

Adult Health ATI Remediation  
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#### Management of Care

- Alzheimer's Disease: Interventions for a client who has dementia
  - Promote consistency by placing commonly used objects in the same location and using a routine schedule such as pictures of family and friends.
  - Initiate bowel and bladder program based on a set schedule.
  - Maintain a sleeping schedule, and monitor for irregular sleep patterns.
- Multiple Sclerosis: Identify the need for a referral
  - Facilitate effective communication for dysarthria using a communication board.
  - Consider referral to occupational and physical therapy for home environment assessment to determine safety and ease of mobility.
  - Refer to a speech language therapist for dysarthria and dysphagia.

#### Safety and Infection Control

- Cancer treatment options: caring for a client who has a sealed radiation implant
  - Protect the client from possible sources of infection (live plants, stagnant water, and contaminated equipment).
  - Discard liquid beverages that have been sitting at room temperature for longer than 1 hour.
  - Wash toothbrush daily in the dishwasher or rinse in a bleach solution.
- Cancer treatment options: caring for a client who is receiving brachytherapy
  - Wear a dosimeter film badge that records personal amounts of radiation exposure.
  - Limit visitors to 30 min visits, and have visitors maintain a distance of 6 feet from the source.
  - Place the client in a private room. Keep the door closed as much as possible.

#### Health Promotion and Maintenance

- Disorder of the eye: priority assessment of age-related changes
  - Check visual acuity using the snellen chart.
  - Perform adaptive devices that accommodate for reduced vision.
  - Determine the client's functional capacity due to decreased vision.

#### Psychosocial Integrity

- Amputations: providing support following an alteration in body image
  - Allow the client to grieve for the loss of the body part and change in the body image.
  - Feelings can include depression, anger, withdrawal, and grief.
  - The nurse should facilitate a supportive environment for the client and family so grief can be processed.

#### Basic Care and Comfort

- Stroke: caring for a client who has left sided hemiplegia
  - Place the client on a cardiac monitor to detect arrhythmias
  - Monitor the client's temperature. A fever can cause an increase in intracranial pressure.

- Elevate the head of the bed approximately 30 degrees to reduce ICP and to promote venous drainage.
- Disorders of the eye: priority action for eye irrigation
  - Once an eye drop is instilled, apply pressure using the punctal occlusion technique (placing pressure on the inner corner of the eye).
  - Avoid touching the tip of the application bottle to the eye.
  - Always wash hands before and after use.
- Benign prostatic hyperplasia: preventing complications following TURP
  - Insert a catheter postoperative.
  - If the catheter becomes obstructed turn off the continuous bladder irrigation and irrigate with a 50 ml solution using a large syringe.
  - Monitor for bleeding and report of the provider.
- Polycystic kidney disease: dietary recommendations for a client who has nephrotic syndrome
  - High-protein diet to replace the high rate of protein breakdown due to stress from the illness.
  - Restrict fluid intake, if prescribed.
  - Implement potassium, phosphate, sodium, and magnesium restrictions.

#### Reduction of Risk Potential

- Postoperative nursing care: assessment of postoperative dressing
  - Check dressings for excessive drainage and report to the surgeon.
  - Outline drainage spots with a pen, noting date and time.
  - Observe drainage tubes for patency and proper function.
- Neurologic diagnostic procedures: determining GCS
  - The best possible score is 15.
  - A score less than 8 is associated with severe head injury and coma.
  - A score of 9 to 12 indicates a moderate head injury.
  - A score of greater than 13 is associated with minor head trauma.
- Sensory perception: performing ear irrigation
  - Pull up and back on the auricle of adults and down and back on the auricle of children younger than 3 to straighten out the canal and enhance visualization.
  - Wash hands before and after ear irrigation.
  - The tympanic membrane should be pearly gray and intact.

#### Physiological Adaptation

- Postoperative nursing care: priority findings following general anesthesia
  - Monitor level of consciousness, weakness, restlessness, agitation, somnolence, irritability, change in orientation.
  - Assess for movement of and sensation in extremities.
  - Administer an antiemetic for nausea and vomiting after checking bowel sounds.
- Airway management: evaluating client understanding of tracheostomy care
  - Keep the following at the bedside: two extra tracheostomy tubes, oxygen source, and suction catheter.
  - Give oral care every two hours
  - Suction the tracheostomy tube, using sterile suctioning supplies.

- Hyperthyroidism: priority finding following partial thyroidectomy
  - Heat intolerance
  - Weight change (usually loss) and increased appetite
  - Nervousness, irritability, hyperactivity, emotional lability, decreased attention span, change in mental or emotional status
- SLE: client findings associated with raynaud's disease
  - Arteriolar vasospasm in response to cold/stress
  - Fever (also a major indication of exacerbation)
  - Pericarditis (presence of a cardiac friction rub or pleural friction rub)
- Hemodynamic shock: priority intervention for hypovolemic shock
  - Monitor ECG during catheter insertion.
  - Have resuscitation medications and equipment ready.
  - Monitor hemodynamic waveforms and readings.
- Emergency nursing principles and management: priority action for abdominal trauma
  - Avoid the use of MAOIs in clients who are receiving epinephrine.
  - Nurses should assess heart rate, blood pressure, peripheral pulses, and capillary refill for adequate perfusion.
  - Shock can develop if circulation is compromised.
- Intravenous therapy: priority action for central venous access device complication
  - Use an infusion pump to administer medications that can cause serious adverse reactions.
  - Never administer IV medications through tubing that is infusing blood, blood products, or parenteral nutrition solutions.
  - Verify the compatibility of medication with IV solutions before infusing a medication through tubing that is infusing another medication or IV fluids.
- Pulmonary embolism: planning interventions
  - Administer oxygen therapy to relieve hypoxemia and dyspnea.
  - Initiate and maintain IV access.
  - Assess respiratory status at least every 30 minutes
- Heart failure and pulmonary edema: recognizing manifestations of left sided heart failure
  - Dyspnea, orthopnea, nocturnal dyspnea
  - Pulmonary congestion
  - Frothy sputum

#### Pharmacological and Parenteral Therapies

- Medications affecting blood pressure: client teaching regarding ace inhibitors
  - Change positions slowly and lie down if feeling dizzy or lightheaded or faint.
  - Inform clients of the possibility of experiencing a dry cough and to notify the provider. Discontinue the medication.
  - Inform the client to notify the provider if rash and dysgeusia.
- Blood and blood product transfusion: preparing to administer a blood transfusion
  - Infuse a unit of 200 ml over 2 to 4 hours
  - Administer to a client who has a history of transfusion reactions or to a client who has had a hematopoietic stem cell transplant.

