

N431 Adult Health II  
Proctored ATI Remediation Template

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Assessment Name: RN Adult Health Medical Surgical 2019 with NGN

Semester: Spring 2023

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 Sick 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: Referrals

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

- Osteomyelitis is an infection of the bone that begins as an inflammation within the bone secondary to penetration by infectious organisms
- Manifestations include bone pain that is constant, pulsating, localized, and worse with movement, erythema at site of infection, fever, leukocytosis, and possibly elevated ESR
- Treatment involves a long course of 3 months of antibiotics (Iv and oral) and possible surgical debridement

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## Main Category: Safety and Infection Control

### Subcategory: Accident/Error/Injury Prevention

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

- If the patient is going home with halo fixation device on, follow instructions for pin and vest care
- Report indications of infection and skin breakdown to provider if noticed
- Nursing actions for the halo device include: maintaining body alignment, monitoring skin integrity by providing pin care and assessing the skin under the halo fixation vest as appropriate, and not using the halo device to turn or move a client

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## Main Category: Psychosocial Integrity

### Subcategory: Mental Health Concepts

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

- The client should be NPO for at least 6 hours prior to surgery from food and drink
- The nurse should determine if the client is legally capable of providing consent which means they must be free from the influence of alcohol or drugs that affect decision-making ability
- A legal guardian or health care surrogate can sign if the client is not capable of providing consent or if there is no family

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## Main Category: Basic Care and Comfort

### Subcategory: Mobility/Immobility

#### Topic: Mobility and Immobility: Complications of Immobility

- Immobility affects the skin by adding constant, increased pressure onto the skin which can cause skin changes or ischemia that leads to pressure injuries
- Immobility affects respiratory movement which results in decreased oxygenation which affects several body systems including level of consciousness
- Immobility affects elimination by decreasing peristalsis and retaining fluid which causes constipation and urinary stasis

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## Main Category: Pharmacological and Parenteral Therapies

### Subcategory: Medication Administration

#### Topic: Stroke: Administration of Tissue Plasminogen Activator (tPA)

- Ischemic strokes can be reversed with fibrinolytic therapy using alteplase, aka tissue plasminogen activator (TPA)
- TPA must be administered within 3 to 4.5 hours of the initial manifestations to be most effective
- A CT scan will have to prove the evidence of an embolic event to be able to administer the TPA treatment

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### Subcategory: Expected Actions/Outcomes

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

- Valsartan is therapeutically used to treat heart failure and reduce mortality following an acute myocardial infarction
- Valsartan is an angiotensin II receptor blocker (ARB)
- The major difference between an angiotensin II receptor blocker and an ACE inhibitor is that ARBs block the actions of angiotensin II and ACE inhibitors block the formation of angiotensin II

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## Main Category: Reduction of Risk Potential

### Subcategory: Laboratory Values

#### Topic: Electrolyte Imbalances: Increasing the Risk for Digoxin Toxicity

- Monitor clients with low potassium who are also engaged in digoxin therapy
- Hypokalemia increases the risk for digoxin toxicity in clients taking digoxin with low potassium levels
- Digoxin toxicity s/s are: fatigue, muscle weakness, confusion, and loss of appetite

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### Subcategory: Therapeutic Procedures

#### Topic: Gastrointestinal Therapeutic Procedures: Discharge Teaching for a Client Who Has an Ileostomy

- Stool coming from the ileostomy is typically frequent and liquid because the large intestine is bypassed
- Educate patient to empty the ostomy bag when it is one-third to one-half full of drainage
- After an ileostomy, avoid high-fiber foods for the first 2 months after surgery, chew food well, increase fluid intake, and evaluate for evidence of blockage when slowly adding high-fiber foods to the diet

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

- Assess the patency of a long-term AV graft by auscultating for a bruit, palpating a thrill, checking distal pulses, and assessing 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: Legal Responsibilities: Witnessing Informed Consent

- The nurse's role in the informed consent process is to witness the client's informed consent and to ensure the provider has obtained consent responsibly
- 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

### Subcategory: Potential for Alterations in Body Systems

#### Topic: Noninflammatory Bowel Disorders: Findings to Report

- Notify the provider of any unexpected laboratory findings
- Some complication can include dehydration, electrolyte imbalances, metabolic alkalosis, and metabolic acidosis
- Some reportable labs are anything abnormal on the CBC, CMP, BMP, clotting factors, or any other pertinent findings

#### Topic: Peptic Ulcer Disease: Monitoring Nasogastric Output

- Scant blood can be seen in nasogastric tube drainage in the first 12 to 24 hours
- Notify the provider before repositioning or irrigating the nasogastric tube
- Make sure to properly document intake and output for the nasogastric tube by subtracting the administration of saline or other liquids

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**Subcategory: Potential for Complications from Surgical Procedures and Health Alterations**

**Topic: Hemodialysis and Peritoneal Dialysis: Manifestations of Peritonitis**

- Peritoneal dialysis can allow micro-organisms into the peritoneum and cause peritonitis
- S/S of infection are fever, purulent drainage, redness, swelling, cloudy or discolored drained dialysate
- Make sure to maintain surgical asepsis during the procedure to help prevent infection of the dialysis site

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**Main Category: Physiological Adaptation**

**Subcategory: Alterations in Body Systems**

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

- Brachytherapy clients need to be placed in a private room with a sign on the door that warns visitor of the radiation source.
- Keep a lead container in the client’s room if the delivery method could allow spontaneous loss of radioactive material.
- External radiation nursing care involves helping the client with the symptoms such as fatigue and monitor skin for radiation skin injury.

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

- The nurse is responsible for ensuring informed consent has been signed, clean the site with chlorhexidine, ensure sterility of equipment, place a stop signs on the door to limit visitors during preprocedural preparation.
- Post procedure nursing care includes confirming placement of the PICC, assessing the site for signs of infection, clean the port with alcohol for 15 seconds prior to accessing it, using a transparent dressing, and educating the client of proper catheter infection preventions.
- Central IV catheters are inserted using sterile technique by a provider, physician assistant, or specifically trained nurses

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

- Preprocedural care includes assessing dry weight, vital signs, blood electrolytes, blood creatinine, BUN, and blood glucose while determining the client’s ability to self-perform peritoneal dialysis.
- Intraprocedural care includes monitoring vitals signs, monitoring blood glucose, recording input and output, reporting any signs of infections of abnormalities throughout the procedure.
- Postprocedural care includes monitoring weight and blood levels of electrolytes, creatinine, glucose, and urea nitrogen (BUN).

**Subcategory: Fluid and Electrolyte Imbalances**

**Topic: Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Findings to Report**

- Potential complications include electrolyte imbalance, dysrhythmias, fluid overload, hypertension, metabolic acidosis, secondary infection, and uremia.
- Any abnormal or unexpected pain such as abdominal pain, headaches, or enlarge abdominal girth.
- Monitoring lab values for electrolyte imbalances, infection signs and symptoms, arterial blood gases, and uremia are all reportable signs.

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**Subcategory: Medical Emergencies**

**Topic: Musculoskeletal Trauma: Assessing for Compartment Syndrome**

- Compartment syndrome usually affects extremities and occurs when pressure within one or more of the muscle compartments (covered with fascia) compromises circulation, resulting in an ischemia-edema cycle.
- The main signs and symptoms include the five P's: increased pain unrelieved with elevation or by pain medications, paresthesia or numbness, paralysis, pallor of the affected tissue, and pulselessness,
- Palpated muscles are hard and swollen from edema and if untreated can cause tissue necrosis within 4 to 6 hours.

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**Subcategory: Illness Management**

**Topic: Brain Tumors: Pharmacological Treatment of Diabetes Insipidus**

- Diabetes insipidus is a condition where large amounts of urine are excreted as a result of a deficiency of ADH from the posterior pituitary gland.
- This condition occurs when the hypothalamus has been damaged and can no longer regulate the release of ADH.
- Treatment of DI consists of massive fluid replacement, administration of synthetic vasopressin, careful attention to laboratory values, and replacement of essential nutrients as indicated.

**Topic: Cardiovascular and Hematologic Disorders: Dietary Teaching with a Client Who Has Heart Failure**

- Reduce sodium intake to less than 3,000 mg per day for mild-to-moderate heart failure and less than 2,000 mg/day for severe heart failure.
- Monitor fluid intake (possibly restrict to 2L/day) and increase protein to 1.12 g/kg.
- Use small, frequent meals that are soft, easy-to-chew foods.

**Topic: HIV/AIDS: Priority Client Teaching**

- Manifestations occur within 2 to 4 weeks of infection and are similar to those of influenza and can include rash and a sore throat.
- Teach client how the virus is transmitted and ways to prevent infection such as the use of condoms, abstinence, and avoiding sharing needles.
- Encourage the client to maintain up-to-date immunizations, including yearly seasonal influenza and pneumococcal polysaccharide vaccine.

**Subcategory: Pathophysiology**

**Topic: Asthma: Identifying Pathophysiology**

- Asthma is a chronic disorder of the airways that results in the intermittent and reversible airflow obstruction of the bronchioles.

- The obstructions occurs either by inflammation or airway hyperresponsiveness.
- Manifestations of asthma include mucosal edema, bronchoconstriction, and excessive mucus production.

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### **Subcategory: Hemodynamics**

**Topic: Anemias: Manifestations of Anemia**

- Although there are little to no manifestations in mild cases, some common expected finding are pallor, fatigue, irritability, numbness/tingling, dyspnea on exertion, sensitivity to cold, and pain/hypoxia with sickle-cell crisis.
- Tachycardia, palpations, dizziness or syncope, and nail bed deformities are more manifestations.
- The laboratory results generally show a low hematocrit and hemoglobin on the CBC.

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### **Subcategory: Unexpected Response to Therapies**

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

- Acute hemolytic transfusion reaction includes chills, fever, low-back pain, tachycardia. Flushing, hypotension, chest tightening, tachypnea, nausea, anxiety, hemoglobinuria, and an impending sense of doom.
- Febrile transfusion reactions includes chills, increase of 2 degrees F or greater from the pretransfusion temperature, flushing, hypotension, and tachycardia.
- Allergic transfusion reaction includes anaphylactic symptoms such as bronchospasm, laryngeal edema, hypotension, and shock.

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## **Main Category: Clinical Judgement**

### **Subcategory: Take Actions**

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

- Obtain daily laboratory values, including electrolytes since the daily laboratory results.
- Check capillary blood glucose every 4 to 6 hours for at least the first 24 hours.
- Keep dextrose 10% in water at the bedside in case the solution is unexpectedly ruined or the next bag is not available.

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