

ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2022

Student Name: Ivaliz Grant

ATI Scenario: Chronic Kidney Disease

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: Chronic Kidney Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

- Upper kidney system includes 2 kidneys and 2 ureters
- Lower kidney systems include urinary bladder, and urethra
- Urine is formed by the kidneys drains into the bladder via the ureters and then passes out of the body through the urethra
- 2 kidneys sit in the posterior aspect of the abdomen.
- The function of the kidney is to regulated volume and composition of extracellular fluid, excrete waste products from the body, control BP, make erythropoietin active vit D, and regulate acid-base balance.
- The functional unit of the kidney is a nephron, each kidney has about 1 million nephrons.
- Each nephron is composed of glomerulus, bowman's capsule, and tubular system.
- The tubular system is responsible for reabsorption of essential materials and excretion of nonessential ones.
- Low glomerular filtration rate
 - < 60 mL/min for 3 months or longer
- Normal GFR: 125 mL/min (creatinine clearance)
- Glomerulus does selective filtration
- Proximal tubule reabsorbs 80% of electrolytes and water, glucose, amino acids HCO₃⁻ and secretes H⁺ and creatinine
- Loop of henle functions as concentration of filtrate reabsorbs of Na⁺ and Cl⁻ in ascending limb and water in descending loop

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

Progressive irreversible loss of kidney function, due to kidneys compensation CKD is not recognized until there is considerable loss of nephrons. There are different stages of CKD,
 stage 1 GFR > 90ml/min/1.73m²
 Stage 2 is a GFR 60-89
 Stage 3a GFR 45-59
 Stage 3b GFR 30-44
 Stage 4 GFR 15-29
 Stage 5 GFR < 15
 Many r/f for CKD include age, CVD, DM, race, nephrotoxic drugs, familial Hx, HTN.

<ul style="list-style-type: none"> - Distal tubule is responsible for reabsorption of water (regulated by ADH) and HCO₃⁻, regulation of CA²⁺, and PO₄²⁻ by parathyroid hormone, regulates of NA⁺ and K⁺ by aldosterone and secretion of K⁺ and H⁺ and ammonia. - Collecting duct is responsible for reabsorption of water. 	
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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. Will not have any excess fluid volume AEB no crackles in lungs, SpO₂ > 95% on RA, no peripheral edema, and RR 12-20 breaths/min during my time of care.
2. Will maintain UO > 30ml/hr during my time of care.

Assessments:

- Assess respiratory system Q4h, Assess I&O Q2h, Assess BP and HR Q4h, Assess for edema Q4hr, Assess electrolytes (K⁺, Na⁺, Cl⁻) Q4h during my time of care.

Interventions (In priority order):

1. Titrate O₂ via NC for SpO₂ > 95% during my time of care.
2. Implement physicians' orders for IV diuretics during my time of care.
3. Maintain strict I&Os per physicians' orders.
4. Maintain IVF per physicians' orders during my time of care.
5. Elevate HOB > 30 degrees constantly during my time of care.
6. Elevate edematous extremities while OOB during my time of care.

Problem #2: Risk for electrolyte imbalance _____

Patient Goals:

1. Will have no signs of cardiac dysrhythmias AEB HR 60-100bpm, no ST elevation during my time of care.
2. Will have normal potassium levels of 3.5-5.0 during my time of care

Assessments:

- Assess BP, HR, RR Q4h, Assess BMP Q4h, assess telemetry monitoring Q4h, assess LOC Q4h,

Interventions (In priority order):

1. Titrate O2 via NC for SpO2>95% during my time of care.
2. Implement physicians' to decrease potassium levels during my time of care.
3. Implement physicians' order of IVP furosemide during my time of care.
4. Monitor UO constantly during my time of care.
5. Maintain BR constantly during my time of care.
6. Change telemetry leads Q12hr during my time of care

To Be Completed During the Simulation

Nursing Notes

Time	I Or E	Notes	Specify Problem #
0800	E	Upon auscultation of heart and lungs, HR irregular and tachycardic 132, T 37.0, BP 120/72, RR 30, 88% on 2L/min via NC. No UO yet, Intake 350ml. ulcer on L foot, not able to feel light touch as descending the leg to toes.	1,2,3,4
0800	I	Increased O2 to 3L/min via NC. Gather supplies to perform dressing change.	1
0830	E	SpO2 on 3L/min is still 88%, still c/o feeling the same way as he entered the hospital, SOB is still present, "cant seem to take a deep breathe"	1
0830	I	Called the physician, implemented orders for IVP of 20mg furosemide.	1,2,3
0900	E	States " feeling a little better" UO 50ml, HR 140, R32, BP132/45, SpO2 95% on 2L/min.	1,2,3
0900	I	Educated on furosemide pulling fluid off the body to breathe better, D/C IVF and decreased O2 via NC to 2L/min. Bladder scanned.	1,2,3
0930	E	Decreased urine in bladder, informed of irregular rhythm from telemetry, c/o of heart still racing, still a little bit SOB, and feeling tired, denies CP, numbness, or tingling,	1,2,3
0945	I	Listened to heart and lungs. Informed physician of lab results of K+ 6.0, BUN 52, Cr 3.6, elevated T waves on telemetry, HR 140. Held vancomycin, IVP 20mg furosemide.	1, 3, 5
1000	E	Uneasy in bed, c/o feeling of heart racing faster, "I feel very sick like im going to throw up and im so hot" telemetry strip reveals unstable ventricular tachycardia,	1,3,5
1040	I	Informed physician of condition, going to vtach, called RRT, currently stable, received 150mg IVP amiodarone, now in afib HR100,	3,5

		implemented orders for Sodium Polystyrene Sulfonate.	
1100	E	Had 2 large bowel movement, twice, UO 250ml	2, 5
1115	I	Informed physician of condition, K+ 5.0, implemented orders for IVP Furosemide 40mg. contact nephrology consult. IVP 2.5ml of furosemide.	1,2,5
1200	E	Nephrology at bedside.	2, 5
1200	I	Educated on low protein diet for CKD, and dialysis.	0
1200	E	Verbalized understanding. Reports urinating a lot, K+ 4.8, IV site is red and swollen and warm to touch, report pain in R arm.	1,2,3,5
1230	I	Removed peripheral IV catheter. Informed physicians' advice to start a PICC, received consent for PICC.	0
1300	E	Verbalizes understanding. PICC line placed.	0
1340	I	Communicated with home health services	5
1400	E	Mr. Jones is excited to leave and be D/C, understands home health nurse will be in touch to set up visit.	5

Initials/ Signature I.G/ Ivaliz Grant

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 SpO₂ > 91% on 2L/min via NC during my time of care. _____ Met
Unmet X
2. Will not show evidence of SOB or increased WOB during my time of care. _____ Met
Unmet X

Problem #2: Excess fluid

Patient Goals:

1. Will not have any excess fluid volume AEB no crackles in lungs, SpO₂> 95% on RA, no peripheral edema, and RR 12-20 breaths/min during my time of care. _____ Met
Unmet X
2. Will maintain UO > 30ml/hr during my time of care. _____ Met
Unmet X

Problem #3: Decreased Cardiac Output

Patient Goals:

1. Will maintain adequate CO AEB SBP >100mmHg, HR 60-100bpm, RR 12-20 breath/min. _____ Met
Unmet X
2. Will maintain UO > 30ml/hr during my time of care. _____ Met
Unmet X

Problem #4: Impaired tissue integrity

Patient Goals:

1. Will monitor lower extremities daily. _____ Met X

2. Will actively maintain and manage DM daily. _____ Unmet
 _____ Met
 _____ Unmet

Problem #5: Risk for electrolyte imbalance

Patient Goals:

1. Will have no signs of cardiac dysrhythmias AEB HR 60-100bpm, no ST elevation during my time of care. _____ Met
 _____ Unmet
- 2 Will have normal potassium levels of 3.5-5.0 during my time of care. _____ Met
 _____ Unmet

Patient Resources: home health nurse

Patient Teaching: CKD diet, Low proteins

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

- Electrolytes
- Renal panel
- Total bilirubin
- CXR

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms

- SOB
- Irregular HR/ tachycardic
- Decrease UO
- Fatigue, weakness
- Hypotension

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- PVD,
- DM
- Smoker
- African America
- HTN
- Nephrotoxic drugs,
- CAD
- Age

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures

Non-surgical

Dialysis

Surgical

transplant

Prevention of Complications

(Any complications associated with the client's disease process? If not what are some complications you anticipate)

Increase in potassium levels

ESKD

Decrease immune response

Fluid retention

Promote wound healing

[Empty box]

[Empty box]

[Empty box]

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

- Furosemide
- Sodium polystyrene
- O2 via NC
- Amiodarone
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NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

turn cough and deep breath
 low protein diet
 fluid restriction
 toilet training

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

Delayed wound healing,
 Readmissions
 Inability to breath

Client/Family Education

Document 3 teaching topics specific for this client.

- monitor low protein diet
- stop smoking
- monitor fluid intake and output

NCLEX I (1): Safe and Effective Care Environment

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

Cardiologist, nephrologist, nutritionist, Home health nurse, respiratory

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?

My aha moment throughout this simulation is that to remove excess potassium it needs to be excreted either through urination or defecation. My lack of knowledge that potassium can be excreted through the digestive system could have made a large mistake if there was not a double checking on medications. I would have given the client more potassium instead of something that will make him excrete potassium. Knowing that giving the client more potassium can lead to lethal arrhythmias and eventually kill that client was an eye-opening experience. Another aha moment that I was excited that I was able to identify the next steps needs for a lethal arrhythmia and being able to identify that rhythm strip. It was important to realize what was occurring and call the RRT to be able to get him out of that rhythm since being in Vtach for 3-5minutes can cause death. The most important aspect I took from this scenario is to double even triple check what that medication will do and how it will affect the client and care I give. Another important aspect I learned in this scenario is to learn how to prioritize the many clients I will be taking care of. To always remember A-B-C, if there a client trying to get out of bed is not as important as dealing with a client that is experiencing new onset chest pain. That new CP needs to be address before the client getting out of bed. It also taught me to be able to delegate and give unurgent task that is within the scope of practice to the person that is receiving the task at hand. So, in this case it would be beneficial to give the CNA or another nurse to assist the client that is getting out of bed with I address the client c/o new CP. Time is tissue. I think this scenario will impact my nursing career to be more attentive, advocate, and cognizant about the caring I am giving. I will also use the constant communication that was done in this scenario to my practice that SBAR is an important tool to use when communicating with other people apart of the medical team. I need to remember that just because they will be working with the client does not mean that they are aware of all that is occurring with them, and I need to more specific and give the entire story that pertains to the necessary information for that consult to be able to provide their best care.

