

Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

ATI Real Life Scenario \_\_\_CKD\_\_\_\_\_

1

\*Complete and submit to the corresponding dropbox by 1600 on the assigned clinical day.

### **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/ Disease:** \_\_\_CKD\_\_\_\_\_

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

<p><b><u>Anatomy and Physiology</u></b> <b><u>Normal Structures</u></b></p> <ul style="list-style-type: none"><li>- Kidneys main function is to filter and clean blood, regulate pH, regulate BP, and eliminate waste</li><li>- The kidneys have multiple layers; the outer layer is known as the renal cortex, the middle layer is known as the medulla, and the inner layer is the pelvis</li><li>- The medulla involves nephrons which are considered to be the functional unit of the kidney which allows for filtration, reabsorption, secretion, and elimination</li><li>- Kidneys remove urea from the blood through nephrons</li><li>- Each nephron consists of a ball formed of small blood capillaries, called a glomerulus, and a small tube called the renal tubule</li><li>- Urea, combined with water and other waste substances forms the urine as it passes through the nephrons and down the renal tubules of the kidney</li><li>- There are two ureters that carry urine from the kidneys to the bladder</li><li>- Muscles in the ureter wall constantly tighten and relax forcing urine downward, away from the kidneys</li><li>- If urine backs up or becomes stagnant, a kidney infection can develop</li><li>- About every 10-15 seconds</li></ul>
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<p><b><u>Pathophysiology of Disease</u></b></p> <ul style="list-style-type: none"><li>- Progressive, irreversible loss of kidney function</li><li>- Classified by 5 stages Stage 1: kidney damage with normal or elevated GFR <math>&gt;/ 90</math> Stage 2: kidney damage with mild decreased GFR 60-89 Stage 3a: moderate decreased GFR 45-59 Stage 3b: moderate decreasing GFR 30-44 Stage 4: severe decreasing GFR 15-29 Stage 5: kidney failure, GFR <math>&lt;15</math></li></ul>
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NCLEX IV (7): Reduction of Risk

<p><b><u>Anticipated Diagnostics</u></b> <b><u>Labs</u></b></p> <ul style="list-style-type: none"><li>- Urinalysis</li><li>- BUN</li><li>- Electrolytes</li><li>- Lipid profile</li><li>- Creatinine</li><li>- H&amp;H</li><li>- GFR</li><li>- Dipstick evaluation</li></ul> <p><b><u>Additional Diagnostics</u></b></p> <ul style="list-style-type: none"><li>- Kidney biopsy</li><li>- Renal US</li><li>- CT scan</li></ul>
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small amounts of urine are emptied into the bladder from ureters

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

- Contributing Risk Factors**
- Age >60 years
  - Cardiovascular disease
  - Diabetes
  - Ethnic minority
  - Exposure to nephrotoxic drugs
  - Family history of CKD
  - Hypertension
  - Chronic glomerulonephritis
  - Repeat infections
  - Sickle cell disease
  - SLE
  - Scleroderma
  - TB

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

- Signs and Symptoms**
- Uremia (kidney function declines to the point that symptoms may develop in multiple body systems)
  - Polyuria
  - dyspnea
  - HTN
  - Heart failure
  - CAD
  - N/V
  - Anorexia
  - Thyroid abnormalities
  - Carbohydrate imbalance
  - Bleeding
  - Anemia
  - Fatigue
  - Hypertensive retinopathy
  - Ecchymosis
  - Restless leg syndrome
  - Elevated triglycerides
  - Electrolyte imbalances
  - infection

- Possible Therapeutic Procedures**
- Non-surgical**
- kidney biopsy
  - dialysis
- Surgical**
- kidney transplant

- Prevention of Complications**  
(What are some potential complications associated with this disease process)
- drug toxicity
  - heart failure
  - stroke

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

Anticipated Medication Management

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

Non-Pharmacologic Care Measures

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

What stressors might a patient with this diagnosis be experiencing?

Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

ATI Real Life Scenario \_\_\_CKD\_\_\_\_\_

3

- antihypertensive drugs
- IV glucose and insulin for hyperkalemia
- Sodium polystyrene sulfonate
- Vitamin D supplements
- Phosphate binders
- Exogenous erythropoietin
- Statins
- Diuretics
- Oxygen
- Pain medication
- Antidepressants

- Provide small frequent snacks
- Activity as tolerated
- Nutritional therapy

- Finances
- Discomfort
- Lack of control
- Death
- Anxiety

**Client/Family Education**

**List 3 potential teaching topics/areas**

- Educate on sodium restriction
- avoid magnesium containing antacids
- educate on weight loss to help with cardiovascular disease

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

**Multidisciplinary Team Involvement**

(Which other disciplines do you expect to share in the care of this patient)

- PCP
- Radiology
- Laboratory
- Pharmacy
- Nephrology
- Behavioral health nursing
- Chaplaincy
- General surgery
- Primary nurse
- Charge nurse
- Dialysis team

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

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

**Problem #1:** \_\_\_ Impaired Urinary Elimination

Patient Goals:

1. \_\_\_ATI patient will have a UO of 30 mL/hr or greater during my time of care.

2. \_\_\_ATI patient will maintain a sodium level between 136-145 during my time of care.

Assessments:

Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

ATI Real Life Scenario \_\_\_CKD\_\_\_\_\_

4

- \_\_\_Assess UO q hr, assess quality, color, and odor of urine q hr, assess VS q4hrs, assess skin turgor q 4 hrs, assess capillary refill q 4 hrs, assess LOC q 4 hrs, assess urinary frequency PRN, assess renal function tests PRN, assess WBC's PRN, assess electrolyte levels PRN
- 

Interventions (In priority order):

1. \_\_\_Maintain strict I&O's during my time of care.  
\_\_\_\_\_
2. \_\_\_Insert an indwelling catheter as required during my time of care.  
\_\_\_\_\_
3. \_\_\_Weigh daily during my time of care.  
\_\_\_\_\_
4. \_\_\_Encourage a voiding schedule every 2-3 hours during my time of care.  
\_\_\_\_\_
5. \_\_\_Educate on the importance of proper perineal hygiene during my time of care.  
\_\_\_\_\_
6. \_\_\_Encourage to avoid urinary irritants such as alcohol, tea, coffee, and soda during my time of care.  
\_\_\_\_\_

**Problem #2: \_\_\_Imbalanced Nutrition: Less than Body Requirements**

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Patient Goals:

1. \_\_\_ATI patient will have an intake 2 L of fluid during my time of care.  
\_\_\_\_\_
2. \_\_\_ATI patient will eat 75% of breakfast, lunch, and dinner during my time of care.  
\_\_\_\_\_

Assessments:

- \_\_\_Assess body weight q shift, assess patient height q shift, assess BMI q shift, assess nutritional risk using nutritional risk screening tools q shift, assess nutritional status q

Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

ATI Real Life Scenario \_\_\_CKD\_\_\_\_\_

5

shift, assess eating pattern q meal, assess food choices q meal, assess for physical signs of poor nutritional intake during my care, assess environment where eating takes place q meal\_\_\_\_\_

Interventions (In priority order):

1. \_Encourage small frequent meals to promote strength during my care.  
\_\_\_\_\_
2. \_Provide high protein supplements based on individual needs during my time of care.  
\_\_\_\_\_
3. \_Provide liquid energy supplements during my time of care.  
\_\_\_\_\_
4. \_Encourage family members to bring food from home to promote nutrition during my time of care.  
\_\_\_\_\_
5. \_\_Provide a pleasant and quiet environment during mealtimes.  
\_\_\_\_\_
6. \_\_Provide good oral hygiene two times a day during my care.  
\_\_\_\_\_

**At this time, complete assigned ATI Real Life Simulation**

**Actual Patient Problems & Goals**

\*\* The following should be completed after the ATI simulation.

**Problem #1:** \_\_Excess Fluid Volume

\_\_\_\_\_

Patient Goals:

1. \_\_A.S. will maintain a UO of 30mL/hr or greater during my time of care.

\_\_\_\_\_

Met

Unmet

Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

ATI Real Life Scenario\_\_CKD\_\_\_\_\_

6

2. \_\_\_A.S. will maintain a sodium level between 136-145 during my time of care.

\_\_\_\_\_ Met

Unmet

**Problem #2:** \_\_\_Risk for Impaired Cardiovascular Function

\_\_\_\_\_

Patient Goals:

1. \_\_\_A.S. will show no signs of dysrhythmias as evidenced by an irregular EKG reading during my time of care.

\_\_\_\_\_ Met

Unmet

2. \_\_\_A.S. will maintain a potassium level between 3.5-5.0 during my time of care.

\_\_\_\_\_ Met

Unmet

**SOAP Notes Based on Priority Problems**

**Priority Patient Problem #1: \_\_\_Excess Fluid Volume: CKD**

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<p><b><u>Subjective:</u></b></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p><b>Chief Complaint:</b> Two days ago, client reports difficulty completing peritoneal dialysis exchanges with recent weight gain of 13.2 kg; reports SOB and edema to lower extremities</p> <p>“Moving around is just so hard, my legs just feel so tired.”</p> <p>Weight gain of 13.2 kg over 2 days</p> <p><b>PMH:</b> CKD, Type 2 DM, HTN, uremic pruritus (controlled with tacrolimus ointment), peripheral neuropathy to LE bilaterally, hyperlipidemia; <b>PSH:</b> AV fistula placement 5/15 and peritoneal dialysis catheter placement 5/15</p> <p><b>Allergies:</b> NKA</p> <p><b>Current Medications:</b> Glipizide XL 20 mg PO daily, ASA 81 mg PO daily, losartan 50 mg PO daily, furosemide 20 mg PO twice daily, ferric citrate 1 g PO three times daily with meals, linagliptin 5 mg PO daily, tramadol 50 mg PO q6 hrs PRN pain or discomfort, sevelamer carbonate 800 mg PO three times daily with meals, docusate sodium 100 mg PO twice daily, tacrolimus 0.1% ointment apply topically to affected areas twice daily, gentamicin 0.1% ointment apply topically to peritoneal dialysis catheter site daily, gabapentin 100 mg PO three times daily, atorvastatin 20 mg PO daily</p>
<p><b><u>Objective:</u></b></p> <p><i>This section is your clinical observations. Include, pertinent vital signs, pertinent labs and diagnostics</i></p>	<p><b>Vital Signs:</b> Admission- T: 37.2; HR: 110; BP: 170/92; SpO2: 95% on RA; RR: 22 1830- T: 37.2; HR: 118; BP: 174/94; RR: 24; SpO2: 94% on RA; Pain: 2/10</p>

<p><u>related to priority problem.</u></p>	<p>1845- BP: 178/96; SpO2: 96% on 2LNC            1940- T: 37.0; HR: 116; RR: 22; SpO2: 96% on 2LNC; BP: 170/90; Pain: 2/10            2040- T: 37.0; HR: 110; BP: 170/84; SpO2: 96% on 2LNC; RR: 20; Pain 1/10            2100- T: 36.8; HR: 114; BP: 178/88; RR: 18; SpO2: 96% on 2LNC; Pain 1/10            2125- T: 36.8; HR: 114; RR: 20; BP:178/86; SpO2: 96% on 2LNC; Pain 0/10            2240: HR: 112; BP: 182/90            2300- HR: 114; BP: 182/90            2310- HR: 112; BP: 168/88            2330- HR: 108; BP: 164/80            0000-T: 37.0; HR: 108; RR: 20; BP: 156/80; SpO2: 96% on 2LNC; Pain 0/10            0020- BP: 152/80            0055- T: 36.8; HR: 96; RR: 16; BP: 154/80; SpO2: 97% on 1LNC; Pain 0/10            0400- T: 37.2; HR: 96; RR: 16; BP: 150/80; SpO2: 97% on 2LNC; Pain 0/10; weight: 72.6 kg            0715- T: 37.1; HR: 94; RR: 18; BP: 154/84; SpO2: 96% on 1LNC; Pain 0/10            1210- T: 37.3; HR: 88; RR: 18; BP:134/76; SpO2: 97% on RA; Pain 2/10; weight: 71.5 kg</p> <p><b>Intake:</b>            1845- 120 mL (PO), 2 mL (IV)            1940- 12 mL (IV)            2040- 30 mL (PO)            2100- 40 mL (PO)            2125- 100 mL (PO)            2300- 200 mL (PO), 8 mL (IV)            2330- 60 mL (PO)            0600- 60 mL (PO), 2 mL (IV)            0730- 120 mL (PO)</p> <p><b>Output:</b>            1830- 150 mL            2040- 100 mL            2100- 60 mL and 1 BM            2330- 120 mL            0730- 100 mL            1210- 30 mL, 5 mL of emesis</p> <p><b>Labs:</b>            1700-</p>
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	<p>Creatinine: 8.0 (high)                  BUN: 42 (high)                  Na: 132 (low)                  K: 6.0 (high)                  GFR: 8 mL/min (low)                  Phosphorus: 7.5 (high)                  2045-                  K: 5.9 (high)                  0400-                  Creatinine: 6.9 (high)                  BUN: 37 (high)                  Phosphorus: 5.5 (high)</p> <p><b>Diagnostics:</b> CXR: bilateral pulmonary venous congestion with infiltrates; no cardiomegaly</p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessment on your priority problem.</i></p>	<p>A+Ox4, reports general fatigue and malaise, reports SOB with nonproductive cough, decreased appetite, skin is warm and dry, pupils equal and reactive to light, MM moist and pink; scattered rhonchi to all fields bilaterally, respirations regular, tachypneic, and labored with activity, NC on fluctuating between 1-2 L/min, tachycardic with a regular S1 and S2 rhythm, AV fistula to left forearm intact with bruit and thrill noted, pedal pulses +3 b/l and +2 pitting edema to b/l lower extremities, bladder nondistended, A.S. denies dysuria and reports ability to void</p>
<p><b><u>Plan</u></b>  <b><u>*Based on priority problem only</u></b></p> <p><i>Include what your plan is for the client. What treatments or medications are needed. You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?</i></p>	<p><b>Plan:</b>                  Hemodialysis                  Furosemide 20 mg PO BID                  Provide supplemental O2 to aid in SOB with activity                  Education on ways to prevent fluid retention                  Dietary consult                  Home health services following discharge                  Administer ferric citrate 1 g PO TID with meals</p> <p><b>Teaching/Resources:</b></p>

Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

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10

	Fluid restrictions Protein restrictions Sodium Restriction of 1800 mg per day  Registered dietitian as a resource for fluid and diet restrictions
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**Priority Patient Problem #2: \_\_Risk for Impaired Cardiovascular Function**

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<p><b>Subjective:</b></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p><b>Chief Complaint:</b> Two days ago, client reports difficulty completing peritoneal dialysis exchanges with recent weight gain of 13.2 kg; reports SOB and edema to lower extremities</p> <p>“Moving around is just so hard, my legs just feel so tired.”</p> <p>Weight gain of 13.2 kg over 2 days</p>
<p><b>Objective:</b></p> <p><i>This section is your clinical observations. Include vital signs, pertinent labs and diagnostics <u>related to priority problem.</u></i></p>	<p><b>Vital Signs:</b></p> <p>Admission- T: 37.2; HR: 110; BP: 170/92; SpO2: 95% on RA; RR: 22 1830- T: 37.2; HR: 118; BP: 174/94; RR: 24; SpO2: 94% on RA; Pain: 2/10 1845- BP: 178/96; SpO2: 96% on 2LNC 1940- T: 37.0; HR: 116; RR: 22; SpO2: 96% on 2LNC; BP: 170/90; Pain: 2/10 2040- T: 37.0; HR: 110; BP: 170/84; SpO2: 96% on 2LNC; RR: 20; Pain 1/10 2100- T: 36.8; HR: 114; BP: 178/88; RR: 18; SpO2: 96% on 2LNC; Pain 1/10 2125- T: 36.8; HR: 114; RR: 20; BP:178/86; SpO2: 96% on 2LNC; Pain 0/10 2240: HR: 112; BP: 182/90 2300- HR: 114; BP: 182/90 2310- HR: 112; BP: 168/88 2330- HR: 108; BP: 164/80 0000-T: 37.0; HR: 108; RR: 20; BP: 156/80; SpO2: 96% on 2LNC; Pain 0/10 0020- BP: 152/80</p>

	<p>0055- T: 36.8; HR: 96; RR: 16; BP: 154/80; SpO2: 97% on 1LNC; Pain 0/10          0400- T: 37.2; HR: 96; RR: 16; BP: 150/80; SpO2: 97% on 2LNC; Pain 0/10; weight: 72.6 kg          0715- T: 37.1; HR: 94; RR: 18; BP: 154/84; SpO2: 96% on 1LNC; Pain 0/10          1210- T: 37.3; HR: 88; RR: 18; BP:134/76; SpO2: 97% on RA; Pain 2/10; weight: 71.5 kg</p> <p><b>Labs:</b>          1700-          Hgb: 10.2 (low)          Hct: 32% (low)          RBC's: 3.1 (low)          K: 6.0 (high)          2045-          K: 5.9 (high)          0400-          Hgb: 10.0 (low)          Hct: 30% (low)          RBC's: 3.1 (low)</p> <p><b>Diagnostics:</b>          EKG: Sinus tachycardia with peaked T waves at 114 bpm</p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessment on your priority problem.</i></p>	<p>Reports SOB, general fatigue and malaise, tachycardic with a normal S1 and S2 rhythm, skin is warm and dry, pedal pulses +3 b/l and +2 pitting edema to b/l LE</p>
<p><b><u>Plan</u></b>  <b><u>*Based on priority problem only</u></b></p> <p><i>Include what your plan is for the client. What treatments or medications are needed. You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?</i></p>	<p><b>Plan:</b>          Cardiac monitoring          Administer furosemide 20 mg PO BID          Administer losartan 50 mg PO daily          Administer ASA 81 mg PO daily</p> <p><b>Teaching/Resources:</b>          Educated on the need for cardiac monitoring due to hyperkalemia          Educate on the need to avoid foods high in potassium such as bananas and melons          Signs and symptoms that indicate dysrhythmias          Follow up with a cardiologist due to EKG findings consistent with peaked T waves</p>



Student Name \_\_\_Abbey Derrickson\_\_\_\_\_

ATI Real Life Scenario\_\_CKD\_\_\_\_\_

13

Time Allocation: 8 hours