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N431: Adult Health 2  
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### ATI Remediation

1. Management of care
  - a. Case management
    - i. Provide client with information on discharge procedures to home, or community setting.
    - ii. To facilitate provider appointments.
    - iii. Support groups for client and the family.
  - b. Client rights
    - i. Clients have a right to adequate assessment and management of pain.
    - ii. Consider the client's preferences.
    - iii. Assist the client to set a pain relief or comfort function goal and refer back to the goal when planning or evaluating pain interventions.
  - c. Referrals
    - i. Referrals to assistance programs, such as food delivery services.
    - ii. Referral services, including home care services such as portable oxygen.
    - iii. Initiate appropriate referrals such as social services, alcoholics anonymous, al-anon.
2. Safety and infection Control
  - a. Handling hazardous and infectious materials
    - i. Avoid driving and using hazardous equipment until the effects of the opioid are known.
    - ii. Obtain a client history to identify the toxic agent.
    - iii. Administer antidotes when necessary.
  - b. Standard precautions/transmission-based precautions/surgical asepsis
    - i. Maintain surgical asepsis at the access site.
    - ii. Assess the site from wetness from a leaking catheter.
    - iii. Monitor for infection (fever, purulent drainage, redness, swelling).
3. Health promotion
  - a. Assist the client in maintaining an optimum level of health.
  - b. Identify risk factors for disease/illness.
  - c. Educate the client on actions to promote/maintain health and prevent disease.
4. Psychosocial integrity
  - a. Support system
    - i. Support systems can decrease sensitivity to pain.
    - ii. Determine whether a support person will assist the client after the procedure.
    - iii. Identify the primary support systems.
5. Basic care and comfort
  - a. Elimination
    - i. Monitor elimination patterns.
    - ii. Obtain daily weights.
    - iii. Monitor intake and output.

- b. Nutrition and oral hydration
  - i. Provide/maintain special diets based on the client diagnosis/nutritional needs and cultural considerations.
  - ii. Evaluate client intake and output and intervene as needed.
  - iii. Evaluate the impact of disease/illness on nutritional status of a client.
- 6. Pharmacological and parenteral therapies
  - a. Expected actions/outcomes
    - i. Evaluate client response to medication.
    - ii. Assess client need for administration of PRN pain medications.
    - iii. Administer medications for pain management.
  - b. Parenteral/intravenous therapies
    - i. Apply ice packs and cooling blankets.
    - ii. IV administration of 0.9% sodium chloride
    - iii. Administer oxygen as needed.
  - c. Total parenteral nutrition
    - i. Administer TPN and evaluate client response.
    - ii. Restrict fluid intake, if prescribed.
    - iii. Implement potassium, phosphate, sodium, magnesium restrictions, if prescribed.
- 7. Reductions of risk potential
  - a. Diagnostic tests
    - i. Apply and/or maintain devices used to promote venous return.
    - ii. Perform diagnostic testing.
    - iii. Apply knowledge of related nursing procedures and psychomotor skills when caring for clients undergoing diagnostic testing
  - b. Laboratory values
    - i. Monitor client laboratory values.
    - ii. Obtain daily laboratory values.
    - iii. Review laboratory values.
  - c. Potential for alterations in body systems
    - i. Identify client with increased risk for insufficient vascular perfusion.
    - ii. Assist with invasive procedures.
    - iii. Provide care to a client with an infectious disease.
  - d. System specific assessments
    - i. The most reliable indicator of pain is the client's verbal expression of pain.
    - ii. Pain assessment also involves observing and documenting nonverbal indicators and physiological changes.
    - iii. Used standard pain measures to assess pain (location, quality, intensity, timing, setting, associated manifestations, aggravating or relieving factors).
  - e. Therapeutic procedures
    - i. Provide strategies to reduce caregiver stress.
    - ii. Provide information about care for seizures that can happen late in the disease.

- iii. Educate family/caregivers about illness, methods of care, medications, and adaptation of the home environment.
- 8. Physiological adaptation
  - a. Alterations in body systems
    - i. Apply knowledge of nursing procedures, pathophysiology and psychomotor skills when caring for a client with an alteration in body systems.
    - ii. Educate client about managing health problems.
    - iii. Refer to social services and case managers for long-term/home management, Alzheimer's association, community outreach programs, and support support.
  - b. Hemodynamics
    - i. Identify cardiac rhythm strip abnormalities.
    - ii. Hemodynamic monitoring system is used to display a client hemodynamic data including pressure transducer, pressure tubing, monitor, pressure bag and flush device.
    - iii. Arterial lines are placed in the radial, brachial, or femoral artery.
  - c. Illness management
    - i. Promote and provide continuity of care in illness management activities.
    - ii. Provide postoperative care.
    - iii. Educate client about managing illness.
  - d. Medical emergencies
    - i. Apply knowledge of pathophysiology when caring for a client experiencing a medical emergency.
    - ii. Evaluate and document the client's response to emergency interventions.
    - iii. Perform emergency care procedures.
  - e. Unexpected response to therapies
    - i. Promote recovery of the client from unexpected response to therapy.
    - ii. Recognize signs and symptoms of client complications and intervene.
    - iii. Initiate emergency precautions.



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- Search
- Saves
- Bookmarks
- Focused Review

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## Chapter 26 Respiratory Failure

Respiratory failure includes acute respiratory failure (ARF), acute respiratory distress syndrome (ARDS), and severe acute respiratory syndrome (SARS). Because older adult clients have decreased pulmonary reserves due to normal lung changes, including decreased lung elasticity and thickening alveoli, they can decompensate more quickly.

### Acute respiratory failure

ARF is caused by failure to adequately ventilate and/or oxygenate.

- Ventilatory failure is due to a mechanical abnormality of the lungs or chest wall.