un fenomeno che si verifica quando il cemento si indurisce troppo rapidamente, formando una crosta superficiale che impedisce l'uscita dell'acqua. Questo può portare a crepe e a una ridotta resistenza del calcestruzzo.

CAUSE DEL RINCHIAMENTO DEL CEMENTO
Le cause principali del rinchio sono:

- **Alta temperatura ambiente**: Le alte temperature accelerano l'essiccazione del cemento.
- **Bassa umidità relativa**: L'aria secca favorisce la perdita di acqua dal calcestruzzo.
- **Alta velocità del vento**: Il vento aumenta l'evaporazione dell'acqua dalla superficie.
- **Spessore eccessivo della massa**: Le masse spesse si induriscono più lentamente, ma la superficie si secca troppo in fretta.
- **Qualità del cemento**: Cementi con un rapporto acqua/cemento troppo basso sono più suscettibili al rinchio.

PREVENZIONE DEL RINCHIAMENTO DEL CEMENTO
Per prevenire il rinchio, è importante:

- **Utilizzare additivi ritardanti**: Questi additivi rallentano il processo di indurimento del cemento.
- **Proteggere la superficie**: Utilizzare teli o vernici protettive per ridurre l'evaporazione dell'acqua.
- **Idratare la superficie**: Spruzzare acqua sulla superficie durante la fase di indurimento.
- **Controllare l'ambiente**: Evitare di lavorare in condizioni di alta temperatura e bassa umidità.

CONCLUSIONI
Il rinchio del cemento è un problema serio che può compromettere la qualità del calcestruzzo. Per evitarlo, è necessario adottare misure preventive adeguate durante la fase di lavoro.

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Instituto Geográfico Militar (Chile)

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DATOS DE PUBLICACIÓN

Cerro Carrizalillo [material cartográfico] Instituto Geográfico Militar de Chile. Santiago : Instituto Geográfico Militar, [entre 1970 y 1979]. 1 mapa : color ; 59 x 54 cm, en hoja 80 x 59 cm.

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