

ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2022

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ATI Scenario: 1

Medical Diagnosis: Kidney Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

- The urinary tract is a drainage system for the body that filters toxins from the blood, reabsorbs nutrients and water into circulation, and secretes waste products from the body in the form of urine
- The system is made up of the urethra, bladder, ureters, and kidneys
- The kidneys are two bean shaped organs located in the retroperitoneal region on either side of the spine
- The renal hilum is a dimple located on the medial side of both kidneys that acts as the doorway for the renal vein, renal artery, and ureters
- The most exterior structure of the kidneys is known as the renal capsule, interior to that is the cortex followed by the medulla
- Within the medulla are the pyramids of the kidney that contain the functional unit known as the nephron
- The nephron controls blood pressure via production of renin, red blood cell production via erythropoietin, calcium absorption via conversion of calcidiol to calcitriol
- The glomerulus is a high-pressured capillary in the nephron that filters the blood to produce filtrate

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

- Kidney disease results from chronic damage to the filtration system of the kidneys
- This can be caused by chemical or mechanical damage to the kidneys and results in dysfunction of the filtration system of the kidneys
- Damage to this filtration system results in a build-up of toxins in the body
- Over time, the build-up of toxins will result in worsening of the kidneys which will eventually lead to failure of the kidneys
- Dialysis will be necessary for these types of clients in order to filter toxins from their blood

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

Problem #1: Impaired Urinary Elimination

Patient Goals:

1. will have a urinary output greater than 30 ml/hr and will not experience dysuria during my care
2. will not experience bladder distention or require straight catheterization during my care

Assessments:

- Assess voiding patterns, pain levels during urination, color and quality of urine q4hrs during care
- Monitor for bladder distention q2hrs during care
- Continuously evaluate intake and output during care

Interventions (In priority order):

1. Administer cholinergic and diuretic medications as ordered during care
2. Perform bladder scan q2hrs and as needed during care
3. Insert straight catheter as needed during care
4. Teach about and initiate a toileting schedule q2hrs during care
5. Encourage adequate oral fluid intake of 1500 ml daily during care
6. Teach about straight catheterization process and scheduling, as well as symptoms to report during care

Problem #2: Risk for decreased cardiac output

Patient Goals:

1. Will maintain urine output greater than 30 ml/hr, blood pressure equal to or greater than 120/80, heart rate greater than 60 during my care
2. Will have peripheral pulses greater than +2, capillary refill less than 3 seconds, extremities will maintain normal coloring for ethnicity and will be warm with no venous/arterial ulcerations during care

Assessments:

- Assess heart sounds and rate, and blood pressure q4hrs during care
- Auscultate lung sounds and assess lower extremities q2hrs during care
- Monitor fluid intake and urinary output continuously during care

Interventions (In priority order):

1. Administer diuretics as ordered during care
2. Elevate legs above the heart and keep SCDs on lower legs continuously during care
3. Administer supplemental oxygen as ordered during care
4. Restrict fluid intake to 1500 ml daily during care
5. Weight daily in the morning and measure lower extremities for edema during care
6. Educate on proper renal/cardiac diet and healthy lifestyle changes to make during care

Nursing Notes

Time	I Or E	Notes	Specify Problem #
0800	E	Stated "I woke up and I had difficulties breathing So I called 911", heart rate is irregular, crackles bilaterally, O2 88% on 2 liters O2, ulceration on right heel and decreased sensation of right foot-----AD	1/5
0810	I	Increased O2 to 3 liters, changed dressing on right heel-----AD	1/5
0825	E	O2 88% on 3 liters O2-----AD	1
0830	I	Assisted sitting up in bed and notified provider of lack of improvement in breathing qualities-----AD	1
0850	I	Administered a 20 mg IV bolus of furosemide-----AD	1/2/3/4
0915	E	Stated "I feel a little better", UO 150 ml-----AD	1/2/3/4
0920	I	Discontinued IV fluids, decreased O2 to 2 liters-----AD	1/2/3/4
0945	E	Full bladder upon bladder scan-----AD	2/4
0950	E	Irregular heart rate of 140, without complaints of chest tightness or discomfort, k 6, bun 52, creatinine 3.6-----AD	1/2/3
1010	I	Vancomycin held per verbal order, administered 20 ml IV bolus furosemide-----AD	1/2/3/4/5
1025	E	Stated "my heart is beating faster. I feel really sick, like I'm going to throw up. And I'm so hot" -----AD	1
1030	I	Called a rapid response-----AD	1
1050	E	Ventricular tachycardia was controlled with 150 mg of amiodarone via IV bolus over 10 minutes, rhythm returned to afib at a rate of 100---AD	1
1130	I	Administered sodium polystyrene sulfonate 30 mg PO-----AD	3
1200	E	Provided assistance getting back into bed from bedside commode---AD	3
1215	E	Stated "I had a large bowel movement after you gave me the medicine. It's the second one" -----AD	3
1230	E	K 5, UO 250 ml, stool count 2-----AD	2/3/4
1245	I	Administered 40 mg IV bolus furosemide-----AD	1/2/3/4
1300	E	Nephrology consulted about possibility of dialysis-----AD	2/3/4
1330	E	K 4.8, IV site red and swollen and warm and painful-----AD	3/5
1335	I	Discontinued IV site, and contacted vascular access to place a peripheral internal central catheter-----AD	5
1400	E	Contacted home health to set up home antibiotic administration after discharge-----AD	5

Initials/ Signature; A.D./ A. Douds SNB

Actual Patient Problems & Goals

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

Problem #1: Impaired Gas Exchange

Patient Goals:

1. Will maintain unlabored respirations at a rate of 12 to 20 beats per minute with lungs sounds clear bilaterally before discharge to home (met)
2. Oxygen saturation will remain above 92% continuously throughout my care (unmet)

Problem #2: Fluid Overload

Patient Goals:

1. Urine output will be greater than 30 ml/hr and bladder will not become distended while maintaining adequate fluid intake during my time of care (unmet)
2. Lung sounds will be clear bilaterally by discharge (met)

Problem #3: Electrolyte Imbalance

Patient Goals:

1. Potassium level will remain between 3.5 and 5.0 throughout care (unmet)
2. Will not experience any arrhythmias other than a fib during my care (unmet)

Problem #4: Impaired Urinary Elimination

Patient Goals:

1. will have a urinary output greater than 30 ml/hr and won't experience dysuria during my care (met)
2. will not experience bladder distention or require straight catheterization during my care (unmet)

Problem #5: Risk for Infection

Patient Goals:

1. ulceration on right heel will not present with any new drainage, change coloration, or become more painful during care (met)
2. will understand the importance of at home antibiotic regimen and proper dressing changes throughout the healing process before discharge (met)

Patient Resources: home health assistance

Patient Teaching: picc line education

**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
 Potassium ***
 Creatinine
 GFR (African American)
 WBC
 Sodium
 Hemoglobin
 Hematocrit

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 Shortness of Breath
 Weakness
 Crackles in the lungs
 Tachycardia
 Atrial fibrillation
 Ventricular tachycardia
 Urinary retention

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 Diabetes
 Hypertension
 Peripheral vascular disease
 Coronary artery disease
 Smoking
 Alcohol
 Ethnicity
 Age
 gender

Therapeutic Procedures
Non-surgical
 Catheterization
 dialysis
Surgical
 Kidney transplant

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)
 Renal failure
 Fluid overload
 Heart failure
 Urinary retention
 Imbalanced electrolytes
 Arrhythmias

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 Furosemide
 Kayexalate
 Oxygen

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
 Low protein diet
 Monitor fluid intake
 Health management

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?
 Anxiety
 Symptoms
 Treatment
 Home health

Client/Family Education

Document 3 teaching topics specific for this client.
 • appropriate fluid intake
 • smoking cessation
 • low protein diet options

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)
 Nephrology
 Home health
 Cardiology
 endocrinology

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?

A moment of realization that could be experienced during this learning experience would be exactly how much of an impact one health decision can make on the rest of a client’s life. This client was diagnosed with type two diabetes years ago and chose not to properly manage it. This seemingly minute decision along with his lifestyle and diet essentially resulted in his kidneys slowly shutting down. And once the client’s kidney damage progressed, it was almost like a domino effect resulting in damage to the heart and lungs. This helps show just how important it is to teach clients about the effects their decisions can have on their health, and to guide them towards the healthiest options available.

The most important aspect of this simulation was when the nurse walked into the client’s room, saw that his condition had drastically changed, and made the decision to immediately call rapid response for help. This was so important because it effectively saved the client’s life. It seems like a lot of nursing staff in hospitals today either don’t understand fully what rapid response teams are used for or are unsure of exactly when to call them. Understanding the resources at your disposal is extremely important for nursing staff in any specialty.

This simulation will impact my future nursing practice in several ways, most importantly being that I will make it a point to frequently check up on my clients. This simulation showed that a client can go from being fine to being an inch from death in almost no time at all. As the nurse, it is imperative that you continuously reassess your clients. While getting your paperwork done is important, it is a thousand times more important to protect the life of your clients. It really only takes two seconds to peak into a room and make sure the client is doing okay.