

N431 Adult Health II
Proctored ATI Remediation Template

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Assessment Name: RN Adult Medical Surgical 2019
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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: Referrals

Topic: Multiple Sclerosis

- Multiple sclerosis is a neurological and autoimmune disease that typically results in impaired and worsening function of voluntary muscle that affects nerve cells in both the brain and spinal cord.
- Consider referral to occupational and physical therapy for home environment assessment to determine safety and ease of mobility.
- Refer to a speech-language therapist for dysarthria and dysphagia.
- Provide community resources and respite services for clients and family.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

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

- Monitor skin integrity by providing pin care and assessing the skin under the halo fixation vest as appropriate.
- Do not turn the client using the halo device.
- If the client is going home with the halo fixation device on, follow care and instruct the client for pin and vest care.

Subcategory: Handling Hazardous and Infectious Materials

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

- Place the client in a private room. Keep the door closed as much as possible.
- Keep a lead container in the room if the delivery method could allow spontaneous loss of radioactive material.
- Linens and dressings should remain in the room until the radiation source is removed.

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

- Immediately place used needles and other sharps in a sharps disposal container to reduce the risk of needle sticks, cuts or punctures from loose sharps.
- Do not try to remove, bend, break, or recap needles used by another person.
- Do not throw loose needles and other sharps into the trash or recycling bin.

Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

Topic: Tuberculosis: Teaching About Infection Control at Home

- Exposed family members should be tested for TB.
- TB is often treated in the home system.
- Practice proper hand hygiene.
- Airborne precautions are not needed in the home setting because family members should be tested for TB.

Main Category: Psychosocial Integrity

Subcategory: Coping Mechanisms

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

- A psychologist can be used to help with adjustment to the loss of an extremity.
- Allow the client to grieve for the loss of their body part and change in body image.
- The nurse should assess the psychological well-being of the client, such as altered self-concept, self-motivation, and willingness and motivation for rehabilitation.
- Rehabilitation should include adaptation to a new body image and integration of prosthetic and adaptive devices into self-image.

Main Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions

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

- Nonpharmacological pain strategies help to improve coping by relieving stress associated with pain.
- Nonpharmacological pain strategies can assist clients in reducing the number of pharmacological interventions for pain and are helpful when clients cannot take pain medication.
- Nonpharmacological measures to manage pain includes mind-body practices (yoga, chiropractic manipulation), cognitive approaches (meditation, distraction), and natural products (herbs, oils).

Main Category: Pharmacological and Parenteral Therapies**Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions****Topic: Electrolyte Imbalances: Manifestations of Hypokalemia**

- Vital signs: Decreased BP, Thready weak pulse, orthostatic hypotension
- Neurological: Altered mental status, anxiety, lethargy that progresses to acute confusion and coma
- ECG: Flattened T wave, prominent U waves, ST depression, prolonged PR interval.
- Gastrointestinal: hypoactive bowel sounds, nausea, vomiting, constipation, abdominal distention.

Topic: Invasive Cardiovascular Procedures: Medication for an Allergic Reaction

- Administer Epinephrine for severe allergic reaction.
- Administer diphenhydramine for a mild to moderate allergic reaction.
- Apply oxygen to help with airway gas exchange as needed for an allergic reaction.

Topic: Tuberculosis: Adverse Effects of Antimicrobial Therapy

- Isoniazid: Hepatotoxicity
- Pyrazinamide: yellowing of the skin or eyes, pain and swelling in joints, loss of appetite, malaise
- Isoniazid: jaundice, anorexia, malaise, fatigue, nausea.

Subcategory: Blood and Blood Products**Topic: Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion**

- Type and cross-matching is necessary for antigens for packed red blood cells.
- Review laboratory values to ensure the client requires transfusion and to compare to post-transfusion values.
- An 18- or 20-gauge needle is standard for administering blood products.

Subcategory: Expected Actions/Outcomes**Topic: Anesthesia and Moderate Sedation: Priority Finding in a Client Who Is Receiving Epidural Analgesia**

- Epidural anesthesia can lead to depressed respirations, respiratory arrest, and severe hypotension.
- Headaches are a concern associated with a client receiving epidural analgesia.
- Treatment for priority findings in a client who is receiving epidural analgesia includes IV fluids, vasopressors, and airway support.

Topic: Heart Failure and Pulmonary Edema: Therapeutic Effects of Furosemide

- Furosemide is a loop diuretic used to treat heart failure and pulmonary edema.
- Preload will be decreased.
- Furosemide decreases the pressure caused by excess fluid in the heart and lungs.

Subcategory: Medication Administration**Topic: Angina and Myocardial Infarction: Client Teaching About Medications**

- Beta blockers: educate the patient to notify the provider immediately if they experience SOB, edema, weight gain, or cough.
- Vasodilators: a patient can take up to three sublingual nitroglycerin tablets within five minutes of each other if chest pain does not decrease.
- Antiplatelets: Teach the client to report ringing in the ears

Topic: Angina and Myocardial Infarction: Client Teaching About Medications

- Place a nitroglycerin tablet under the tongue to dissolve.
- Vasodilators: a patient can take up to three sublingual nitroglycerin tablets within five minutes of each other if chest pain does not decrease.

- Headache is a common adverse effect of nitroglycerin.

Subcategory: Pharmacological Pain Management

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

- Have the client determine an acceptable level of pain as a goal to measure progress, such as using a numeric scale.
- Teach the client about joint protection: using large joints rather than small ones, using two hands to hold objects, and bending at the knees when reaching down rather than being at the waist.
- Acetaminophen is the medication of choice for managing OA.

Subcategory: Total Parenteral Nutrition (TPN)

Topic: Gastrointestinal Therapeutic Procedures: Reporting Abnormal Findings During Total Parenteral Nutrition Administration

- Complications of TPN include hyperglycemia, hypoglycemia, and vitamin deficiencies.
- A pressure change during tubing changes can lead to an air embolism, which can be presented as sudden onset of dyspnea, chest pain, anxiety, and hypoxia.
- Report any crackles and monitor for respiratory distress which can indicate fluid imbalance.

Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Chronic Obstructive Pulmonary Disease: Expected ABG Results

- Hypoxemia (decreased PaO₂ less than 80 mm Hg)
- Hypercarbia (increased PaCO₂ greater than 45 mm Hg)
- ABGs helps to measure the balance of oxygen and CO₂ in the body to assess lung function.

Topic: Postoperative Nursing Care: Assessment of Postoperative Dressing

- Check dressings for excessive drainage and reinforce as needed.
- Report excess drainage on dressing to the surgeon.
- Outline drainage spots with a pen, noting date and time.

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Gastrointestinal Therapeutic Procedures: Ostomy Complications

- Stoma ischemia/ necrosis: manifestations include pale pink or bluish-purple color and dry appearance.
- Intestinal obstructions: manifestations include abdominal pain, hypoactive or absent bowel sounds, distention, nausea, and vomiting.
- Obtain vital signs, oxygen saturation, current lab values, and monitor/record output from the stoma.

Subcategory: Therapeutic Procedures

Topic: Arthroplasty: Preventing Complications Following Hip Arthroplasty

- Check the dressing site frequently, noting evidence of bleeding. Monitor and record drainage from the surgical drains.
- Provide early ambulation.
- Monitor daily lab values, including Hgb and Hct levels. Blood transfusions are common if Hgb levels are less than 9 g/dL.

Subcategory: System Specific Assessments

Topic: Diabetes Mellitus Management: Clinical Findings of Hypoglycemia

- Mild shakiness
- Diaphoresis
- Tachycardia
- Palpitations
- Headache
- Seizure
- Coma

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

- Eye opening: measures the best eye response, with responses ranging from 4 (eye-opening occurs spontaneously) to 1 (Eye-opening does not occur).
- Verbal: measures the best verbal response, with responses ranging from 5 (conversation is coherent and oriented) to 1 (vocalization does not occur).
- Motor: measures the best motor response, with responses ranging from 6 (commands are followed) to 1 (motor response does not occur).

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Airway Management: Evaluating Client Understanding of Tracheostomy Care

- Clean the stoma site and then the tracheostomy plate
- Place a fresh split-gauze tracheostomy dressing of unraveling material under and around the tracheostomy holder and plate
- Replace tracheostomy ties if they are wet or soiled. Secure the new ties before removing the soiled ones to prevent accidental decannulation

Topic: Diabetes Mellitus Management: Sick Day Management

- Teach the client to notify their provider when ill.
- Teach the patient to monitor their blood glucose every 2 to 4 hours.
- Inform the client to continue to take insulin or oral hypoglycemic agents.
- Teach the patient to test their urine for ketones as prescribed and report to the provider if they are outside the expected range.

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

- Wait at least 10 days and until all sores are healed before having any sexual contact following treatment.
- The patient will need to take the full course of antibiotics.
- Even if a condom is used, the patient's partner can still contract syphilis.

Topic: Hyperthyroidism: Priority Finding Following Complete Thyroidectomy

- Respiratory distress related to hemorrhage and edema.
- Assess for extremity tingling, muscle twitching, and positive Chvostek's and Trousseau's signs.
- Laryngeal nerve damage – ask the patient to speak as soon as they are awake from anesthesia.

Topic: Postoperative Nursing Care: Priority Findings Following General Anesthesia

- Airway and breathing monitor breath sounds, listening for snoring or stridor.
- Monitor level of consciousness (weakness, restlessness, agitation, somnolence, irritability, change in orientation)
- Assess for movement and sensation in extremities.

Topic: Respiratory Management and Mechanical Ventilation: Therapeutic Effect of Positive End-Expiratory Pressure

- The amount of oxygen needed will decrease with positive end-expiratory pressure with mechanical ventilation.
- Absence of alveolar collapse during expiration.
- Absence of a pneumothorax.

Subcategory: Fluid and Electrolyte Imbalances

Topic: Hyperthyroidism: Caring for Client Following a Thyroidectomy

- Keep the client in a high fowler's position, supporting the head and neck with pillows, being careful to avoid neck extension.
- Assess with deep breathing exercises q 30 to 60 minutes.
- Check the surgical dressing and back of the neck for any excessive bleeding.

Topic: Pituitary Disorders: Findings of Diabetes Insipidus

- Polyuria and polydipsia
- Physical assessment: Tachycardia, hypotension, loss or absence of skin turgor, dry mucous membranes, weak and poor peripheral pulses, decreased cognition, ataxia.
- Urine testing: decrease urine specific gravity (less than 1.005), decreased urine osmolality, decrease urine pH, decreased urine sodium, and decreased urine potassium.

Subcategory: Hemodynamics

Topic: Hemodynamic Shock: Client Positioning

- The patient should be in a supine position with legs approximately elevated 8-12 inches (Trendelenburg position).
- Trendelenburg's position helps with managing hypotension.
- Trendelenburg's position helps to increase venous return.

Topic: Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease

- Finger and toes first turn pale.
- Cold fingers and toes.
- Numbness and tingling or stinging sensation when warm or stress relief.

Subcategory: Illness Management

Topic: Hyperthyroidism: Teaching About the Manifestations of Thyroid Storm

- Diarrhea – consult with a dietician to encourage a low-calorie, high-bulk diet; avoid laxatives.
- Decreased cold tolerance – provide extra clothing and blankets, but avoid electric blankets or heating devices because they cause vasodilation.
- Reassure the client that most physical manifestations are reversible.

Topic: Pituitary Disorders: Medications to Treat Diabetes Insipidus

- ADH replacement agents (desmopressin, chlorpropamide, thiazide)
- Desmopressin results in an increase of water absorption from the kidney and decreases urine output
- Chlorpropamide and thiazide help to facilitate vasopressin.

Topic: Respiratory Management and Mechanical Ventilation: Priority Finding Following Extubating

- Monitor for signs of respiratory distress or airway obstruction.
- Monitor for ineffective cough, stridor, or dyspnea.
- Monitor for atelectasis and pulmonary infections in older adults

Subcategory: Medical Emergencies

Topic: Hemodynamic Shock: Priority Intervention for Hypovolemic Shock

- Place the client on high-flow oxygen.
- Be prepared to intubate the patient.
- Maintain patient IV access.
- Administer medication such as isotonic crystalloids.

Subcategory: Pathophysiology

Topic: Heart Failure and Pulmonary Edema: Recognizing Manifestations of Left-Sided Heart Failure

- Dyspnea, orthopnea, nocturnal dyspnea
- Displaced apical pulse.
- Fatigue
- S3 heart sound (gallop)
- Pulmonary congestion (dyspnea, cough, crackles)
- Frothy sputum
- Altered mental status