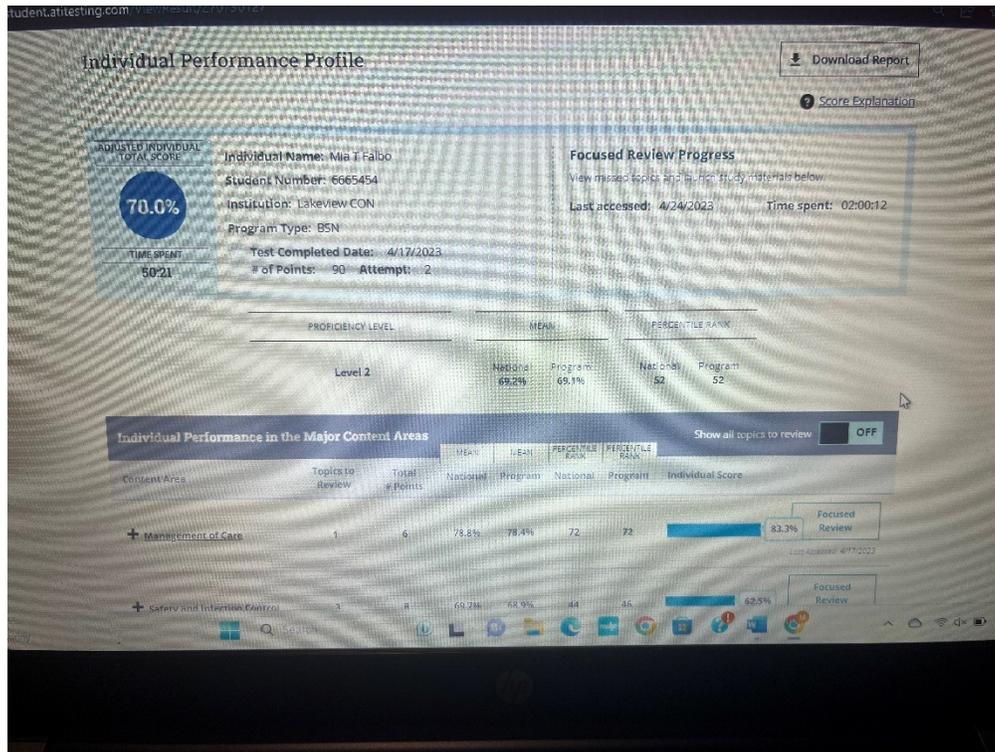


ATI Remediation

Time Spent: 2 hours

Mia Falbo



Cancer Disorders: Advocating for a Client:

1. Ensure to screen visitors carefully and instruct them to wear a mask.
2. Teach patient how to avoid trauma: electric shaver, soft bristle toothbrush, avoid contact sports
3. Ensure to teach the patient to conserve energy.

Cancer Treatment Options: Caring for a Client Who is Receiving Brachytherapy:

1. Radiation that can be administered internally close to target tissues.
2. Wear a dosimeter film badge that records personal amount of radiation.
3. All linens and dressings are kept in the client's room until radiation source is removed.

Spinal Cord Injury: Care of a Client Who Has a Halo Device:

1. Halo device is to provide traction and/or immobilize the spinal column.
2. Do not use halo device to turn or move the client.
3. Monitor skin integrity by providing pin care.

Spinal Cord Injury: Caring for a Client Who Has a Spinal Cord Injury:

1. Ensure to monitor respiratory status, provide oxygen and suction if needed.
2. Teach the client incentive spirometer use, encourage coughing and deep breathing.
3. Change the client's position every two hours.

Immunization: Recommended Vaccinations for Older Adult Clients:

1. Pneumococcal vaccine is recommended for adults 65 years and older.
2. Meningococcal vaccine is for adults older than 55 only.
3. Zoster vaccine is recommended as two doses recombinant to all adults aged 50 years and older.

Infections of the Renal and Urinary System: Teaching About Prevention of Urinary Tract Infections:

1. Recommend a warm sitz bath two or three times a day to provide comfort.
2. Avoid the use of indwelling catheters.
3. Consult with provider regarding prescribed fluid restrictions.

Alzheimer's Disease: Assessing a Client's Abstract Thinking:

1. Ask a question regarding solving a problem or drawing a conclusion
2. Ask the client if they know how to balance a check book
3. Ask a patient to complete a daily task and see how long it takes them.

Amputations: Providing Support Following an Alteration in Body Image:

1. Apply direct pressure using gauze to prevent hemorrhage.
2. Position extremity about the heart to decrease blood loss.
3. Wrap residual limb with elastic bandage to prevent restriction of blood flow and decrease edema.

Heart Failure and Pulmonary Edema: Dietary Teaching About Sodium Restrictions:

1. Recommended maximum about 2.3 grams per day
2. Reduction of sodium can help control symptoms and prevent other heart problems
3. Restriction used for edema to minimize the dehydration reaction

Pain Management: Use of Nonpharmacological Methods of Pain Relief

1. Mind-body practices: yoga, chiropractic
2. Cognitive approaches (meditation, distraction)
3. Natural products (herbs, oils)

Polycystic Kidney Disease, etc. Recommendations for A client who has nephrotic syndrome:

1. Prevention: stop smoking
2. Use NSAIDS and other prescribed medications cautiously
3. Ensure to maintain a healthy weight

Angina and Myocardial Infarction: Teaching About Nitroglycerin:

1. Stable angina relieved by nitroglycerin.

2. Nitroglycerin prevents coronary artery vasospasm and reduces preload and afterload, decreasing myocardial oxygen demand.
3. Up to two or more doses of nitroglycerin can be taken at 5-min intervals.

Hypokalemia:

1. Decreased blood pressure, weak pulse, orthostatic hypotension
2. Alter mental status, anxiety, ST depression
3. Reduced deep tendon reflexes, abdominal distention, hypoactive bowel sounds

Amputations: Postoperative interventions to prevent complications:

1. Monitor and treat pain with analgesics.
2. Phantom limb pain: can experience immediately after surgery
3. Have patient lie prone 20-30 minutes several times a day to prevent hip flexion contractures

Diabetes Mellitus Management: Clinical Findings of Hypoglycemia:

1. Sweating is a clinical finding.
2. Nervous or anxiety is another finding.
3. Hunger and dizziness are another finding.

Gastrointestinal Therapeutic Procedures: Discharge Teaching for a Client Who Has an Ileostomy:

1. Foods that can cause gas include dark green leafy vegetables, carbonade beverages, dairy products, and corn.
2. Chewing gum, skipping meals and smoking can also cause gas.
3. A breath mint can be placed in the pouch to minimize odor.

Neurologic Diagnostic Procedures: Preparing a Client for a Lumbar Puncture:

1. Lumbar punctures are for clients who have bleeding disorders or who are taking anticoagulants that can result in bleeding that compresses the spinal cord.
2. Instruct the client to void prior to the procedure.
3. The client can be in a cannonball position.

Airway Management: Evaluating client understanding of tracheostomy care:

1. Provide Trach care every 8 hours.
2. There is a need for sterile supplies when cleaning.
3. Use surgical asepsis to remove and clean the inner cannula.

Diagnostic and Therapeutic Procedures for female reproductive disorders: Discharge Instructions for Syphilis:

1. There are two serum blood screens for this disease.
2. Wait at least 10 days and until sores are healed before you have any sexual contact.
3. You need to take your full course of antibiotics.

Esophageal Disorders: Teaching about self-management of GERD:

1. Primary treatment is diet and lifestyle changes and advancing medication use.
2. Untreated GERD leads to inflammation, breakdown, and long-term complications like Barrett's esophagus.
3. Avoid lifting heavy objects and remain on a soft diet one week following procedure.

Heart failure and Pulmonary Edema: Recognizing manifestations of left-sided heart failure:

1. Dyspnea, orthopnea and fatigue are manifestations.
2. Pulmonary congestion and frothy sputum that can be blood tinged.
3. Altered mental status and decreased urine output.

Hemodynamic Shock: client positioning:

1. Place the client on high flow oxygen.
2. Monitor urine output and skin color, temperature, refill, and turgor.
3. For hypotension, place the client flat with both legs elevated to increase venous return.

Hyperthyroidism: Priority finding following complete thyroidectomy:

1. Ensure the patient is nurse in semi-high fowler's position.
2. Ensure to observe the wound on arrival at the unit.
3. Check for excessive bleeding, swelling and drain output.

Pituitary Disorders: Medications to Treat Diabetes Insipidus:

1. Desmopressin, which is a synthetic ADH, or aqueous vasopressin administered intranasally, orally, or parenterally.
2. Chlorpropamide and thiazide diuretics facilitate vasopressin action for clients who have neurogenic DI.
3. Clients who have nephrogenic DI are prescribed prostaglandin inhibitors and thiazide diuretics and mild salt depletion.

Respiratory Ventilation Interventions: Interventions for Mechanical Ventilation:

1. Clients who cannot spontaneously breathe on their own require this intervention.
2. Use of PEEP as prescribed while receiving this intervention to help decrease the amount of oxygen needed.
3. Provide oxygen therapy at the lowest flow rate that manages hypoxemia.

Respiratory Management and Mechanical Ventilation: Priority finding following extubation:

1. Suction equipment is necessary immediately before or immediately after extubation.
2. The patient should be monitored with electrocardiography to observe heart rate and rhythm.
3. The patient should monitor pulse oximetry to monitor oxygen saturation.

Systemic Lupus Erythematosus: Client findings associated with Raynaud's Disease:

1. Erythematosus "butterfly" rash on the nose and cheeks which is raised, dry, and scaly.
2. Fingers turn pale when exposed to cold or during stress then turn red when hands warmed.
3. Hands become swollen and painful when warmed.

