

ATI Real Life Student Packet  
N202 Advanced Concepts of Nursing  
2025

Student Name:  Lily Cook \_\_\_\_\_

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:  Chronic Kidney Disease \_\_\_\_\_

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

Anatomy and Physiology

Normal Structures

The upper urinary system consists of two kidneys and 2 ureters. The lower urinary system consists of a urinary bladder and urethra. Urine is formed in the kidneys, drains through the ureters to be stored in the bladder, then passes out of the body through the urethra. The kidneys are the principal organs of the urinary system. Their functions are to regulate the volume and composition of extracellular fluid and excrete waste products from the body. They also function to control BP, make erythropoietin, activate vitamin D, and regulate acid-base balance. The paired kidney bean shaped organs are located retroperitoneally on either side of the vertebral column. An adrenal gland sits on top of each kidney. Each kidney is surrounded by fat to allow for cushioning, support, and to help maintain positioning. A capsule covers the surface of each kidney which protects the kidney and is used as a shock absorber. The hilus on the medial side allows an entry site for the renal artery and nerves and as an exit for the renal vein and ureter. The tissue of the kidney is called the parenchyma, the outer layer is the cortex, and the inner layer is the medulla. The nephron is the functional unit of each kidney, which is composed of the glomerulus, Bowman capsule, proximal convoluted tubule, loop of Henle, distal convoluted tubule, and connecting tubules. Several collecting tubules join to form a single collecting duct, eventually emptying into a papilla into a minor calyx. Blood is filtered in the glomerulus. The amount of blood filtered each minute by the glomeruli is the GFR (glomerular filtration rate). The ureters are tubes that carry urine from the renal pelvis to the bladder. The bladder is a reservoir and eliminates waste products. The trigone is a triangular area formed by the two ureteral openings, it is attached to the pelvis by many ligaments.

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

Pathophysiology of Disease

Progressive, irreversible loss of kidney function. Often are asymptomatic, resulting in people being undiagnosed and untreated. Risk factors include age greater than 60, hx of AKI, cardiovascular disease, DM, ethnic minority, nephrotoxic drugs, family hx, and HTN. It is defined as the presence of kidney damage or a decreased GFR less than 60 mL/min for longer than 3 months. Stage 1 has kidney damage with normal or increased GFR. Stage 2 has kidney damage with mild decreased GFR. Stage 3a has moderate decreased GFR. Stage 3b has moderate decreased GFR and more aggressive treatments. Stage 4 has severe decreased GFR. Stage 5 is kidney failure. Manifestations result from retained urea, creatinine, hormones, electrolytes, and water. Patients can have metabolic disturbances, such as waste product accumulation, elevated triglycerides and altered carbohydrate metabolism. Electrolyte and acid base imbalances are also normal, such as potassium, sodium, calcium, phosphate, magnesium, and metabolic acidosis. The hematological system can be affected and cause anemia, bleeding tendencies, and infection. HTN can damage the cardiovascular system if not properly controlled. Peripheral neuropathy can also occur due to DM. CKD mineral and bone disorder can also occur and it is a systemic disorder of mineral and bone metabolism caused by progressive deterioration in kidney function.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Excess Fluid Volume

Goal 1: Pt will have a urine output of at minimum 30 mL/hr, 90mL in 3 hrs.

<b>Relevant Assessments</b>	<b>Multidisciplinary Team Intervention</b>
(Prework) What assessments pertain to your patient's problem? Include timeframes	(Prework) What will you do if your assessment is abnormal?
Assess RR, HR, BP, and SpO2 q 4 hr	Prepare for hemodialysis as ordered
Assess urine output and characteristics q 8 hr	Encourage voiding q 4 hr and prn
Assess weight daily	Educate on a 2,000 mL fluid restriction daily
Assess for LE edema (pitting or non-pitting)	Elevate lower extremities using pillows q 4 hr
Assess for modifiable risk factors (obesity, smoking, medications) q 12 hr	Provide a renal diet meal tray TID
Assess for weakness, fatigue, or malaise q 6 hr and prn	Encourage frequent rest periods during physical activity prn

Goal 2: Pt will not have LE pitting edema by the end of my time of care.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: R/f electrolyte imbalance

Goal 1: Potassium will be in between 3.5 and 5 during my time of care.

<b>Relevant Assessments</b>	<b>Multidisciplinary Team Intervention</b>
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess serum potassium levels daily and prn	Applied continuous cardiac monitoring q 12 q
Assess intake and output q 8 hr	Provide a hat/urinal in the bathroom q 12 hr
Assess nutritional status q 6 hr and prn	Provide a renal healthy diet with supplements TID
Assess for changes in LOC q 4 hr and prn	Maintain peripheral IV and fluids as ordered
Assess cardiac heart rhythm q 4 hr and prn	Notify provider of any changes from normal sinus rhythm
Assess serum sodium levels q 12 hr and prn	Provide normal saline as ordered by provider

Goal 2: Pt will be in normal sinus rhythm during my time of care.

**To Be Completed During the Simulation:****Actual Patient Problem: Excess fluid volume**

Clinical Reasoning: Dx of hypervolemia, weight gain, Wt of 72.1 kg, wt of 69.9 kg, chills, n/v, dyspnea, fatigue, hemodialysis, Hx of PD, AV fistula on left forearm, renal diet, fluid and sodium restriction

Goal: Pt will not gain more weight than 72.1 kg during my time of care. Met:  Unmet:

Goal: Pt will verbalize the importance of a renal diet during my time of care. Met:  Unmet:

**Actual Patient Problem: R/f electrolyte imbalance**

Clinical Reasoning: K 6.0, K 5.9, Ca 7.8, normal sinus rhythm with peaked T waves

Goal: Potassium will be between 3.5 and 5 by the end of my time of care. Met:  Unmet:

Goal: Pt will be in normal sinus rhythm during my time of care. Met:  Unmet:

Additional Patient Problems: deficient knowledge, impaired gas exchange, r/f infection

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?

<b>Patient Problem</b>	<b>Time</b>	<b>Relevant Assessments</b>	<b>Time</b>	<b>Multidisciplinary Team Intervention</b>	<b>Time</b>	<b>Reassessment/Evaluation</b>
Excess fluid volume	2/10 1830	New admission to med-surg	1830	Asked questions of identification	1835	Identified as straight, she/her, and female on birth record
Excess fluid volume	1830	Requesting to get in bed to lay down	1835	Helped get into bed	1836	Reports of fatigue
Impaired gas exchange	1839	Dyspnea present	1840	Raised HOB	1850	States "that feels better", no dyspnea present
Excess fluid volume	1848	AV fistula present in left forearm	1850	Applied limb alert bracelet to left wrist	2100	No BP or lab draws performed on left arm
Impaired gas exchange	1840	95% on RA, dyspnea present	1900	Applied 2 L NC	1910	96% on 2 L NC
r/f electrolyte imbalance	1915	K (high) 6.0	1920	Applied cardiac monitor	1930	Peaked T waves with normal sinus rhythm on strips
Excess fluid volume	1925	No IV access, order to obtain PIV	1931	Inserted PIV 20 g into right forearm, flushing without difficulty	1950	PIV flushing without difficulty. No erythema or drainage noted.
Excess fluid volume	1935	Dx of hypervolemia,	1940	Administered furosemide 80 mg	2100	No tinnitus present. Urine output of 160

		weight gain, hx of DM, fatigue, weakness, SOB		IV bolus, ferric citrate 1 g PO, sevelamer carbonate PO		mL
Deficient knowledge	1945	Questioning how HD works and how it is different that PD	1950	Educated on hemodialysis with picture and complication	2000	"I see, thank you for explaining this to me"
Excess fluid volume	2000	BP 182/90 on right arm	2010	Notified provider of HTN	2300	New order of labetalol 20 mg IV bolus
Excess fluid volume	2/11 0355	HD today	0400	Weight obtained on standing scale	0405	72.1 kg
Excess fluid volume	0555	New order for HD, AV fistula in left forearm, bruit and thrill present	0600	Went to hemodialysis	1230	Complaints of a HA, fatigue, chills, and a pain score of 2/10, weight of 71.5 kg
Excess fluid volume	1250	Hx of peripheral neuropathy to b/l LE, oliguria, dx of hypervolemia	1300	Administered furosemide 20 mg PO, gabapentin 100 mg PO	1430	Weight 69.9 kg, BP 146/88 on right arm
Deficient knowledge	1400	"I don't have control over anything anymore" Blood glucose 68	1410	Discussed ways to minimize disruption of routines	1420	States that her anxiety has eased and that she understands her plan of care better
Excess fluid volume	0400	RBC 3.1 (low), hbg 10, Hct 30% (low)	1430	Order for erythropoietic growth factor	1440	No active bleeding noted. Skin color usual for ethnicity
r/f infection	1450	Hx of PD, PD catheter present	1458	Home health nurse inspected PD catheter	1500	Skin clean, dry and intact; no edema, minimal crusting noted
Deficient knowledge	2/13 1200	Bag of groceries present on counter, upcoming potluck for interfaith meetings	1210	Educated on foods for a renal healthy diet at home	1245	Recommended ½ cup of raw green peas, steamed broccoli, roasted chicken thighs, and sliced radishes. Pt verbalizes the importance of staying with a renal diet.

**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  
 CBC  
 CMP  
 UA  
 Iron studies  
 Hgb A1C  
 GFR  
 CXR

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

Signs and Symptoms  
 Hypervolemia, weight gain, hyperkalemia, SOB, anemia, HTN, oliguria, fatigue, weakness, chills, n/v, hypocalcemia, tachycardia

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

Contributing Risk Factors  
 Diet  
 Advanced age  
 DM  
 Medication toxicity

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

Therapeutic Procedures  
Non-surgical  
 Hemodialysis  
 IV insertion  
  
Surgical  
  
 n/a

Prevention of Complications  
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)  
Hyperkalemia  
Fluid overload  
Hypocalcemia  
Kidney failure  
Death

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

Medication Management  
 Furosemide 20 mg PO  
 Labetalol 20 IV bolus  
 Erythropoietic growth factor  
 Gabapentin 100 mg PO  
 Ferric citrate 1g PO  
 Sevelamer carbonate PO  
 Losartan 50 mg PO  
 Linagliptin 5 mg PO  
 Tramadol 50 mg PO prn  
 Docusate sodium 100 mg PO  
 Tacrolimus 0.1% ointment  
 Gentamicin 0.1% ointment  
 Atorvastatin 20 mg PO  
 Epoetin 50 units/kg IV

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

Non-Pharmacologic Care Measures  
 Education  
 Cardiac monitoring  
 Measuring intake and output  
 Weighing daily  
 Obtaining VS q 4 hr  
 Fluid restrictions  
 Renal diet

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

Stressors the client experienced?  
 Anxiety  
 Depression  
 Financial burden  
 Fear of dependency  
 Fear of death  
 Fear of complications

**Client/Family Education**

Document 3 teaching topics specific for this client.  
 •Education on hemodialysis compared to peritoneal dialysis.

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

Multidisciplinary Team Involvement  
 (Which other disciplines were involved in caring for this client?)  
 Dietician, home health nurse, charge nurse, staff nurses, physician, dialysis nurse, pharmacy,

- Education on a renal healthy diet
- Education on no blood pressure readings or lab draws on left arm due to AV fistula.

respiratory therapist, cardiology, case management, nephrology

Patient Resources

Home health, referral to case management, food programs, Chaplin

**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 from participating in the care of this client is that it is important to educate all aspects of care especially if new treatments are being started. It is important for the client to understand what and how treatments are being done.  

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2. What was something that surprised you in the care of this patient?  
\_\_\_\_ Something that surprised me in the care of this patient was switching from peritoneal dialysis to hemodialysis. This change is a big difference for the patient and can be confusing as to how each of them work. I enjoyed how the nurse incorporated pictures to help describe the difference between the two of the treatments.  

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3. What is something you would do differently with the care of this client?  
\_\_\_\_ Something I would do differently with the care of this client is continue with peritoneal dialysis instead of switching to hemodialysis. This would put the patient more at ease and feel control over the plan of care.  

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4. How will this simulation experience impact your nursing practice?  
\_\_\_\_ This simulation will impact my nursing practice because it shows how many complications can occur with one diagnosis. This makes me more open to education on treatments and the importance of patient advocacy. Advocating the patient’s wishes and concerns are a priority and they should fully understand each treatment they receive.  

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