

N441 Adult Health III
Proctored ATI Remediation Template

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Assessment Name: Proctored ATI Remediation
Semester: Spring 2023

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: Establishing Priorities

Topic: Multiple Sclerosis: Priority Action for a Client During an Initial Visit

- The nurse must educate the client and their caregivers about the condition, its symptoms, and the various treatments available. In addition, counseling can help the client and their family cope with the psychological and emotional impact of the diagnosis.
- In patients with multiple sclerosis (MS), symptoms include muscle spasticity, ataxia or muscle weakness, and vertigo. Therefore the nurse must assist with mobility, such as helping the client use assistive devices like walkers or canes. The nurse may also refer the client to occupational and physical therapy to determine the ease of mobility.
- The nurse should be prepared to administer medications to help manage the symptoms of MS. These medications include Interferon beta-1a, Glatiramer, and Prednisone. The nurse should also emphasize the need to avoid overexertion, stress, extremes of temperature, humidity, and people who have infections.

Main Category: Safety and Infection Control

Subcategory: Handling Hazardous and Infectious Materials

Topic: Cancer Treatment Options: Caring for a Client Who Is Receiving Brachytherapy

- One of the biggest concerns concerning brachytherapy is the safety of the client, visitors, and the healthcare team. The nurse should place a sign on the door warning of the radiation source. Finally, the nurse should limit visitors to 30 min visits and educate visitors that they must remain 6 ft away from the client.
- The healthcare team must also wear dosimeter film badges that record the amount of radiation exposure.
- Finally, the nurse should limit visitors to 30 min visits and educate visitors that they must remain 6 ft away from the client.

Topic: Pharmacokinetics and Routes of Administration: Teaching About Proper Needle Disposal

- An essential teaching point the nurse should emphasize is safety. The nurse should inform the client about needing a puncture-proof container and never attempt to recap the needle.
- The nurse should also educate the client about potential risks associated with improper disposal of needles. Potential risks include spreading blood-borne diseases like HIV and hepatitis B and C.
- If the client cannot obtain a sharps container, the nurse should provide one before discharge and give the client a list of local disposal sites to better ensure safe disposal.

Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

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

- The nurse must assess whether the client utilizes good hygiene practices, including wiping from front to back, frequent bathing or showering, and regularly changing undergarments.
- The nurse must emphasize the importance of drinking plenty of fluids to help flush bacteria out of the urinary tract. Encourage clients to avoid or limit caffeine, alcohol, and sugary drinks, which can increase the risk of UTIs.
- The nurse must ensure that the client knows to urinate wholly and frequently to help prevent the buildup of bacteria in the bladder. Clients should use the bathroom when they feel the urge to urinate and avoid holding urine for long periods.

Main Category: Psychosocial Integrity

Subcategory: Coping Mechanisms

Topic: Amputations: Providing Support Following and Alteration in Body Image

- The nurse should facilitate a supportive environment for the client and family to process the grief. The nurse should refer the clients to their religious/spiritual leader, social worker, or counselor.
- Allow the client and family to grieve for losing the body part and changing body image. The client's feelings may include depression, anger, withdrawal, and grief.
- The client's rehabilitation must include adapting to a new body image and integrating prosthetic and adaptive devices into the self-image.

Main Category: Basic Care and Comfort

Subcategory: Elimination

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

- Before performing eye irrigation, the nurse should assess the client's condition to determine the cause and severity of the eye irritation. The nurse must identify if there is a foreign object or chemical in the eye and assess for any signs of infection or inflammation.
- The nurse must use a sterile saline solution and an appropriate irrigation device to avoid further contamination or eye injury.
- After eye irrigation, the nurse should monitor the client for any signs of complications, such as redness, swelling, or discharge. If the client experiences any of these symptoms, the nurse must inform them to seek medical attention.

Subcategory: Mobility/Immobility

Topic: Stroke: Caring for a Client Who Has Left-Sided Hemiplegia

- The nurse should provide care to prevent complications such as pressure ulcers, deep vein thrombosis, and pneumonia. Nursing interventions include frequent turning, repositioning, and range of motion exercises to maintain skin integrity, prevent blood clots, and promote lung function.
- The nurse should consult physical therapy for assistance with reestablishing ambulation with or without assistive devices.
- The nurse should support the client during periods of emotional lability and depression.

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Pain Management: Use of Nonpharmacological Methods of Pain Relief

- Nonpharmacological pain relief methods include yoga, chiropractic manipulation, meditation, distraction, and natural products such as herbs and oils.
- These methods can be effective in relieving stress associated with pain. Nonpharmacological pain management can be increasingly helpful for clients who cannot take pain medications.
- Nonpharmacological methods can be used alone or with pharmacological methods to achieve the best pain management outcomes.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Electrolyte Imbalances: Manifestations of Hypokalemia

- Hypokalemia is the result of increased potassium loss from the body or movement of potassium into the cells resulting in blood potassium of less than 3.5 mEq/L.
- Manifestations of hypokalemia include hypotension, thready weak pulse, altered mental status, flattened T wave, hypoactive bowel sounds, weakness, and shallow breathing.
- The nurse should prepare to administer potassium replacement but should be mindful that potassium is never given via IM or subcutaneously because these potassium administration routes can cause tissue necrosis.

Topic: Medications Affecting Blood Pressure: Client Teaching Regarding ACE Inhibitors

- ACE inhibitors are medications used to treat hypertension, heart failure, myocardial infarction, and diabetic and nondiabetic nephropathy.
- Client teaching for ACE inhibitors includes changing positions slowly, watching out for side effects such as dry cough, and informing clients to notify their provider immediately if they experience signs and symptoms of infection (fever, sore throat).

- Nurses should educate clients to inform their provider if they suspect pregnancy and take some ACE inhibitors 1 hour before meals (captopril and moexipril).

Subcategory: Blood and Blood Products

Topic: Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion

- Before administering a blood transfusion, nurses should confirm the order, verify the client's identity, and assess the client's vital signs and overall condition.
- The nurse will initiate IV access with a large-bore needle (18- or 20-gauge). The nurse will then prime the blood administration set with normal saline only. Y-tubing with a filter is required to transfuse blood.
- Nurses should obtain informed consent from the patient, ensure blood compatibility by type and crossmatching, and monitor the patient for any adverse reactions during and after the transfusion.

Subcategory: Expected Actions/Outcomes

Topic: Anesthesia and Moderate Sedation: Priority Findings in a Client Who Is Receiving Epidural Analgesia

- Nurses should frequently monitor clients receiving epidural analgesia for depressed respirations, respiratory arrest, and severe hypotension.
- Regularly assessing the client's respiratory status (rate, depth, and effort), blood pressure, level of consciousness, motor function, and sensory function is essential.
- Nurses should also monitor the insertion site for signs of infection and promptly report any findings to the healthcare provider.

Subcategory: Medication Administration

Topic: Angina and Myocardial Infarction: Client Teaching About Medications

- The nurse should instruct clients to always have their nitroglycerin on their person, and if they start to experience chest pain, the client should rest, and if the pain is unrelieved in five minutes, the client should call 911.
- Nurses should advise clients to take aspirin with nitroglycerin at the onset of chest pain.
- Beta-blockers such as metoprolol have properties that decrease the imbalance between myocardial oxygen supply and demand by reducing afterload and slowing heart rate. In an acute MI, metoprolol helps decrease the infarct size and improves short- and long-term survival rates.

Topic: Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin

- Instruct clients to take nitroglycerin sublingually, placing it under their tongue to dissolve and avoid swallowing it. Clients should use nitroglycerin immediately at the onset of chest pain. The client can take up to three doses at 5-minute intervals, and if chest pain is not relieved, the client should call 911.
- The nurse should educate clients to store nitroglycerin in a cool, dry place, away from sunlight and heat.
- The nurse should teach clients about the potential side effects of nitroglycerin, including headache, orthostatic hypotension, and flushing.

Subcategory: Pharmacological Pain Management

Topic: Osteoarthritis and Low-Back Pain: Planning Pain Relief for a Client Who Has Osteoarthritis

- Nonpharmacological interventions to help with pain from osteoarthritis include heat therapy and weight management.
- If nonpharmacological interventions are insufficient, NSAIDs and mild opioids can help manage osteoarthritis pain. The client must report any black tarry stools, indigestion, or shortness of breath.
- Complementary therapies such as massage, spinal manipulation, mindfulness, progressive muscle relaxation, yoga, and acupuncture can be helpful in conjunction with other interventions to reduce pain levels, improve sleep quality, and promote relaxation.

Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease Laboratory Findings

- Expected lab findings for a client with polycystic kidney disease include hematuria, proteinuria, increased BUN, and increased creatinine.
- Expected lab findings for a client with an acute kidney injury include increased creatinine, BUN, decreased hematocrit, and metabolic acidosis.
- Expected lab findings for a client with chronic kidney disease include hematuria, increased creatinine, increased BUN, decreased sodium and calcium and decreased hemoglobin and hematocrit.

Subcategory: Potential for Alterations in Body Systems

Topic: Head Injury: Monitoring Neurological Status

- The nurse should assess the client's level of consciousness using the Glasgow Coma Scale (GCS).
- The nurse should observe the client for changes in pupillary size, reaction, and symmetry.
- Monitor for signs of increased intracranial pressure (ICP) and assess vital signs and respiratory status for any abnormal findings that may require intervention.

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

Topic: Postoperative Nursing Care: Assessment of Postoperative Dressing

- The nurse should check the wound dressing for drainage and reinforce it. The nurse should report excessive drainage to the provider.
- The nurse should assess the dressing for proper placement, tightness, and security. Ensure that the dressing is tight enough and secure in place.
- The nurse should evaluate the incision site for signs of infection, such as redness, warmth, swelling, and pain. Notify the healthcare provider immediately if the infection is suspected.

Subcategory: System Specific Assessments

Topic: Neurologic Diagnosis Procedures: Determining a Glasgow Coma Scale Score

- GCS scores are calculated using appropriate stimuli and assessing the client's response in three areas. The three areas scored are eye-opening, verbal, and motor responses. The nurse assigns a score for eye-opening from 1-4, 1-5 for a verbal response, and 1-6 for a motor response.
- The nurse will then add the scores from each section of eye-opening, verbal, and motor responses. The lowest possible score is three (deep coma), while the best score is 15 (responsive).
- The nurse must repeat the assessment at regular intervals to monitor the patient's level of consciousness and detect any changes. The nurse must notify the healthcare provider immediately if there is a decrease in the GCS score or any signs of deterioration in the patient's neurologic status.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Airway Management: Evaluating Client Understanding of Tracheostomy Care

- The nurse should review the purpose and function of the tracheostomy with the client and ask them to demonstrate their knowledge by explaining it back to the nurse. The nurse should assess their understanding of the indications for tracheostomy, potential complications, and appropriate care techniques.
- The nurse should observe the client performing tracheostomy care, including suctioning, cleaning, and changing the tube. Provide feedback and correction as needed to ensure the client performs the care safely and effectively.
- The nurse should ask clients to verbalize concerns or questions regarding their tracheostomy care. The nurse should address their concerns and provide additional education or resources to support their understanding and confidence in managing their tracheostomy.

Topic: Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis

- The nurse should advise the client to complete the entire course of antibiotic treatment as prescribed by the healthcare provider. Emphasize the importance of completing the entire course of treatment, even if symptoms improve or disappear before the treatment is finished.
- The nurse must educate the client on the potential complications of untreated syphilis, including damage to the heart, brain, and other organs. Encourage the client to practice safe sex and to inform

their sexual partners of their diagnosis and the need for treatment.

- The nurse should provide information on follow-up care and testing, including the need for repeat blood tests to monitor the effectiveness of treatment and ensure that the infection has been fully cured.

Topic: Hyperthyroidism: Caring for Client Following a Thyroidectomy

- The nurse should monitor the client for any signs of postoperative complications, such as bleeding, infection, or respiratory distress.
- The nurse should prepare to administer medications as prescribed by the healthcare provider, including pain medications, antibiotics, and thyroid hormone replacement therapy.
- The nurse should encourage the client to maintain a healthy diet, exercise regularly, and avoid stressors that may exacerbate hyperthyroid symptoms.

Subcategory: Fluid and Electrolyte Imbalances

Topic: Hyperthyroidism: Caring for Client Following a Thyroidectomy

- The nurse should monitor for complications such as bleeding, infection, and respiratory distress.
- The nurse should administer medications as prescribed, including pain medications, antibiotics, and thyroid hormone replacement therapy.
- The nurse should provide emotional support, and education on lifestyle modifications, and schedule regular follow-up appointments and laboratory testing.

Subcategory: Hemodynamics

Topic: Hemodynamic Shock: Client Positioning

- Place the client supine with the head of the bed elevated to a 30-degree angle.
- If the client is experiencing respiratory distress, consider placing them in a semi-Fowler's position with the head of the bed elevated to a 45-degree angle.
- If the client is in hypovolemic shock, consider elevating the legs to a 20-degree angle to promote venous return and increase preload.

Topic: Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postoperative Complications

- The nurse should monitor the client for signs of infection, such as fever, redness, swelling, and drainage at the surgical site. Assess the incision site for signs of dehiscence or hematoma.
- The nurse should assess the client's cardiac rhythm and monitor for changes or abnormalities. Notify the healthcare provider immediately if there are any changes or concerns.
- Educate the client on the signs and symptoms of the device malfunction, including chest pain, palpitations, lightheadedness, or syncope.

Subcategory: Medical Emergencies

Topic: Pulmonary Embolism: Planning Interventions

- The nurse should administer anticoagulant therapy as the healthcare provider prescribes to prevent further clot formation and reduce the risk of pulmonary embolism recurrence.
- The nurse should frequently assess the client's respiratory status, including oxygen saturation, respiratory rate, and depth. Administer supplemental oxygen as necessary to maintain oxygen saturation levels above 95%.
- The nurse should encourage the client to ambulate and perform deep breathing and coughing exercises to improve oxygenation and prevent complications such as atelectasis and pneumonia.