

## Adult Health II ATI remediation

Nikki Brown

### Management of care

- Multiple sclerosis: Priority action for a client during an initial visit
  - Discuss coping mechanisms.
  - Encourage fluid intake.
  - Monitor speech patterns, swallowing, and activity intolerance.

### Safety and infection control

- Spinal cord injury: Care of a client who has a halo device.
  - Monitor skin integrity
  - Do not use the device to turn or move client.
  - Maintain body alignment.
- Cancer treatment options: Caring for a client who has a sealed radiation implant.
  - Place client in private room, keep door closed as much as possible.
  - Place sign on the door warning of the radiation source.
  - Wear dosimeter film badge.
- Cancer treatment options: Caring for a client who is receiving brachytherapy.
  - Limit visitors to 30-min visits.
  - Wear lead apron
  - Keep a lead container in the client's room if the delivery method could allow spontaneous loss of radioactive material.

### Health promotion and maintenance

- Immunizations: Recommended vaccinations for older adult clients.
  - MMR
  - Pneumococcal vaccine
  - Influenza

### Psychosocial integrity

- Amputations: Providing support following an alteration in body image.
  - Allow for the client and family to grieve for the loss of the body part and change in body image.
  - Feelings can include depression, anger, withdrawal, and grief.
  - The nurse should assess the psychosocial well-being of the client.
- Alzheimer's Disease: assessing a client's abstract thinking.
  - Ability to respond to environment, speak, and control movement is lost.
  - Unrecognizable speech
  - General urinary incontinence.

### Basic care and comfort

- Postoperative Nursing Care: Preventing complications.

- Monitor for choking.
- Implement a head-tilt/chin lift maneuver to pull tongue forward and open the airway.
- Keep emergency equipment at bedside.
- Pain management: Use of nonpharmacological methods of pain relief.
  - Mind-body practices such as yoga.
  - Cognitive approaches such as meditation.
  - Natural products such as herbs and oils.
- Disorders of the eye: Priority action for eye irrigation.
  - Always wash hands before and after.
  - Avoid touching tip of irrigation tool.
  - Used prescribed eye medication as needed.
- Heart failure and pulmonary edema: Dietary teaching about sodium restrictions.
  - Remain on a low-sodium diet and restrict fluids as prescribed.
  - Restrict sodium and regulate potassium.
  - Use a dietary menu.
- Polycystic kidney disease, acute kidney injury, and chronic kidney disease: Dietary recommendations for a client who has nephrotic syndrome.
  - Restrict sodium, potassium, phosphorus, and magnesium.
  - Provide a diet high in carbohydrates and moderate in fat.
  - Restrict intake of fluids.

### **Reduction of risk potential**

- Chronic obstructive pulmonary disease: Expected ABG results.
  - Decreased PaO<sub>2</sub>.
  - Increased PaCO<sub>2</sub>
  - Near-normal pH
- Polycystic kidney disease, acute kidney injury, and chronic kidney disease: Laboratory findings.
  - Blood creatinine gradually increases 1 to 2 mg/dL every 24 to 48 hr in 1 week or less.
  - BUN can increase to 80 to 100 mg/dL within one week.
  - Hematocrit is decreased.
- Head injury: Monitoring neurological status.
  - Severe headache N/V
  - Deteriorating level of consciousness, restlessness, and irritability.
  - Dilated or pinpoint nonreactive pupils.
- Polycystic kidney disease, acute kidney injury, and chronic kidney disease: Nursing interventions to prevent acute kidney injury.
  - Monitor fluid intake and output strictly
  - Review laboratory values
  - Avoid nephrotoxic medications.
- Postoperative Nursing Care: Assessment of postoperative dressing.
  - Observe drainage tubes for patency and proper function.
  - Check dressings for excessive drainage and reinforce as needed.

- Outline drainage spots with a pen, noting date and time.
- Cardiovascular diagnostic and therapeutic procedures: Cardiac catheterization.
  - Placed for unstable angina and ECG changes.
  - Done to confirm and determine location and extent of heart disease.
  - Maintain NPO status for at least 8 hours due to the risk for aspiration when lying flat for the procedure.
- Gastrointestinal therapeutic procedures: identifying placement of transverse colostomy.
  - Monitor tube for displacement.
  - Assess and maintain proper function.
  - Assess bowel sounds.
- Diabetes mellitus management: Clinical findings of hypoglycemia.
  - Loss of skin turgor.
  - Dry mucous membranes.
  - Weakness and malaise.
- Amputations: Postoperative interventions to prevent complications.
  - Assess surgical site for bleedings.
  - Monitor VS frequently.
  - Monitor tissue perfusion.

### **Physiological adaptation**

- Diagnostic and therapeutic procedures for female reproductive disorders: Discharge instructions for syphilis.
  - False positives can occur secondary to infection, pregnancy, and autoimmune disorders.
  - If either test is reactive, diagnosis should be confirmed using another test.
  - The results will be reactive or non-reactive.
- Airway management: Evaluating client understanding of tracheostomy care.
  - Change non disposable tracheostomy tubes every 6 to 8 weeks per protocol.
  - Minimize dust in the room.
  - Sit upright when permitted to eat.
- Hyperthyroidism: priority finding following partial thyroidectomy.
  - Muscle weakness
  - Heat intolerance
  - Frequent stools and diarrhea.
- Fluid imbalances: Clinical manifestation of hypervolemia.
  - Anxiety
  - Tachycardia
  - Increased vein distention
- Hyperthyroidism: Caring for client following a thyroidectomy.
  - Monitor BP, HR, and ECG.
  - Monitor for hypoglycemia.
  - Change positions slowly.
- Pituitary disorders: Findings of diabetes insipidus.
  - Polyuria

- Polydipsia
- Dehydration
- Respiratory management and mechanical ventilation: Interventions for mechanical ventilation.
  - Position the client for maximum ventilation.
  - Complete a focused respiratory assessment.
  - Stay with client, provide emotional support.
- Pituitary disorders: Medications to treat diabetes insipidus.
  - ADH replacement agents
  - Chlorpropamide
  - Thiazide
- Hemodynamic shock: Client positioning
  - Upright
  - No less than 30 degrees.
  - Dizziness can cause falls, do not get up.
- Systemic lupus erythematosus: Client findings associated with Raynauds Disease.
  - Butterfly rash
  - Fever
  - Pericarditis
- Emergency Nursing principles and management: Priority action for abdominal trauma.
  - Obtaining IV access
  - Cardiac monitoring
  - Respiratory support
- Pulmonary embolism: Planning interventions.
  - Cardiology and pulmonary services should be consulted to manage a PE and treatment.
  - Respiratory services should be consulted for oxygen therapy, breathing treatments, and ABGs.
  - Radiology should be consulted for diagnostic studies to determine PE.

## Pharmacological and parenteral therapies

- Cardiovascular diagnostic and therapeutic procedures: Maintaining a central venous access

The screenshot shows a web browser window with multiple tabs. The active tab is titled 'studentLatesting.com/OpenPage'. The browser's address bar shows the URL 'studentLatesting.com/OpenPage'. The page content is from 'ATI Focused Review: RN Adult Medical Surgical 2019'. The main content area is titled 'Chapter 22 Chronic Obstructive Pulmon' and contains the following text:

Chronic obstructive pulmonary disease (COPD) encompasses two diseases: clients who have emphysema also have chronic bronchitis. COPD is irreversible.

Emphysema is characterized by the loss of lung elasticity and hyperinflation destruction of the alveoli, leading to a decreased surface area for gas exchange and respiratory acidosis.

Chronic bronchitis is an inflammation of the bronchi and bronchioles due to irritation of the airways. COPD typically affects middle-age to older adults.

HEALTH PROMOTION AND DISEASES

The page number 137 is visible at the bottom of the content area. The sidebar on the left contains navigation options: Contents, Outcome Videos, Active Learning Templates, Search, Saves, Bookmarks, and Focused Review. The bottom of the page shows copyright information: Copyright © 2021 Assessment Technologies Institute, L.L.C. All rights reserved. Privacy Policy, California Residents Privacy Notice, Terms and Conditions, ATI Product Solutions.