

N433 Infant, Child, and Adolescent Health
Proctored ATI Remediation Template

Student Name: Gabrielle Doss
Assessment Name: ATI Nursing Care of Children with NGN
Semester: Spring 2023

Instructions:

- Download the report from your ATI product for the assessment you are completing this remediation template for
- The report will be broken down into three (3) aspects:
 - Categories
 - These categories mimic the NCLEX-RN categories and include the following:
 - Management of Care
 - Safety and Infection Control
 - Health Promotion and Maintenance
 - Psychosocial Integrity
 - Basic Care and Comfort
 - Pharmacological and Parenteral Therapies
 - Reduction of Risk Potential
 - Physiological Adaptation
 - Subcategories
 - Topics
 - Complete the template on the following page by doing the following:
 - Main Category
 - Subcategories for each main category
 - Topics for each subcategory → these will be the content areas you will be remediating on
 - Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
 - 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.**
 - In the event you need additional space within the table, please add rows into the table to accommodate this
 - 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"
 - 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 <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.

- 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: Case Management

Topic: Hematologic Disorders: Immunizations for a Client Who has Sickle Cell Anemia

- Give oral prophylactic penicillin to prevent infection.
- Administer pneumococcal conjugate vaccine, meningococcal vaccine, and Haemophilus influenzae type B vaccine.
- Preventing and treating infection is imminent in children with sickle cell anemia.

Subcategory: Legal Rights

Topic: Epidemiology and Communicable Diseases: Nationally Notifiable Sexually Transmitted Infections

- The degree to which an organism is able to cause disease is referred to as the virulence, or degree of communicability.
- Reporting of communicable diseases is mandated by state and local regulations, and state notification to the CDC is voluntary.
- Nationally notifiable diseases include gonorrhea, HIV, hepatitis A, B, and C, and syphilis.

Main Category: Safety and Infection Control

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

Topic: Acute Neurologic Disorders: Indications to Discontinue Droplet Precautions

- Droplet precautions require a private room or a room with clients who have an infection from the same microorganism, ensuring that each client has his or her own designated equipment.
- Providers and visitors should wear a mask.
- Maintain respiratory isolation for a minimum of 24 hours after initiation of antibiotic therapy.

Main Category: Health Promotion and Maintenance

Subcategory: Aging Process

Topic: Psychosocial Issues of Infants, Children, and Adolescents: Planning Care for a Child Who Has Autism Spectrum Disorder

- Assist with behavior modification program: promote positive reinforcement, increase social awareness, teach verbal communication, decrease unacceptable behaviors, set realistic goals, structure opportunities for small successes, and set clear rules.
- Introduce the child to new situations slowly.
- Communicate at an age-appropriate level (brief and concrete).

Subcategory: Developmental Stages and Transitions

Topic: Health Promotion of Toddlers (1 to 3 Years): Reportable Findings

- Anterior fontanels should be closed by 18 months of age. If this has not occurred, the provider should be notified.
- The provider should be notified if the toddler's weight is below or above four times their birth weight.
- If the child's head and chest circumference are not equal by 1 to 2 years of age, the provider should be notified.

Main Category: Psychosocial Integrity

Subcategory: Grief and Loss

Topic: Death and Dying: Age-Appropriate Response to Death

- Infants/toddlers (birth to 3 years) have little to no concept of death. Egocentric thinking prevents their understanding of death. The toddlers mirror parental emotions.
- Preschool children (3 to 6 years) have magical thinking which allows for the belief that thoughts can cause an event (as a result, the child can feel guilt and shame). They may view dying as temporary because of the lack of a concept of time and because the dead person can still have attributes of the living (sleeping, eating, breathing).
- School-age children (6 to 12 years) start to respond to logical or factual explanations. They begin to have an adult concept of death (inevitable, irreversible, universal), which generally applies to older school-age children (9 to 12 years). They experience fear of the disease process, death process, the unknown, and loss of control.

Main Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Hematologic Disorders: Interventions for Sickle Cell Crisis

- Transcranial doppler (TCD) test is used to assess intracranial vascular flow and detect the risk for cerebrovascular accident. It is performed annually on children ages 2 to 16 years who have SCD.
- Promote rest to decrease oxygen consumption.
- Provide intense hydration therapy while maintaining fluid and electrolyte balance. Monitor I&O's, give oral fluids, administer IV fluids with electrolyte replacement, and caution with potassium replacement.

Subcategory: Nutrition and Oral Hydration

Topic: Acute Infectious Gastrointestinal Disorders: Caring for a Child Who Has Rotavirus

- Identification of rotavirus is proven through enzyme immunoassay (stool sample).
- Start replacement fluid with an oral replacement solution of 75 to 90 mEq of sodium/L at 40 to 50 mL/kg over 4 hours.
- Initiate maintenance therapy with oral replacement solution of 40 to 60 mEq of sodium/L and limit to 150 mL/kg/day. Give oral replacement solution alternately with intake of other liquids. Give infants water, breast milk, or lactose-free formula if supplementary fluid is needed. Older children may resume their regular diets for additional intake.

Topic: Complications of Infants: Teaching About Meal Planning for a Toddler Who Has Phenylketonuria

- PKU is an inherited metabolic disorder in which the newborn lacks the enzyme phenylalanine hydroxylase. This enzyme converts phenylalanine, an essential amino acid, into tyrosine. The lack of this enzyme leads to the accumulation of phenylalanine in the newborn's bloodstream and tissues, which causes cognitive impairment.
- Clients must adhere to strict dietary guidelines from 3 months before conception throughout pregnancy. Failure to follow strict dietary guidelines during pregnancy can result in fetal microcephaly, cognitive impairment, and heart defects. Clients who have PKU will have their phenylalanine levels monitored one to two times per week throughout pregnancy.
- All newborns are screened for PKU by blood spot analysis after the newborn has ingested a protein and usually within the first 2 days of birth. Immediate identification and implementing a diet with low phenylalanine significantly decreases the occurrence of cognitive impairment.

Subcategory: Rest and Sleep

Topic: Health Promotion of the Preschoolers (3 to 6 Years): Teaching About Home Interventions for Night Terrors

- Keep a consistent bedtime routine.
- Use a night-light in the room, provide the child with a favorite toy, and leave a drink of water by the bed.
- Reassure preschoolers who are frightened, but avoid allowing the preschoolers to sleep with their parents.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Parenteral/Intravenous Therapies

Topic: Intravenous Therapy: Planning Antibiotic Therapy for an Infant

- Collect all supplies needed prior to starting any care.
- Explain the procedure and use play therapy to comfort toddlers or small children.
- Have the child in a comfortable position before initiating antibiotic therapy.

Subcategory: Pharmacological Pain Management

Topic: Miscellaneous Pain Medications: Preparing to Apply Lidocaine and Prilocaine Cream

- Vasoconstrictors (epinephrine) often are used in combination with local anesthetics to prevent the spread of the local anesthetic.
- Prepare injection site for local anesthetic by cleansing and shaving if indicated.
- Monitor vital signs and level of consciousness. Maintain IV access for administration of emergency medications if necessary. Have equipment ready for resuscitation.

Subcategory: Medication Administration

Topic: Immunizations: Contraindication for Receiving the Measles, Mumps, and Rubella Vaccine

- Contraindications include pregnancy and immunodeficiency.
- Precautions include history of thrombocytopenia or thrombocytopenic purpura, anaphylactic reaction to eggs, gelatin, or neomycin, transfusion with blood product containing antibodies within the prior 3 months, and simultaneous tuberculin skin testing.
- Adverse reactions include rash, fever, swollen glands in cheeks and/or neck, pain at the site of the injection, joint pain and stiffness lasting for days to weeks, febrile seizure, low platelet count, transient thrombocytopenia, deafness, long-term seizures, and brain damage.

Main Category: Reduction of Risk Potential

Subcategory: Changes/Abnormalities in Vital Signs

Topic: Physical Assessment Findings: Identifying Reportable Findings

- The child's provider should be notified if the child's spine shows any dimpling, tufts of hair, and/or curve.
- The infant should have a reactive moro reflex. If the moro reflex is absent, the provider should be notified.
- The infant's toes should fan upward and out when testing the Babinski reflex. If they do not, the provider should be notified.

Subcategory: Laboratory Values

Topic: Diabetes Mellitus: Priority Finding for an Adolescent Who Has Type 1 Diabetes Mellitus

- Hypoglycemia (blood glucose less than 60mg/dL) presenting with hunger, lightheadedness, shakiness, headache, anxiety, irritability, pallor, cool skin, diaphoresis, normal or shallow respirations, tachycardia, palpitations, and decreasing level of consciousness.
- Hyperglycemia (blood glucose greater than 250mg/dL) presenting with thirst, polyuria, oliguria, nausea, vomiting, abdominal pain, dry mucous membranes, confusion, weakness, lethargy, diminished

reflexes, and rapid, deep respirations with acetone/fruity odor due to ketones.

- Monitor vital signs, blood glucose levels, I&O's, weight, skin integrity, dietary practices, and exercise patterns.

Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures

Topic: Oxygen and Inhalation Therapy: Performing Tracheostomy Care

- Assess and monitor oxygenation, ventilation, and vital signs hourly. Thickness, quantity, odor, and color of mucous secretions. The stoma and skin surrounding the stoma for manifestations of inflammation or infection.
- Provide adequate humidification and hydration to thin secretions and decrease the risk of mucus plugging.
- Suctioning only as often as necessary to maintain patency of the tube. Do not suction routinely. This can cause mucosal damage, bleeding, and bronchospasm.

Subcategory: System Specific Assessments

Topic: Pediatric Emergencies: Assessing for Lead Poisoning

- Finger or heel sticks are used to determine lead levels in the blood.
- Pallor and hyperactivity can be signs of lead poisoning in children.
- Signs of increased intracranial pressure can also be signs of lead poisoning (impaired consciousness, bradycardia, etc.)

Main Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Acute Infectious Gastrointestinal Disorders: Expected Findings for Severe Dehydration

- Dehydration is a body fluid disturbance when the output exceeds intake. It results from causes such as fluid losses through the skin, or respiratory, urinary, or GI tract.
- Reports of fatigue, malaise, change in behavior, change in stool pattern, poor appetite, weight loss, and pain.
- Weight loss greater than 10% in infants and children.

Topic: Acute Infectious Gastrointestinal Disorders: Expected Findings of Gastroenteritis

- Reports of fatigue, malaise, change in behavior, change in stool pattern, poor appetite, weight loss, and pain.
- Diarrhea, vomiting, anorexia, abdominal gramps, and intermittent loose, malodorous, pale, greasy stools.
- Sick appearance, fever, fatigue, anorexia, and cramping abdomen followed by watery or bloody diarrhea lasting 5 to 10 days.

Subcategory: Illness Management

Topic: Blood Neoplasms: Identifying Effective Treatment for a Child Who Has Acute Lymphoblastic Leukemia

- Provide emotional support to the child and their family. Encourage peer contact if appropriate.
- Control nausea and vomiting with antiemetics prior to chemotherapy treatment. May be combined with dexamethasone.
- Provide frequent oral and skin care throughout treatment process.

Topic: Communicable Diseases: Varicella Management

- The incubation period for varicella is 2 to 3 weeks (14 to 16 days).
- Communicability is 1 to 2 days before lesions appear and until all lesions have formed crusts.
- Provide calamine lotion for topical relief. Keep the skin clean and dry to prevent secondary infection. Dress the child in lightweight, loose clothing. Give baths in tepid water. Keep the child's fingernails clean and short. Apply mittens if the child scratches. Change linens daily.

Subcategory: Medical Emergencies

Topic: Burns: Findings to Report for a Toddler Who Has a Full-Thickness Burn

- As burns heal, painful sensations return and severity of pain increases. Monitor pain using the proper pain scale.
- Maintain airway and ventilation. Provide humidified 100% supplemental oxygen as prescribed. Monitor vital signs. Maintain cardiac output. Initiate IV access with large-bore catheter. Multiple access points can be necessary.
- Monitor for manifestations of septic shock, and notify the provider of findings (alterations of sensorium, increased capillary refill, spiking fever, mottled or cool extremities, decreased bowel sounds, tachycardia, tachypnea, decreased urine output).

Proctored Assessment Results x LCN Edvance360 x | +

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ati Proctored Assessment: RN Nursing Care of Children 2019 with NGN CLOSE

Individual Performance Profile

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ADJUSTED INDIVIDUAL TOTAL SCORE

63.2%

TIME SPENT

29:23

Individual Name: Gabrielle D Doss
Student Number: DO3119852
Institution: Lakeview CON
Program Type: BSN

Test Completed Date: 4/27/2023
of Points: 68 **Attempt:** 1

Focused Review Progress

View missed topics and launch study materials below.

Last accessed: 5/3/2023 **Time spent:** 03:04:55

PROFICIENCY LEVEL	MEAN		PERCENTILE RANK	
Level 1	National 64.8%	Program 65.7%	National 40	Program 37

Individual Performance in the Major Content Areas

Show all topics to review OFF

Topics to Review	Total	MEAN	MEAN	PERCENTILE RANK	PERCENTILE RANK
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