

**N441 Adult Health III**  
Proctored ATI Remediation Template

Student Name: **Kayonna Pinto**

Assessment Name: **RN Adult Medical Surgical 2019 - Retake 1**

Semester: **Spring 2023**

<b>Main Category: Safety and Infection Control</b>
<b>Subcategory: Handling Hazardous and Infectious Materials</b>
<b>Topic: Cancer Treatment Options: Caring for a Client Who Is Receiving Internal Radiation Therapy</b>
<ul style="list-style-type: none"><li>● Radiation therapy can be administered internally and is called brachytherapy. Brachytherapy provides radiation to the tumor and a limited amount to the normal surrounding tissues</li><li>● Internal radiation causes body fluids to be contaminated with radiation, and body wastes should be disposed of appropriately, as directed by the facility.</li><li>● Wear a lead apron while providing care, keeping the front of the apron facing the source of radiation.</li></ul>
N/A
● N/A
N/A
● N/A

<b>Main Category: Health Promotion and Maintenance</b>
<b>Subcategory: Health Screening</b>
<b>Topic: Cancer Disorders: Indications of Melanoma</b>
<ul style="list-style-type: none"><li>● Malignant melanoma will have irregular shapes and borders with multiple colors.</li><li>● Melanomas are common on the upper back and lower legs, and on the palms and soles fro clients who have dark skin.</li><li>● Melanoma has rapid invasion and metastasis with high morbidity and mortality.</li></ul>
N/A
● N/A
N/A
● N/A

## Main Category: Basic Care and Comfort

### Subcategory: Elimination

#### Topic: Disorders of the Eye: Priority Action for Eye Irrigation

- Irrigation should begin immediately to minimize permanent damage to the eye.
- Gently irrigate from the inner to the outer canthus, aiming at the lower conjunctiva.
- Ideally, normal saline will be used to flush the eye, but tap water can be used in an emergency.

### Subcategory: Non-Pharmacological Comfort Interventions

#### Topic: Arthroplasty: Nonpharmacological Interventions Following Total Knee Arthroscopy

- Place one pillow under the lower calf and foot to cause a slight extension of the knee joint and to prevent flexion contractures. The knee can also rest flat on the bed.
- Avoid knee gatch and pillows placed behind the knee.
- To prevent pressure injury to the heels, place a small blanket or pillows slightly above the ankle area to keep the heels off the bed.

N/A

- N/A

## Main Category: Pharmacological and Parenteral Therapies

### Subcategory: Central Venous Access Devices

#### Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Discharge Teaching for Peripherally Inserted Central Catheter Line

- Educate the client not to have venipuncture or have blood pressure taken in the arm with a PICC line.
- Advise the client not to immerse the arm in the water. To shower, cover the dressing site to avoid water exposure.
- Instruct the patient to notify the provider if they notice signs of redness, swelling, drainage, and tenderness.

### Subcategory: Medication Administration

#### Topic: Stroke: Administration of Tissue Plasminogen Activator (tPA)

- Ischemic strokes can be reversed with fibrinolytic therapy using alteplase, also known as tissue plasminogen activator (tPA).
- TPA must be given within 3 to 4.5 hours of the initial manifestations of a stroke.
- Contraindications to tPA administration include the presence of active bleeding.

### Subcategory: Total Parenteral Nutrition (TPN)

**Topic: Gastrointestinal Therapeutic Procedures: Findings to Report for Client Who Is Receiving Total Parenteral Nutrition**

- Metabolic complications of TPN include hyperglycemia, hypoglycemia, and vitamin deficiencies. Review the results of daily laboratory monitoring to ensure that the components prescribed in the client's TPN match the client's needs.
- Monitor for signs of local infection such as erythema, tenderness, and exudate. Manifestations of systemic infection include fever, chills, malaise, and increased WBC.
- TPN is a hyperosmotic solution that poses a risk for fluid shifts and places the client at risk of fluid volume excess. Assess lungs for crackles and monitor for respiratory distress. Monitor daily weight and I & O.

**Main Category: Reduction of Risk Potential**

**Subcategory: Potential for Alterations in Body Systems**

**Topic: Peptic Ulcer Disease: Monitoring Nasogastric Output**

- Monitor nasogastric tube drainage. Scant blood can be seen in the first 12 to 24 hours.
- Administer saline lavage via nasogastric tube
- Notify the provider before repositioning or irrigating the nasogastric tube as it can cause disruption of the sutures.

**Subcategory: System Specific Assessments**

**Topic: Electrocardiography and Dysrhythmia Monitoring: Medications for Treating Bradycardia**

- Bradycardia is a rate of less than 60 beats per minute and can be in any rhythm. The client should be treated if symptomatic.
- The first line of pharmaceutical treatment for bradycardia is atropine.
- If unresponsive to atropine, bradycardia can be treated with dopamine or epinephrine infusion.

N/A

- N/A

**Main Category: Physiological Adaptation**

**Subcategory: Alterations in Body Systems**

**Topic: Cancer Treatment Options: Precautions for Client Undergoing Radiation Therapy**

- Limit visitors to 30-minute visits, and have visitors maintain a distance of 6 feet from the source.
- Individuals who are pregnant, trying to conceive, or under the age of 16 should not enter the client's room.
- Keep a lead container in the client's room if the delivery method could allow for the spontaneous loss of radioactive material. Tongs are available for placing radioactive material into this container.

**Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Assisting with Placement of a Central Venous Catheter**

- PVCs are placed in the subclavian vein or jugular vein and the tip lies in the distal third of the superior vena cava.
- Ensure x-ray verification of tip placement prior to use.
- Check for blood return prior to medication administration to confirm patency and placement.

**Topic: Chest Tube Insertion and Monitoring: Clarifying Provider Prescription**

- Chest tubes may be indicated for use in patients with a pneumothorax/hemothorax, postoperative

chest drainage, pleural effusion, or pulmonary empyema. Inform the client that breathing will improve with the placement of the chest tube.

- Chest tubes should only be clamped when prescribed in specific circumstances, such as in the case of an air leak.
- Other acceptable circumstances to clamp a chest tube include a drainage system change, accidental disconnection of tubing, or damage to the drainage system.

**Subcategory: Fluid and Electrolyte Imbalances**

**Topic: Electrolyte Imbalances: Manifestations of Sodium Imbalance**

- Hyponatremia delays and slows the depolarization of membranes and causes cellular edema.
- In hyponatremia, the client will exhibit increased GI motility, hyperactive bowel sounds, abdominal cramping, and nausea.
- Neuromusculoskeletal manifestations of hyponatremia include headache, confusion, lethargy, muscle weakness, decreased DTRs, seizures, and dizziness.

**N/A**

- N/A

**Time stamp:**



# Individual Performance Profile

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ADJUSTED INDIVIDUAL TOTAL SCORE

85.6%

TIME SPENT

51:09

**Individual Name:** Kayonna Pinto

**Student Number:** PI1931794

**Institution:** Lakeview CON

**Program Type:** BSN

**Test Completed Date:** 4/20/2023

**# of Points:** 90 **Attempt:** 2

**Focused Review Progress**

View missed topics and launch study materials below.

**Last accessed:** 4/22/2023      **Time spent:** 01:50:10

PROFICIENCY LEVEL	MEAN		PERCENTILE RANK	
Level 3	National	Program	National	Program
	69.2%	69.1%	97	96

Individual Performance in the Major Content Areas							Show all topics to review	OFF
Content Area	Topics to Review	Total # Points	MEAN		PERCENTILE RANK		Individual Score	
			National	Program	National	Program		
Management of Care	0	6	78.8%	78.4%	99	99	100.0%	
+ Safety and Infection Control	1	8	69.7%	68.9%	93	94	87.5%	Focused Review

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