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## Remediation

1. Patient with a halo device-
  - A. Maintain body alignment and ensure cervical weights hang freely.
  - B. Monitor skin integrity by providing pin care and assessing the skin under the device.
  - C. Patient education- follow instructions for pin and vest care
  
2. Recommended vaccines for older adults-
  - A. Older adults over the age of 65 that have not had a pneumococcal vaccine should receive the pneumococcal conjugate first followed by the pneumococcal polysaccharide 6 months later.
  - B. The herpes zoster vaccine is given in two doses to adults fifty and older.
  - C. All adults should receive the influenza vaccine annually.
  
3. Providing support following an amputation-
  - A. Allow the client to grieve from a loss of a limb or change in body image.
  - B. Assess client's self-concept, self-esteem, and willingness to begin rehab.
  - C. Facilitate a supportive environment for the client and their family to grieve.
  
4. Postoperative nursing: Preventing complications-
  - A. Postoperative priorities include maintaining airway and ventilation and monitoring circulatory status.
  - B. Assess signs of internal bleeding which include abdominal distention, visible hematoma, tachycardia, and hypotension.
  - C. Assess postoperative vitals every fifteen minutes and look for trends.
  
5. Caring for a client who had a left-sided stroke
  - A. Assist with ADLs as needed. Instruct the client to dress their affected side first.
  - B. Consult with occupational therapy to obtain plate guards and reaching tools for the client.
  - C. Provide support to prevent the client from leaning toward their affected side.
  
6. Priority finding in a client receiving epidural anesthesia-
  - A. Assess for depressed respiratory rate, respiratory arrest, and hypotension.
  - B. Epidural anesthesia can puncture the dura.
  - C. Treatments include fluids, vasopressors, and airway support.

7. Planning pain relief for a client with osteoarthritis-
  - A. Provide pharmacological and nonpharmacological pain relief.
  - B. Have the client determine an acceptable pain level goal to measure progress.
  - C. Teach the client to protect their joints by using larger joints, holding objects with two hands, and bending their knees to reach down.
  
8. Head injury- monitoring neuro status-
  - A. Assess changes in LOC using the Glasgow Coma Scale.
  - B. Assess pupillary response using PERRLA.
  - C. Assess cranial nerve function by testing the gag reflex, and having the client blink, raise their shoulder, and move their tongue.
  
9. Priority assessment following CABG-
  - A. Monitor oxygen saturation using pulse oximeter.
  - B. Assist with coughing and deep breathing every hour while the client is awake.
  - C. Monitor I/O. Output should be equal to intake.
  
10. Performing ear irrigation-
  - A. Sit upright with a towel on the shoulder to capture water that drains from the ear.
  - B. Gently pull the ear upward and backward to allow the water to enter the ear more easily.
  - C. Place the syringe in the ear, inserting it up and toward the back of the ear.
  - D. Gently press on the syringe to allow water to enter the ear.
  
11. Evaluating client's understanding of tracheostomy care
  - A. Leave the old tracheostomy ties in place until the new ones are in place
  - B. Place split-gauze under the tracheostomy holder and plate.
  - C. Clean the stoma site and then the tracheostomy plate.
  
12. DM: Sick-day management-
  - A. Monitor blood glucose every 2-4 hours when sick.
  - B. Continue to take insulin and hypoglycemic drugs when ill.
  - C. Test urine for ketones every 3-4 hours if glucose is above 240.
  
13. Discharge instructions for syphilis-
  - A. Venereal disease research laboratory and rapid plasma reagin test for syphilis.
  - B. If either of the above two tests are positive, diagnosis is confirmed using fluorescent treponemal antibody absorbed and Microhemagglutination assays for antibody to T. pallidum.
  - C. Complete the full course of therapy, even if your symptoms subside.

14. Interventions for mechanical ventilation-

- A. Assess and document respiratory status every 1-2 hours.
- B. Provide oral care every 2 hours
- C. Suction oral secretions to maintain patency of tube.

15. Hemodynamic shock patient positioning-

- A. Shock is a state of inadequate tissue perfusion that can cause organ failure.
- B. Hypovolemic shock occurs when 15-30% of intravascular volume is lost.
- C. If a client has hypotension, lie them flat with their legs elevated to increase venous return.