

N431 Adult Health II  
Proctored ATI Remediation Template

Student Name:  
Assessment Name:  
Semester:

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:

<b>SAMPLE Main Category: Management of Care</b>
<b>SAMPLE Subcategory: Case Management</b>
<b>SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis</b>
<ul style="list-style-type: none"><li>● SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.</li><li>● 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.</li><li>● SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.</li></ul>

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: health care delivery systems**

##### **Topic: components of health care**

- Health care delivery systems incorporate interactions between healthcare providers and clients within the constraints of financing mechanisms and regulatory agents.
- Health care systems include the clients who participate in settings in which health care takes place.
- As systems continue to become more business-driven and less service oriented the challenge to nursing today is to retain its caring values while practicing.

##### **Topic: Levels of health care**

- **Preventative health care focuses on educating and equipping clients to reduce and control risk factors for disease**
- **Primary health care emphasizes health promotion and includes prenatal and well baby care, along with family counseling.**
- **spiritual and support staff provides spiritual care**

##### **Topic: Nursing personnel**

- **The nursing team works together to advocate for and meet needs of clients within the healthcare delivery system**
- **The roles and responsibility includes prioritizing coordination of client care**
- **Requires vocational and community college education prior to taking the licensure exam**

#### **Subcategory: Expanding nursing goals**

##### **Topic: Advanced practice nurse**

- APNs usually have a minimum of a masters degree in nursing, advanced education in pharmacology and physical assessment.
- Clinical nurse specialist typically specialize in a practice setting or clinical field
- CRNA administers anesthesia and provides care during procedures under the supervision of an anesthesiologist

##### **Topic: Fractures**

- **A closed simple fracture does not break through the skin surface**
- **An open compound fracture disrupts the skin integrity, causing an open wound and tissue injury with a risk of infection**
- **There are three total grades for open fractures**

##### **Topic: Common types of fractures**

- **Hip fractures are the most common injury in older adults and are usually associated with falls**
- **Monitor for development of osteoporosis especially in menopausal clients**
- **Engage weight bearing exercises on a regular basis**

## **Subcategory: Patient centered care**

### **Topic: initial nursing care**

- Provide emergency care at time of injury
- Maintain ABCs
- Always monitor vitals and neurological status

### **Topic: Nursing care**

- **Neurovascular assessment includes pain, sensation, skin temperature, cap refill, pulses and movement**
- **Opioid and non-opioid analgesics are needed to control pain, and nsaid decrease associated tissue inflammation**
- **Prophylactic antibiotics to decrease the risk for infection of open fractures**

### **Topic: Therapeutic procedures**

- **Immobilization secures the injured extremity in order to prevent further injury**
- Splints/immobilizers are the most common types of immobilization devices
- **Splints and immobilizers provide support, control movement, and reduces pain.**

## **Main Category: Safety and Infection Control**

### **Subcategory: Cancer treatment options**

#### **Topic: Procedures**

- Cancer treatment includes manipulation or removal of the tumor
- Tumor reduction can be done through topical procedures or by destruction of the main arteries that provide blood flow to the tumor
- Tumor excision can be open or endoscopic

#### **Topic: Chemotherapy**

- **Chemotherapy involved the administration of systemic or local cytotoxic medications that damage a cells DNA by rapidly dividing them**
- **Most chemotherapy agents are cytotoxic**
- The adverse effects of these agents are related to the unintentional harm done to normal rapidly proliferating cells, such as those found in the mucous membranes of the gastrointestinal (GI) tract, hair follicles, and bone marrow

**Topic: Catheters**

- A central catheter is usually placed for IV chemotherapy administration or blood testing
- **Some medications can cause serious damage to the skin and muscle tissue if they leak outside a vein**
- **A port is implanted when therapy is intended to be given on a long-term basis**

**Subcategory: Categories of medications****Topic: Nursing actions**

- Instruct the client/family to dispense oral medications directly into a cup and not to touch pills or liquid in the hands
- Instruct the family how to properly use vascular access devices
- Closely monitor IV infusions and provide immediate treatment for extravasation. Care includes identifying the antidote (neutralizing solution) for the specific medication the client is receiving.

**Topic: Complications**

- **Due to bone marrow suppression by cytotoxic medications**
- **The most significant adverse effect of chemotherapy is neutropenia**
- **Clients who have neutropenia might not develop a high fever or have purulent drainage even when an infection is present.**

**Topic: Considerations preprocedure**

- **Management of adverse effects is the primary focus of the health care personnel**
- **instruct the client on findings that indicate potential complications**
- **administration of chemotherapeutic medications is limited to certain individuals**

**Subcategory: Hypersensitivity****Topic: Nursing actions**

- Stop the medication immediately if manifestations of hypersensitivity reaction occur
- assist the administration of emergency treatment following facility protocol for hypersensitivity reactions
- If hypersensitivity occurs, desensitization to the medication might be required so that the client can continue to receive the treatment most appropriate to combat the cancer

**Topic: Oral effects**

- **Mucositis** refers to inflammation in the mucous lining of the upper GI tract from the mouth to the stomach
- **Stomatitis** refers to inflammation of tissues in the oral cavity (gums, tongue, roof and floor of mouth, inside lips and cheeks)
- Examine the client's mouth several times a day, and inquire about the presence of oral lesions

**Topic: Client educations**

- Rinse the mouth with a solution of 0.9% sodium chloride, room-temperature tap water, or salt and soda water. Frequency is guided by the intensity of the mucositis
- Perform gentle flossing and brushing using a soft-bristled toothbrush or foam swabs to avoid traumatizing the oral mucosa
- Take medications to control infection as prescribed (nystatin suspension, acyclovir)

## Main Category: Psychosocial Integrity

### Subcategory: Alzheimer's disease

#### Topic: Stages of alzheimer's disease

- The progression of Alzheimer's disease can be different for each client. While there is no universal scale for the stages and manifestations, the following is an example of one scale
- Eventually losses all ability to move; can develop stupor and coma in the late stages
- Vulnerable to infection, especially pneumonia, which may become lethal

#### Topic: Assessment for alzheimer's disease

- Mini Mental State Examination (MMSE), set test using FACT, Short Blessed Test, or Clock Drawing Test is used.
- The progression of Alzheimer's disease can be different for each client. There is no universal scale for the stages and manifestations
- Ethnicity/race (African American and Hispanic people are at an increased risk for the development of AD than non-Hispanic white people due to the APOE and ABCA7 genes)

#### Topic: Patient centered Care

- Assess cognitive status, memory, judgment, and personality changes
- Initiate bowel and bladder program based on a setschedule.
- Encourage the client and family to participate in an AD support group

### Subcategory: Medications

#### Topic: Types of medications

- Most medications for clients who have dementia attempt to target behavioral and emotional problems (anxiety, agitation, combativeness, depression)
- These medications include antipsychotics, antidepressants, and anxiolytics. Closely monitor clients receiving these medications for adverse effects
- AD medications temporarily slow the course of the disease and do not work for all clients

#### Topic: Therapeutic Procedures

- Estrogen therapy for females can prevent Alzheimer's disease, but it is not useful in decreasing the effects of existing dementia
- Ginkgo biloba, an herbal product taken to increase memory and blood circulation, can cause a variety of adverse effects and medication interactions.
- If a client is using ginkgo biloba or other nutritional supplements, that information should be shared with providers

#### Topic: Complementary medicine

- Massage the client before bedtime to reduce stress and promote sleep.
- Essential oils (lavender, bergamot) can be used to promote relaxation and assist with sleeping.

- Any of a range of medical **therapies** that fall beyond the scope of conventional medicine but may be used alongside it in the treatment of disease and ill health, such as **acupuncture** and **chiropractic**.

### **Subcategory: Client education**

#### **Topic: Education**

- Refer to social services and case managers for long-term/home management, Alzheimer's Association, community outreach programs, and support groups
- Educate family/caregivers about illness, methods of care, medications, and adaptation of the home environment
- Provide information about care for seizures that can happen late in the disease

#### **Topic: Home safety measures**

- Install door locks that cannot be easily opened, and place alarms on doors
- Keep a lock on the water heater and thermostat, and keep the water temperature at a safe level
- Install handrails on stairs and mark step edges with colored tape

#### **Topic: Preoperative nursing care**

- Surgery can take on many forms, including curative, palliative, cosmetic, functional, diagnostic, and transplant
- Preoperative care takes place from the time a client is scheduled for surgery until care is transferred to the operating suite.
- Preoperative care includes a thorough assessment of the client's physical, emotional, and psychosocial status prior to surgery

## Main Category: Basic Care and Comfort

### Subcategory: Arthroplasty

#### Topic: Indications

- Knee and hip arthroplasty treats degenerative disease (osteoarthritis, rheumatoid arthritis)
- Osteonecrosis is a necrosis of the bone secondary to lack of blood flow with trauma or chronic steroid therapy as the cause
- The goal of both hip and knee arthroplasty is to eliminate pain, restore joint motions, and improve a client's functional status and quality of life.

#### Topic: Considerations

- Recent or active infection (urinary tract infection), which can cause microorganisms to migrate to the surgical area and cause the prosthesis to fail.
- Arterial impairment to the affected extremity
- A comorbid condition (uncontrolled diabetes mellitus or hypertension, advanced osteoporosis, progressive inflammatory condition, unstable cardiac or respiratory conditions)

#### Topic: Pre-procedure

- **CBC, urinalysis, electrolytes, BUN, creatinine:** Assess surgical readiness, and rule out anemia, infection, or organ failure. Epoetin alfa can be prescribed several weeks preoperatively to increase Hgb for a client who has mild anemia
- **Chest x-ray:** Rule out pulmonary surgical contraindications (infection, tumor)
- **ECG:** Gather baseline rhythm to identify cardiovascular surgical contraindications (dysrhythmia)

### Subcategory: client education

#### Topic: Postoperative care

- Postoperative care includes incentive spirometry, transfusion, surgical drains, dressing, pain control, transfer, exercises, and activity limits
- Consider autologous blood donation. The client donates blood prior to procedure to be used during or after the procedure
- Scrub the surgical site with a prescribed antiseptic soap the night before and the morning of surgery to decrease bacterial count on skin, which helps lower the chance of infection.

#### Topic: Intraprocedure

- General or spinal anesthesia can be used
- Joint components are removed and replaced with artificial components
- Components can be cemented in place. Components that do not use cement allow the bone to grow into the prosthesis to stabilize it. Weight bearing is delayed several weeks until the femoral shaft has grown into the prosthesis

#### Topic: Post Procedure

- Extensive physical therapy is required to regain mobility. Discharge can be to home or to an acute rehabilitation facility. If discharged home, outpatient or in-home therapy must be provided. Home care should be available for 4 to 6 weeks.

- Monitor for evidence of incisional infection (fever, increased redness, swelling, purulent drainage)
- Care for the incision (clean daily with soap and water)

### **Subcategory: Knee arthroplasty**

#### **Topic: Nursing actions**

- Provide postoperative care, and prevent postoperative complications (anemia, infection, neurovascular compromise or a venous thromboembolism, which manifests as deep vein thrombosis [DVT] or pulmonary embolism)
- Older adult clients are at a higher risk for medical complications related to chronic conditions, including hypertension, diabetes mellitus, coronary artery disease, and obstructive pulmonary disease
- Positions of flexion of the knee are limited to avoid flexion contractures

#### **Topic: arthroplasty nursing actions**

- Provide postoperative care, and prevent complications
- Check the dressing site frequently, noting any evidence of bleeding. Monitor and record drainage from surgical drains
- Monitor the neurovascular status of the surgical extremity (movement, sensation, color, pulse, capillary refill, and compare with contralateral extremity) every 2 to 4 hr

#### **Topic: Complications**

- Can manifest as a DVT or a pulmonary embolism, a life-threatening complication after total hip arthroplasty
- Older adult clients are at the greatest risk for a potentially life-threatening complication (venous thromboembolism formation, which manifests as a DVT and/or pulmonary emboli) due to age and compromised circulation before surgery
- Clients who are obese or who have a history of venous thromboembolism formation are also at increased risk for developing DVT or pulmonary emboli

## Main Category: Pharmacological and Parenteral Therapies

### Subcategory: Diabetes mellitus management

#### Topic: health promotion and disease prevention

- Diabetes mellitus type 1 cannot be prevented
- Lifestyle modifications can reduce the risk of diabetes mellitus type 2, and minimize the risk of complications for clients who develop diabetes mellitus
- Try to maintain weight appropriate for body build and height

#### Topic: Diabetic screening

- Screen clients who have a BMI above 25 and one or more of these factors
- A first-degree relative who has diabetes mellitus at Age 45 years or older
- History of vascular disease, polycystic ovary syndrome, gestational diabetes, or giving birth to an infant weighing more than 9 lb

#### Topic: Client education for diabetic

- Exercise and good nutrition are necessary for preventing or controlling diabetes
- Carbohydrates: 45% of total daily intake Protein: 15% to 20% of total daily intake
- Consistency in the amount of food consumed and regularity in meal times promotes blood glucose control

### Subcategory: Metabolic syndrome

#### Topic: Risk Factors

- Central obesity: waist circumference greater than 100 cm (40 in) for males; greater than 88 cm (35 in) for females
- Hyperlipidemia: triglyceride level greater than 150 mg/dL or taking medication for triglycerides; decreased HDL level (less than 50 mg/dL for females; less than 40 mg/dL for males)
- Blood pressure consistently greater than 130 mm Hg systolic, or 85 mm Hg diastolic; taking medication for hypertension

#### Topic: Expected findings

- **Polyuria:** Excess urine production and frequency from osmotic diuresis
- **Polydipsia:** Excessive thirst due to dehydration
- **Polyphagia:** Excessive hunger and eating caused from inability of cells to receive glucose (because of a lack of insulin or cellular resistance to available insulin) and the body's use of protein and fat for energy (which causes ketosis)

#### Topic: Laboratory Test

- Manifestations of diabetes plus casual blood glucose concentration greater than 200 mg/dL (without regard to time since last meal)
- Fasting blood glucose greater than 126 mg/dL (no caloric intake within 8 hr of testing)
- 2-hr glucose greater than 200 mg/dL with oral glucose tolerance test

## Subcategory: Diagnostic procedures

### Topic: Client education

- Check the accuracy of the strips with the control solution provided
- Use the correct code number in the meter to match the strip bottle number.
- Obtain an adequate amount of blood sample when performing the test

### Topic: Medications

- Insulin regimens are established for clients who have type 1 diabetes mellitus
- Insulin can be required by some clients who have type 2 diabetes or gestational diabetes if glycemic control is not obtained with diet, exercise, and oral hypoglycemic agents
- Insulin pens are prefilled cartridges of 150 to 300 units of insulin in a programmable device with disposable needles

### Topic: Insulin types

- **Rapid-acting insulin:** Insulin lispro, insulin aspart, insulin glulisine, inhaled human insulin
- **Short-acting insulin:** Regular insulin
- **Long-acting insulin:** Insulin glargine, insulin detemir
- **Intermediate-acting insulin:** NPH insulin

## Main Category: Reduction of Risk Potential

### Subcategory: Hemodialysis and peritoneal dialysis

#### Topic: Function of dialysis

- Rids the body of excess fluid and electrolytes
- Restores internal homeostasis by osmosis, diffusion, and ultrafiltration
- Eliminates waste products

#### Topic: Potential diagnosis

- Renal insufficiency
- Chronic kidney disease
- Medication or illicit drug toxicity

#### Topic: Client presentation

- Fluid volume changes, electrolyte and pH imbalances, and nitrogenous wastes
- Manifestations include fluid overload, neurologic changes, bleeding, and uremia (cognitive impairment, pruritus, nausea, vomiting)

### Subcategory: Considerations

#### Topic: Preprocedure

- Check for informed consent
- Use a temporary hemodialysis dual-lumen catheter or subcutaneous device until the provider inserts a long-term device and it is available for access
- Assess the patency of a long-term device: arteriovenous (AV) fistula or AV graft (presence of bruit, palpable thrill, distal pulses, circulation)

#### Topic: Intraoperative

- Monitor for complications during dialysis
- Monitor vital signs and coagulation studies during dialysis. Monitor for bleeding, such as oozing from the insertion site. Administer anticoagulants, such as heparin
- Have protamine sulfate ready to reverse heparin

#### Topic: Postprocedure

- Monitor vital signs and laboratory values (BUN, blood creatinine, electrolytes, Hct). Decreases in blood pressure and changes in laboratory values are common following dialysis
- Compare the client's preprocedure weight with the postprocedure weight as a way to estimate the amount of fluid the procedure removed

### Subcategory: Client education

#### Topic: Client education

- Alert the nurse of early findings of disequilibrium syndrome, such as nausea and headache
- Check the access site at intervals following dialysis. Apply light pressure if bleeding
- Contact the provider if bleeding from the insertion site lasts longer than 30 min following

dialysis, for no thrill/bruit, or findings of infection

**Topic: Complications**

- Anticoagulants prevent blood clots from forming. Monitor for hemorrhage at the insertion site
- Immunosuppressive disorders increase the risk for infection
- Advanced age is a risk factor for dialysis-induced hypotension and access site complications due to chronic illnesses or fragile veins

**Topic: ingestion, digestion, absorption, and metabolism**

- Ingestion is the process of consuming food by the mouth, and moving it through the digestive system. Digestion is a systemic process that includes the breakdown and absorption of nutrients.
- Absorption occurs as components of nutrients pass through the digestive system into the bloodstream and lymphatic system
- Metabolism is the sum of all chemical processes that occur on a cellular level to maintain homeostasis. Metabolism is comprised of catabolism (the breaking down of substances with the resultant release of energy) and anabolism (the use of energy to build or repair substances).

## Main Category: Physiological Adaptation

### Subcategory: Anemias

#### Topic: Causes of anemia

- Anemia is an abnormally low amount of circulating RBCs, Hgb concentration, or both
- Anemia results in diminished oxygen-carrying capacity and delivery to tissues and organs
- The goal of treatment is to restore and maintain adequate tissue oxygenation

#### Topic: Causes of anemia

- Blood loss
- Inadequate RBC production (hypoproliferative)
- Deficiency of necessary components (folic acid, iron, erythropoietin, vitamin B<sub>12</sub>)

#### Topic: Health promotion and disease prevention

- Clients who are pregnant or menstruating should ensure that their diet contains adequate amounts of iron-rich foods. Otherwise, they should take an iron supplement
- Individuals who are iron-deficient and have elevated cholesterol levels should integrate iron-rich foods that are not red or organ meats into their diets (iron-fortified cereal and breads, fish, poultry, and dried peas and beans)
- Clients should regularly consume foods high in folate (spinach, lentils, bananas) and folic acid fortified grains and juices.

### Subcategory: Increased hemolysis

#### Topic: increased hemolysis s/s

- Defective Hgb (sickle-cell disease): RBCs become malformed during periods of hypoxia and obstruct capillaries in joints and organs
- Impaired glycolysis: glucose-6-phosphate-dehydrogenase (G6PD) deficiency anemia
- Mechanical trauma to RBCs (mechanical heart valve, cardiopulmonary bypass)

#### Topic: inadequate dietary intake or malabsorption

- Folic acid deficiency
- Vitamin B<sub>12</sub> deficiency: pernicious anemia due to deficiency of intrinsic factor produced by gastric mucosa, which is necessary for absorption of vitamin B<sub>12</sub>
- Pica, or a persistent eating of substances not normally considered food (nonnutritive substances), such as soil or chalk, for at least 1 month, which can limit the amount of healthy food choices a client makes

#### Topic: Age

- Older adult clients are at risk for nutritional-deficiency anemias (iron, vitamin B<sub>12</sub>, folate)
- Anemia can be misdiagnosed as depression or debilitation in older adult clients

- Gastrointestinal bleeding is a common cause of anemia in older adult clients. Check stools for occult blood

### Subcategory: Acute kidney Injury

#### Topic: phases

- **Onset:** Begins with the onset of the event, ends when oliguria develops, and lasts for hours to days
- **Oliguria:** Begins with the kidney insult; urine output is 100 to 400 mL/24 hr with or without diuretics; and lasts for 1 to 3 weeks
- **Diuresis:** Begins when the kidneys start to recover; diuresis of a large amount of fluid occurs; and can last for 2 to 6 weeks

#### Topic: Types

- **Prerenal:** Occurs as a result of volume depletion and prolonged reduction of blood flow to the kidneys, which leads to ischemia of the nephrons.
- **Intrarenal:** Occurs as a result of direct damage to the kidney from lack of oxygen, indicating damage to the glomeruli, nephrons, or tubules
- **Postrenal:** Occurs as a result of bilateral obstruction of structures leaving the kidney

#### Topic: Expected findings

- **CARDIOVASCULAR:** Hypertension, fluid overload (dependent and generalized edema), dysrhythmia (hyperkalemia)
- **RESPIRATORY:** Crackles, decreased oxygenation, shortness of breath
- **RENAL:** Scant to normal or excessive urine output, depending on the phase; possible hematuria.