

ATI Remediation

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Management of care

- Do not post information about your facility, clinical sites, clinical experiences, clients, and other health care staff on social networking sites.
- Shred any printed or written client information for reporting or client care after use.
- Communication about a client should only take place in a private setting where unauthorized individuals cannot overhear it.

Safety and Infection Control

- Replace bedding that can generate static electricity (wool, nylon, synthetics) with items made from cotton.
- Primary survey is a rapid assessment of life-threatening conditions and should take no longer than 60 seconds to perform.
 - Airway* - protect the cervical spine if head or neck trauma is suspected
 - Breathing - Assess for the presence and effectiveness of breathing
 - Circulation
 - Disability - perform quick assessment to determine the client's LOC
 - Exposure - perform quick physical assessment to determine the client's exposure to adverse elements (heat or cold)
- Repeat telephone or verbal prescriptions, making sure to include the medication's name (spell if necessary), dosage, time, and route.
- Make sure the provider signs the prescription in person within the time frame the facility specifies, typically 24 hours.

Health Promotion and Maintenance

- Annual screenings for older adults should include, hearing, fecal occult blood test, digital rectal and prostate-specific antigen (males), Dual-energy x-ray absorptiometry (DXA) scanning for osteoporosis, eye examination for glaucoma and other disorders.
- Older adults should increase intake of vitamin D, B12, E, folate, fiber, and calcium.
- Promote physical activity (walking, ROM exercises) to increase the appetite.

Basic Care and Comfort

- Semi-Fowler's (14-45) to prevent regurgitation of enteral feedings and aspiration by clients who have difficulty swallowing. It also promotes lung expansion for clients who have dyspnea or are receiving mechanical ventilation.
- Fowler's (45-60) NG Tube insertion and suctioning. Allows for better chest expansion and ventilation and better dependent drainage after abdominal surgeries.
- High-Fowler's (60-90) promotes lung expansion by lowering the diaphragm and thus helps relieve severe dyspnea. It also helps prevent aspiration during meals.
- Use an assistive device if lifting more than 15.9 kg (35lb).

Pharmacological and Parenteral Therapies

- Telephone prescriptions only if absolutely necessary. Read the prescription back to the provider: the client's name, the name of the medication, the dosage, the time to give it, the frequency, and the route.
- To ensure correct spelling, use aids ("b as in boy"). State numbers separately.
- If possible, have a second nurse listen in on an extension or on a speaker in a private area.
- OJ is error prone.

Reduction of Risk Potential

- Cut the opening 0.15 to 0.3 cm (1/18 to 1/8 in) larger, allowing only the stoma to appear through the opening.
- Moisturizing soaps can interfere with adherence of the pouch.
- Rectal tube should be inserted 7.5 to 10 cm (3-4 inch) for adults (2-3in for child).

Physiological Adaptation

- Wait 1 to 2 hour after the client eats to obtain a specimen to decrease likelihood of emesis or aspiration.
- Place hands on the affected area, tense hand and arm muscle, and move the heel of the hands to create vibrations as the client exhales. Have the client cough after each set of vibrations.
- Airflow in and out of a tracheostomy without air leakage (a cuffed tracheostomy tube) bypasses the vocal cords, resulting in an inability to produce sound or speech.