ATI Real Life Student Packet
N202 Advanced Concepts of Nursing
2025

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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

o Kidneys – Regulate volume & chemical composition of blood. Regulate blood pressure, acid/base balance, produce erythropoietin, metabolizes vit D to active form, filter waste materials. Nephron is the functional unit of the kidney. The glomerulus is the part of the nephron that filters your blood it then sends in down into the tubules to one which takes the blood back out of the kidney and the other one continues to make urine and take it out of the kidney into the ureters.

O Ureters – They go from the kidneys and run down into the bladder they are the passageway for urine to go from the kidney to the bladder they have a valve to help prevent backflow into the kidneys, also the urine is propelled down the ureters due to peristalsis.

O Bladder – is the storage center of urine, which collects inside after formation from inside the kidneys until it is ready to exit the body from the urethra. The bladder holds approximately 500-700mL of urine

o Urethra – thin-walled tube which goes from the bladder to the outside of the body. It happens to be longer in men than in women. There are two sphincters in the urethra an involuntary one and a voluntary one. The involuntary one is at the connection from the bladder to the urethra this allows passage of urine through and down the urethra. The voluntary one is the connection from the urethra to the outside of the body and allows urine to exit the body.

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

Pathophysiology of Disease

CKD is progressive decline in kidney function which leads to buildup of fluid and waste in the body. Can be due to multiple issues like diabetes, HTN, CHF. CKD is progressive which means the kidney function worsens over time, which involves its ability to filter blood, regulate fluid & electrolytes, produce hormones.

The glomerular is the filtering unit of the kidney, which with damage can lead to proteinuria and scarring

The tubules and interstitial tissue end up with scarring due to this

This leads to fluid retention, HTN, and electrolyte imbalances, anemia, uremia, hyperparathyroidism, hyperphosphatemia, hypocalcemia, volume overload, metabolic acidosis

Different stages of CKD

Stage 1: Kidney damage with normal or increased GFR (> 90 mL/min/1.73 m2)

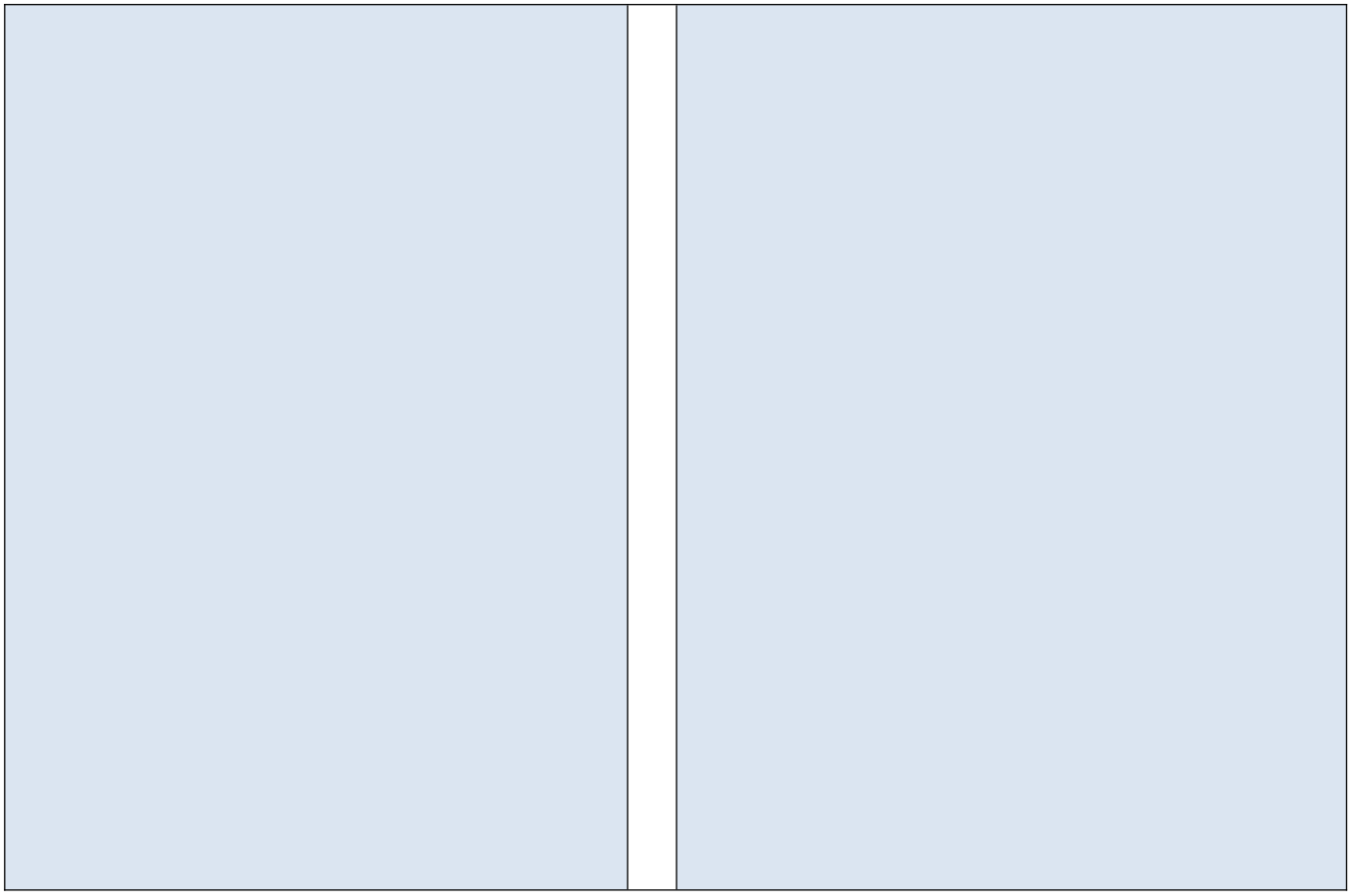
Stage 2: Mild reduction in GFR (60-89 mL/min/1.73 m2)

Stage 3a: Moderate reduction in GFR (45-59 mL/min/1.73 m2)

Stage 3b: Moderate reduction in GFR (30-44 mL/min/1.73 m2)

Stage 4: Severe reduction in GFR (15-29 mL/min/1.73 m2)

Stage 5: Kidney failure (GFR < 15 mL/min/1.73 m2 or dialysis)



**To Be Completed Before the Simulation**

Anticipated Patient Problem: Excess Fluid Volume

Goal 1: Will have a balanced intake and output during my time of care

| **Relevant Assessments**<br><br>(Prework) What assessments pertain to your patient's problem? Include timeframes | **Multidisciplinary Team Intervention**<br><br>(Prework) What will you do if your assessment is abnormal? |
|---|---|
| Assess lung sounds q6hrs & PRN | Dialysis at least 3 times a week |
| Assess I&O's q4hrs & PRN | Maintain fluid restriction as prescribed at all times |
| Assess lab values q12hrs & PRN | Notify provider immediately of any critical values |
| Assess vitals q4hrs & PRN | Administer a beta blocker as prescribed for HTN |
| Assess weight daily | Administer diuretic as prescribed |
| Assess for edema q4hrs & PRN | Maintain sodium restriction at all times |

Goal 2: Will maintain clear lung sounds with no evidence of dyspnea during my time of care

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Risk for Decreased Cardiac Output

Goal 1: Will be in normal sinus rhythm with no dysrhythmias during my time of care

| **Relevant Assessments**<br><br>(Prework) What assessments pertain to your patient's problem? Include timeframes | **Multidisciplinary Team Intervention**<br><br>(Prework) What will you do if your assessment is abnormal? |
|---|---|
| Assess vital signs q4hrs & PRN | Administer an antihypertensive as prescribed |
| Assess lab values q12hrs & PRN | Maintain a sodium restriction at all times |
| Assess ECG strips q2hrs & PRN | Check leads first and then notify provider immediately if there are still any abnormal readings |
| Assess for edema q6hrs & PRN | Elevate extremities that have edema as needed |
| Assess heart & lung sounds q6hrs & PRN | Dialysis at least 3 times a week |
| Assess LOC at all times | Administer supplemental oxygen as needed |

Goal 2: Will have a systolic bp less than 130 during my time of care

**To Be Completed During the Simulation:**

**Actual Patient Problem:** Decreased Cardiac Output

Clinical Reasoning: HTN, CKD, sinus tach w/ PVCs, Potassium 6

Goal: Systolic BP will be under 130 by the end of my care Met: ☐ Unmet: ☐

Goal: Will have normal sinus rhythm with no dysrhythmia during my time of care Met: ☐ Unmet: ☐

**Actual Patient Problem**: Ineffective Knowledge

Clinical Reasoning: Going through a new process of hemodialysis, lots of questions about hemodialysis and PD catheter

Goal: Will understand hemodialysis by the end of my care Met: ☐ Unmet: ☐

Goal: Will understand her new nutrition restriction by the end of my care Met: ☐ Unmet: ☐

Additional Patient Problems: Risk for Unstable Blood Pressure, Excess Fluid Volume,

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 |
|---|---|---|---|---|---|---|
| Decreased Cardiac Output<br>Excess Fluid Volume | 1820 | Hypervolemic<br>CKD<br>Fatigue<br>"Moving around by myself is really hard'<br>SOB<br>Edema in the LE<br>Hemodialysis was planned for today but was not able to be performed<br>SPO2 94RA<br>HR 118<br>RR 24 | 1820 | Transitioned her to the bed with help, laying supine with the HOB elevated<br>Placed call bell in arms reach<br>Limb alert was placed on the left wrist as well as a limb alert sign in her room.<br>NC 2L placed<br>Due to hemodialysis not being performed continuous monitoring and interventions to help her feel comfortable will occur | 1825 | SPO2 96 on 2LNC<br>Voided 150mL |

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|---|---|---|---|---|---|---|
| Excess Fluid Volume<br>Decreased Cardiac Output<br>Risk for Unstable Blood Pressure | 1825 | Potassium 6<br>HR 118<br>RR – 24<br>SPO2962LNC | 1827 | Cardiac monitoring was placed on chest<br>IV was placed 20g in R forearm<br>Administered Furosemide 20mg PO | 1830 | ECG shows Sinus Tach w/ peaked T waved<br>HR 114<br>BP 178/96<br>SPO2 96 2LNC<br>PO intake of 120mL |
| Ineffective Knowledge<br>Decreased Cardiac Output<br>Risk for Unstable Blood Pressure | 1940 | Questions about the difference btw peritoneal dialysis and hemodialysis<br>HR 116<br>RR 22<br>Bp 170/90<br>SPO2 96 2LNC | 1940 | Educated about hemodialysis and informed provider about the question as well<br>While educating about hemodialysis used an illustration to help show what will happen during hemodialysis<br>Educated on how hemodialysis may cause hypotension<br>Administered Furosemide 80mg IV bolus | | “Oh, I see” |
| Decreased Cardiac Output<br>Risk for Unstable Blood Pressure | 2045 | Potassium 5.9<br>HR 110<br>RR – 20<br>BP 170/84<br>SPO2 962LNC<br>PO intake 30mL<br>Output 100mL | 2250 | Provider notified of Clients BP order for Labetalol 20mg IV bolus received | 2300 | BP 182/90<br>HR 114 |
| Decreased Cardiac Output<br>Risk for Unstable Blood Pressure | 2300 | Bp 182/90<br>HR 114 | 2300 | Administered Labetalol 20mg IV bolus | 2330 | BP 164/80<br>HR 108 |
| Decreased Cardiac Output<br>Risk for Unstable Blood Pressure<br>Excess Fluid Volume | 0800 Day 2 | A bruit was heard in the AV fistula<br>HR 94<br>RR 18<br>BP 154/84<br>SPO2 96 1LNV | 0800 Day 2 | Went and completed hemodialysis | 1200 Day 2 | Laying in bed resting, reports fatigue & nausea<br>HR 88<br>RR 18<br>BP 134/76<br>SPO2 97RA<br>Pain is a 2/10 for a headache |
| Ineffective | 1300 | Sitting in chair, | 1302 | Calmed her and | 1500 | Was discharged |

| | | | | | | |
|---|---|---|---|---|---|---|
| Knowledge | Day 2 | crying about "dialysis, feels out of control with her life due to having to have dialysis 3 times a week" | Day 2 | talked about her issues<br>Involved case management to help with her concerns | Day 2 | home with home health care & hemodialysis 3 times a week |
| Ineffective Knowledge | 1000<br>Day 3 | Questioned about her PD catheter and when it would be removed does not want it to get infected | 1015<br>Day 3 | Educated about the importance of cleaning confirmed she is cleaning it the correct way and assessed it as well | 1030<br>Day 3 | PD catheter site score was a 2 due to discomfort while palpating and some crusting that was removable |
| Ineffective Knowledge | 1300<br>Day 4 | Assessed her eating habits<br>Concerned about her new diet restrictions | 1330<br>Day 4 | Educated about the importance of sticking to her new restrictions - talked about foods she can eat | 1400<br>Day 4 | "You have been so helpful with this and making me feel more comfortable with the hemodialysis" |
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## 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
Potassium 6
Sodium – 132
Creatine - 8
Calcium - 8
BUN - 42
Phosphorus - 7.5
eGFR - 8
Sinus tach w/ PVC's

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

Signs and Symptoms
Fatigue
Edema in LE
HTN
HLD
SOB

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

Contributing Risk Factors

Stage 4 kidney failure
HTN
Type 2 DM
HLD
Peripheral neuropathy LE

Therapeutic Procedures
Non-surgical
Hemodialysis

Surgical

N/A

**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)

HTN
Anemia
Peripheral neuropathy

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

Medication Management

Furosemide 80mg IV bolus
Furosemide 20mg PO
Labetalol 20mg IV bolus

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

Non-Pharmacologic Care Measures

Raising HOB
Warm blankets

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

Stressors the client experienced?

New tx of hemodialysis
Being in the hospital
Worrying about her PD catheter
Worrying about getting to Hemodialysis

**Client/Family Education**

Document 3 teaching topics specific for this client.
- Hemodialysis
- PD catheter care
- New nutrition restrictions

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

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Case management, home health, nurses, provider, hemodialysis team, transportation service she has

Patient Resources
Information about hemodialysis, Home health, information about a healthy diet, transportation to hemodialysis

**Reflection Questions**

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?
   I think it just goes to show you never know how much your presence and the way you treat your patients truly matter. Like for her she truly appreciated it when everyone took the moment to truly get to know her and understand her. Also, making sure all of her needs were met even when she is being discharged from the hospital.

2. What was something that surprised you in the care of this patient?
   Honestly, I think the thing that surprised me the most was the pronoun thing at the beginning. I know everyone needs to respect it, but I feel like to me it is something I am still getting used to. I don’t know and when he went into the whole what is your sexual orientation. Part of me is like why that matter but then I also slightly understand I don’t know. Just something I will continue to get used to, and it will become the norm. But I feel like everything else was normal to me or felt like it should have been done.

3. What is something you would do differently with the care of this client?
   I would have wanted to reach out sooner to the provider about her blood pressure. The entire time it was high. I understand it is normal to have HTN with CKD but still we should always attempt to have a handle on it as soon as we see it is high.
4. How will this simulation experience impact your nursing practice?
   Just another reminder to truly take every opportunity you must make sure your patient is comfortable and understands what is going on with them. Treating them like the human they are. Leave all of your crap at the door and go into their room with a positive understanding point of view.