

N444 Concept Synthesis
Proctored ATI Remediation Template

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Instructions:

1. Download the report from your ATI product for the assessment you are completing 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 on 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 into 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 Sick 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 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 checking 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: Assignment, Delegation and Supervision

Topic: Managing Client Care: Planning to Follow Progressive Discipline

- First infarction: informal reprimand, manager and employee meet, discuss the issue, and suggestions for improvement/correction (Holman et al., 2019).
- Second infarction: written warning, manager meets with employee to distribute written warning, review of specific rules/policy violations, discussion of potential consequences if infarctions continue (Holman et al., 2019).
- Third infarction: employee placed on suspension with or without pay, time away from work gives opportunity to: examine the issues and consider alternatives (Holman et al., 2019).
- Fourth infarction: employee termination, follows after multiple warnings have been given and employee continues to violate rules and policies (Holman et al., 2019).

Subcategory: Collaboration with Interdisciplinary Team

Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Evaluating Understanding of PICC Therapy

- PICC line may be used up to 12 months. PICC lines are inserted into the basilic or cephalic vein at least one fingerbreadth below or above the antecubital fossa (Holman et al., 2019).
- Indications for PICC: administration of blood, long-term administration of chemotherapeutic agents, antibiotics, and total parenteral nutrition (Holman et al., 2019).
- Informed consent is required and placement is confirmed with an x-ray. Transparent dressing is used for visualization. Dressing changes should follow facility protocol, usually every 7 days and when indicated (wet, loose, soiled). Educate the client not to have venipuncture or blood pressure taken in the arm with PICC line (Holman et al., 2019).

Subcategory: Information Technology

Topic: Safe Medication Administration and Error Reduction: Identifying Electronic Databases for Research

- Electronic databases for research include Nursing drug handbooks, pharmacology textbooks, professional journals, *Physicians' Desk Reference*, Professional websites, and pharmacists (Holman et al., 2019).
- Notify the provider of all errors, and implement corrective measures immediately. Complete an incident report within the specified time frame, usually 24 hour (Holman et al., 2019).
- Include the client's identification, the time and place of the incident, an accurate account of the event, who you notified, what actions, you took, and your signature (Holman et al., 2019).

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Mobility and Immobility: Pressure Injuries

- Do not apply heat to the abdomen of a client who is pregnant to prevent harm to the fetus (Holman et al., 2019).
- Do not place heat application under a client who is immobile because this can increase the risk of burns (Holman et al., 2019).
- Monitor bony prominences carefully because they are more sensitive to heat application (Holman et al., 2019).

Subcategory: Ergonomic Principles

Topic: Evaluating Teaching

- Plan ahead for activities that require lifting, transfer, and ambulation of a client, and ask others to be available to assist (Holman et al., 2019).
- Explain the process to the client and assistants to clarify their roles (Holman et al., 2019).
- Keep your head and neck in a straight line with your pelvis to avoid neck flexion and hunched shoulders, which can cause impingement of nerves in your neck (Holman et al., 2019).

Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

Topic: Infection Control: Identifying Need for Sterile Gloves

- Discard any object that comes into contact with the 1-inch border (Holman et al., 2019).
- Touch sterile materials only with sterile gloves. Once the sterile field is set up, don sterile gloves (Holman et al., 2019).
- Sterile materials can touch other sterile materials; however, contact with non-sterile materials at any

time contaminates a sterile area, no matter how short the contact (Holman et al., 2019).

Subcategory: Use of Restraints/Safety Devices

Topic: Client Safety: Reason for the Use of Restraints

- The use of restraints should always be considered a last resort, and should only be used when other less restrictive interventions have been tried and proven ineffective, and when there is a serious risk of harm to the client or others (Holman et al., 2019).
- In certain medical situations, such as during surgery or other invasive procedures, restraints may be used to ensure the safety and well-being of the client during the procedure (Holman et al., 2019).
- Restraints should never interfere with treatment, restrict movement as little as is necessary, fit properly and be as discreet as possible, and be easy

Topic: Gastrointestinal Structural and Inflammatory Disorders: Appropriate Use of Restraint Devices

- Cleft lip repair: elbow restraints can be used to prevent infant from injuring the repair (Holman et al., 2019).
- The use of restraint devices should be closely monitored by trained healthcare professionals to ensure that they are being used appropriately and do not cause unnecessary harm or discomfort to the client (Holman et al., 2019).
- The decision to use restraint devices for clients with gastrointestinal structural and inflammatory disorders should be made on a case-by-case basis, taking into account the specific needs and circumstances of each individual client (Holman et al., 2019).

Main Category: Health Promotion and Maintenance

Subcategory: Aging Process

Topic: Newborn assessment: Expected findings

- Expected reference ranges:
Weight: 2500 to 4000 (5.5 to 8.8 lb)
Length: 45 to 55 cm (18 to 22 in)
Head circumference: 32 to 36.8 cm (12.6 to 14.5 in)
Chest circumference: 30 to 33 (12 to 13 in) (Holman et al., 2019).
- Vital signs are checked in the following sequence: respirations, heart rate, blood pressure, and temperature (Holman et al., 2019).
- RR: varies from 30 to 60 breaths/min with short periods of apnea (less than 15 seconds) occurring most frequently during the rapid eye movement sleep cycle
HR: 110 to 160/min with brief fluctuations above and below this range depending on activity level
BP: 60 to 80 mm Hg SBP and 40 to 50 mm Hg DBP
Temperature: 36.5 to 37.5, with 37 being average (Holman et al., 2019).

Subcategory: Health Promotion and Disease Prevention

Topic: Neurocognitive Disorders: Risk Factors for Alzheimer's Disease

- Certain lifestyle factors may increase the risk of Alzheimer's disease. These include a lack of physical activity, a diet high in saturated and trans fats, smoking, and excessive alcohol consumption (Holman et al., 2019).
- Family history of Alzheimer's disease is another significant risk factor. Individuals with a first-degree relative, such as a parent or sibling, who has been diagnosed with Alzheimer's disease, are at a higher risk of developing the disease themselves. Some rare genetic mutations also significantly increase the risk of developing Alzheimer's disease (Holman et al., 2019).
- Conditions that affect the health of the cardiovascular system, such as high blood pressure, high cholesterol, and diabetes, have been linked to an increased risk of Alzheimer's disease. These conditions may damage blood vessels and reduce blood flow to the brain, contributing to the development of the disease (Holman et al., 2019).

Topic: Pediatric Emergencies: Planning Education About Sudden Infant Death Syndrome

- Risk factors may include smoking during pregnancy, overheating or overbundling of the baby, placing the baby to sleep on their stomach, and bed sharing (Holman et al., 2019).
- One of the most effective ways to reduce the risk of SIDS is to encourage safe sleep practices for infants. This may include placing the baby to sleep on their back, using a firm and flat sleep surface, avoiding soft bedding and toys in the sleep area, and keeping the baby's sleep area cool and well-ventilated (Holman et al., 2019).
- Breastfeeding reduces the risk of SIDS, allergies, and childhood obesity (Holman et al., 2019).

Subcategory: Health Screening

Topic: Medical Conditions: Risk Factors for Gestational Diabetes Mellitus

- Women who are overweight or obese before pregnancy are at a higher risk of developing gestational diabetes. This is because excess body fat can make it more difficult for the body to produce and use insulin effectively (Holman et al., 2019).
- Women with a family history of diabetes, particularly type 2 diabetes, are more likely to develop gestational diabetes. This is because genetics can play a role in insulin resistance and the body's ability to produce and use insulin effectively (Holman et al., 2019).
- Women who are older than 25 when they become pregnant are at a higher risk of developing gestational diabetes. This may be because as women age, their bodies become less effective at using insulin to regulate blood sugar levels (Holman et al., 2019).

Subcategory: High Risk Behaviors

Topic: Health Promotion and Disease Prevention: Priority Intervention When Assisting a Client With Smoking Cessation

- It is important to work with the client to develop a personalized cessation plan that takes into account their unique needs and circumstances. This plan may include setting a quit date, identifying triggers and coping strategies, and considering the use of nicotine replacement therapy or other medications (Holman et al., 2019).
- Clients who are trying to quit smoking may need education and support to help them overcome the physical and psychological addiction to nicotine (Holman et al., 2019).
- Encouraging clients to stay connected with healthcare professionals, support groups, or other resources can be helpful in maintaining motivation and avoiding relapse (Holman et al., 2019).

Main Category: Psychosocial Integrity

Subcategory: Behavioral Interventions

Topic: Group and Family Therapy: Identifying Characteristics of a Therapeutic Group

- A therapeutic group is characterized by a group of individuals who share a common goal. This goal may be focused on a particular issue, such as addiction or grief, or it may be focused on personal growth and development (Holman et al., 2019).
- A therapeutic group provides a supportive environment for group members to explore their feelings and experiences. The group is a safe space where members can express themselves openly and honestly without fear of judgment or criticism. Group members may share their experiences, offer advice and support to one another, and provide feedback on one another's progress (Holman et al., 2019).
- Group characteristics can vary depending on the health care setting, acute mental health setting or outpatient setting (Holman et al., 2019).

Subcategory: Crisis Intervention

Topic: Crisis Management: Sequence of Actions to Take for a Client Who Is Experiencing a Crisis

- Ensure the safety of the client and those around them (Holman et al., 2019).
- Clients may become agitated, anxious, or upset during a crisis, so it's important to remain calm to prevent the situation from escalating (Holman et al., 2019).
- Listen actively to the client and validate their feelings and experiences. This can help the client feel heard and understood, which may help to reduce their anxiety and distress (Holman et al., 2019).

Subcategory: Cultural Awareness/Cultural Influences on Health

Topic: Cultural, Ethnic, and Religious Influences: Planning Client Care During Passover

- Clients may not be able to consume certain foods, such as bread, pasta, and certain grains. Judaism calls for consumption of unleavened bread only (Holman et al., 2019).
- Passover is an eight-day holiday, and some Jewish individuals may observe additional days before and after the holiday. Care providers should be aware of these schedule changes and plan accordingly. Clients may need to adjust their medication schedules, and care providers may need to reschedule appointments or visits to accommodate holiday observances (Holman et al., 2019).
- Orthodox Judaism prohibits food preparation on the Sabbath (Holman et al., 2019).

Main Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostatitis: Identifying Medication Interactions With Saw Palmetto

- Saw palmetto may have blood-thinning effects and may increase the risk of bleeding when used with antiplatelet and anticoagulant medications, such as aspirin, warfarin, and heparin (Holman et al., 2019).
- Saw palmetto may interact with hormonal medications, such as testosterone replacement therapy, and may interfere with their effectiveness (Holman et al., 2019).
- Saw palmetto may have anti-inflammatory effects and may increase the risk of bleeding when used with NSAIDs, such as ibuprofen and naproxen (Holman et al., 2019).

Subcategory: Nutrition and Oral Hydration

Topic: Cancer and Immunosuppression Disorders: Teaching a Client Who Has Anorexia

- Systemic effects result in poor food intake, increased nutrient and energy needs, and catabolism of body tissues (Holman et al., 2019).
- Eat more on days when feeling better (Holman et al., 2019).
- Consume nutritional supplements that are high in protein and/or calories as between-meal snacks. When necessary, use as a meal replacement (Holman et al., 2019).

Topic: Hemodynamic Shock: Findings to Report

The patient's blood pressure may be lower than normal, and they may show signs of hypotension, such as dizziness or lightheadedness. A systolic blood pressure less than 90 mmHg or a mean arterial pressure (MAP) less than 60 mmHg is typically considered significant (Holman et al., 2019).

- In response to decreased blood flow, the heart may beat faster to try to compensate for the lack of oxygen and nutrients. This can lead to an increased heart rate, or tachycardia. A heart rate greater than 100 beats per minute is considered significant in hemodynamic shock (Holman et al., 2019).
- In hemodynamic shock, blood flow to the kidneys may be reduced, leading to decreased urine output. This can be a sign of kidney damage or failure, and should be reported immediately. Urine output less than 0.5 mL/kg/hour for two consecutive hours is considered significant in hemodynamic shock (Holman et al., 2019).

Topic: Nasogastric Intubation and Enteral Feedings: Nursing Actions for Continuous Enteral Feeding

- Nursing staff should monitor the patient's tolerance to the enteral feeding by checking their vital signs, bowel sounds, and abdominal distension. It is essential to watch for signs of intolerance, such as nausea, vomiting, diarrhea, and abdominal pain. If the patient shows signs of intolerance, the feeding may need to be paused, slowed down, or adjusted to prevent complications (Holman et al., 2019).
- Proper placement of the feeding tube is crucial to prevent complications such as aspiration. Nursing staff should verify the placement of the feeding tube by checking the gastric pH level or performing an X-ray. The pH of the aspirated stomach contents should be below 5.5 to confirm that the tube is in the stomach. If the pH level is higher than 5.5, the tube may be in the lungs, and immediate removal and reinsertion may be required (Holman et al., 2019).
- Nurses should wash their hands thoroughly before handling the feeding tube, use sterile equipment, and change the feeding tube and dressing regularly to prevent infection. Additionally, nursing staff should monitor the patient's skin around the insertion site for signs of irritation or infection (Holman et al., 2019).

Subcategory: Personal Hygiene

Topic: Grief, Loss, and Palliative Care: Performing Postmortem Care Prior to a Family Visit

- Provide care with respect and compassion while attending to the desires of the client and family per their cultural, religious, and social practices (Holman et al., 2019).
- Maintain privacy (Holman et al., 2019).
- Remove all tubes (unless organs are to be donated or this is a medical examiner's case (Holman et al., 2019).
- Cleanse and align the body supine with a pillow under the head, arms with palms of hands down outside the sheet and blanket, dentures in place, and eyes closed (Holman et al., 2019).

Topic: Mobility and Immobility: Evaluating Use of a Walker

- Determine the level of assistance the client requires, the extent of their mobility limitations, and their ability to use the walker safely. This may involve evaluating the client's balance, strength, coordination, and cognitive function (Holman et al., 2019).
- Ensure that the walker is properly fitted and adjusted (Holman et al., 2019).
- monitor the client's gait and balance, and ensure that the client is using the walker to provide the necessary support and stability (Holman et al., 2019).

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Rest and Sleep: Priority Findings to Report to the Provider

- Difficulty falling or staying asleep may indicate an underlying medical condition, such as sleep apnea or

insomnia, or may be related to stress or anxiety (Holman et al., 2019).

- Excessive daytime sleepiness is a common symptom of sleep disorders, such as sleep apnea or narcolepsy, and can also be related to certain medications or underlying medical conditions. Nursing staff should report any excessive daytime sleepiness to the healthcare provider, as this may indicate a need for further evaluation or changes in medication or treatment (Holman et al., 2019).
- Nursing staff should also report any sleep-related breathing problems, such as snoring, gasping, or choking, to the healthcare provider. These symptoms may indicate sleep apnea or other sleep-related breathing disorders, which can have significant health consequences if left untreated (Holman et al., 2019).

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Eye and Ear Disorders: Teaching About Adverse Effects of Timolol

- Timolol can cause blurred vision, which can affect the client's ability to see clearly. Nursing staff should instruct clients to avoid driving or operating machinery until they know how the medication affects them (Holman et al., 2019).
- Timolol can cause eye irritation or redness, which can be uncomfortable for the client. Nursing staff should advise clients to use artificial tears or other lubricating eye drops to help relieve these symptoms (Holman et al., 2019).
- Timolol can cause dizziness or lightheadedness, which can increase the risk of falls or other accidents. Nursing staff should instruct clients to get up slowly from a sitting or lying position to avoid sudden drops in blood pressure (Holman et al., 2019).

Topic: Medications Affecting Coagulation: Medication Interactions With Warfarin

- NSAIDs, such as ibuprofen and naproxen, can increase the risk of bleeding when taken with warfarin (Holman et al., 2019).
- Some antibiotics, such as penicillin and cephalosporins, can interfere with the metabolism of warfarin and increase the risk of bleeding. Nursing staff should instruct clients to report any signs of bleeding or changes in their INR (Holman et al., 2019).
- Certain herbal supplements, such as ginkgo biloba, garlic, and St. John's wort, can also interact with warfarin and increase the risk of bleeding (Holman et al., 2019).

Subcategory: Blood and Blood Products

Topic: Anemias: Expected Laboratory Findings Following a Blood Transfusion

- Increased hemoglobin and hematocrit levels (Holman et al., 2019).
- Reticulocytes are immature red blood cells that are released by the bone marrow in response to anemia. Following a blood transfusion, clients can expect to see an increase in reticulocyte count as the bone marrow begins to produce new red blood cells in response to the transfusion (Holman et al., 2019).
- Ferritin is a protein that helps to store iron in the body. Following a blood transfusion, clients can expect to see a decrease in serum ferritin levels as the transfused red blood cells contain their own stores of iron and the client's body begins to use this iron to produce new red blood cells (Holman et al., 2019).

Subcategory: Central Venous Access Devices

Topic: Intravenous Therapy: Preparing Client for Insertion of a Nontunneled Percutaneous Central Venous Access Device

- Nursing staff should explain the procedure to the client, including the reason for the procedure, how it will be performed, and any potential risks or complications (Holman et al., 2019).
- nursing staff must obtain informed consent from the client or their authorized representative (Holman et al., 2019).
- The client should be NPO for a period of time as specific by physician, remove jewelry or clothing that may interfere with procedure (Holman et al., 2019).

Subcategory: Expected Actions/Outcomes

Topic: Pain Management: Pudendal Block

- Nursing staff should assess the client's vital signs, pain level, and medical history before administering a pudendal block (Holman et al., 2019).
- The client should be placed in a comfortable position, such as a lithotomy position, with their legs elevated and spread apart. It is important to ensure that the client is properly draped to maintain privacy and minimize exposure (Holman et al., 2019).
- nursing staff should monitor the client closely for any signs of adverse reactions, such as allergic reactions,

bleeding, or infection. Proper documentation of the procedure and any medications used is also important for accurate record-keeping and continuity of care (Holman et al., 2019).

Subcategory: Pharmacological Pain Management

Topic: Opioid Agonists and Antagonists: Medication to Treat Moderate Acute Pain

- These medications, such as codeine, oxycodone, and hydrocodone, are stronger pain relievers that work by binding to opioid receptors in the brain and spinal cord (Holman et al., 2019).
- The choice of medication to treat moderate acute pain depends on several factors, including the cause and severity of the pain, the client's medical history and other medications they may be taking, and any allergies or contraindications (Holman et al., 2019).
- It is important for nursing staff to assess the client's pain level and provide appropriate pain management interventions, including medication, to ensure their comfort and well-being (Holman et al., 2019).

Main Category: Reduction of Risk Potential

Subcategory: Changes/Abnormalities in Vital Signs

Topic: Vital Signs: Measuring Pulse Deficit

- Measure the client's heart rate by auscultating the apical pulse with a stethoscope for one full minute. Then, measure the client's pulse rate by palpating a peripheral pulse, such as the radial pulse, for one full minute (Holman et al., 2019).
- Subtract the pulse rate from the heart rate to determine the pulse deficit. For example, if the client's heart rate is 100 beats per minute and their pulse rate is 80 beats per minute, the pulse deficit would be 20 beats per minute (Holman et al., 2019).
- Pulse deficit can indicate underlying cardiac issues, such as atrial fibrillation or other arrhythmias. Nursing staff should assess the client's cardiac history, medications, and other potential causes to determine the appropriate interventions (Holman et al., 2019).

Subcategory: Diagnostic Tests

Topic: Gastrointestinal Therapeutic Procedures: Preparing a Client for a Paracentesis

- Nursing staff should explain the procedure to the client, including the reason for the procedure, what to expect during the procedure, and potential complications or risks (Holman et al., 2019).
- The client should be provided with a consent form that explains the risks and benefits of the procedure, and be given the opportunity to ask questions (Holman et al., 2019).
- Prior to the procedure, the client should be positioned on the examination table in a comfortable position. The abdominal area should be cleaned and prepped with an antiseptic solution, and the client may be given local anesthesia to numb the area. The client should be instructed to remain still during the procedure to minimize the risk of complications. The patient should be in supine or with the HOB elevated 30-45 degrees with legs extended (Holman et al., 2019).

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

Topic: Respiratory Diagnostic Procedures: Complications of Thoracentesis

- A pneumothorax occurs when air leaks into the pleural space and causes the lung to collapse. This complication is rare but can be serious and require immediate intervention (Holman et al., 2019).
- Bleeding can occur from the site where the needle or catheter is inserted, and may require pressure, sutures, or other interventions to stop (Holman et al., 2019).
- Thoracentesis can introduce bacteria or other microorganisms into the pleural space, leading to infection. Signs of infection include fever, redness, swelling, and pain at the site (Holman et al., 2019).

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Acute Infectious Gastrointestinal Disorders: Manifestations of Dehydration

- Dehydration can cause feelings of fatigue and lethargy, making it difficult to complete daily tasks (Holman et al., 2019).
- Dehydration can cause an increase in heart rate, as the body tries to compensate for the loss of fluid volume (Holman et al., 2019).
- Dehydration can cause a hollowed appearance in the eyes and cheeks due to a decrease in body fluids (Holman et al., 2019).

Subcategory: System Specific Assessments

Topic: Postoperative Nursing Care: Caring for a Client Who Has Delayed Wound Healing

- Observe the wound for signs of infection, such as redness, swelling, warmth, or drainage. Document the size, depth, and location of the wound and note any changes (Holman et al., 2019).
- Monitor the client's vital signs, including temperature, pulse, respiratory rate, and blood pressure. Fever may indicate infection, and changes in vital signs can be an early indicator of sepsis (Holman et al., 2019).
- Provide wound care according to the provider's orders, such as cleaning the wound, changing dressings, and applying topical medications. Ensure that the wound is kept clean and dry, and that the client understands how to care for the wound at home (Holman et al., 2019).

Main Category: Physiological Adaptation

Topic: Medical Conditions: Hyperemesis Gravidarum

- Monitor the client's fluid intake and output, electrolyte levels, and vital signs, and provide interventions such as IV fluids and electrolyte replacement as needed (Holman et al., 2019).
- Several medications can be used to manage nausea and vomiting in pregnancy, including antiemetics such as ondansetron, metoclopramide, and promethazine. These medications can be given orally, intravenously, or as suppositories. The choice of medication and route of administration will depend on the severity of the symptoms and the client's response to treatment (Holman et al., 2019).
- Provide small, frequent meals and snacks that are high in protein and carbohydrates, and encourage the client to drink fluids between meals rather than with meals (Holman et al., 2019).

Subcategory: Hemodynamics

Topic: Heart Failure and Pulmonary Edema: Expected Finding of Elevated Pulmonary Artery Wedge Pressure

- Shortness of breath or difficulty breathing, especially during physical activity or lying down (Holman et al., 2019).
- Fatigue or weakness, which may be caused by decreased oxygen delivery to the body's tissues (Holman et al., 2019).
- Increased heart rate, which may be the body's compensatory response to maintain cardiac output (Holman et al., 2019).

Subcategory: Illness Management

Topic: Cancer and Immunosuppression Disorders: Teaching About Food Safety and Preparation for a Client Who Has AIDS

- Wash hands thoroughly before and after handling food, especially raw meat, poultry, and fish, to avoid cross-contamination with bacteria or viruses that can cause foodborne illnesses (Holman et al., 2019).
- Use separate cutting boards, utensils, and dishes for raw and cooked foods to avoid cross-contamination (Holman et al., 2019).
- Use clean and safe water for cooking and drinking, and avoid consuming untreated water (Holman et al., 2019).

Topic: Medications for Psychotic Disorders: Reportable Finding for a Client Who Has Schizophrenia

- If the client expresses thoughts of harming themselves or others, this is considered a medical emergency and must be reported to the appropriate authorities (Holman et al., 2019).
- If the client's symptoms of schizophrenia are worsening or becoming more severe, this may be an indication of a need for medication adjustment or other interventions (Holman et al., 2019).
- If the client is not taking their medications as prescribed, this may lead to worsening of symptoms and may require intervention (Holman et al., 2019).

Subcategory: Pathophysiology

Topic: Pressure Injury, Wounds, and Wound Management: Staging a Pressure Ulcer

- Stage 1: The skin is intact but may appear red or discolored, and may feel warm or cool to the touch. This stage indicates that there is damage to the underlying tissue, but it has not yet broken through the skin (Holman et al., 2019).
- Stage 2: The skin is broken, and the wound is shallow, appearing as an abrasion, blister, or shallow crater. The tissue may be red or pink, and there may be some fluid draining from the wound (Holman et al., 2019).
- Stage 3: The wound is deeper and may appear as a crater. The tissue may be necrotic, and there may be visible fat. The wound may be draining fluid, and there may be an odor present (Holman et al., 2019).
- Stage 4: The wound is even deeper, extending through the skin and subcutaneous tissue and into the muscle, bone, or other underlying structures. The tissue may be necrotic, and there may be visible bone or muscle. The

wound may be draining fluid, and there may be an odor present (Holman et al., 2019).

Main Category: Physiological Adaptation

Subcategory: Recognize Cues

Topic: Fractures: Identifying Findings Requiring Follow-up for a Child Who Has Arm Pain

- If the child's arm pain persists or worsens despite rest, over-the-counter pain relief, or other interventions, this may indicate a need for further evaluation by a healthcare provider (Holman et al., 2019).
- Swelling, redness, or warmth: These symptoms may indicate inflammation or infection and should be evaluated (Holman et al., 2019).
- If the child is having difficulty moving or using their arm, this may indicate a more serious injury or condition (Holman et al., 2019).

Subcategory: Analyze Cues

Topic: Fractures: Analyzing Assessment Findings for a Child Who Has Arm Pain

- The location of the pain can help determine the cause of the pain, while the onset can help determine whether it is acute or chronic (Holman et al., 2019).
- Presence of numbness, tingling, or weakness: These symptoms may indicate nerve damage (Holman et al., 2019).
- If the child has experienced a recent trauma or injury, this may help identify the cause of the pain (Holman et al., 2019).

Subcategory: Take Action

Topic: Fractures: Priority Actions for a Child Who Has a Fracture

- Immobilize the affected limb or area to prevent further injury or damage (Holman et al., 2019).
- Administer pain relief medication as prescribed or recommended by a healthcare provider (Holman et al., 2019).
- Check for signs of decreased circulation, sensation, or movement, which may indicate neurovascular compromise (Holman et al., 2019).

Subcategory: Evaluate Outcomes

Topic: Fractures: Evaluating Discharge Teaching for a Child Who Has a Fracture

- Assess whether the child and family have a clear understanding of the type of fracture, the expected healing time, and any restrictions or limitations on activity (Holman et al., 2019).
- Assess whether the family understands how to use any assistive devices, such as crutches or a cast, and can assist the child with mobility as needed (Holman et al., 2019).
- Ensure that the family understands the importance of follow-up (Holman et al., 2019).

Reference

Holman, H.C., Williams, D., Sommer, S., Johnson, J., & Elkins, C.B. (2019). *Content mastery series review module: Fundamentals for nursing*. (10th ed.). Assessment Technologies Institute, LLC.