

ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2024

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ATI Scenario: 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

Urinary System includes the kidneys, ureters, bladder and urethra. The kidneys' main function is to remove waste and extra fluids from the body, which turns into urine. Urine flows from the kidneys through the ureters into the bladder, where it is stored. It then travels through the urethra out of the body.

Kidneys:

The sit below the ribcage and behind the stomach. They are between the intestines and diaphragm. A ureter connects each kidney to your bladder. There are usually two kidneys in a healthy person.

Clean toxins and waste out of your blood. Common waste products include nitrogen waste (urea), muscle waste (creatinine) and acids. They help your body remove these substances. They also control the acid base balance in the body, make renin to increase blood pressure.

Kidneys help to filter blood through the body. Blood enters the kidneys through an artery from the heart. Blood is cleaned by passing through glomeruli. Waste material passes through the ureter and is stored in the bladder as urine. Newly cleaned blood returns to the bloodstream by way of veins.

Normal GFR of the kidneys should be 60 or greater.

Glomeruli:

Tiny blood vessels that filter your blood in the beginning stages. Then passed to the renal tubules. This process is called "glomerular filtration."

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

CKD is a chronic condition, meaning occurring over a long period of time (longer than 3 months), in which the kidneys are damaged and cannot filter blood as well as they should. Because of this, excess fluid and waste from blood remain in the body and may cause other health problems.

CKD is a progressive loss of kidney function, resulting in the need for renal replacement therapy. As the kidneys further deteriorate and lose their ability to filter out toxins, other organ systems become affected, and irreversible damage may occur.

CKD may result from disease processes in any of the three categories: prerenal (decreased renal perfusion pressure), intrinsic renal (pathology of the vessels, glomeruli, or tubules), or postrenal (obstructive).

Prerenal Disease: occurs in patients with chronic heart failure or cirrhosis with persistently decreased renal perfusion,

Intrinsic: conditions that affect the glomerulus or tubule, such as acute tubular necrosis and acute interstitial nephritis.

Postrenal:

Chronic obstruction.

Signs and symptoms of CKD: Foamy urine, edema in lower extremities, nausea, fatigue, water retention, SOB, blood in urine, increased frequency of urination.

Diabetes or HTN are common causes of CKD.

High blood pressure can constrict and narrow the blood vessels, which eventually damages and weakens them throughout the body, including in the kidneys. The narrowing reduces blood flow. If

<p>Renal tubules: These reabsorb and return water, nutrients, and minerals to the body. Tubules remove wastes including excess acid and fluids through diffusion. Eventually leaving the body as urine.</p>	<p>your kidneys' blood vessels are damaged, they may no longer work properly. Stage 1: GFR \geq 90, kidneys are working well but show signs of mild kidney damage Stage 2: GFR 60-89 Stage 3a: GFR 45-59</p> <p>If left untreated, CKD can progress into kidney failure and early cardiovascular disease. Kidney failure will result in the need for a kidney transplant, or dialysis which is considered end stage renal disease.</p>
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To Be Completed Before the Simulation

Anticipated Patient Problem: Excess Fluid Volume

Goal 1: Will maintain a urine output of 30mL/hr during the time of my care.

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Monitor Intake and Output q 1hr	Administer Furosemide as ordered PRN q 6hr
Assess lung sounds, dyspnea, JVD q 2hr	Encourage a diet of low sodium prn q 2hr
Assess for presence of edema in extremities q 4hr	Elevate extremities and reposition q 2hr
Take daily weight q shift	Restrict fluids as indicated q 4hr
Monitor GFR, Cr., and BUN q shift	Educate on the importance of adherence to low sodium diet, fluid restriction to decrease worsening of CKD q 8hr
Assess VS (HR, BP, RR) q 2hr	Restrict high potassium foods q 2hr

Goal 2: Will remain free of edema and maintain clear lung sounds in all fields without evidence of dyspnea during the time of my care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Electrolyte Imbalance

Goal 1: Will maintain a normal sodium value of 135-145 during the time of my care.

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes	Multidisciplinary Team Intervention (Prework) What will you do if your assessment is abnormal?
Assess K q 8hr PRN	Administer lactulose as ordered PRN
Assess Na q 8hr PRN	Educate on signs and symptoms of hyponatremia (nausea, decreased LOC, muscle cramps)
Assess LOC q 4hr	Enforce seizure precautions as needed q shift
Assess intake and output q 1 hr	Administer Furosemide as ordered PRN
Assess VS (HR and rhythm) PRN q 4hr	Maintain telemetry for full shift daily.
Assess knowledge of electrolyte balance and adequate diet daily	Educate on restriction of certain food containing potassium based off lab work PRN

Goal 2: Will maintain a normal potassium level of 3.5 -5 during the time of my care.

To Be Completed During the Simulation:**Actual Patient Problem: Excess Fluid Volume****Clinical Reasoning:** Admitting dx. Fluid overload, increased HR, +2 bilateral edema, Wt. gain 6.6 lbs.Goal: AS will have a UO of at least 30mL an hour during the time of my care **Met**Goal: AS will not have an increase of edema in lower extremities during the time of my care **Met****Actual Patient Problem: Risk for Electrolyte Imbalance****Clinical Reasoning:** Lab values out of normal range, K 6, Na 132Goal: AS will maintain a normal potassium level of 3.5 -5 during the time of my care **Met**Goal: AS will maintain a normal sodium value of 135-145 during the time of my care **Met**

Additional Patient Problems: 3) Readiness for enhanced knowledge 4) Activity Intolerance 5) Hopelessness

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings. **Multidisciplinary Team Intervention:** What interventions were done in response to your abnormal assessments? **Reassessment/Evaluation:** What was your patient's response to the intervention?

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/Evaluation
1	1830	VS: HR 118bpm, 37.2 C, RR 24, BP 174/94, 94% on RA, UO 150mL. Scattered rhonchi to all fields bilaterally. AV fistula to left forearm intact with bruit and thrill. Bilateral +2 pitting edema to LE	1840	Applied limb alert bracelet to left wrist, also a lib alert sign on the wall above AS bed. O2 applied at 2L/min via NC.	1845	O2 increased to 96% on 2L/min NC
2	1700	Potassium 6.0 mEq/L	1920	Applied a cardiac monitor	1930	Sinus Tachycardia (116bpm), with peaked T waves
4	1945	Stated "I do not understand hemodialysis."	1950	Explained the process of hemodialysis and provided a visual of the process.	1955	Stated "My blood pressure my decrease during hemodialysis."
1	2000	VS: HR 116,	2030	Administered	2125	Client in chair. On

		RR22, 37.0 C, BP 170/90, 96% on 2L/min NC. 2/10 Pain. CXR: bilateral venous congestion with infiltrates		Furosemide 30 mg PO		2L/min NC, reports an improvement in breathing. Denies all pain. +2 pitting edema bilaterally in LE. UO 100mL
1	Day 2 0715	AV fistula intact to left forearm with palpable thrill and audible bruit. Scattered rhonchi anterior and posterior fields bilaterally, respirations slightly labored. 2+ pitting edema bilateral LE	1000	Hemodialysis administered. Furosemide 20mg PO, and Losartan 50mg PO administered	1210	BP 134/76, HR 88, RR18, 97% on RA, pain 2/10, BG 84, UO 30mL, 5mL emesis
2	0715	Potassium 4.7, Na 136, BUN 37, creatinine 6.9, glucose 126, Mg. 2	1000	Administered Glipizide 20mg, Ferric Citrate 1g, Linagliptin 5mg, Sevelamer Carbonate	1400	37.1C, HR 80bpm, RR20, 140/80, 96% on RA, pain 1/10, BG 68, UO 60mL Discharged from hospital
5	1230	States “ I have no control over my life anymore.” Reports nausea, chills.	1245	Discusses ways to gain control over health decisions	1250	States “I don’t see any light at the end of this tunnel.” Reports nausea has subsided
5	1300	Expressed the need for transportation to receive health care. Expressed financial instability and inability to afford medicine and/or healthy food	1310	Referred to case management	1530	A van has been put in place for transportation
2, 3	1530	States “ I am having a hard time selecting healthy foods.” Expresses concern with certain foods being apart of family tradition	1540	Educated on alternative food options. Recommended to eat fresh vegetables	1545	Verbalized understanding and stated “ I will give it a try”

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
 RBC 3.1, Hgb 10.2%, 10%, Hct 32%, 30%,
 WBC 14, 13.5, Plt 175,000, 177,000,
 Albumin 3.2, Glucose 175, Calcium 8, 9,
 Phosphorus 7.5, 5.5, SG 0.998, Protein 80
 (+1), A1C 7.4%, GFR 8mL/min, Na 132,
 136, K 6, 4.7, BUN 42, 37, Creatinine 8,
 6.9, Total protein 6.1

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 +2 bilateral edema
 Blurred vision
 Decreased appetite.
 SOB
 Pain and tightness in legs
 Fluid overload symptoms
 Malaise

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 HTN
 Type 2 diabetic
 Obesity

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 Dialysis

Surgical
 (Possible kidney
 transplant)

Prevention of Complications
 (Any complications associated with the client's disease
 process? If not what are some complications you
 anticipate)
 Dysrhythmias, HF, Anemia,
 Anxiety, ESKD

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 Aspirin
 Lasix
 Ferric citrate
 Gabapentin
 Atorvastatin
 Linagliptin
 Losartan
 Tramadol
 Epoetin
 Labetalol
 Glipizide
 Gentamicin ointment
 Tacrolimus ointment

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

 Renal/ Cardiac diet
 ECG
 I and O
 BG
 Elevation of HOB
 Oxygen

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

 Economic instability
 No transportation to health care
 facility
 Unfamiliarity with new
 diagnosis

Client/Family Education

Document 3 teaching topics specific for this client.
 • Adequate diet (renal/cardiac)
 • Medication compliance
 • Resources in the community for lower income families

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)
 Dialysis nurses
 Nephrology
 Case management
 Home health

Patient Resources

Transportation

Support groups
Home health

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?
My biggest take away was that we do have resources for patients that are in the need of something as little as transportation. It is important to set clients up with case managers early on so accommodations can be put into place.
2. What was something that surprised you in the care of this patient?
Something that surprised me was that she did not have mean for transportation but was nicely dressed and well put together. I think it is important to never judge patients by the way they look for the better or worse. All patients need to be treated equally and given the proper resources they require to have a full life with good health.
3. What is something you would do differently with the care of this client?
I would have tried more non pharmacological methods to help with the SOB, activity intolerance. I would have educated a little more about what was going on with AS, ways to prevent exacerbation.
4. How will this simulation experience impact your nursing practice?
This simulation impacts my nursing by helping me to understand that many patients need other resources outside of the hospital to have success in their health goals. I realize that some are deficient in transportation, and this can have a huge impact of the health care.