

N311 – Proctored ATI Remediation

Management of Care (5)

1. Delegation and supervision: delegating client care to an assistive personnel
 - a. Registered Nurses can't delegate the nursing process, patient education, or tasks/procedures which require nursing judgement to LPNs or APs.
 - b. Some tasks that can be delegated to LPNs are: monitoring findings, suctioning, and inserting urinary catheters.
 - c. Some tasks that can be delegated to APS are: ADLs, routine tasks, positioning.
2. Information technology: commonly used abbreviations
 - a. Only abbreviations approved by the Joint Commission and the facility should be used.
 - b. Nurses should not use abbreviations to shorten "every other day" – the full wording should be used.
 - c. Nurses should not abbreviate "unit" – the full word should be used.
3. Client education: discharge planning for a client who has diabetes mellitus
 - a. Nurses should assess factors that enhance/restrict client learning when discharge planning.
 - b. When teaching a client, the nurse should allow time for teach-back and provide positive reinforcement.
 - c. The nurse and client should mutually agree to teaching goals.
4. Legal responsibilities: responding to a client's inquiry about surgery
 - a. Before an invasive surgery or procedures, patient's must provide written consent allowing for the procedure to take place.
 - b. Competent adults must sign for informed consent – the individual that signs must be able to understand in healthcare-related information provided to them.
 - c. If the client has any questions, it is the nurses responsibility to notify the provider – the provider is responsible for providing clarification to the client.
5. Legal responsibilities: identifying an intentional tort
 - a. Three types of intentional torts are assault, battery, and false imprisonment.
 - b. Assault consists of threats to individuals that make them fearful or apprehensive, and battery consists of intentional/wrongful contact.

- c. False imprisonment consists of an individual being confined or restrained against their will, such as a competent client.

Safety and Infection Control (4)

1. Medical and surgical asepsis: planning care for a client who has a latex allergy
 - a. If a client has a latex allergy, it should be determined before starting a sterile procedure.
 - b. When working with clients with latex allergies, the nurse and team should use latex-free gloves, equipment, and other supplies.
 - c. It is the healthcare teams responsibility to use latex-free procedures when a client has an identified latex allergy.
2. Safe medication administration and error reduction: client identifiers
 - a. It is the nurses responsibility to know the rights of medication administration – right client is included in these rights.
 - b. Two client identifiers are required to determine the medication is being given to the correct client.
 - c. Acceptable client identifiers include: client name, ID number, telephone number, birth date, or a photo ID card.
3. Intravenous therapy: action to take after administering an injection
 - a. The nurse should instruct clients to not alter or obstruct the flow of a continuous IV infusion.
 - b. Intermittent IVs should be flushed after medication administration or ever 8-12 hours when not in use.
 - c. IV entry sites and infusion rates should be monitored at least once an hour.
4. Medical and surgical asepsis: preparing a sterile field
 - a. Before preparing the sterile field, the nurse should confirm the client does not have any latex allergies.
 - b. When working in the sterile field, only sterile items can be in the sterile field.
 - c. The nurse should work with the sterile field at approximately waist level – objects below the waist or above the chest should be considered contaminated.

Health Promotion and Maintenance (1)

1. Thorax, heart, and abdomen: steps to take when performing an abdominal assessment
 - a. The order of assessment for the abdomen is inspection, auscultation, percussion, and palpation.
 - b. Abdominal auscultation, percussion, and palpation starts in the right lower quadrant.
 - c. Auscultate for a full minute in each quadrant to assess bowel sounds - normoactive is 5-35 sounds/min.

Basic Care and Comfort (2)

1. Nasogastric intubation and enteral feedings: unexpected findings
 - a. When placing an NG tube, note the color of drainage. Dark, coffee-ground, or blood streaked drainage should be reported immediately.
 - b. Oral hygiene should be performed frequently on a client with an NG tube.
 - c. Diarrhea three or more times in a 24 hour period is unexpected with enteral feedings and warrants further nursing actions.
2. Nutrition and oral hydration: advancing to a full liquid diet
 - a. A full liquid diet is the next step-up after a clear liquid diet.
 - b. Full liquid diets consist of clear liquids, all juices, and liquid dairy products.
 - c. Plain yogurt would be an example of a dairy product allowed in a full liquid diet.

Pharmacological and Parenteral Therapies (1)

1. Pharmacokinetics and routes of administration: enteral administration of medications
 - a. Enteral is the most common and most convenient route of medication administration
 - b. Clients should sit upright at a 90 degree angle to assist in swallowing
 - c. Directions should be followed for altering medications (crushing, cutting, diluting, etc.). Only scored tablets can be cut.

Reduction of Risk Potential (1)

1. Hygiene: teaching a client who has type 2 diabetes mellitus
 - a. Clients with type 2 diabetes mellitus should only have trained professionals perform foot care on them.
 - b. Clients with type 2 diabetes mellitus should inspect their feet daily, including between the toes.
 - c. Clients with type 2 diabetes mellitus should avoid self-care on corns or calluses.