

N431 Adult Health II
Proctored ATI Remediation Template

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Assessment Name: Proctored ATI Remediation
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Instructions:

1. Download the report from your ATI product for the assessment you are completing in this remediation template for
2. The report will be broken down into three (3) aspects:
 - a. Categories
 - i. These categories mimic the NCLEX-RN categories and include the following:
 1. Management of Care
 2. Safety and Infection Control
 3. Health Promotion and Maintenance
 4. Psychosocial Integrity
 5. Basic Care and Comfort
 6. Pharmacological and Parenteral Therapies
 7. Reduction of Risk Potential
 8. Physiological Adaptation
 - b. Subcategories
 - c. Topics
3. Complete the template on the following page by doing the following:
 - a. Main Category
 - i. Subcategories for each main category
 1. Topics for each subcategory → these will be the content areas you will be remediating on
 - a. Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
 - b. **NOTE: You must remediate all subcategories AND topics within the main categories listed under the “Topics to Review” section of the ATI report for this assessment.**
4. In the event you need additional space within the table, please add rows to the table to accommodate this
 - a. In the event you need less space within the table than what is provided, you may delete those rows from the table to accommodate this OR put “N/A” → There may be main categories that you don’t have to remediate on, and that is OK – you can either delete the table OR put “N/A.”
5. An example is provided below:

SAMPLE Main Category: Management of Care
SAMPLE Subcategory: Case Management
SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis <ul style="list-style-type: none">• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.• SAMPLE Critical Point #2: When a patient is going through a sickle crisis, the nurse should monitor oxygen saturation to determine a need for oxygen therapy.• SAMPLE Critical Point #3: A patient should have their hemoglobin checked in 4 to 6 weeks to determine efficacy.

6. Once the template is completed **and** at least the minimum remediation time has been completed within the Focused Review module(s) in ATI, upload the template to the corresponding dropbox in E360.

Main Category: Management of Care

Subcategory: Advocacy**Topic: Ethical Responsibilities: Demonstrating Client Advocacy for a Client Who Has AIDS**

- Advocacy is achieved when the nurse supports and defends the clients' health, wellness, safety, wishes, and personal rights.
- Nurses must be willing to respect obligations and follow through on promises.
- Nurses must remember that clients have the right to make their own decisions, even when those decisions are not in that person's own best interest.

Subcategory: Establishing Priorities**Topic: Postoperative Nursing Care: Priority Assessment Finding Following a Total Laryngectomy**

- Monitor breath sounds. Snoring or stridor can indicate poor oxygen exchange.
- Assess blood oxygen saturation levels continuously
- Report any evidence of infection to the insertion site, including redness, excessive tenderness, and purulent drainage.

Main Category: Safety and Infection Control**Subcategory: Handling Hazardous and Infectious Materials****Topic: Cancer Treatment Options: Nursing Care for a Client Who Is Receiving Internal Radiation Therapy**

- Internal radiation causes body fluids to be contaminated with radiation, and body wastes should be disposed of appropriately, as directed by the facility.
- The nurse should ensure that the client is placed in a private room and keep the door closed as much as possible.
- The nurse should ensure that a sign is placed on the clients' door that warns of the radiation source.

Main Category: Health Promotion and Maintenance**Subcategory: Health Promotion/Disease Prevention****Topic: Heart Failure and Pulmonary Edema: Instructions for Home Care**

- The nurse should instruct the client to remain physically active but to consult the provider before starting any new exercise regimen.
- The nurse should instruct the client to consume a low-sodium diet.
- The nurse should encourage the client to refrain from tobacco use.

Main Category: Psychosocial Integrity**Subcategory: N/A****Topic: N/A****Main Category: Basic Care and Comfort****Subcategory: N/A****Topic: N/A****Main Category: Pharmacological and Parenteral Therapies****Subcategory: Blood and Blood Products****Topic: Blood and Blood Product Transfusions: Treatment for Circulatory Overload**

- The nurse should slow or stop the transfusion depending on the severity of the client's symptoms.
- The nurse should position the client upright with the feet lower than the level of the heart.
- The nurse should plan to administer oxygen, diuretics, and morphine as prescribed.

Subcategory: Expected Actions/Outcomes**Topic: Pituitary Disorders: Medications Causing Increased Risk for Diabetes Insipidus**

- The nurse should know that lithium carbonate can cause nephrogenic diabetes insipidus.
- The nurse should know that demeclocycline can cause nephrogenic diabetes insipidus.

- The nurse should know that other risk factors for diabetes insipidus include head injury, tumor or lesion, surgery or irradiation near or around the pituitary gland, or infection.

Subcategory: Medication Administration

Topic: Opioid Agonists and Antagonists: Client Teaching About Opioid Use

- The nurse should educate the client that opioid agonists can cause urinary retention and should encourage the client to void every four hours.
- The nurse should educate the client that opioid agonists can cause cough suppression. The nurse should encourage the client to cough regularly to prevent the accumulation of secretions in the airway.
- The nurse should also teach the patient not to increase the dosage without consulting the provider.

Main Category: Reduction of Risk Potential

Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures

Topic: Arthroplasty: Postoperative Care for Total Hip Arthroplasty

- Postoperative care for a total hip arthroplasty includes incentive spirometry, transfusion, surgical drains, dressing, pain control, transfer, exercises, and limited activity.
- The nurse should know that the patient's knee should not be in flexion. To achieve this the nurse should avoid placing pillows behind the knee and instead should place one pillow under the lower calf and foot to cause a slight extension of the knee joint.
- A continuous passive motion machine can be prescribed to promote motion in the knee, promote circulation, and prevent scar tissue formation.

Topic: Seizures and Epilepsy: Planning Care for a Client Who Has Status Epilepticus

- The nurse should protect the client's privacy and the client from injury.
- The nurse should position the client to provide a patent airway.
- The nurse should be prepared to oral suction secretion when the seizure ends.

Subcategory: System-Specific Assessments

Topic: Cancer Disorders: Expected Findings of Colon Cancer

- The nurse should expect changes in stool consistency and shape.
- The nurse should expect blood in the stool. Right-sided tumors are more likely to cause darker bleeding. Left-sided tumors are more likely to cause frank bleeding.
- The nurse should expect the client to experience cramping and gas

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Asthma: Using a Peak Flow Meter

- The nurse should first ensure that the marker is zeroed. The nurse should then have the client stand up straight and have the client remove the gum or food from their mouth.
- The nurse should instruct the client to close their lips tightly around the mouthpiece and have the client blow out as hard and as quickly as possible.
- The nurse should then read the number on the meter and repeat the test three times, waiting 30 seconds between each test. The nurse should then document the highest number reached.

Topic: Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Client Teaching About Genital Herpes

- The nurse should teach the client that there is no cure for genital herpes and that outbreaks will reoccur throughout the client's life.
- The nurse should inform the client that a herpes viral culture is obtained using a swab and placed in a cup for culture.
- The nurse should also inform the client that she will have a polymerase chain reaction test to identify the virus' genetic material.

Topic: Head Injury: Responding to Change in Level of Consciousness

- The nurse should know that the priority assessment is to assess the client's respiratory status.
- The nurse should assess the client's pupils for size, equality, and reaction to light.
- The nurse should assess the client for increased intracranial pressure.

Subcategory: Fluid and Electrolyte Imbalances

Topic: Electrolyte Imbalances: Treatment for Hypokalemia

- The nurse should administer the prescribed potassium replacement. Never give potassium via the intramuscular or subcutaneous route.
- The nurse should encourage foods high in potassium, such as avocados, broccoli, dairy products, broccoli, and dairy products.
- The nurse should anticipate that furosemide, torsemide, and thiazide diuretics be discontinued because these medications are potassium wasting.

Topic: Fluid Imbalances: Assessment Findings

- The nurse should expect a client with dehydration to be hypothermic, tachycardic, hypotensive, tachypneic, and hypoxic.
- The nurse should expect clients with fluid volume overload to experience tachycardia, bounding pulses, hypertension, tachypnea, and increased central venous pressure.
- Other symptoms of fluid volume overload include ascites, visual changes, paresthesia, altered level of consciousness, seizures, increased motility, liver enlargement, crackles, dyspnea, and a cough.

Subcategory: Hemodynamics

Topic: Electrocardiography and Dysrhythmia Monitoring: Identifying First-Degree Heart Block

- The nurse should know that in a first-degree heart block, the PR interval is greater than 0.20 seconds on electrocardiography.
- The nurse should know that most of the time, clients with a first-degree heart block do not present with any symptoms.
- The nurse should know that in first-degree heart block, the electrical impulse still reaches the ventricles, but it does so more slowly than usual through the AV node.

Topic: Hemodynamic Shock: Client Positioning

- The nurse should know that the patient should be positioned flat with both legs elevated to increase venous return.
- The nurse should place the client on high-flow oxygen unless contraindicated.
- The nurse should be prepared for intubation and have emergency resuscitation equipment ready.

Topic: Pacemakers and Implantable Cardioverter/Defibrillators: Monitoring Client's Permanent Pacemaker Rhythm

- The nurse should monitor the ECG to ensure the heart rate is within the preprogrammed parameters. The nurse should also know that pacemaker should only be manipulated as prescribed.
- The nurse should ensure that the pacer spikes are adequate in number and that they occur directly before the P or QRS complexes.
- The nurse should know that pacer spikes on the T wave can cause life-threatening arrhythmias.

Subcategory: Illness Management

Topic: Hemodialysis and Peritoneal Dialysis: Indications of Peritonitis

- The nurse should know that the earliest indication of peritonitis is cloudy or opaque effluent.
- The nurse should also know that infection at the access site can cause peritonitis.
- The nurse should know the signs and symptoms of infection, including fever, purulent drainage, swelling, redness, and cloudy or discolored drained dialysate.

Topic: Nasogastric Intubation and Enteral Feedings: Selecting Equipment for Gastric Lavage

- The nurse should know that the equipment used for a gastric lavage is a nasogastric tube.
- Other equipment the nurse should anticipate for a gastric lavage includes a Y connector and clamp.
- The nurse should also anticipate the use of a cuffed endotracheal tube.

Subcategory: Medical Emergencies

Topic: Hypertension: Actions for Hypertensive Crisis

- The nurse must recognize the manifestations of a hypertensive crisis. These symptoms include a severe headache, extremely high blood pressure, blurred vision, dizziness, disorientation, and epistaxis.
- The nurse should plan to administer IV antihypertensives such as nitroprusside, nicardipine, or labetalol.
- Before, during, and after administration of the IV antihypertensives, the nurse should monitor the client's blood pressure every 5 to 15 minutes.

Topic: Peptic Ulcer Disease: Emergency Care for Upper Gastrointestinal Bleeding

- The nurse should prepare to start two large bore IV lines to replace blood and fluids as prescribed.
- The nurse should provide oxygen and ventilator support as needed.
- The nurse should prepare the client for surgical intervention, replace blood and fluid losses to maintain blood pressure, insert a nasogastric tube as ordered, and provide saline lavage.

Subcategory: Pathophysiology

Topic: Peripheral Vascular Diseases: Caring for a Client Who Has Venous Insufficiency

- To improve venous sufficiency, the nurse should elevate the clients' legs for at least 20 minutes, four to five times daily.
- The nurse should elevate the client's legs above the heart level when the client is lying in bed.
- The nurse should give the client elastic compression stockings and shoulder setting plan to apply them after the legs have been elevated because this is when swelling is decreased.