N431 Adult Health II
Proctored ATI Remediation Template

Student Name: Berich Mpoy
Assessment Name: Proctored ATI Remediation Template
Semester: 3

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 Sickle Cell Crisis • 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: Advocacy - (1)

Topic: Health Care Delivery Systems: Providing Assistance to an Older Adult Client (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 1 Health Care Delivery Systems)

- nurses must ensure clients of their rights and make sure they have adequate info on which to base health care decisions
- situations where nurses might need to advocate for clients include: end-of-life decisions, access to health care, protection of client privacy, informed consent, substandard practice
- components of advocacy: risk-taking, vision, self-confidence, articulate communication, assertiveness

Subcategory: Client Rights - (1)

Topic: Ethical Responsibilities: Client Decision to Refuse Treatment (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 3 Ethical Responsibilities)

- Advocacy: support and defend the clients health, wellness, safety, wishes, and personal rights, including privacy
- -Confidentiality: protection of privacy without diminishing access to high-quality care.
- -Responsibility: willingness to respect obligations and follow through on promises.

Subcategory: Musculoskeletal Trauma

Topic: Identifying Need for a Referral for a Client Who Has Osteomyelitis (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 71 Musculoskeletal Trauma)

- Bone scan using radioactive material to diagnose osteomyelitis and MRI can also facilitate a diagnosis.
- Cultures are performed for detection of possible aerobic and anaerobic organisms.
- If septicemia develops, blood cultures will be positive for offending microbes.

Main Category: Safety and Infection Control

Subcategory: Handling Hazardous and Infectious Materials - (1)

Topic: Cancer Treatment Options: Caring for a Client Who Is Receiving Brachytherapy (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 91 Cancer Treatment Options)

- Wear a dosimeter film badge that records personal amount of radiation exposure.
- Limit visitors to 30-min visits, and have visitors maintain a distance of 6 ft from the source.
- Visitors and health care personnel who are pregnant or under the age of 16 should not come

Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis - (1)

Topic: Medical and Surgical Asepsis: Maintaining a Sterile Field (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 10 Medical and Surgical Asepsis)

- Do not place items on the floor (even soiled laundry). The floor is grossly contaminated.
- Do not shake linens because doing so can spread micro-organisms in the air. Keep soiled items from touching clothing.
- Clean the least soiled areas first to prevent moving more contaminants into the cleaner areas.

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

Topic: Spinal Cord Injury: Care of a Client Who Has a Halo Device (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 16 Spinal Cord Injury)

- Maintain body alignment and ensure cervical tong weights hang freely.
- Monitor skin integrity by providing pin care and assessing the skin under the halo fixation vest as appropriate.
- Do not use the halo device to turn or move a client.

Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention - (1)

Topic: Cancer Disorders: Risk Factors for Colorectal Cancer (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 92 Cancer Disorders)

- Age-specific regular colorectal cancer screening
- Genetic testing for familial adenomatous polyposis and hereditary nonpolyposis colorectal cancer for those whose family members have had hereditary colorectal cancer
- Engage in a healthy lifestyle, including regular physical exercise and no smoking or excessive alcohol use.

Main Category: Psychosocial Integrity

Subcategory: Mental Health Concepts - (1)

Topic: Preoperative Nursing Care: Priority Action for a Client Who Has Alcohol Intoxication (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 95 Preoperative Nursing Care)

- Verify that the informed consent is accurately completed, signed, and witnessed.
- Administer enemas and/or laxatives the night before and/or the morning of the surgery for clients undergoing bowel surgery.
- Regularly check scheduled medication prescriptions. Some medications (antihypertensives, anticoagulants, antidepressants) can be withheld until after the procedure.

Subcategory: Support Systems - (1)

Topic: Alzheimer's Disease: Providing a Family With Home-Care Instructions (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 8 Alzheimer's Disease)

- Keep a lock on the water heater and thermostat, and keep the water temperature at a safe level.
- Provide good lighting, especially on stairs.
- Install handrails on stairs and mark step edges with colored tape.

Main Category: Basic Care and Comfort

Subcategory: Nutrition and Oral Hydration - (2)

Topic: Burns: Indications of Hypovolemic Shock (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 75 Burns)

- Carbon monoxide inhalation (from burns in an enclosed area) findings include headache, weakness, dizziness, confusion, erythema (pink or cherry red skin), and upper airway edema, followed by sloughing of the respiratory tract mucosa.
- Hypovolemia and shock can result from fluid shifts from the intercellular and intravascular space to the interstitial space. Additional findings include hypotension, tachycardia, and decreased cardiac output.
- Inhalation damage findings include singed nasal hair, eyebrows, and eyelashes; sooty sputum; hoarseness; wheezing; edema of the nasal septum; and smoky smelling breath. Indications of the impending loss of the airway include hoarseness, brassy cough, drooling or difficulty swallowing, and audible wheezing, crowing, and stridor.

Topic: Heart Failure and Pulmonary Edema: Dietary Teaching About Sodium Restrictions (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 32 Heart Failure and Pulmonary Edema)

- Maintain an exercise routine to remain physically active, and consult with the provider before starting any exercise regimen.
- Consume a diet low in sodium and fluid restrictions, and consult with the provider regarding diet specifications.
- Refrain from smoking.

Subcategory: Mobility/Immobility - (2)

Topic: Mobility and Immobility: Complications of Immobility (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 40 Mobility and Immobility)

- Decreased respiratory movement resulting in decreased oxygenation and carbon dioxide exchange
- Stasis of secretions and decreased and weakened respiratory muscles, resulting in atelectasis and hypostatic pneumonia
- Decreased cough response

Topic: Postoperative Nursing Care: Preventing Complications (Active Learning Template - Basic Concept, RM AMS RN 11.0 Chp 96 Postoperative Nursing Care)

- Decreased respiratory movement resulting in decreased oxygenation and carbon dioxide exchange
- Stasis of secretions and decreased and weakened respiratory muscles, resulting in atelectasis and hypostatic pneumonia
- Decreased cough response

Subcategory: Elimination - (1)

Topic: Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostatitis: Preventing Complications Following a Transurethral Resection of the Prostate (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 66 Disorders of the Male Reproductive System)

- The rate of the CBI is adjusted to keep the irrigation return pink or lighter. For example, if bright-red or ketchup-appearing (arterial) bleeding with clots is observed, increase the CBI rate.
- If the catheter becomes obstructed (bladder spasms, reduced irrigation outflow), turn off the CBI and irrigate with 50 mL irrigation solution using a large piston syringe or per facility or surgeon protocol. Contact the surgeon if unable to dislodge the clot.
- Record the amount of irrigating solution instilled (generally very large volumes) and the amount of return. The difference equals urine output

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Medication Administration - (2)

Topic: Heart Failure and Pulmonary Edema: Interventions for Fluid Volume Overload (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 32 Heart Failure and Pulmonary Edema)

- Position the client in high-Fowler's position with feet and legs dependent or sitting on the side of the bed to decrease preload.
- Administer high-flow oxygen using a face mask or non-rebreather mask. Bilevel positive airway pressure or intubation/ventilation can become necessary. Be prepared to intervene quickly.
- Monitor vital signs every 15 min until stable.

Topic: Stroke: Administration of Tissue Plasminogen Activator (tPA) (Active Learning Template - Medication, RM AMS RN 11.0 Chp 15 Stroke)

- Promptly notify the surgeon of manifestations of occlusion (absent or reduced pedal pulses, increased pain, change in extremity color or temperature).
- Prepare to assist with treatment, which can include an emergency thrombectomy (removal of a clot), local intra-arterial thrombolytic therapy with an agent such as tissue plasminogen activator, infusion of a platelet inhibitor, or a combination of these. With these treatments, assess for indications of bleeding.
- Indications of infection include localized induration, warmth, tenderness, erythema, edema, purulent drainage, and an elevated WBC. Promptly report findings to the provider.

Subcategory: Parenteral/Intravenous Therapies - (2)

Topic: Dosage Calculation: Calculating an IV Rate for Levofloxacin (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 48 Dosage Calculation)

- Infusion pumps control an accurate rate of fluid infusion. Infusion pumps deliver a specific amount of fluid during a specific amount of time. For example, an infusion pump can deliver 150 mL in 1 hr or 50 mL in 20 min.
- Nurses calculate IV flow rates for large-volume continuous IV infusions and intermittent IV bolus infusions using electronic infusion pumps (mL/hr) and manual IV tubing (gtt/min).
- Example: A nurse is preparing to administer dextrose 5% in water (D5W) 500 mL IV to infuse over 4 hr. The nurse should set the IV infusion pump to deliver how many mL/hr? (Round the answer to the nearest whole number. Use a leading zero if it applies. Do not use a trailing zero.)

Topic: Intravenous Therapy: Priority Response to Infusion Pump Alarms (Active Learning Template - Therapeutic Procedure)

- Stop the infusion and notify the provider.
- Follow the facility's protocol, which can include withdrawing the vesicant solution from the IV access and infusing an antidote through the catheter before removal.
- Further treatment is the same as for IV infiltration.

Subcategory: Total Parenteral Nutrition (TPN) - (2)

Topic: Gastrointestinal Therapeutic Procedures: Assessing a Client for Complications of Total Parenteral Nutrition (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 47 Gastrointestinal Therapeutic Procedures)

- Assess lungs for crackles and monitor for respiratory distress.
- Monitor daily weight and I&O.
- Use a controlled infusion pump to administer TPN at the prescribed rate.

Topic: Gastrointestinal Therapeutic Procedures: Findings to Report for Client Who Is Receiving Total Parenteral Nutrition (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 47 Gastrointestinal Therapeutic Procedures)

- A pressure change during tubing changes can lead to an air embolism.
- Observe the central line insertion site for local infection (erythema, tenderness, exudate).
- Metabolic complications include hyperglycemia, hypoglycemia, and vitamin deficiencies

Subcategory: Blood and Blood Products - (1)

Topic:
Blood and Blood Product Transfusions: Initiating a Transfusion of Packed RBCs (Active Learning Template - Nursing Skill, RM AMS RN 11.0 Chp 40 Blood and Blood Product Transfusions)

- Assess vital signs and the client's temperature prior to transfusion.
- Remain with the client during the initial 15 to 30 min of the transfusion. Most severe reactions occur within this time frame.
- Review laboratory values to ensure the client requires transfusion and to compare to post-transfusion values.

Subcategory: Expected Actions/Outcomes - (1)

Topic: Medications Affecting Blood Pressure: Administering Valsartan for Heart Failure (Active Learning Template - Medication, RM Pharm RN 8.0 Chp 20 Medications Affecting Blood Pressure v2)

- Medication is prescribed as a single formulation or in combination with hydrochlorothiazide.
- If taken for heart failure, monitor weight and edema.
- Take ARBs with or without food.

Main Category: Reduction of Risk Potential

Subcategory: Therapeutic Procedures - (3)

Topic: Diabetes Mellitus Management: Client Teaching About Foot Care (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 82 Diabetes Mellitus Management)

- Inspect feet daily. Wash feet daily with mild soap and warm water. Test water temperature with the arms or a thermometer before washing feet. Do not soak the feet.
- Pat feet dry gently, especially between the toes, and avoid lotions between toes to decrease excess moisture and prevent infection.
- Use mild foot powder (powder with cornstarch) on sweaty feet.

Topic: Gastrointestinal Therapeutic Procedures: Discharge Teaching for a Client Who Has an Ileostomy (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 47 Gastrointestinal Therapeutic Procedures)

- Evaluate stoma output. Output should be more liquid and more acidic the closer the ostomy is to the proximal small intestine.
- Empty the ostomy bag when it is one-third to one-half full of drainage.
- Assess for fluid and electrolyte imbalances, particularly with a new ileostomy.
- Evaluate ability of the client or support person to perform ostomy care.

Topic: Legal Responsibilities: Witnessing Informed Consent (Active Learning Template - Basic Concept, RM Fund 10.0 Chp 4 Legal Responsibilities)

- Informed consent is a legal process by which a client or the client's legally appointed designee has given written permission for a procedure or treatment. Consent is informed when a provider explains and the client understands:
  - The reason the client needs the treatment or procedure.
  - How the treatment or procedure will benefit the client.
  - The risks involved if the client chooses to receive the treatment or procedure.
  - Other options to treat the problem, including not treating the problem.

- The nurse's role in the informed consent process is to witness the client's signature on the informed consent form and to ensure that the provider has obtained the informed consent responsibly.
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Subcategory: Diagnostic Tests - (1)

Topic: Electrocardiography and Dysrhythmia Monitoring: Analyzing ECG (Active Learning Template - Diagnostic Procedure, RM AMS RN 11.0 Chp 28 Electrocardiography and Dysrhythmia Monitoring)

- The life-threatening effects of dysrhythmias are generally related to decreased cardiac output and ineffective tissue perfusion.
- Cardiac dysrhythmias are a primary cause of death in clients suffering acute MI and other sudden death disorders.
- Rapid recognition and treatment of serious dysrhythmias is essential to preserve life. Treatment is based on the cardiac rhythm, which can require cardioversion, defibrillation or pacemaker insertion, and/or medications.

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations - (1)

Topic: Hemodialysis and Peritoneal Dialysis: Manifestations of Peritonitis (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 57 Hemodialysis and Peritoneal Dialysis)

- 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).
- Avoid measuring blood pressure, administering injections, performing venipunctures, or inserting IV catheters on or into an arm with an access site. Elevate the extremity following surgical creation of an AV fistula to reduce swelling.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems - (7)

Topic: Cancer Treatment Options: Precautions for Client Undergoing Radiation Therapy (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 91 Cancer Treatment Options)

- Radiation therapy is usually given as a series of divided small doses on a daily basis for a set period of time. The dose of radiation the client receives is determined by considering the duration of exposure, the intensity of the radiation, and the distance the radiation source is from the target cells.
- Radiation therapy can be given preoperatively to decrease the size of a tumor.
- Adverse effects on tissues within the radiation path include skin changes, hair loss, and debilitating fatigue. Radiation effects can also cause long-term changes for the client.

Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Assisting with Placement of a Central Venous Catheter (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 27 Cardiovacular Diagnostic and Therapeutic Procedures)

- Insertion location: A portion of the catheter lies in a subcutaneous tunnel separating the point where the catheter enters the vein from where it enters the skin with a cuff. Tissue granulates into the cuff to provide a mechanical barrier to organisms and an anchoring for the catheter.
- Indications: Frequent and long-term need for vascular access.
- No dressing is needed because entrance into skin and vein are separate and tissue granulates into catheter cuff, providing a barrier. Groshong catheters have pressure-sensitive valves to prevent blood reflux and do not require a clamp.

Topic: Chest Tube Insertion and Monitoring: Clarifying Provider Prescription (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 18 Chest Tube Insertion and Monitoring)

- Dry suction: When a dry suction control device is used, the provider prescribes a level of suction for the device, typically -20 cm H_2O. When connected to wall suction, the regulator on the chest tube drainage system is set to the manufacturer's recommendation.
- Tidaling (movement of the fluid level with respiration) is expected in the water seal chamber. With spontaneous respirations, the fluid level will rise with inspiration (increase in negative pressure in lung) and will fall with expiration. With positive-pressure mechanical ventilation, the fluid level will rise with expiration and fall with inspiration.
- Cessation of tidaling in the water seal chamber signals lung re-expansion or an obstruction within the system.

Topic: Hemodialysis and Peritoneal Dialysis: Proper Administration of Peritoneal Dialysis (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 57 Hemodialysis and Peritoneal Dialysis)

- 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).
- Avoid measuring blood pressure, administering injections, performing venipunctures, or inserting IV catheters on or into an arm with an access site. Elevate the extremity following surgical creation of an AV fistula to reduce swelling.

Topic: Postoperative Nursing Care: Identifying a Gravity Wound Drain (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 96 Postoperative Nursing Care)

- 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).
- Avoid measuring blood pressure, administering injections, performing venipunctures, or inserting IV catheters on or into an arm with an access site. Elevate the extremity following surgical creation of an AV fistula to reduce swelling.

Topic: Respiratory Diagnostic Procedures: Preparing a Client for a Thoracentesis (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 17 Respiratory Diagnostic Procedures)

- Immediately after an arterial puncture, hold direct pressure over the site for at least 5 min. Pressure must be maintained for at least 20 min if the client is receiving anticoagulant therapy. Ensure that bleeding has stopped prior to removing direct pressure.
- Monitor the ABG sampling site for bleeding, loss of pulse, swelling, and changes in temperature and color.
- Document all interventions and client response.

Topic: Respiratory Management and Mechanical Ventilation: Therapeutic Effect of Positive End-Expiratory Pressure (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 19 Respiratory Management and Mechanical Ventilation)

- Mechanical ventilation is often required with positive-end expiratory pressure (PEEP) or continuous positive airway pressure (CPAP) to prevent alveolar collapse during expiration. Follow facility protocol for monitoring and documenting ventilator settings.
- Positive expiratory pressure device
  - Assists client in removing airway secretions.
  - Client inhales deeply and exhales through the device.
  - While exhaling, a ball inside the device moves, causing a vibration that loosens secretions.
- Use positive end-expiratory pressure (PEEP) as prescribed while the client receives mechanical ventilation to help decrease the needed oxygen.

Subcategory: Fluid and Electrolyte Imbalances - (2)

Topic: Electrolyte Imbalances: Priority Intervention for Hypokalemia (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 44 Electrolyte Imbalances)

- Administer prescribed potassium replacement. Never give potassium via IM or subcutaneous route, which can cause necrosis of the tissues.
- Monitor and maintain adequate urine output.
- Observe for shallow ineffective respirations and diminished breath sounds.

Topic: Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Findings to Report (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 59 Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease)

- 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

Subcategory: Medical Emergencies - (1)

Topic: Electrocardiography and Dysrhythmia Monitoring: Identifying a Medical Emergency (Active Learning Template - Diagnostic Procedure, RM AMS RN 11.0 Chp 28 Electrocardiography and Dysrhythmia Monitoring)

- Continuous cardiac monitoring requires the client to be near the monitoring system.
- Telemetry allows the client to ambulate while maintaining proximity to the monitoring system.
- Inform clients receiving continuous ECG monitoring that the monitoring will not detect shortness of breath, chest pain, or other manifestations of acute coronary syndrome. The client should be instructed to report new or worsening manifestations.

Subcategory: Illness Management - (3)

Topic: Cancer Treatment Options: Prioritizing Care for a Group of Clients (Active Learning Template - Basic Concept, RM AMS RN 11.0 Chp 91 Cancer Treatment Options)

- Instruct the client/family in the proper use of vascular access devices.
- Instruct family to dispense oral medications directly into a cup and not to touch pills or liquids with the hands.
- 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: Cardiovascular and Hematologic Disorders: Dietary Teaching with a Client Who Has Heart Failure (Active Learning Template - System Disorder, RM Nutrition 7.0 Chp 12 Cardiovascular and

Hematologic Disorders)

- Increasing fiber and carbohydrate intake, avoiding saturated fat, and decreasing red meat consumption can decrease the risk for developing CHD.
- Increased intake of omega-3 fatty acids found in fish, flaxseed, soy beans, canola, and walnuts reduces the risk of coronary artery disease.
- Homocysteine is an amino acid. Elevated homocysteine levels can increase the risk of developing CHD. Deficiencies in folate and vitamins B6 and B12 increase homocysteine levels.

Topic: HIV/AIDS: Priority Client Teaching (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 86 HIV/AIDS)

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Subcategory: Pathophysiology - (1)

Topic: Asthma: Identifying Pathophysiology (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 21 Asthma)

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Subcategory: Hemodynamics - (2)

Topic: Anemias: Manifestations of Anemia (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 41 Anemias)

- Shortness of breath/fatigue, especially upon exertion
- Tachycardia and palpitations
- Dizziness or syncope upon standing or with exertion

Topic: Electrocardiography and Dysrhythmia Monitoring: Priority Action for Sinus Bradycardia (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 28 Electrocardiography and Dysrhythmia Monitoring)

- Continuous cardiac monitoring requires the client to be in close proximity to the monitoring system.
- Telemetry allows the client to ambulate while maintaining proximity to the monitoring system.
- Inform clients receiving continuous ECG monitoring that the monitoring will not detect shortness of breath, chest pain, or other manifestations of acute coronary syndrome. The client should be instructed to report new or worsening manifestations.

Subcategory: Unexpected Response to Therapies - (1)

Topic: Blood and Blood Product Transfusions: Monitoring for Transfusion Reaction (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 40 Blood and Blood Product Transfusions)

- Results from a transfusion of blood products that are incompatible with the client's blood type or Rh factor. Can occur following the transfusion of as few as 10 mL of a blood product.
- Can be mild or life-threatening, resulting in disseminated intravascular coagulation (DIC) or circulatory collapse.
- Findings include chills, fever, low-back pain, tachycardia, flushing, hypotension, chest tightening or pain, tachypnea, nausea, anxiety, hemoglobinuria, and an impending sense of doom.

Main Category: Clinical Judgment

Subcategory: Evaluate Outcomes - (1)

Topic: Hemodynamic Shock: Caring for a Client Who Has Hypovolemic Shock (Active Learning Template - System Disorder, RM AMS RN 11.0 Chp 37 Hemodynamic Shock)

- TPN administration is usually through a central line (a tunneled triple lumen catheter or a single- or double-lumen peripherally inserted central [PICC] line).
- TPN contains complete nutrition, including calories in a high concentration (10% to 50%) of dextrose, lipids/essential fatty acids, protein, electrolytes, vitamins, and trace elements. Standard IV bolus therapy is typically no more than 700 calories/day.
- Partial parenteral nutrition or peripheral parenteral nutrition (PPN) is less hypertonic, intended for short-term use, and administered in a large peripheral vein. Usual dextrose concentration is 10% or less. Risks include phlebitis.

Subcategory: Take Actions - (1)

Topic: Gastrointestinal Therapeutic Procedures: Caring for Client Who Is Receiving Total Parenteral Nutrition (Active Learning Template - Therapeutic Procedure, RM AMS RN 11.0 Chp 47 Gastrointestinal Therapeutic Procedures)

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