ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2025

Student Name: Reagan Hockenbrock

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

Upper Urinary System: 2 kidneys and 2 ureters Lower Urinary System: urinary bladder and urethra *urine formed in the kidneys, drains through the ureters to be stored in the bladder, and then passes out of the body through the urethra.
Kidneys: 2 bean shaped organs located on either side of the spine, below the rib cage. *filter waste products and excess substances from the blood to the urine. Nephrons are the functional unit.
Glomerular Filtration: blood enters through glomerulus (network of capillaries with fenestrated endothelium (tiny pores)), high pressure of the glomerulus forces water, electrolytes, small molecules, and waste products out of the blood and into the Bowman's capsule. Large molecules not filtered because of size.
Filtration Membrane: 3 layers: fenestrated endothelium of the glomerular capillaries, the basement membrane, and the podocytes (cells with foot like extensions) of the Bowman's capsule. These layers allow smaller molecules to filter through and retain large ones. Selective **Reabsorption**: filtrate (tubular fluid) moves through renal tubule where essential substances (glucose, amino acids, water) are reabsorbed back into the bloodstream *maintains fluid balance
Secretion: secrete certain substances from the blood into tubular fluid, eliminates waste products. Formation of **Urine**: fluid that reaches collecting ducts is concentrated and adjusted to the body's needs, creating urine as the final product, which is drained into the renal pelvis and
transported to the bladder.
Bladder: hollow, muscular organ located in the pelvis, behind the pelvis bone. *Stores urine until it is expelled from the body by the detrusor muscle contracting. Bladder walls are connective tissue and elastic fibers that stretch containing receptors to signal to brain when the bladder is full (400/600 mL)
Ureters: *transport urine from the kidneys to the bladder through peristaltic contractions. Prevent urine from backflowing into the kidneys by the presence of one-way valves where they enter the bladder.
Urethra: a tube connecting the bladder to the outside of the body. In males it is the passageway of urine and semen. In females it is shorter and is only the passageway of urine. Contains two sphincters, internal and external, which control the flow of urine from the bladder out of the body. Internal sphincter relaxes involuntary during urination, but external sphincter relaxes voluntary to allow urine to pass through.

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Chronic Kidney Disease: a kidney abnormality, either structural or functional, that has been present for at least 3 months. Includes 5 progressive stages based on GFR, including **stage 1** (>/= 90 mL/min), **stage 2** (60-89 mL/min), **stage 3** (30-59 mL/min), **stage 4** (15-29 mL/min), and **stage 5** (GFR < 15 mL/min). CKD can also be staged based on albuminuria. **Stage 1** is an albumin-to-creatinine ratio < 30 mg/g, **stage 2** is an albumin-to-creatinine ratio of 30-300 mg/g, and **stage 3** is an albumin-to-creatinine ratio > 300 mg/g.

CKD affects 9.1% of the global population. Most common in older adults, with the highest incidence in those over 60.

During the early stages of CKD, symptoms may not be seen, but are progressive as CKD advances. If uncontrolled, CKD can progress toeneralized progressive deterioration of kidney tissue and function. end-stage kidney failure.

The exact pathophysiology of the disease depends on the cause, however, CKD is a generalized progressive deterioration of kidney tissue and function.

To Be Completed Before the Simulation

Anticipated Patient Problem: Impaired Urinary Elimination

Goal 1:

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?

Goal 2:

To Be Completed Before the Simulation

Anticipated Patient Problem: Excessive Fluid Volume

Goal 1:

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?

Goal 2:

To Be Completed During the Simulation:

Actual Patient Problem:

Clinical Reasoning: Goal: Met: ☐ Unmet:☐

Goal: Met: ☐ Unmet:☐

Actual Patient Problem:

Clinical Reasoning:

Goal: Met: ☐ Unmet:☐

Goal: Met: ☐ Unmet:☐

Additional Patient Problems:

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

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

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

Signs and Symptoms

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

Contributing Risk Factors

NCLEX IV *(7)*: Reduction of Risk

Therapeutic Procedures

Non-surgical

Surgical

Prevention of Complications

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

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

Medication Management

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

Non-Pharmacologic Care Measures

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

Stressors the client experienced?

Client/Family Education

Document 3 teaching topics specific for this client.

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

Multidisciplinary Team Involvement

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

Patient Resources

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?

2. What was something that surprised you in the care of this patient?

3. What is something you would do differently with the care of this client?

4. How will this simulation experience impact your nursing practice?