ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2022

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ATI Scenario: ATI 1: CKD

To Be Completed Before the Simulation

****** Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation.

Medical Diagnosis: CKD

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

The urinary system consists of two kidneys, two ureters, urinary bladder, and a urethra. The kidneys alone perform many functions and manufacture urine in the process, while the other organs of the urinary system provide temporary storage reservoirs for urine or serve as transportation channels to carry it from one body region to another.

The kidneys are two bean shapes organs in the renal system. They help the body pass waste as urine. Also filter blood before sending it back to the heart. The nephron is the most important part of each kidney. They take in blood, metabolize nutrients, and help pass out waste product from filtered blood.

Kidney's function: Filter, waste processing, elimination, regulate the blood's volume and chemical makeup so that proper balance between water and salts and between acids and bases is maintained, produce the enzyme renin, regulate blood pressure, the hormone erythropoietin stimulates red blood cell production of in the bone marrow, convert vit D to its active form.

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

CKD is a progressive, irreversible kidney disease. A client who has CKD can be free of manifestations except during periods of stress (infection, surgery and trauma.) As kidney dysfunction progresses, manifestations become apparent.
CKD is comprised of 5 stages:
Stage 1: Minimal kidney damage when GFR within expected reference range (greater than 90mL/min)
Stage 2: Mild kidney damage with mildly decreased GFR (60-89 mL/min)
Stage 3: Moderate kidney damage with moderate decrease in GFR (30-59 mL/min)
Stage 4: Severe kidney damage with severe decrease in GFR (15-29mL/min)
Stage 5: Kidney failure and end- stage renal disease with little or no glomerular filtration (less than 15mL/min)

Anticipated Patient Problems, Goals, & Interventions Based on Medical Diagnosis

** This worksheet should be completed before you begin the ATI simulation.

Problem #1: Excess Fluid Volume

Patient Goals:

1. Pt is normovolemic aeb a reduction of edema and has clear lung sounds as manifested by absence of pulmonary crackles by then end of my care.

2. Pt maintains HR between 60-100 bpm and describes symptoms that indicate the need to call her primary doctor by the end of my care.

Assessments:

Assess vital signs for fluid volume excess q2-4hrs,prn, Auscultate for crackles 2x/day, prn, Assess for peripheral edema 2x/day, prn, Assess the pt's compliance with the dietary and fluid restrictions at home 1x/day, prn.

Interventions (In priority order):

1. Raise the HOB to high fowlers, having the patient sit up if he/she reports SOB prn, during my time of care.
2. Advice the pt to elevate his/her feet when sitting down prn, during my time of care.
3. Instruct the pt in methods to relieve dry mouth and maintain fluid restriction such as ice chips and frequent mouth rinses using ½ cup of mouthwash mixed with ½ cup of ice water and do not swallow prn, during my time of care.
4. Instruct the pt regarding restricting fluid intake as required by the pt's condition and the doctor's orders prn, during my time of care.
5. Instruct the pt regarding restricting dietary sodium as required by the pt's condition and the doctor's orders prn, during my time of care.
6. Educate the pt and family members regarding fluid volume excess and it's causes prn, during my time of care.

Problem #2: Deficient Knowledge

Patient Goals:

1. Pt verbalizes the treatment goals for CKD include preserving kidney function and reducing cardiovascular disease by the end of my care.

2. Pt verbalizes prevention of complications, medication therapy, and necessary dietary restrictions by the end of my care.

Assessments:

Assess the pt's understanding of CKD, the stages of CKD, and the overall treatment approach for the pt's specific stage at least 1x during my shift, prn. Determine the pt's understanding of his/her specific risk factors for cardiovascular disease at least 1x during my shist, prn. Determine the pt's self- efficacy to learn about CKD and apply new knowledge to participation in treatment of the disease during my time of care, prn.

Interventions (In priority order):

1. Discuss the importance of taking prescribed medications such as diabetes and hypertensive medications at least 1x during my time of care, prn.
2. Instruct the pt in dietary components of the treatment plan such as nutritional therapy, fluid restrictions, low- fat diet, and vitamin and mineral requirements at least 1x during my shift, prn.
3. Discuss the need for reading food labels for sodium, potassium, and other mineral content being used at least 1x during my shift, prn.
4. Instruct the pt in recognition of complications such as fluid volume excess and electrolyte imbalances at least 1x during my time of care, prn.
5. Instruct the pt to notify members of the interprofessional health care team of any questions of concerns regarding over-the-counter medications and food or herbal supplements 1x during my time of care, prn.
6. Involve family and caregivers in instruction sessions on special diets and fluid restriction at least 1x during my time of care, prn.

To Be Completed During the Simulation

Nursing Notes

Time	*I Or E*	Notes	Specify Problem #
0600	E	States “I woke up having difficulty breathing so I called 911”, HR 158 irregular, R: 34, BP: 112/70, Sp02: 88% on 2L of O2 via NC, crackles in lungs, decreased sensation when touching R foot, states “The doctor prescribed me some kind of antibiotics for an infection in my foot when I was in the hospital a week ago, but I wasn’t able to pick up the medication until yesterday.” ---------- FHSNB	1
0645	I	Increased O2 rate to 3L via NC and performed a sterile dressing change to the right foot ---------- FHSNB	1
0745	E	Spo2: 88% on 3L of O2 via NC, appears to be having more trouble of breathing, states “My breathing doesn’t feel much better, I just seem to get a deep breath, I feel the same as when I came into the hospital, could I sit up a little more.” ---------- FHSNB	1
0815	I	Helped position up in bed, called the provider, Administered Furosemide 20mg IV ---------- FHSNB	1
0825	E	States “I feel a little better”, I: 1550mL O: 50mL voided of dark urine, HR: 140 irregular, BP: 132/45, R: 32, Spo2: 85% 3L of O2 via NC	1
0900	I	Discontinues IV fluids and reduced o2 sats to 2L of O2, educated that Furosemide affects urine output, and it helps pull fluid off of the lungs which should help to breathe easier and discontinuing IV fluids also helps with breathing, performed a bladder scan ---------- FHSNB	1
0930	E	Scant amount of urine in bladder, elevated telemetry reading heart rate is more irregular, states “I don’t’ feel and chest discomfort or numbness, I’m still a little SOB and my heart is racing, and I am really tired” Spo2: 95% on 2L of O2 via NC, HR: 140, K+: 6.0, BUN: 52, Creatinine: 3.6	1,2
1000	I	Notified provider of irregular HR, subjective data, and lab results	1,2
1050	E	Provider states “hold the vancomycin, administer another dose of Furosemide 20mg IV bolus now, and provide an indwelling urinary catheter if necessary” ---------- FHSNB	1
1120	E	Labored breathing, states “I feel really sick, like I am going to throw up and I am so hot”, telemetry indicating ventricular tachycardia--- FHSNB	1,2
1120	I	Call the rapid response team ---------- FHSNB	1,2
1150	E	Stabilized, received Amiodarone 150mg IV bolus over 10 minutes, heart rhythm now in a fib, HR: 100 ---------- FHSNB	1,2
1230	I	Notified provider of rapid response called, arrhythmia, now in afib with a normal baseline HR: 100 ---------- FHSNB	2
1300	E	Provider ordered new prescriptions, Sodium polystyrene sulfonate 30g PO once now ---------- FHSNB	2

1305	E	States “I am bone tired, my provider does know I have kidney disease right, my potassium always runs high” ---------- FHSNB	2
1350	I	Educated that Sodium polystyrene sulfonate causes frequent bowel movements which helps your body to get rid of the extra potassium, Administered Sodium polystyrene sulfonate 30g Po ---------- FHSNB	2
1355	E	States “I think that medicine is really working, I had a large bowel movement after you gave me the medicine, it’s the second one and I am feeling a little bit better” Voided 250mL of dark urine -------- FHSNB	1,2
1420	I	Notified provider of urine output. K+ level: 5.0, less difficulty breathing	2
1435	E	Provider orders Furosemide 40mg IV bolus x1 now and nephrology consult for possibility of future dialysis, repeat electrolytes in 2 hours	1,2
1500	I	Administered 2.5mL of Furosemide IV ---------- FHSNB	1
1515	E	States “I’ve had to urinate a lot since I have gotten that medicine”, voided 350mL urinary output, K+: 4.8 ---------- FHSNB	1,2
1550	E	Nephrologist educated about future dialysis ---------- FHSNB	1,2
1630	I	Educated/ reviewed chronic kidney disease information --------- FHSNB	1,2
1645	E	Verbalizes understanding, states “I will need to eat a low- protein diet”	1
1700	E	Peripheral IV site red, swollen, warm to the touch, states “Ouch that hurts” ---------- FHSNB	4
1715	I	Remove IV catheter, informed that the provider wants to place a PICC line and the provider will come to discuss more about it -------- FHSNB	4
1800	E	States “I think I have had one before and okay” ---------- FHSNB	4
1805	I	Notified Home health services, upon discharge scheduled to receive Cefepime 2g IV daily for the next 2 weeks ---------- FHSNB	3
1820	E	No pain, redness, drainage, and dressing is clean at PICC line site	4
1825	I	Informed the next dose of Iv antibiotic is due tomorrow morning and a home health nurse will be in contact to set up visits ---------- FHSNB	3
1830	E	States “I don’t have any questions, I just hope this medicine works, thank you for everything”----------FHSNB	3
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Initials/ Signature: FHSNB/Francesca Holmes _____

Actual Patient Problems & Goals

** This worksheet should be completed after you complete the ATI simulation.

Problem #1: Excess Fluid Volume

Patient Goals:

1. R. J is normovolemic aeb absence of pulmonary crackles and HR 100bpm within his normal baseline by the end of my care.
   _____ Met: X
   Unmet
2. R.J will void more than 500mL and will report decreased feeling of SOB during my time of care.

   Met: X
   Unmet

Problem #2 Risk for electrolyte imbalance

Patient Goals:

1. R. J will maintain a normal electrolyte imbalance aeb K+ level will be within normal range (3.5-5.5 by the end of my care.
   _____ Met: X
   Unmet
2. R.J will have an absence of cognitive impairment aeb alert/ oriented x4 and remains in normal sinus rhythm within his baseline which is a-fib with a HR less than 120bpm by the end of time of care. _____
   Met: X

   Unmet ☐

Problem #3: Ineffective health management

Patient Goals:

1. _____ Met ☐
   Unmet ☐
2. _____ Met ☐
   Unmet ☐

Problem #4: Risk for infection

Patient Goals:

1. _____ Met ☐
   Unmet ☐
2.

   Unmet ☐

Patient Resources: Nutritionist, Home health care, American kidney fund
Patient Teaching: Educated that furosemide affects urine output and it helps pull fluid off the lungs and Sodium polystyrene sulfonate helps get rid of extra potassium in the body

To Be Completed After the Simulation

**The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations.

NCLEX IV *(7)*: Reduction of Risk

Actual Labs/ Diagnostics
- EKG
- Chest x-ray
- Bladder scan
- CBC: K+, BUN, Creatinine, WBC, Hgb, Hct

NCLEX II *(3)*: Health Promotion and Maintenance

Signs and Symptoms
- Labored breathing
- Difficulty breathing/ SOB
- Tachycardia (heart racing)
- High blood pressure
- Restless/ fatigue
- Electrolyte imbalance
- Crackles in lungs
- Nausea
- Chest pain

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors
- Chronic Renal Failure
- Diabetes
- Smoking
- Native American
- Older age
- Alcohol consumption

Therapeutic Procedures

Non-surgical
- Providing O2

Surgical

NCLEX IV *(7)*: Reduction of Risk

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
- Ventricular arrhythmia
- Fluid retention
- Decreased immune response -> pneumonia
- End stage kidney disease -> requiring dialysis
- Decreased wound healing

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Medication Management
- Furosemide (20mg IV) (2.5mL IV)
- Amiodarone (150mg IV over 10 minutes)
- Sodium polystyrene sulfonate (30g PO)
- Cefepime (2g IV daily for the next 2 weeks)

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures
- Position up in bed, raising HOB
- Discontinued IV fluids

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

Stressors the client experienced?
- Hoping the antibiotic works for his foot
- Dialysis

Client/Family Education

Document 3 teaching topics specific for this client.
•Discussed the need for a reduced- protein diet

•Educated that furosemide affects urine output,

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
- Provider
- Nurse

and it helps pull fluid off of the lungs which should help with breathing. • Educated that Sodium polystyrene sulfonate causes frequent bowel movements which helps your body to get rid of the extra potassium		- ED nurse - Nephrologist - Rapid response team - Home health care

Reflection Paper

Directions: Write a 1-page reflection paper using Times New Roman, 12 pt. font and double-spaced. Include the following:

1. Describe an “Aha” moment you experienced during this learning experience.
2. What were the most important aspects of this simulation and what did you learn?
3. How will this simulation experience impact your nursing practice?

Reflection Paper:

Throughout this simulation I learned a lot and have gained an incredible amount of knowledge that I will hold on to and use in my future nursing practice. I found myself thinking in advance on what to do next before

the simulation even told me what to expect. A huge “Aha” moment for me during this experience was when R.J rhythm went from A.fib to V.tach. When the rhythm showed up on the monitor I was able to immediately recognize that he was in V.Tach and the first thing that came to my mind was his Potassium level was abnormally high which would correlate with the cause of V.Tach. As I used my critical thinking skills the best thing to do then was call the rapid response team which then resolved the problem. That moment really gave me the opportunity to look back and realize how much I have truly learned and to not second guess myself because I have been given the knowledge to know this and, in that case, I need to trust my intuition and always go with my gut when it comes to providing care to my patients. Throughout this simulation there were a lot of important aspects that I was able to learn from. The most important that really stuck to me was how the nurse continued to relay important information back to the provider. Communication between the provider and nurse is an extremely important aspect during care and although sometimes it might be frightening to continually ask the doctor when you are unsure, it is best practice and no matter what you must do what’s best for your patient. Another thing that really stuck out to me during this simulation, was the patient’s adherence to his medical management. In the very beginning the patient told the nurse that he was prescribed antibiotics a week ago and he had just picked them up yesterday and has difficulty adhering to his diabetic management. In my opinion I think that is something that the nurse should have consulted with the patient further. Adhering to medical management is an extremely important aspect of the patient’s recovery and as a nurse it is very important to assess what affects adherence to medical management and what we can do to help with that. This simulation really has impacted my role as nurse. It has shown me what to look out for and what I can do to better my patient. One of the most important things I will take from this experience is to prioritize my care focused on my patients needs, never take on too much of a load of patient assignments, and to never be afraid to ask for verification. It is most important to put your patient’s safety first and when you have many other patients it is hard to truly prioritize what’s most important. I will never be afraid to ask for help and I will always do my best to give the best care for patient.