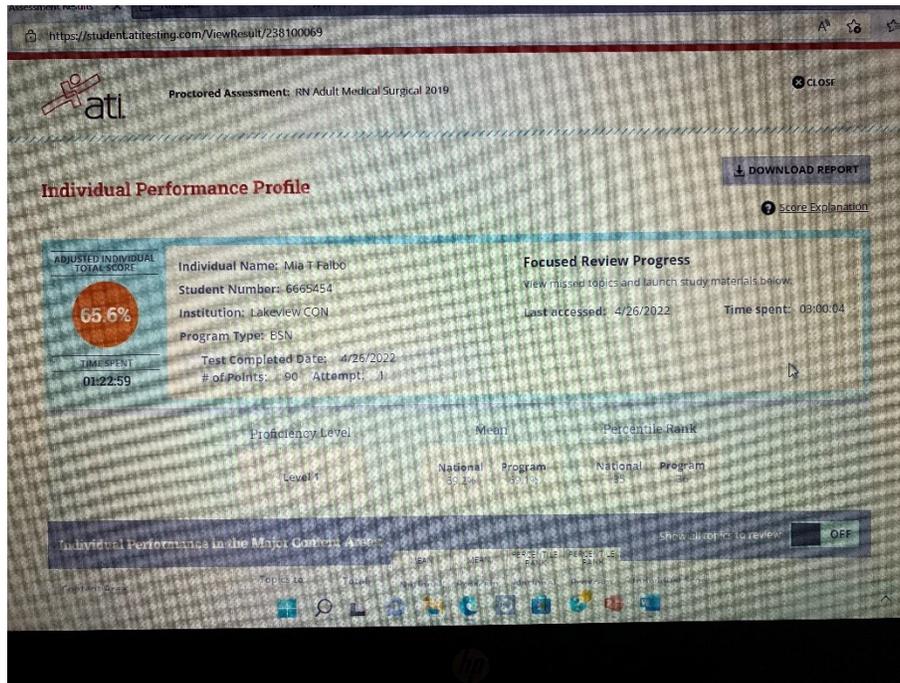


ATI Remediation

Time spent: 3 hours



Burns: Planning Care to Prevent Infection:

1. Make sure to cover the burn with a clean cloth to prevent contamination and hypothermia.
2. It is important to check facility policy regarding consumption of fresh fruit and vegetables, which can be restricted.
3. It is important to increase caloric intake to meet increased metabolic demands and prevent hypoglycemia.

Cancer Treatment Options: Caring for client who is receiving brachytherapy:

1. Make sure to keep all bed linens and dressings are kept in the room until the radiation source is removed.
2. Make sure to keep a lead container in the room and tongs are available for playing the device in the container.
3. Ensure that individuals who are pregnant or under 16 years of age do not enter the client's room.

Cancer treatment options: caring for client who has a sealed radiation implant:

1. Remain in the position the provider prescribed by the provider to prevent dislodgment of the radiation implant.
2. Make sure to keep the door closed as much as possible.
3. Make sure to limit visitations to 30-minute visits due to the immunocompromise of the patient.

Spinal cord injury: caring for a client who has a spinal cord injury:

1. Monitoring the respiratory status of the patient is first priority in caring for an individual with a spinal injury.
2. Proper teaching about incentive spirometer use, coughing and deep breathing is essential.
3. As a nurse, you need to make sure the client changes position every 2 hours or every 1 hour if in a wheelchair.

Immunizations: Recommended Vaccinations for older adult clients:

1. For adults 65 years or older who have not been immunized with PCV13 or PPSV23, administer PCV13 first and then give PPSV23 in 6 to 12 months.
2. The zoster vaccine is recommended as two doses to all adult age 50 years and older.
3. The MMR vaccine is recommended for administering one or two doses to client between the ages of 19 and 49 who lack documentation of immunization or prior infection.

Alzheimer's Disease: assessing a client's abstract thinking:

1. The nurse wants to encourage the client and family to participate in an AD support group.
2. It is important to maintain a sleep schedule and monitor for irregular sleeping patterns.
3. The nurse should have easily viewed clocks and single-day calendars for the patient.

Amputations: Providing Support Following an Alteration in Body Image:

1. Make sure to wrap the residual limb, using elastic bandages to prevent restriction of blood flow and decrease edema.
2. Allow the client and family to grieve for the loss of the body part and change in body image.
3. Rehabilitation should be included for the client to adapt to the new body image.

Heart failure and pulmonary edema: dietary teaching about sodium restrictions:

1. Make sure to consume a diet low in sodium, along with fluid restrictions, and consult with the provider regarding diet specifications.
2. It is important to regulate potassium intake as instructed to prevent high or low potassium levels.
3. Vasodilators include nitroglycerin and sodium nitroprusside that decrease the preload and afterload.

Polycystic kidney disease, AKI, CKD: Dietary Recommendations for a Client Who Has Nephrotic Syndrome:

1. Acute nephrotoxins can be from a chemical injury from antibiotics, contrast dye, heavy metals, blood transfusion reaction, alcohol, and cocaine.
2. Nephrolithiasis exhibits findings of flank pain, nausea, and vomiting.
3. For AKI caused by medication nephrotoxicity, administer calcium channel blocker to prevent the movement of calcium into the kidney cells and to maintain cell integrity and increase the glomerular filtration rate.

Pressure Ulcers, Wounds, and Wound Management: Implementing Preventative Strategies:

1. Encourage the client to intake at least 2,500mL/day of fluid.
2. Make sure if albumin levels are below 3.5, it is due to lack of protein which increases the risk of delay wound healing and infection.
3. Administer antimicrobials and monitor for effectiveness; reducing fever, increase in comfort, and decreasing WBC count.

Anesthesia and Moderate Sedation: Priority Finding in a client who is receiving epidural analgesia:

1. An epidural analgesia is considered to be a regional anesthesia which causes reduction of sensation in selected parts of the body due to blockage of peripheral nerves, or spinal cord.
2. A complication of epidural anesthesia is if the dura is punctured which can lead to respiratory depression, respiratory arrest, and severe hypotension.
3. A headache would be a priority finding for an epidural anesthesia.

Medications Affecting Blood Pressure: Client teaching regarding ACE inhibitors:

1. If a client is already taking a diuretic, stop the medication temporarily for 2 to 3 days prior to start the ACE inhibitor.
2. Inform the client the possibility of a dry cough and to notify the provider, which leads to discontinuation of the medication.
3. Make sure to monitor potassium levels and avoid salt substitutes.

Amputations: Postoperative interventions to prevent complications:

1. Make sure as the nurse you are assessing the surgical site for bleeding and monitoring vital signs frequently.
2. Prevention of flexion contractures include range of motion exercises and proper positioning immediately after surgery.
3. Have the patient lie prone for 20- 30 minutes several times a day to discourage prolonged sitting.

Diabetes Mellitus Management: clinical findings of hypoglycemia:

1. Monitor for hypoglycemic reactions include sweating, weakness, dizziness, confusion, headache, tachycardia, and slurred speech.
2. Ensure the patient eats at regular intervals, avoids alcohol intake, and adjust to exercise and diet.
3. To avoid hypoglycemia, avoid excess insulin, exercise, and alcohol consumption on an empty stomach, and eat the same amounts and at the same time periods daily.

Head Injury: Monitoring Neurological Status:

1. Determine whether the client could possibly be under the influence of alcohol, illicit drugs, or medications which could impair neurologic responsiveness and affect monitoring.
2. Assessing the respiratory status is important due to the importance of oxygen to maintain brain function.
3. You want to avoid opioid use with client because it can prevent accurate assessment of the neurological system.

Neurologic Diagnostic Procedures: Determine a Glasgow coma scale score:

1. The Glasgow coma scale assesses the neurological function and used to determine the level of consciousness and monitor response to treatment.
2. The Glasgow com scale is reported as a number that allows the providers to immediately determine if neurologic changes have occurred.
3. The best score is a 15, a score of less than 8 is associated with a severe head injury, a score of 9 to 12 indicates a moderate head injury and a score greater than 13 is associated with minor head trauma.

Pancreatitis: Expected Laboratory Findings:

1. Blood amylase increases within 24 hours and remains increased for 2 to 3 days.
2. Serum glucose is increased due to a decrease in insulin production by the pancreas.
3. Blood calcium and magnesium levels are decreased due to fat necrosis with pancreatitis.

Polycystic Kidney Disease, AKI, and CKD: Nursing interventions to prevent AKI:

1. Early intervention restoring fluid volume deficit can reverse AKI and prevent chronic kidney disease.
2. It is important to control diabetes and hypertension to prevent complications.
3. For AKI caused by medication nephrotoxicity, administer calcium channel blocker to prevent the movement of calcium into the kidney cells and to maintain cell integrity and increase GFR.

Postoperative Nursing Care: Assessment of postoperative dressing:

1. It is important to outline drainage spots with a pen, noting date and time.
2. Check dressings for excessive drainage and reinforce if needed.
3. In most instances, the surgeon will perform the first dressing change.

Postoperative Nursing Care: Priority assessments following a coronary artery bypass grafting:

1. During the immediate postoperative stage, maintaining airway patency and ventilation and monitoring circulation status are the priorities for care.
2. Monitor breath sounds, snoring or stridor can indicate poor oxygen exchange.
3. The nurse should elevate legs and lower the head of the bed if hypotension or shock develops.

Sensory Perception: Performing Ear Irrigation:

1. Make sure the water for irrigation is warm.
2. Straiten the auditory canal by pulling the pinna up and back to allow the solution to reach all areas of the ear easily.
3. Direct a steady, slow stream of solution against the roof of the auditory canal.

Airway Management: evaluating client understanding of tracheostomy care:

1. Provide tracheostomy care every 8 hours to reduce the risk of infection and skin breakdown.
2. Place a fresh split gauze tracheostomy dressing of nontraveling material under and around the tracheostomy holder and plate.
3. Replace the tracheostomy ties if they are wet or soiled. Secure new ties before removing the soiled ones to prevent accidental decannulation.

Emergency Nursing Principles and Management: Priority action for abdominal trauma:

1. If the patient endures a gun shot wound, you want to count the number of entry sites and the number of exit sites.
2. You want to cut around the cloth around the gun shot wound; and leave the cloth over the wound.
3. If client's ability to maintain an airway is lost, it is important to inspect for blood, broken teeth, vomitus, or other foreign materials in the airway that can cause an obstruction.

Heart Failure and Pulmonary Edema: Recognizing manifestations of Left-sided Heart failure:

1. Left sided heart failure includes hypertension, coronary artery disease, angina, MI and valvular disease.
2. Left sides failure expected findings include dyspnea, fatigue, frothy sputum, oliguria and altered mental status.
3. Left sided heart failure results in inadequate left ventricle output and consequently in inadequate tissue perfusion.

Hemodynamic Shock: Client Positioning:

1. Provide hemodynamic support by administration of fluids and medications because a client who has suspected shock can be hemodynamically unstable.
2. For hypotension, place the client flat with both legs elevated to increase venous return.
3. Be prepared to intubate the client. Have emergency equipment ready for use.

Hyperthyroidism: Caring for Client Following a Thyroidectomy:

1. A thyroidectomy is the surgical removal of part or all of the thyroid gland.
2. The client should receive iodine for 10 to 14 days before surgery. This reduces the gland's size and prevents excessive bleeding.
3. Support the neck when performing deep breathing and coughing exercises postoperatively.

Hyperthyroidism: Caring for Client Following complete thyroidectomy:

1. Post-procedure nursing action is to keep the client in semi-fowler's position and support the head and neck with pillows or sandbags.
2. Humidify air, assist to cough, and deep breathe, and provide oral and tracheal suction if needed.
3. Check for indications of hypocalcemia, which includes extremity tingling, muscle twitching, and Chvostek's and Trousseau's signs.

Hyperthyroidism: Teaching about the manifestations of thyroid storm:

1. Thyroid storm results from a sudden surge of large amounts of thyroid hormones into the bloodstream, causing an even greater increase in body metabolism.
2. Precipitating factors include uncontrolled hyperthyroidism, infection, diabetic ketoacidosis, and digitalis toxicity.
3. Thyroid storm findings include hyperthermia, hypertension, delirium, vomiting, abdominal pain, chest pain, dyspnea, and palpitations.

Pacemakers and Implantable Cardioverter/Defibrillators: Identifying postoperative complications:

1. Postoperative complications can include pneumothorax, hemothorax, arrhythmias, or ICD.
2. It is important to assess the incision site for redness, pain, drainage, or swelling to prevent infection.
3. It is important to monitor PT, PTT, and CBC levels for potential complications.

Pituitary Disorders: Medications to treat Diabetes Insipidus:

1. Desmopressin, an ADH replacement agent increases water absorption from kidneys and decreases urine output.
2. Chlorpropamide and thiazide diuretics facilitate vasopressin action for clients with neurogenic DI.
3. Clients who have nephrogenic DI are prescribed prostaglandin inhibitors and thiazide diuretics, and mild salt depletion.

Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease:

1. Raynaud's disease findings can include cold fingers/toes, numbness or tingling in fingers/toes, or color changes in your skin in response to color or stress.
2. Other expected findings include, fatigue, alopecia, blurred vision, weight loss, joint pain, and weakness.
3. As a nurse is it important to assess rubor, pallor, and cyanosis of hands/feet for indication of Raynaud's phenomenon.