

N431 Adult Health II
Proctored ATI Remediation Template

Student Name: Elijah Lamb

Assessment Name: RN Adult Medical Surgical 2019

Semester: 3/4

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

- 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

Topic: Health Care Delivery Systems: Providing Assistance to an Older Adult Client

- Increasing access to health care for all individuals and instituting an individual mandate for health insurance
- Preventive health care focuses on educating and equipping clients to reduce and control risk factors
- Restorative health care involves intermediate follow-up care

Subcategory: Referrals

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

- Administer abx as prescribed
- Monitor neurovascular status and skin integrity
- Administer analgesics as needed

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

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

- Maintain body alignment and ensure cervical tong weights hang freely
- Provide skin care and assess the skin under the halo vest
- Do not use the halo device to turn or move a client

Subcategory: Handling Hazardous and Infectious Materials

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

- Clients typically remain in a medical facility until therapy is complete; Clients with seed implants may go home
- Wear a lead apron while providing care
- Tongs should be placed at the bedside

Main Category: Health Promotion and Maintenance

Subcategory: N/A

Topic: N/A

- N/A

Main Category: Psychosocial Integrity

Subcategory: Mental Health Concepts

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

- Ensure that the client understood the information and is competent to give informed consent
- For clients with severe anxiety/panic, reassurance will be necessary
- Alcohol use is a significant risk factor for surgical complications

Main Category: Basic Care and Comfort

Subcategory: Elimination

Topic: Disorders of the Eye: Priority Action for Eye Irrigation

- Traumatic: Blunt or penetrating injury or foreign body in the eye, exposure to radiation or ultraviolet light
- Educate clients to wear protective eyewear while playing sports and performing hazardous activities, such as welding and yard work
- Assess for decreased visual acuity, blurred vision, diplopia

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

- Assess for redness, swelling, drainage, tenderness, and condition of the dressing
- Advise the client not to immerse the arm in water; shower while covering the dressing site
- Use a 10 mL syringe

Subcategory: Total Parenteral Nutrition

Topic: Gastrointestinal Therapeutic Procedures: Findings to Report for Client Who Is Receiving Total Parenteral Nutrition

- S/s of hypovolemia (tachycardia, hypotension, pallor, diaphoresis, dizziness)
- S/s of air embolism (sudden dyspnea, chest pain, anxiety, hypoxia)
- S/s of systemic infection (fever, increased WBC, chills, malaise)

Main Category: Reduction of Risk Potential

Subcategory: Diagnostic Tests

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

- Sign of hypocalcemia r/t parathyroid damage intraoperatively; tetany in the face
- Keep calcium gluconate at bedside
- Other signs of hypocalcemia to monitor with positive Chvostek's sign: tingling in digits, carpopedal spasms, and convulsions

Subcategory: Laboratory Values

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

- CBC: WBC, Hgb, Hct
- CMP/BMP: Electrolytes, BUN, creatinine
- Other: ABG, Glucose, PT, INR

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

Topic: Arthroplasty: Postoperative Care for Total Hip Arthroplasty

- Total hip arthroplasty: Replacing acetabular cup, femoral head, and femoral stem
- Extensive physical therapy is required to regain mobility; D/c to home or acute rehab
- Monitor for complications such as incisional infection, DVT, PE, and bleeding

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Hemodialysis and Peritoneal Dialysis: Manifestations of Peritonitis

- Infection: Fever, purulent drainage, redness, swelling, cloudy/discolored drained dialysate
- Infection at the access site d/t leakage of dialysate → Peritonitis
- Advanced age is a risk factor r/t chronic illness and fragile veins

Subcategory: Systemic Specific Assessments

Topic: Electrocardiography and Dysrhythmia Monitoring: Medications for Treating Bradycardia

- Treat if the client is <60 bpm AND symptomatic
- Primary treatment: Atropine
- If unresponsive to atropine, dopamine or epinephrine is used instead

Subcategory: Therapeutic Procedures

Topic: Legal Responsibilities: Witnessing Informed Consent

- Informed consent: Client understands need for tx, knows the benefits and risks, and is aware of other options of tx (including cessation/refusal of tx)
- Nurse's role is to witness the consent after ensuring the provider has provided enough information in a responsible manner
- Signature: Patient, parent of minor, legal guardian, court-specified representative, durable POA, emancipated minor; Allow adolescents to also sign the consent as an "assent"

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

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

- External beam radiation therapy does not cause the client to become radioactive
- Internal radiation causes body fluids to become radioactive → Should be disposed of properly

- Limit visitors to 30-min visits, have visitors maintain a distance of 6 feet

Topic: Chest Tube Insertion and Monitoring: Clarifying Provider Prescription

- Only strip the tube when prescribed
- Keep the drainage system below the client's chest, including during ambulation
- Ensure the direction to clamp the tube is appropriate, as this should rarely be done

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

- Obtain pre-procedure weight, VS, electrolytes, creatinine, BUN, and glucose
- Monitor for findings of infection (Fever; bloody, cloudy, or frothy dialysate; drainage at access site)
- Reposition the client as needed if inflow/outflow slows

Topic: Hyperthyroidism: Priority Finding Following Partial Thyroidectomy

- Support the neck when performing deep breathing/cough exercises
- Respiratory distress can occur from compression of trachea due to hemorrhage
- Check for laryngeal nerve damage by asking the client to speak as soon as waking up and Q2H

Subcategory: Hemodynamics

Topic: Anemias: Manifestations of Anemia

- Pallor; Fatigue, somnolence, headache; Irritability; Numbness/tingling of extremities; Dyspnea; Cold sensitivity
- Tachycardia, palpitations
- Dizziness or syncope upon standing or with exertion

Subcategory: Illness Management

Topic: Brain Tumors: Pharmacological Treatment of Diabetes Insipidus

- Massive fluid replacement
- Administration of synthetic vasopressin
- Careful attention to lab values → replacement of nutrients as needed

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

- Reduce sodium to <3000 mg per day for mild-to-moderate HF; <2000 mg per day for severe HF; Monitor fluid intake (possibly restrict to 2 L/day)
- Increase protein to intake to 1.12 g/kg
- Use small, frequent meals that are soft, easy-to-chew foods

Subcategory: Medical Emergencies

Topic: Musculoskeletal Trauma: Assessing for Compartment Syndrome

- Increase edema → Nerve compression → Pain, compromised neurovascular status
- Five Ps: Pain, Paralysis, Paresthesia, Pallor, Pulselessness
- Notify the provider if suspected

Subcategory: Pathophysiology

Topic: Asthma: Identifying Pathophysiology

- Intermittent and reversible airflow obstruction of the bronchioles
- Occurs as a result of inflammation or airway hyperresponsiveness
- Manifests as mucosal edema, bronchoconstriction, and excessive mucus production