N441 Adult Health III
Proctored ATI Remediation Template

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Main Category: Management of Care
Subcategory: Establishing Priorities
Topic: Multiple Sclerosis: Priority Action for a Client During an Initial Visit • Multiple sclerosis (MS) is a neurologic disease that typically results in impaired and worsening function of voluntary muscles. • Discuss coping mechanisms and sources of support (family, friends, spiritual figures, support groups). • Encourage fluid intake and other measures to decrease the risk of developing a urinary tract infection.

Main Category: Safety and Infection Control
Subcategory: Accident/Error/Injury Prevention
Topic: Middle and Inner Ear Disorders: Interventions for Client Who Has Ménière's Disease • Pressure point treatment involves inserting a tympanostomy tube, which applies micro pulses at intervals to relieve the vertigo of Ménière's disease by displacing fluid of the inner ear. • Ménière's disease is characterized by episodic vertigo, tinnitus (ringing in the ears), and fluctuating sensorineural hearing loss. • Patients with Ménière's disease should reduce salt to prevent mass fluid accumulation in the ear.
Subcategory: Handling Hazardous and Infectious Materials
Topic: Cancer Treatment Options: Caring for a Client Who Has a Sealed Radiation Implant • Limit visitors to 30-min visits, and have visitors maintain 6 feet from the source. • Wear a dosimeter film badge that records personal amount of radiation exposure. • Individuals who are pregnant, trying to conceive, or under the age of 16 years should not enter the client's room. **Topic: Cancer Treatment Options: Caring for a Client Who Is Receiving Brachytherapy** • Radiation therapy can be administered internally (brachytherapy) with an implant or externally (teletherapy) with a radiation beam. The type used depends on the health of the client and shape, size, and location of the tumor. • Brachytherapy provides radiation to the tumor and a limited amount to surrounding normal tissues. • The client's excretions are radioactive until the isotope has been eliminated from the body. Ensure no one touches the client's excretions.

Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

Topic: Immunizations: Recommended Vaccinations for Older Adult Clients

- For adults 65 years and older who have not been immunized with PCV13 or PPSV23, administer PCV13 first and then give PPSV23 in 6 to 12 months; do not administer both during the same visit. For adults who received a dose of PPSV23 at age 65 or older, an additional dose is not indicated.
- MPSV4 is not effective in children. It should be administered only to adults older than 55 years of age.
- Zoster vaccine is recommended as two doses of recombinant vaccine to all adults age 50 years and older.

Main Category: Psychosocial Integrity

Subcategory: Coping Mechanisms

Topic: Amputations: Providing Support Following an Alteration in Body Image

- Significant changes to body image occur after an amputation and should be addressed during the perioperative and rehabilitative phases.
- 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.

Main Category: Basic Care and Comfort

Subcategory: Mobility/Immobility

Topic: Stroke: Caring for a Client Who Has Left-Sided Hemiplegia

- The right cerebral hemisphere is responsible for visual and spatial awareness and proprioception.
- A stroke in the right cerebral hemisphere will cause left-sided hemiplegia.
- The patient should use the right side to exercise the left side of the body.

Main Category: Pharmacological and Parenteral Therapies
Subcategory: Blood and Blood Products
Topic: Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion • Blood components include packed RBCs, washed red blood cells (WBC-poor RBCs), white blood cells (WBCs), fresh frozen plasma, albumin, clotting factors, cryoprecipitate, and platelets. • Type and cross match are necessary for packed red blood cells. Blood products containing RBCs are typed and cross-matched for antigens. • Remain with the client during the initial 15 to 30 min of the transfusion. Most severe reactions occur within this time frame.
Subcategory: Expected Actions/Outcomes
Topic: Anesthesia and Moderate Sedation: Priority Finding in a Client Who Is Receiving Epidural Analgesia • Anesthetic injection into the epidural space in the thoracic or lumbar areas of the spine to block sensory pathways but leave motor function intact. • Staff should provide a peaceful environment and ensure that nothing is said that the client does not need to hear. • Local anesthesia cannot be used if the incision is large, and the amount of medication required to numb the tissue would be toxic to the client.
Subcategory: Pharmacological Pain Management
Topic: Osteoarthritis and Low-Back Pain: Planning Pain Relief for a Client Who Has Osteoarthritis • Encourage the client to use joint-saving measures (good body mechanics, labor-saving devices). • Have the client determine an acceptable level of pain as a goal to measure progress (a rating of 3 or less on a 0 to 10 scale). • Heat can help with joint tenderness and muscle stiffness. Use hot baths and showers, or hot packs and moist heating pads to promote comfort but avoid high temperatures to prevent burns.

Main Category: Reduction of Risk Potential
Subcategory: Therapeutic Procedures
Topic: Postoperative Nursing Care: Priority Assessments Following a Coronary Artery Bypass Grafting • Monitor breath sounds. Snoring or stridor (a high-pitched crowing type sound) can indicate poor oxygen exchange. • An artificial airway (endotracheal tube, nasal trumpet, or oral airway) is left in place until a client can maintain an open airway without support. Assess for symmetry of breath sounds and chest wall movement. • Observe for internal bleeding (abdominal distention, visible hematoma under/near the surgical site,

tachycardia, hypotension, restlessness, increased pain) and external bleeding.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Airway Management: Evaluating Client Understanding of Tracheostomy Care

- A tracheotomy is a sterile surgical incision into the trachea through the skin and muscles for the purpose of establishing an airway.
- The outside cannula has a flange or neck plate that sits against the skin of the neck and has holes on each side for attaching ties around the neck to stabilize the tracheostomy tube.
- Provide tracheostomy care every 8 hr. to reduce the risk of infection and skin breakdown.

Topic: Tuberculosis: Providing Discharge Teaching

- Airborne precautions are not needed in the home setting because family members have already been exposed.
- Continue medication therapy for its full duration of 6 to 12 months, even up to 2 years for multidrug-resistant TB. Failure to take the medications can lead to a resistant strain of TB.
- Sputum samples are needed every 2 to 4 weeks to monitor therapy effectiveness. Clients are no longer considered infectious after three consecutive negative sputum cultures and can resume work and social interactions.

Subcategory: Hemodynamics

Topic: Hemodynamic Shock: Client Positioning

- For hypotension, place the client flat with his legs elevated to increase venous return.
- Be prepared to intubate the client. Have emergency resuscitation equipment ready.
- During hypovolemic shock, replace volume first.

Topic: Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postoperative Complications

- Document the time and date of insertion, model, settings, rhythm strip, presence of adequate pulse and blood pressure, and client response.
- Following pacemaker insertion, assess for hiccups, which can indicate that the generator is pacing the diaphragm.
- Following transcutaneous pacing, inspect the skin under the electrodes for thermal burns. Clients who are older, dehydrated, or have had external pacing for an extended period are most at risk for thermal burns.

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

- Raynaud’s phenomenon is an arteriolar vasospasm in response to cold/stress.
- Raynaud’s phenomenon presents as excessively pale or cyanotic.
- The color of the fingers will return to normal when they are warmed up or the stress resolves.

Subcategory: Illness Management

Topic: Respiratory Management and Mechanical Ventilation: Interventions for Mechanical Ventilation

- Clients who cannot spontaneously breathe on their own require mechanical ventilation.
- Use positive end expiratory pressure (PEEP) as prescribed while the client is receiving mechanical ventilation to help decrease the amount of needed oxygen.

- Clients receiving mechanical ventilation can require sedation or paralytic agents to prevent competition between extrinsic and intrinsic breathing and the resulting effects of hyperventilation.

Subcategory: Medical Emergencies

Topic: Emergency Nursing Principles and Management: Priority Action for Abdominal Trauma

- If the client is unresponsive with suspicion of trauma, the airway should be opened with a modified jaw thrust maneuver.
- Victims of trauma are at risk for hypothermia due to exposure, unwarmed oxygen, and cold IV fluids.
- Signs of internal bleeding should be monitored (abdominal distention).