

ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2022

Student Name: Johnny Morris

ATI Scenario: ATI 1

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: Kidney Disease

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

NCLEX IV (7): **Reduction of Risk**

Anatomy and Physiology

Normal Structures

Kidneys: Two organs located at the back wall of the abdominal cavity on both sides of the vertebral column. Each kidney has adrenal glands on top on them which aide in the release of aldosterone. 1 million nephrons in each. Arterioles/glomerulus help blood flow to each kidney through the renal artery. Glomerular filtration separates blood and plasma protein from fluid. This allows water to be able to move through capillaries. Selective reabsorption filters pass nephrons into blood of the capillaries. Tubular secretion=reabsorption/secretion of the remaining fluid which is transported to the urinary system.
Urine=water/substances that need to be filtered

Pathophysiology of Disease

Progressive/irreversible damage that leads to loss of function. Hypertension/diabetes can lead to such damage. Fluid/electrolyte imbalances can deteriorate overall kidney function. Waste products being built up can cause hyperkalemia which may lead to dysrhythmias such as atrial fibrillation, supraventricular tachycardias, ventricular arrhythmias, or possibly sudden death.

Stages of Kidney Disease: (based of GFR)

1. **Normal-high GFR > 90**
2. **Mild CKD GFR 60-89**
3. **Moderate CKD GFR 30-59**
4. **Severe CKD GFR 15-29**
5. **End Stage CKD GFR <15**

GFR is liked to be at 60 mL/min or higher. GFR is what determines how well your kidneys are able to filter your blood.

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

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

Problem #1: Ineffective tissue perfusion

Patient Goals:

1. Pt will have a urine output of 30mL/hr during my care.
2. Pt will have a potassium level of 3.5-5 during my care.

Assessments:

- Monitor urine output q hr, monitor HR/BP q 2 hr., assess capillary refill q shift.

Interventions (In priority order):

1. Administer IV fluids as ordered.
2. Administer diuretics as ordered.
3. Educate importance of balanced diet q shift.
4. Educate importance to monitor heart rate and blood pressure during my care.
5. Instruct pt to void in hat or urinal during my time of care.
6. Maintain cardiac monitoring during my care.

Problem #2: Decreased cardiac output

Patient Goals:

1. Pt will have a HR of 60-100 during my time of care.
2. Pt will have a BP of < 120/80 during my time of care.

Assessments:

- Assess BP/HR q 2 hr, assess peripheral pulses q 8 hr, Assess skin temperature q shift, Assess LOC q 4 hr.

Interventions (In priority order):

1. Administer beta-blockers as ordered during my care.
2. Administer supplemental O2 as needed during my care.
3. Educate importance to keep fluid intake below 2.5 L/day during my time of care.
4. Educate importance to adhere to medication regimen q shift.
5. Administer diuretics as ordered during my care.
6. Encourage a low sodium diet during my care.

To Be Completed During the Simulation**Nursing Notes**

Time	I Or E	Notes	Specify Problem #
0920	E	60-year-old African-American male. Admitted with a chief complaint of SOB and weakness. BP 80/62, RR 30, and HR 164 in a-fib. Given 1000ml bolus of NSS. PMH: chronic renal failure, T2DM, CAD, and a-fib. Social hx: pack of cigarettes a day and 3-5 alcoholic beverages a week. Hx of noncompliance with recommended diabetic diet. Labs: Na 128, K+ 5.1, BUN 44, Creatinine 3.0, total bili 2.8, GFR 45, Ca 8.7, dig 0.6, WBC 16.1, Hgb 9.3, Hct 28.2. CXR: right lung opacities greater than left lung. 20g in left forearm, NSS 100ml/hr. SpO2 91% on 2L NC. Wound on right foot.	1, 2, 4, 5
0930	E	Irregular heart rate 132 bpm and crackles in lungs. SpO2 88% on 2L/min NC. BP 120/72.	1, 2
0930	I	Performed dressing change. Increased NC to 3L/min. Educated purpose of the titration.	1, 4, 5
0930	E	Verbalized understanding. Assessed skin and wound on foot, sensations diminished on foot during dressing change.	4, 5
0936	E	SpO2 has not improved from 88% on 3L/min NC, unable to take deep breaths, and feels the same since admission.	1
0936	I	Assisted patient in an upright position and contacted provider on situation.	1
0936	E	Agreed that additional treatment measures should begin.	1
0940	I	Administered furosemide 20mg IVP. Educated that medication increases urination and helps pull fluid out of lungs. Discontinued IV fluids. Decreased NC to 2L/min.	1, 2, 3, 5
0940	E	"Feeling better." SpO2 95%, voided 150ml.	1, 2, 3
0945	I	Performed bladder scan and educated reason due to only voiding 150ml.	2, 3
0947	E	Scant amount of urine in bladder. Irregular heart rate at 140 bpm. SOB still present. K+6.0, BUN 52, Creatinine 3.6, elevated T-wave on telemetry. Orders to hold vancomycin and administer furosemide 20mg IVP. Foley catheter orders if needed.	2, 3
0953	E	Respirations labored and states "My heart is beating faster. I feel really sick, like I'm going to throw up. And I'm so hot." Vtach on lead 2.	1, 2
0955	I	Called rapid response team. Administered amiodarone 150mg IVP given over 10 minutes.	2
0956	E	Currently in afib HR 100bpm (baseline.)	2
0958	I	Administered sodium polystyrene sulfonate 30mg PO. Educated that this medication will aid in lowering the potassium in the body through bowel-movements.	2, 4

0959	E	Verbalized understanding.	4
1000	E	K+ 5.0. 2 bowel movements. States "...breathing easier." Voided 250ml of dark urine. Orders: furosemide 40mg IVP.	1, 2, 3
1002	I	Administered furosemide 40mg/2.5ml.	1, 2, 3
1003	E	Tolerated, nephrologist at the bedside discussing dialysis.	1, 2, 3, 4
1004	E	K+ 4.8, peripheral IV site warm, red, and swollen.	2, 5
1005	I	Removed IV and educated that a new one will need to be started to continue antibiotics.	5
1006	E	Verbalized understanding.	5
1007	I	Educated on new orders of a PICC line and how it will be placed in a large vein and be used for months.	4
1008	E	Verbalized understanding.	4
1010	E	Discharged with home health to receive IV antibiotics.	1, 2, 3, 5

Initials/ Signature: JM, SNB/JMorris, SNB

Actual Patient Problems & Goals

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

Problem #1: Impaired gas exchange

Patient Goals:

1. R.J. will have an SpO₂ of at least 92% on 2L NC during my care. Met
Unmet
2. R.J. will have clear breath sounds during my care. Met
Unmet

Problem #2: Electrolyte imbalance

Patient Goals:

1. R.J.'s potassium level will be between 3.5-5.0 by the end of my care. Met
Unmet
2. R.J.'s creatinine level will be between 0.5-1.1 during my care. Met
Unmet

Problem #3: Impaired urinary elimination

Patient Goals:

1. R.J. will void at least 30ml/hr during my care. Met
Unmet
2. R.J.'s overall fluid balance will be balanced during my care. Met
Unmet

Problem #4: Deficient Knowledge

Patient Goals:

1. R.J. will verbalize the importance to inspect feet daily during my care. Met

Unmet
 Met
 Unmet

2. R.J. will verbalize understanding of medication regimen during my care.

Problem #5: Impaired skin integrity

Patient Goals:

- 1. R.J. will show no signs of infection from wound on foot during my care. **Met**
 Unmet
- 2. R.J.'s wound on foot will not increase in size during my care. **Met**
 Unmet

Patient Resources: Home health, nephrologist, endocrinologist, dietician

Patient Teaching: side effects of medications

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
 Potassium: 5.1, 6.0, 5.0, 4.8 (WNL 3.5-5)
 BUN: 44, 52(WNL 10-20)
 Creat: 3.0, 3.6 (WNL 0.5-1.1)
 WBC 16.1 (WNL 4-10)
 Hgb 9.3(WNL 14-18)
 Hct 28.2 (WNL 40-50)
 GFR 45

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 SOB
 Fatigue
 Dysrhythmias
 N/V
 Weakness

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 CKD
 T2DM
 PVD
 CAD

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 Diuretics
 Anti-arrythmia
 O2

Surgical
 N/A

Prevention of Complications
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)
 Further infection
 Electrolyte imbalances

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 Furosemide 40mg IVP
 Sodium polystyrene sulfonate 30mg PO
 1,000ml bolus NSS
 Amiodarone 150mg IVP

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

Position changes
 Providing support
O2

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

Hospitalization
 Stress
 Anxiety

Client/Family Education

Document 3 teaching topics specific for this client.

- Side effects of medications
- Discharge education
- Purpose of O2 titration

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement

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

Home health
 PCP
 Nephrologist
 Endocrinologist

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?

An “Aha” moment I had during the virtual simulation is when a rapid response was called due to the patient going into ventricular tachycardia. Examining the EKG strip is something that I have not done since the beginning of the semester, but I remembered that ventricular arrhythmias always look “wide and weird.” After it was noticed that the patient was in this dangerous arrhythmia, amiodarone 150mg IV Push was ordered and administered, and the patient was able to return to his baseline of atrial fibrillation at 100 beats per minute.

Even though this simulation showed only a glimpse of balancing patients, I believe it was one of the most important aspects of this virtual clinical. Another staff member notified the nurse that one of her patients was experiencing chest pain. Knowing that this needs to be followed up on, the nurse went into the room and performed a focus assessment. After the assessment was completed, nitroglycerin was administered sublingually, and this relieved the patient’s chest pain extremely quickly. Another important aspect of this simulation was the fact that the nurse was in constant communication with the provider. The nurse updated the provider on pertinent information that led to the patient receiving adequate and necessary care during his hospital stay.

This simulation experience will impact my nursing career in a positive way. When laboratory values come up in the chart, knowing the important ones to look at in regard to my patient’s diagnosis is something that I will be doing in my career. Another thing is constantly educating patients, this will not only help the patient gain knowledge, but also this will decrease the likelihood of patients being readmitted for similar

problems in the past. In summary, this virtual clinical experience was an important one to participate in because it showed the layers of inpatient healthcare system.

