

ATI Foundations Remediation

Management of Care

1. Legal Responsibilities: Nursing Role While Observing Client Care
 - Professional negligence is the failure of a person who has professional training to act in a reasonable and prudent manner.
 - Nursing Students face liability if they harm clients because of their direct actions or inaction.
 - Nurses are accountable for protecting the rights of clients including informed consent, refusal of treatment, advance directives, confidentiality, and information security.
2. The Interprofessional Team: Coordinating Client Care Among the Health Care Team
 - The nurse is most often the manager of care and must understand the roles and responsibilities of other health care team members to collaborate and make appropriate referrals.
 - Interprofessional personnel (non-nursing) include spiritual support staff like pastors, rabbis, and priests.
 - The RN is the team leader, and their responsibilities include performing assessments, establish nursing diagnoses, goals, and interventions.
3. Information Technology: Commonly Used Abbreviations
 - Elements of documentation should include subjective data as direct quotes that are within quotation marks or summarize and identify the information as the client's statement.
 - When reporting objective data, it should be descriptive and should include what the nurse sees, hears, feels, and smells.
 - Communication should be in a logical sequence as well as facts and information should be recorded precisely without any interpretations of the situation.
4. Information Technology: Documenting in a Client's Medical Record
 - The purpose of a medical record includes communication, legal documentation, financial billing, education, research, and auditing
 - Nurses should conduct reporting in a confidential manner.
 - Reporting provides continuity of care and enhance communication among all team members who provide care to the same clients promoting client safety.
5. Legal Responsibilities: Responding to a Client's Inquiry About Surgery
 - Nurses can avoid liability for negligence by following standards of care, giving competent care, and being familiar with and following a facility's policies and procedures.
 - Client's rights are legal privileges they have when they receive health care services.
 - Clients must consent to all care they receive in a health care facility even implied consent is considered adequate, but with surgery, they must provide written consent.
6. Information Technology: Receiving a Telephone Prescription
 - Telephone prescriptions must have all the data ready prior to contacting any member of the interprofessional team.

- Telephone prescriptions must use a professional demeanor and relevant and accurate information.
 - Sometimes during emergencies and at unusual times, it is okay to have a second nurse listen to a telephone prescription.
7. Legal Responsibilities: Identifying Negligence
- Negligence include failure to use equipment in a responsible and knowledgeable manner and failure to document care the nurse provided.
 - Nursing students should not perform tasks for which they are not prepared and should have supervision as they learn new procedures.
 - An element necessary to prove negligence include foreseeability of harm which is knowledge that failing to give the proper standard of care could harm the client.
8. Admissions, Transfers, and Discharge: Dispossession of Valuables
- Discharge planning is an interprofessional process that starts at admission and is conducted with clients and families for optimal results.
 - Nurses promote professional communication between providers.
 - Nurses establish the ability of clients to participate in the admission assessment including clients in distress might need to have a family member provide necessary information.

Safety and Infection Control

1. Nursing Process: Priority Action Following a Missed Provider Prescription
 - Collaborative interventions include interventions that nurses carry out in collaboration with other health care team professional like ensuring a client receives and eats their evening snack.
 - Provider-initiated interventions are interventions that nurses initiate because of a provider's prescription whether it is written, standing, or verbal.
 - The nursing care plan is the product of the planning step which is used of quick identification of problems, outcomes, and interventions to implement.
2. Head and Neck: Performing the Weber's Test
 - The technique in the Weber test includes placing a vibrating tuning fork on top of the client's head.
 - To determine if the test is effective, the nurse would ask whether the client can hear the sound best in the right ear, the left ear, or both ears equally.
 - The expected finding from the test would be that the client hears sound equally in both ears.
3. Information Technology: Situation Requiring an Incident Report
 - An incident is the occurrence of an accident or an unusual event like medication errors, falls, and omission of prescription.
 - Incident reports should document acts without judgement or opinion.
 - Incident reports contribute to changes that help improve health care quality.
4. Home Safety: Teaching About Home Care of Oxygen Equipment
 - Use and store oxygen equipment according to the manufacturer's recommendations.
 - Place a "No Smoking" sign in a conspicuous place near the front door of the home.

- Replace bedding that can generate static electricity like wool and nylon with items made from cotton.
5. Infection Control: Caring for a Client Who Is Immunocompromised
 - Immunocompromised are breaks in skin that leave the host more susceptible to infections.
 - Stages of infection include the incubation, prodromal, illness, and convalescence.
 - Good oral hygiene will decrease the growth of microorganisms that can migrate through breaks in the oral mucosa.
 6. Infection Control: Protocols for Multidrug-Resistant Infections
 - The best way to prevent healthcare associated infections is through frequent and effective hand hygiene.
 - Healthcare associated infections are not always preventable and are not always iatrogenic.
 - An iatrogenic infection is a type of healthcare associated infection resulting from a diagnostic or therapeutic procedure.

Health Promotion and Maintenance

1. Older Adults (65 Years and Older): Teaching About Manifestations of Delirium
 - Delirium is an acute, temporary physiological source that is related to a change in surroundings.
 - Delirium is often the first manifestations of infection like a urinary tract infection in older adults.
 - Many older adults maintain their cognitive function, but there is some decline in speed of the cognitive function versus cognitive ability.
2. Thorax, Heart, and Abdomen: Client Teaching About Breast Self-Examination
 - Clients can perform monthly breast self-examination to inspect their breasts in front of a mirror and palpate them during a shower.
 - Clients who are pregnant or postmenopausal should perform a self-examination the same day of each month.
 - The optimal time to conduct a self-examination is 4 to 7 days after menses begins or right after menstruation ends.
3. Hygiene: Bathing a Client Who Has Dementia
 - Give complete baths to clients who can tolerate it and whose hygiene needs warrant it.
 - There was a question on the test that asks how to give a bath a dementia patient and the correct answer was to distract the patient while giving a bath.
 - Therapeutic baths are used to promote comfort and provide treatment like to soothe itchy skin.
4. Vital Signs: Assessing Temperature Using a Temporal Artery Thermometer
 - The rectum, tympanic membrane, temporal artery, pulmonary artery, esophagus, and urinary bladder are core temperature measurement sites.
 - To take the temporal artery temperature, the probe should be held flat against the forehead while pressing the scan button.
 - When the probe has flushed over the skin, the thermometer should touch the skin behind the earlobe.

Basic Care and Comfort

1. Urinary Elimination: Preventing Skin Breakdown
 - The patient should try to hold their urine and stay on schedule with bladder retraining.
 - Drinking cranberry juice can decrease the risk of infection.
 - Preventing skin breakdown can include keeping the skin clean and dry and applying protective barrier creams.
2. Nutrition and Oral Hydration: Advancing to a Full Liquid Diet
 - Full liquid diet is clear liquids plus liquid dairy products, all juices, and pureed vegetables.
 - A pureed diet is clear and full liquids plus pureed meats, fruits, and scrambled eggs.
 - Provide interventions to promote appetite like good oral hygiene, favorite foods, and minimal environmental odors.
3. Fluid Imbalances: Assessment Findings of Extracellular Fluid Volume Deficit
 - Another word for fluid volume deficit is hypovolemia and it is a lack of both water and electrolytes causing a decrease in circulating blood volume.
 - Fluid can move between compartments by a variety of methods to maintain homeostasis.
 - Dehydration is a lack of fluid in the body from insufficient intake or excessive loss.
4. Pain Management: Suggesting Nonpharmacological Pain Relief for a client
 - The nurse should not require the client to use nonpharmacological strategies in place of pharmacological pain measures, although the client has the right to choose whether to use both types.
 - Cognitive-behavioral measures is changing the way a client perceives pain as well as physical approaches to improve comfort.
 - Cutaneous stimulation is transcutaneous electrical nerve stimulation like heat, cold, and massage that can interrupt pain pathways and increase blood flow to reduce stiffness.
5. Complimentary and Alternative Therapies: Identifying Potential Medication Interactions with Ginkgo Biloba
 - Natural products include herbal medicines, minerals and vitamins, essential oils, and dietary supplements.
 - Some herbal agents have been deemed safe or effective by nongovernment agencies, but they can have adverse effects and interfere with prescription medication efficacy.
 - Ginkgo biloba is believed to improve memory.
6. Rest and Sleep: Interventions to Promote Sleep
 - Nursing actions to promote sleep include helping clients establish and follow a bedtime routine.
 - CPAP devices for clients who have sleep apnea can promote better sleep.
 - Adjusting inpatient routines when possible, to conform with clients' home routines like bathing times and bedtimes.

Pharmacological and Parenteral Therapies

1. Dosage Calculation: Correct Dose of Diphenhydramine Solution

- The dose the nurse should administer is considered to be the desired amount.
 - The dose that is available is considered the “have” amount.
 - The equation used to solve liquid dosages is the have amount over quantity equals desired amount over X.
2. Diabetes Mellitus: Mixing Insulin
 - When mixing short-acting insulin with longer-acting insulin, draw the short-acting insulin up into the syringe first, then the longer-acting insulin.
 - Doing one at a time will prevent the possibility of accidentally injecting some of the longer-acting insulin into the shorter-acting insulin vial.
 - Mixing the two vials can pose a risk for unexpected insulin effects with subsequent uses of the vial.
 3. Intravenous Therapy: Promoting Vein Dilation Prior to Inserting a Peripheral IV Catheter
 - Selecting the vein can be done by using visualization, gravity, fist clenching, friction with the cleaning solution, or heat.
 - A vein that is resilient with a soft bouncy sensation on palpation is best.
 - A nurse should avoid varicose veins because they are permanently dilated and tortuous.

Reduction of Risk Potential

1. Airway Management: Collecting a Sputum Specimen
 - Collecting sputum specimens can be done by suctioning during coughing.
 - Coughing is more effective than artificial suctioning at moving secretions into the upper trachea and laryngopharynx.
 - Maintain surgical asepsis when performing any form of tracheal suctioning to avoid bacterial contamination of the airway.
2. Nasogastric Intubation and Enteral Feedings: Preparing to Administer Feedings
 - Before the procedure, the nurse should review the prescription and purpose, plan for drainage or suction, and understand the need for placement for diagnostic purposes.
 - Reviewing the client’s history like nasal problems, anticoagulants, previous trauma, and past history of aspiration can help the procedure run more smoothly.
 - Make sure to establish a means of communication to signal distress like the client raising a hand.
3. Bowel Elimination: Discharge Teaching About Ostomy Care
 - When removing the pouch from the stoma, the stoma should appear moist, shiny, and pink.
 - Use mild soap and water to cleanse the skin, then dry it gently and completely because moisturizing soaps can interfere with adherence of the pouch.
 - Some complications can include stool coming wedges in the rectum and can involve diarrhea fluid leaking around the impacted stool.
4. Older Adults (65 Years and Older): Expected Findings of Skin Assessment
 - There is decreased skin turgor, subcutaneous fat, and connective tissue which leads to wrinkles and dry, transparent skin.
 - Older adults will also show loss of subcutaneous fat, which makes it more difficult for older adults to adjust to cold temperatures.
 - Thinning and graying of hair as well as a sparser distribution is also expected.

Physiological Adaptation

1. Airway Management: Suctioning a Tracheostomy Tube

- A tracheostomy is the stoma/opening resulting from a tracheotomy to provide and secure a patent airway.
- Airflow in and out of a tracheostomy without air leakage bypasses the vocal cords, resulting in an inability to produce sound or speech.
- Indications for a tracheostomy include acute or chronic upper airway obstruction, edema, anaphylaxis, and burns.