

ATI REMEDIATIONS → 2 hours, 48 minutes.

Management of Care

Hematological Disorders: Immunizations for a client who has sickle cell anemia

1. Infection can cause a patient with sickle cell anemia can cause aplastic crisis
2. Aplastic crisis is an extreme anemia that results in a temporary decreased RBC production
3. To prevent infection the nurse can administer pneumococcal conjugate vaccine, meningococcal vaccine, and Haemophilus influenzae type B vaccine

Epidemiology and Communicable Diseases: Nationally Notifiable Sexually Transmitted Infections

1. Reporting of communicable diseases is mandated by state and local regulations and notifying the state to the CDC is voluntary.
2. Nurses can create programs for the community to monitor individuals adherence to treatment regimens and to help minimize the spread of the disease.
3. Sexually transmitted infections include HIV/AIDS, chlamydia, gonorrhea, syphilis, human papilloma virus (HPV), genital herpes, hepatitis B, C, and D.

Safety and infection control

Safe administration of Medication: Restraining Methods for an Infant

1. Determine parental involvement with administration
2. Secure the infant or child firmly to decrease movement of the needle while injecting.
3. Assess if you will need assistance when administering medication like restraining. Have parents or peer to use therapeutic hugging

Health Promotion and Prevention

Psychosocial issues of infants, children, and adolescents: Planning care for a child who has Autism Spectrum Disorder.

1. Autism Spectrum Disorder is a complex neurodevelopmental disorder with spectrum behaviors that affects a child's ability to communicate and interact with others in a social setting.
2. Assist with behavior modification program like promote positive reinforcement, teach verbal communication, and set clear rules
3. Decrease environmental stimulation

Psychosocial Integrity

Death and Dying: Age-appropriate Response to Death

1. Infants and toddlers: Have little to no concept of death; egocentric thinking prevents their understanding of death; mirror parental emotions
2. Preschoolers: egocentric thinking; magical thinking allows for them to believe that thoughts can cause death; view dying as temporary because of the lack of a concept of time
3. School-age children: begin to respond to logical or factual explanations; begin to have an adult concept of death; experience fear of disease process, death process, the unknown, and loss of control; can be curious about funeral service and what happens to body after death

4. Adolescents: can have adult-like concept of death; can have difficulty accepting death because they are discovering who they are, establishing an identity, and dealing with issues of puberty; rely more on peers than the influence of parents, can be unable to relate to peers and communicate with parents, can become increasingly stressed by changes in physical appearance; can experience guilt and shame.

Basic comforts and care

Bowel Elimination: Evaluating Teaching and Encopresis

1. It is important to monitor fluid status and elimination process
2. Observe the character of bowel movements and check for blood or pus
3. Promote regular bowel elimination through: adequate fiber, adequate fluid intake, and adequate activity like walking for 15 to 20 minutes a day.

Complications of infants: Teaching about meal planning for a toddler who has Phenylketonuria

1. Inherited metabolic disorder which the newborn lacks the enzyme phenylalanine hydroxylase.
2. Initiate newborn on a formula low in phenylalanine
 - a. Intake should be 20 to 30 mg phenylalanine per kg of body weight per day
3. Monitor phenylalanine levels → goal is phenylalanine level between 2 and 8 mg/dL

Pain management: Interventions for an infant receiving immunizations

1. Allow parents to stay with the child → rock and hold infant
2. Offer pacifier with sucrose before, during, and after
3. Swaddle the infant; place rolled blankets around the child

Pharmacological and Parenteral Therapies

Immunization: Contraindication for receiving the MMR Vaccine

1. History of thrombocytopenia or thrombocytopenic purpura
2. Anaphylactic reaction to eggs, gelatin, or neomycin
3. Do not administer MMR to a child who is severely immunocompromised, pregnant, or has received treatment that provide acquired passive immunity within 3 months

IV therapy: Planning antibiotic therapy for an infant

1. Give medications intermittently in a small amount of solution through continuous IV fluid system or with a saline or heparin lock system
2. Infuse medications for short periods of time and on schedule
3. Verify the compatibility of medications with IV solutions before infusing a medication through tubing that is infusing another medication or IV fluid

Miscellaneous Pain Medications: Preparing to apply lidocaine and prilocaine cream

1. Local anesthetics that decrease pain by blocking conduction of pain impulses in a circumscribed area; LOC does not occur
2. Apply to the smallest surface area needed to minimize systemic absorption; avoid wrapping or heating the area

3. Advise patients to use caution against self-inflicted injury until the anesthetic effect wears off

Physiological Adaptation

Acute infectious gastrointestinal disorders: expected findings of gastroenteritis

1. Fatigue
2. Malaise
3. Poor appetite
4. Weight loss
5. Pain
6. Assess for manifestations of dehydration

Burns: Nursing Interventions

1. Maintain airway and ventilation
2. Monitor vital signs
3. Initiate IV access with a large-bore catheter

Fractures: Evaluating understanding of cast care

1. Teach parents and clients how to perform neurovascular checks and when to contact the provider → teach back method
2. Instruct the client not to place any foreign objects inside the cast to avoid trauma to skin → ask the client if she is able to stick anything in her cast?
3. Teach the client to cleanse with damp cloth if becomes soiled

Reduction of Risk Potential

Diabetes Mellitus: Priority Findings for an Adolescent who has Type 1 diabetes mellitus

1. Hyperglycemia: the blood glucose level is greater than 250 mg/dL
2. Polyuria, thirst, nausea, vomiting, abdominal pain, lethargy, rapid, deep respirations, acetone/fruity odor due to ketones
3. Type 1 is the destruction of pancreatic beta cells

Physical Assessment Findings: Identifying reportable findings

1. 10-year-old → HR is 100 bpm or higher
2. 12-year-old → respirations are more than 16-19 breaths/minute
3. Report if the posterior fontanel is open past 8 weeks of age, and if the anterior fontanel is closing before 12-18 months.

Chronic Neuromusculoskeletal disorder: creating a plan of care for an adolescent who has muscular dystrophy

1. Maintain optimal physical function → encourage the child to be independent for as long as possible and to perform ADLs.

2. Maintain respiratory functioning → encourage incentive spirometry; position child to enhance expansion of lungs
3. Monitor and encourage adequate nutritional intake → low calorie, high protein and fiber

Health promotion of preschooler: Assessing for lead poisoning

1. Draw a blood sample to test for lead levels within the blood
2. Monitor for development delays, irritability, loss of appetite, sluggishness/fatigue, pica
3. Identify if the patient is at risk for lead poisoning

Gastrointestinal structural and inflammatory disorders: Planning postoperative care for Meckel diverticulum

1. Assess respiratory status and maintain airway
2. Monitor pain and administer analgesics
3. Assess surgical site for bleeding/abnormalities

Musculoskeletal congenital disorders: Caring for an infant who requires a Pavlik harness

1. Maintain harness placement for 12 weeks
2. Check straps every 1 to 2 weeks for adjustments
3. Perform neurovascular and skin integrity checks
4. Patient education: do not adjust straps, teach skin care (use an undershirt, wear knee socks, assess skin, gentle message skin under straps, avoid lotions and powders, place diaper under the straps; assess skin under the straps.