

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:

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: Musculoskeletal Trauma: Identifying Need for a Referral for a Client Who Has Osteomyelitis

- MRI is the best way to diagnose osteomyelitis
- Bone pain that is constant, pulsating, localized, and worse with movement is a manifestation of osteomyelitis
- Administer antibiotics as prescribed to maintain a constant blood level

Subcategory:

Main Category: Safety and Infection Control

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

Topic: Gastrointestinal Diagnostic Procedures: Plan of Care for a Client Who Has Gastroenteritis

- Gastrointestinal diagnostic procedures often involve endoscopes.
- Gastrointestinal diagnostic procedures also involve X-rays to visualize parts of the gastrointestinal system
- Other procedures for gastrointestinal diagnostic procedures would include liver function tests, other blood tests, urobilinogen, Fecal A cult blood test, stool samples, endoscopy, and gastrointestinal series

Topic: Medical and Surgical Asepsis: Maintaining a Sterile Field

- Prolonged exposure to airborne microorganisms can make sterile items non sterile.
- Only sterile items can be in a sterile field. The outer wrappings and 1 inch edges of packaging that contain sterile items are not sterile.
- Microbes can move by gravity from a non sterile item to a sterile item do not reach across or above a sterile field. Do not turn your back on a sterile field. Hold items to add to a sterile field a minimum of 6 inches above the field. Sterile materials can touch other sterile surfaces or materials; However, contact with non sterile materials at anytime contaminates a sterile area, no matter how short the contact.

Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

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

- The renal system includes the kidneys and the urinary system. The function of the renal system includes maintaining fluid volume, removing waste, regulating blood pressure, maintaining acid base balance, producing erythropoietin, And activating vitamin D.
- A urinary tract infection refers to any portion of the lower urinary tract: ureters, bladder, urethra, prostate.
- Expected findings of UTI are bacteria, sediment, white blood cells equal to or greater than 10,000/ul, and red blood cells.

Subcategory: Health Screening

Topic: Cancer Disorders: Indications of Melanoma

- Melanoma is a type of skin cancer.
- Sunlight exposure is the leading cause of skin cancer. The most effective strategy for prevention of skin cancer is avoidance or reduction of skin exposure to ultraviolet light from sunlight and synthetic sources.
- Indications of malignant Melanoma include irregular shape and borders with multiple colors. New moles or change in existing mole, can occur and any body structure that contains pigment cells.



Main Category: Psychosocial Integrity

Subcategory: Coping Mechanisms

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

- Allow for the client and family to grieve for the loss of the body part and change in body image.
- The nurse should facilitate A supportive environment for the client and family so grief can be processed. Refer the client to a religious or spiritual advisor, social worker or counselor.
- Rehabilitation should include adaption to a new body image and interrogation of prosthetic and adaptive devices into self-image.

Subcategory: Mental Health Concepts

Topic: Preoperative Nursing Care: Priority Action for a Client Who Has Alcohol Intoxication

- The nurse should determine if the client is legally capable of providing consent this includes being 18 years of age or emancipated, mentally capable of understanding the risk, reason, and options for surgery and anesthesia as well as being free from the influence of medication that affects decision making or judgment.
- Two witnesses can be required if the client is able only to sign with an X, has vision or hearing impairments, or if there is a language barrier.
- Informed consent is required for surgical procedures, invasive procedures, and any procedure requiring sedation or anesthesia, involving radiation, or that places the client at increased risk for complications.

Main Category: Basic Care and Comfort

Subcategory: Nutrition and Oral Hydration

Topic: Burns: Indications of Hypovolemic Shock

- Hypovolemia and shock can result from fluid shifts from the intracellular and intravascular space to the interstitial space.
- Hypovolemia can also have manifestations from a burn of hypotension, tachycardia, and decreased cardiac output.
- Hgb and Hct decrease due to the fluid shift from the interstitial space back into the vascular fluid

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Central Venous Access Devices

Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Discharge Teaching for Peripherally Inserted Central Catheter Line

- Cardiovascular diagnostic procedures evaluate the functioning of the heart by monitoring for enzymes in the blood; Using ultrasound to visualize the heart; Determining the heart's response to exercise; And using catheters to determine blood volume, perfusion, liquid status, how the heart is pumping, and a degree of artery blockage.
- Central IV catheters are inserted using a sterile technique by a provider, physician assistant, or specially trained nurse. Insertion occurs in the OR, the clients room, or in an outpatient facility
- Tunneled and implanted catheters require surgical removal.

Subcategory: Expected Actions/Outcomes

Topic: Medications Affecting Blood Pressure: Administering Valsartan for Heart Failure

- Valsartan is an angiotensin converting enzyme inhibitor. It reduces production of angiotensin 2 by blocking the conversion of angiotensin 1 to angiotensin 2 and increasing levels of bradykinin, leading to vasodilation, excretion of sodium and water and retention of potassium by the actions in the kidneys, and reduction in pathological changes in the blood vessels and heart that result from the presence of angiotensin 2 and aldosterone.
- If the client is already taking a diuretic, stop the medication temporarily for two to three days prior to the start of an ACE inhibitor.
- If a patient experiences a dry cough with this medication notify the provider and discontinue the medication. I'll sell monitor for hyperkalemia. Monitor potassium levels to maintain a normal range, advise clients to avoid the use of salt substitutes containing potassium, and monitor for manifestations of hyperkalemia such as numbness and tingling in the hands and feet.

Subcategory: Parenteral/Intravenous Therapies

Topic: Intravenous Therapy: Priority Response to Infusion Pump Alarms

- Inspect the line to see if there's any kinks or blocks or closed clamps
- Check to make sure the patient's arm is not bent or the insertion site is blocked and IV is patent.
- Check to see if the infusion is complete.

Subcategory: Total Parenteral Nutrition

Topic: Gastrointestinal Therapeutic Procedures: Assessing a Client for Complications of Total Parenteral Nutrition

- Review results of daily laboratory monitoring to ensure that components prescribed in the clients TPN matched the clients needs period.
- Fluid needs are typically replaced with a separate IV bolus to prevent fluid volume excess.
- A pressure change during tubing changes can lead to an air embolism.

Main Category: Reduction of Risk Potential

Subcategory: Diagnostic Tests

Topic: Electrocardiography and Dysrhythmia Monitoring: Analyzing ECG

- Cardiac electrical activity can be monitored by using an electrocardiogram.
- The heart's electrical activity can be monitored by a standard 12 lead EKG, an ambulatory ECG, continuous cardiac monitoring, or by telemetry.
- Cardiac monitoring is used to diagnose dysrhythmias, chamber enlargement, myocardial ischemia, injury, or infarction and to monitor the effects of electrolyte imbalances or medication administration.

Topic: Hyperthyroidism: Assessing a Client for Chvostek's Sign Following a Thyroidectomy

- Graves' disease is the most common cause of hyperthyroidism.
- Nervousness, irritability, hyperactivity, emotional lability, decreased attention span, change in mental or emotional status, insomnia are all expected findings of hyperthyroidism
- One may check for indications of hypocalcemia after a thyroidectomy by looking for extremity tingling, muscle twitching for positive Chvostek's and Trousseau's signs

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Hemodialysis and Peritoneal Dialysis: Manifestations of Peritonitis

- Hemodialysis shunts blood from the body through a dialyzer and back into circulation.
- Hemodialysis is based on manifestations, not the glomerular filtration rate.
- Rapid fluid depletion during dialysis can cause hypertension a nursing action for hypotension is to lower the head of the client's bed.

Subcategory: Laboratory Values

Topic: Acute Respiratory Disorders: Expected Findings for a Client Who Has Pneumonia

- Confusion from hypoxia is the most common manifestation of pneumonia in older clients, and elevated white blood cell count may not always be present with an older adult who has pneumonia
- A sputum culture and sensitivity specimen should be obtained prior to starting antibiotic therapy.
- A chest X-ray will show consolidation of lung tissue.

Topic: Postoperative Nursing Care: Caring for a Client Following an Appendectomy

- Monitor for decreased blood pressure in urinary output, an increased heart and respiratory rate, narrowing of pulse pressure and slow capillary refill for a complication.
- Place the client in a supine position with legs elevated and administer oxygen
- Paralytic ileus can occur due to the absence of GI peristaltic activity caused by abdominal surgery or other physical trauma

Subcategory: Therapeutic Procedures

Topic: Diabetes Mellitus Management: Client Teaching About Foot Care

- inspect feet daily wash feet daily with mild soap and warm water. Test water temperature with the arms or thermometer before washing feet. Do not soak the feet.
- Pat feet dry gently, especially between the toes, and avoid lotions between the toes to decrease excess moisture and prevent infection.
- Consult a podiatrist, avoid open toe open heel shoes, wear clean absorbent socks or stockings that are made of cotton or wool. Do not use hot water bottles or heating pads to warm feet. Wear socks for warmth.

Topic: Hemodialysis and Peritoneal Dialysis: Planning Care for a Client Who Has an Arteriovenous Graft

- To assess the patency of a long term device in AV graft or AV fistula 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.
- Assess vital signs, signs, lab values, fundus, blood creatinine, electrolytes, HT, and weight. Withhold any dialyzable medications and medications that lower blood pressure.

Topic: Legal Responsibilities: Witnessing Informed Consent

- Informed consent is a legal process by which a client or the clients legally appointed designee has given written permission for a procedure or treatment.
- The nurse's role in the informed consent process is to witness the client signature on the informed consent form and to ensure that the provider has obtained the information consent responsibly.
- Individuals who can grant consent for another person include the following: the parent of a minor, legal guardian, court specified representative, an individual who has durable power of attorney authority for healthcare.

Subcategory: System Specific Assessments

Topic: Electrocardiography and Dysrhythmia Monitoring: Medications for Treating Bradycardia

- Brady cardia is any rhythm less than 60 beats a minute. An electrical management would be a pacemaker.
- Medications to treat bradycardia would be atropine, dopamine or epinephrine infusion if unresponsive to atropine.
- An electrical management would be a pacemaker.

Topic: Head Injury: Assessment of Cranial Nerve Function

- Example of cranial nerve functions are eye blink responses, gag reflex, tongue and shoulder movement.
- Manifestation of increased intracranial pressure is cranial nerve dysfunction, alteration and breathing pattern; Cheyenne Stokes respirations central neurogenic hyperventilation.
- Implementing actions that decrease intercranial pressure would be elevate the head to at least 30 degrees to reduce ICP and to promote venous drainage. Avoid extreme flexion, extension, or rotation of the head, and maintain the body in a midline neutral position.

Topic: Ingestion, Digestion, Absorption, and Metabolism: Findings of Malnutrition

- Some manifestations of inadequate nutrition are hair that is dry and brittle or skin that has dry patches, poor wound healing or sores, lack of subcutaneous fat or muscle wasting.
- Manifestations of inadequate nutrition are irregular cardiovascular measurements heart rate and rhythm and blood pressure. Enlarged spleen or liver and general weakness or impaired coordination.
- Under consumption can lead to protein energy malnutrition.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Cancer Treatment Options: Precautions for Client Undergoing Radiation Therapy

- Internal radiation therapy is called brachytherapy.
- Nursing actions for patient undergoing internal radiation therapy: and place the client in a private room keep the door closed as much as possible, place a sign on the door warning of the radiation source, where a dosimeter film badge that records personal amount of radiation exposure, limit visitors to 30 minute visits, and have visitors maintain a distance of six feet from the source.
- Monitor the CBC for possible decreased platelets and white blood cells.

Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Assisting with Placement of a Central Venous Catheter

- Central Ivy catheters our placed so the inn is in the superior vena cava And require surgical removal, insertion location subclavicular vein, jugular vein; Tip in the distal third of the superior vena cava.
- An indication is the administration of blood, long term administration of chemo therapeutic agents, antibiotics and total parenteral nutrition.
- As a nurse you should ensure informed consent has been signed, clean site with chlorhexidine, ensure sterility of equipment, and place a stop sign on the door to the room to restrict entry during this procedure.

Topic: Chest Tube Insertion and Monitoring: Clarifying Provider Prescription

- Titling which is the movement of the fluid level with respiration is expected in the water seal chamber with respirations the fluid will rise with inspiration and will fall with expiration.
- Cessation of titling in the water seal chamber signals lung re expansion or an obstruction within the system continuous bubbling in the water seal chamber indicates an air leak in the system.
- Report excessive drainage greater than 70 milliliters an hour or drainage that is cloudy or red to the provider.

Topic: Hemodialysis and Peritoneal Dialysis: Proper Administration of Peritoneal Dialysis (

- Nursing actions for administration of dialysis is to be sure the patency of the long term device is good. An AV fistula or AV graft you have the presence of a brewery, palpable thrill, distal pulses, and circulation.
- Avoid measuring blood pressure or administering injections, performing venipunctures, or inserting IV catheters on or into an arm with an access site.
- Elevate the extremity following surgical creation of a Navy fistula to reduce swelling you will also assess vital signs, lab values like bun, blood creatinine, electrolytes, HCT and weight.

Topic: Postoperative Nursing Care: Identifying a Gravity Wound Drain

- Absorb drainage tubes for patency and proper function check dressings for excessive drainage and reinforces needed report excess drainage to the surgeon.
- Do not put pillows under the knees or elevate the knee on the bed because it decreases venous return.
- A gravity wound drain is a Penrose drain.

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

- A non rebreather mask delivers the highest O2 concentration possible except for intubation.
- As a nurse you should perform an hourly assessment of the valve and flap on the mask.
- Ensure the client uses a nasal cannula during meals.

Subcategory: Fluid and Electrolyte Imbalances

Topic: Electrolyte Imbalances: Manifestations of Sodium Imbalance

- A person who has sodium deficiency or hyponatremia Could be due to kidney failure or heart failure wound damage, hyperglycemia, excessive sweating, diuretics.
- If the client is hyper bulimic with hyponatremia the pulse quality is usually bounding and the client's blood pressure can be within or above expected reference range. Vital signs of hypo you treat me out with hypovolemia could be manifestations or hypothermia, tachycardia, rapid thready pulse, hypotension, orthostatic hypotension and diminished peripheral pulses.

- Hypernatremia excessive sodium could be due to diarrhea, burns, hypertonic enteral feedings without adequate water supplement or diabetes insipidus with manifestations of thirst tachycardia and orthostatic hypotension muscle twitching that's a weakness decrease or absent deep tendon reflex seizures or a coma.

Subcategory: Medical Emergencies

Topic: Electrocardiography and Dysrhythmia Monitoring: Identifying a Medical Emergency (

- A patient who has afib of unknown duration must receive adequate anticoagulation for four to six weeks prior to cardioversion they must also have held their digoxin for at least 48 hours
- As a nurse you should monitor for manifestations of decreased cardiac output such as hypotension, syncope, increased heart rate along with heart failure dyspnea, productive cough, edema, and venous distension you must also provide medications to increase the output and decrease cardiac workload.
- Dysrhythmias are sinus bradycardia and tachycardia, AV blocks, afib, ventricular assist Kylie, super ventricular tachycardia, ventricular tachycardia and ventricular fibrillation.

Subcategory: Illness management

Topic: Brain Tumors: Pharmacological Treatment of Diabetes Insipidus

- The condition of DI occurs when the hypothalamus has been damaged and can no longer regulate the release of ADH.
- Treatment of TDI consists of massive fluid replacement, and administration of vasopressin.
- Careful attention needs to be paid to laboratory values and replacement of essential nutrients.

Topic: Cancer Treatment Options: Prioritizing Care for a Group of Clients

- Nursing actions would be to monitor temperature, white blood cell count, and ANC.
- Report a fever greater than 100 degrees Fahrenheit to the provider immediately
- If the patient is on neutropenic precautions make sure the client has a private room and the patient stays in the room place a mask on the patient during transport, have client staff and visitors perform frequent hand hygiene restrict visitors who are ill. Advise the client to avoid crowds while undergoing chemotherapy comment take their temperature daily and elevated temperature needs to be reported to the provider avoid food sources that could contain bacteria such as fresh fruits and vegetables undercooked meat fish and eggs and to avoid pepper and paprika. Discard liquid beverages that have been sitting at a room temperature for longer than an hour come out watch a toothbrush daily in a dishwasher or rinse in a bleach solution.

Subcategory: Pathophysiology

Topic: Asthma: Identifying Pathophysiology

- Asthma is a chronic disorder of the Airways that results in intermittent and reversible air flow obstruction of the bronchioles.
- The obstruction occurs either by inflammation or airway hyperresponsiveness.
- Asthma can occur at any age the cause is unknown.

Subcategory: Hemodynamics

Topic: Anemias: Manifestations of Anemia

- Anemia is an abnormally low amount of circulating red blood cells hemoglobin concentration or both. It results in diminished oxygen carrying capacity and delivery to tissues and organs. The goal of treatment is to restore and maintain adequate tissue oxygenation.
- Iron deficiency anemia is due to inadequate intake and the most common cause of anemia in children, adolescence, and pregnant clients.
- Causes of anemia are blood loss, inadequate red blood cell production, increased red blood cell destruction, deficiency of necessary components such as folic acid, iron, erythropoietin, and vitamin B12.

Subcategory: Unexpected Response to Therapies

Topic: Blood and Blood Product Transfusions: Monitoring for Transfusion Reaction

- Acute hemolytic transfusion reactions result from a transfusion of blood products that are incompatible with the client's blood type or RH factor.
- Findings from a hemolytic transfusion reaction would include chills, fever, low back pain, tachycardia, flushing, hypotension, chest tightening or pain, Tachypnea, nausea, anxiety and an impending sense of doom.
- If this occurs you must stop the transfusion immediately avoid infusing further blood products into the circulatory system, initiate an infusion of 0.9% sodium chloride using new tubing monitor vital signs and fluid status and then send the blood bag and administration set to the lab for testing.
- In all cases of a reaction from a blood transfusion you must stop the transfusion immediately.

Main Category: Clinical Judgement

Subcategory: Evaluate Outcomes

Topic: Hemodynamic Shock: Caring for a Client Who Has Hypovolemic Shock

- Hypovolemic shock is when excessive fluid loss Occurs from diuresis vomiting, or diarrhea or blood loss secondary to surgery, trauma, OBGYN causes, burns, and diabetic ketoacidosis.
- You should investigate possible sources of bleeding for example blood in NG drainage or stools, Get a CT scan of the abdomen, and an EGD scope.
- Nursing actions for hypovolemic shock would be to continuously monitor Airways and vital signs comment administration of fluids and medication because a client who is in shock can be hemodynamically unstable, have resuscitation equipment available when transporting clients to and from procedures and be sure to explain all procedures to the client.

Subcategory: Take Actions

Topic: Gastrointestinal Therapeutic Procedures: Caring for Client Who Is Receiving Total Parenteral Nutrition

- Overfeeding can result from infusion of a greater quantity of feeding than can be readily digested, resulting in abdominal distention, nausea, and vomiting.
- As a nurse you should check the residual contents usually every four to six hours and take corrective actions as necessary if there is excess residual volume you should follow protocol for slowing or withholding feedings to correct
- You should also check the pump for proper operation and ensure feeding infused is at a correct rate.