ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2025

Student Name: _Destiny Klinger_

ATI Scenario: _chronic kidney disease_

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

There are 2 kidneys and 2 ureters that make up the upper urinary system. The lower portion is composed of the bladder and urethra.
Kidneys are the principal organ of the urinary system. They regulate the volume and composition of extracellular fluid and excrete waste products from the body. They also help control BP, and make erythropoietin (stimulates red blood cell production). The kidneys are kind of bean-shaped and are located behind the peritoneum on both sides of the vertebral column, from the 12th thoracic vertebra to the third lumbar vertebra. The right kidney is lower than the left. On top of each kidney is an adrenal gland. They are surrounded by a good amount of fat and connective tissue that cushions, supports, and helps the kidneys maintain position. A capsule covers the surface of the kidneys, which is made up of a fibrous membrane. The capsule is a shock absorber to protect the kidneys from traumatic amounts of force. The hilus on the medial side is the entry site for the renal artery and nerves, and the exit site for renal veins and the ureter. Parenchyma is the tissue of the kidney; the outer layer is the cortex, and the inner layer is the medulla (which has pyramids). The tops of pyramids are papillae (urine passed through to the calyces), minor calyces turn to major which form a funnel into the renal pelvic. Nephron is the functional unit of the kidney, each nephron has a glomerulus (urine formation begins, blood is filtered), Bowmans capsule and a tubular system(this and collecting ducts are responsible for reabsorbing needed material and excretion of non-needed ones)

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Chronic kidney disease is a progressive, irreversible loss of kidney function that develops over days to years. As this progresses, glomerular filtration decreases and is irreversible, and eventually can progress to end-stage renal disease. When GFR is less than 15mL/min that is when renal replacement therapy is required to sustain life. Before needing any therapy, the patient can have a normal life with a special diet and medication management. The leading causes of CKD are diabetes and hypertension. In the early stages, it is not often recognized due to the kidneys being highly adaptive to glomerular changes. As it progresses to end-stage renal disease, body systems become affected from retained urea, creatinine, phenols, hormones, electrolytes, and water. Renal osteodystrophy and anemia are early and common complications.

To Be Completed Before the Simulation

Anticipated Patient Problem: Excess Fluid volume

Goal 1: Pt. will not develop any new onset of crackles in the lungs during my time of 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 for elevated BP, HR, and tachypnea q4 hr, prn	Administer antihypertensives q 6 hrs, prn
Auscultate lung sounds for adventitious sounds q 4, prn	Have pt. sit up and encourage cough and deep breathing while awake
Assess for pitting edema at least once per shift	Encourage elevation of extremities while in bed or sitting in a chair q4 hrs
Assess current diet at least once per care day	Educate on the need to maintain a low sodium at least once per care day and prior to discharge
Assess weight daily	Educate on the importance on monitoring weight and when to call provider prior to discharge
Assess pt. current technique to help with dry mouth at least once per care day	Educate on the use of ice chips and hard candy to help with dry mouth to reduce to risk of consuming to much fluids at least once per care day

Goal 2: Pt will have a reduction in edema by end of hospitalization and won't develop an increase in edema during my care day.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for decreased cardiac output

Goal 1: Pt. will maintain an HR of 60 -100 with a BP within the pts. normal limits during my care day.

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?
Monitor pt. BP and HR q4 hrs	Administer inotropic agents q 6 hrs, prn
Assess quality of peripheral pulses q 4 hrs, prn	Administer IV fluids as needed to help increase blood volume q 12 hrs
Monitor for the development of dysrhythmias throughout care day	Ensure continuous tele monitoring is attached q 4 hrs
Assess level of consciousness q 2 hrs, prn	Complete neurological exam and report findings to provider
Monitor lab values such as potassium, calcium, BUN and creatinine	Consult nephrology to determine need/benefits from potential dialysis when needed
Assess oxygen saturation q4 hrs, prn	Apply oxygen supplement as needed

Goal 2: Pt. pulses will be strong and equal, and skin will be warm during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem: Excess fluid volume (E)
Clinical Reasoning:
Goal: pt. will urinate at least 100ml during my time of care. Met: ☐ Unmet:☐
Goal: pt. will be able to follow a renal diet to reduce sodium and fluid intake during my care day. Met: ☐ Unmet:☐
Actual Patient Problem: Impaired urinary elimination (I)
Clinical Reasoning: Has been receiving peritoneal dialysis, BUN 42, Creatinine 8, GFR 8mL/min
Goal: pt. will understand how hemodialysis is effective before attending dialysis. Met: ☐ Unmet:☐
Goal: pt. will not experience any dysrhythmias or ectopic beats during my care time. Met: ☐ Unmet:☐

Additional Patient Problems: Deficient Knowledge (D), Risk for infection (R)

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
E	2/10 1700	Present With hypervolemia, has been receiving peritoneal dialysis at home for the past 9 months, but has had trouble with the catheter and reports gaining weight in the past two days, creatinine of 8	2/10 1740	Admitted to med med-surg floor	2/10 1740	In a room with nurse getting admission information
E	2/10 1830	Complaints of being tired and needing assistance with getting into bed, reports that her legs are and feel very tight. +2 pitting edema in LE bilaterally, dyspnea on exertion, scattered rhonchi anterior and posterior lung fields, RR 24, HR 118/min, CT scan	2/10 2/10	Elevated HOB Applied a limb alert bracelet and a sign on the door, applied 2L NC	2/10 2/10 1850	States that that feels better SpO2 96% on 2L NC

		shows bilateral pulmonary venous congestion with infiltrates, AV fistula on L. arm, Spo2 94% on RA				
D, I	2/10	Was supposed to receive hemodialysis, but was not able to get worked into the dialysis schedule. Potassium 6	2/10 1910	Initiate continuous cardiac monitoring and educate on elevated potassium, and initiate an IV	2/10 1920	Denies any questions or concerns at this time, IV flushed without any difficulty, peaked T-waves present
I, D	2/10	Has concerns about what occurs with hemodialysis since she has been receiving peritoneal dialysis previously	2/10	Reassured that we will communicate concerns to the provider, but also educated on the process of hemodialysis	2/10	States I see, thank you for explaining this to me, can you talk about some of the complications of hemodialysis
I	2/10 2100	Sinus tachycardia with peaked T waves, HR 114 beats/min, potassium 5.9, calcium 7.8, creatinine 8, BUN 42, GFR 8mL/min	2/10 2120	Updated plan of care to better accommodate lab values and patient status	2/10 2125	Patient in chair, has a slight improvement in breathing, +2 pitting edema LE, no new labs drawn at end of care day
E	Late entry (2125) 1940	HR 116/min, BP 170/90, Spo2 96% on 2 L NC, no output recorded at this time, chest x-ray results show bilateral pulmonary venous congestion with infiltrates	Day 1	Administered furosemide 80mg IV bolus	Day 1 2125	Urine output 160ml, HR 110, BP 178/86, spo2 96% on 2l NC
E	2/10 2240	BP 182/90, HR 112, provider notified	2300	Labetalol 20mg IV bolus administered	2/10 2330	BP 164/80, HR 108
E, I	2/11 0055	Patient on 1L NC, Spo2 97%, BP 154/80, HR 96	2/11	Weighed, medications held for dialysis, but furosemide 20 mg given PO, auscultated AV fistula, sent to dialysis	2/11	States that dialysis went better than expected, reports being tired. Oral mucosa pink, cap refill brisk, scattered rhonchi in all lung fields, RR 18, AP 94, symmetrical +2 pitting edema in

						LE, pulses +3 bilaterally
E	2/11	Reports are being tired. Oral mucosa pink, cap refill brisk, scattered rhonchi in all lung fields, RR 18, AP 94, symmetrical +2 pitting edema in LE, pulses +3 bilaterally, BP 134/76, Spo2 97% on RA, pain 2/10	2/11	Monitor for muscle cramping, N/V, HA, fatigue and chills	2/12	By discharge, there were no complaints of any of those clinical manifestations, no abnormal heart beats recorded
D	2/11	Patient crying, states she feels sorry for herself, and it is all overwhelming	2/11 2/11	Active listening and therapeutic communication Educate on ways to help decrease the interruption to her normal routine	2/11 2/11	"It's all about this dialysis, and Dr. lanzo told me I would have to take it three times a week, and sitting here is a waste of my time," feels like having a loss of control Was willing to find ways to help gain some control in this part of her life
R	Home Nurse 2/13	Just got home from the hospital, stated that she is concerned about the peritoneal catheter and that she just doesn't want it to get infected	Home Nurse 2/13	Encourage verbal understanding of the typical catheter care routine Inspect the peritoneal catheter	Home Nurse 2/13	"I clean it every day and I cover it with a gauze." No cracks noted, skin is dry and intact, exit site has minimal crusting, no edema, drainage, sinus tact epithelium covers visible area, pain 2/10 when palpated
D	Home Nurse	Has to follow a renal diet and has concerns about being able to participate in weekly social gatherings	Home Nurse	Create a plan of what foods at the potluck she can eat that align with her diet	Home Nurse	was very grateful for home health visits.

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
GFR- 8
BUN- 42
Creatinine -8
Potassium – 6
Chest x-ray – Bilateral pulmonary venous congestion

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

Signs and Symptoms
Dysuria
Edema
Fatigue
Decrease in appetite.
SOB

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

Contributing Risk Factors
Hypertension, overweight, Diabetes, general aging, hyperlipidemia

Therapeutic Procedures
Non-surgical
Hemodialysis

Surgical

NCLEX IV *(7)*: Reduction of Risk

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

Anemia
Alteration in EKG reading – peaked T waves
Fluid retention
Imbalance in electrolytes

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

Medication Management

Furosemide
Labetalol
Atorvastatin
Iron

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

Non-Pharmacologic Care Measures

Provide rest periods
Renal diet
Management of stress

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

Stressors the client experienced?
Ability to get to and from dialysis, the cost of treatment, food security, and loss of sense of control

Client/Family Education

Document 3 teaching topics specific for this client.
• Foods that fit into the renal diet
• Ways to gain control with this additional part of the routine
• ways to be able to maintain a sense of normalcy with friends

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

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Primary RN, home health RN, dialysis team, nephrologist, assistive personnel, dietitian

Patient Resources
Transportation company, food delivery services, support groups

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 takeaway is that every patient that we care for is more than their medical diagnosis. That we, as nurses, should be able to provide holistic care. If we don’t help them emotionally, we will not be able to guarantee some level of compliance with treatment. _

2. What was something that surprised you in the care of this patient?
   _Something that surprised me was that they gave furosemide even though the quality of the kidneys was poor. Then I did not know that they could just put someone on a waitlist for dialysis if they do not have space. I would think that at that point, they would prioritize who needed it most.__

3. What is something you would do differently with the care of this client?
   Something that I would have done differently was to maintain even more strict I&O and make a point to measure and document urine output every hour. This is something that was not done every hour, which I feel like it should be since we are trying to get a good amount of fluid off.

4. How will this simulation experience impact your nursing practice?
   _This simulation will impact my nursing practice by emphasizing the need to see the person as a whole and that patients have more stressors going on outside of the hospital that can affect the care they receive. When we can care for them emotionally, then we can begin to heal them physiologically. _