

**N431 Adult Health II  
Proctored ATI Remediation Template**

**Student Name: Dakota Clayton**

**Assessment Name: RN Adult Medical Surgical 2019**

**Semester: Summer 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: Advocacy

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

- Older adult clients over the age of 65 may need assistance navigating publicly-funded health insurance programs including Medicare and Medicaid
- Medicare is publicly-funded health insurance for individuals over 65 years old, and other eligible patients.
- Medicare has 4 parts, each with different benefits: part A, B, C, and D.

### Subcategory: Referrals

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

- Osteomyelitis is characterized as an infection of the bone following trauma or surgical repair.
- Referring the patient for diagnostic imaging by help facilitate a osteomyelitis diagnosis.
- Osteomyelitis is treated with IV or oral antibiotics.

## Main Category: Safety and Infection Control

### Subcategory: Accident/Error/Injury Prevention

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

- Halo devices are used to provide traction to and/or immobilize the spinal column.
- The halo device should not be used to turn or move a patient.
- The nurse should frequently assess the skin under and around the halo device.

### Subcategory: Handling Hazardous and Infectious Materials

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

- Brachytherapy is internal radiation therapy for patients with cancer.
- Patients undergoing brachytherapy should be in a private room.
- Healthcare professionals should wear lead aprons when providing care to brachytherapy patients.

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

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

- Stool samples are useful tests for determining the cause of gastroenteritis.
- Providers may also order occult blood tests for patients with gastroenteritis if there is a suspected GI bleed.
- Stool and occult blood tests should be sent to the laboratory promptly after collection.

#### Topic: Medical and Surgical Asepsis: Maintaining Sterile Field

- When working in a sterile field, the nurse should refrain from coughing, sneezing, or talking directly over the field.
- The nurse should maintain sterile items within 1-inch of the outer edge of sterile packaging.
- Sterile objects should be held above the waist and below the chest.

## Main Category: Psychosocial Integrity

### Subcategory: Support Systems

#### Topic: Alzheimer's Disease: Providing a Family with Home-Care Instructions

- There are various Alzheimer's related home care resources, including community and respite care.
- The home of Alzheimer's patients should be well-lit, especially near and on stairs.
- Safety handrails should be installed on stairs, at the bedside, and in the shower to assist Alzheimer's patients.

## Main Category: Basic Care and Comfort

### **Subcategory: Elimination**

#### **Topic: Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostatitis: Preventing Complications Following a Transurethral Resection of the Prostate**

- A transurethral resection of the prostate (TURP) is the most common surgical procedure for BPH.
- Continuous bladder irrigation is commonly used after the TURP procedure.
- If the irrigation catheter becomes obstructed, the nurse should stop the continuous irrigation and irrigate with a 50 ml large piston syringe.

### **Subcategory: Mobility/Immobility**

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

- One potentially fatal complication of immobility is the development of a deep-vein thrombosis.
- There are various cardiovascular complications of immobility, including decreased cardiac output and increased oxygen requirement.
- Immobility can also contribute to decreased intestinal peristalsis and constipation.

#### **Topic: Postoperative Nursing Care: Preventing Complications**

- Maintaining and protecting the airway of a postoperative patient is always a top priority.
- Vital signs should be measured frequently post-op (Q15min) and significant changes from baseline should be reported to the provider.
- When repositioning clients, pillows should not be placed under the knees.

## **Main Category: Pharmacological and Parenteral Therapies**

### **Subcategory: Medication Administration**

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

- Tissue plasminogen activator (tPA) is a fibrinolytic therapy.
- TPA is useful in reversing the effects of ischemic strokes.
- TPA should be given within 3 – 4.5 hours of initial stroke manifestations for maximum effectiveness.

### **Subcategory: Parenteral/Intravenous Therapies**

#### **Topic: Intravenous Therapy: Priority Response to Infusion Pump Alarms**

- Infusion pumps should always be used to delivery medications with the potential for serious adverse reactions.
- Nurses should respond to infusion pump alarms promptly and assess issues from most to least invasive interventions.
- Prior to beginning infusions, the nurse should confirm the IV is patent and lines are unkinked to prevent infusion pump complications.

### **Subcategory: Total Parenteral Nutrition**

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

- Hyperglycemia and hypoglycemia are common complications related to total parenteral nutrition (TPN).
- A patient received TPN should have daily labs drawn to ensure that the TPN infusion is meeting the client's nutritional needs.
- The nurse should frequently assess IV lines receiving TPN infusion for signs of infection.

## **Main Category: Reduction of Risk Potential**

### **Subcategory: Potential for Alterations in Body Systems**

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

- Scant blood is common for patients with peptic ulcer disease (PUD) with an nasogastric (NG) tube placed.
- Large amounts of bright red NG tube drainage is a sign of a serious gastric bleed and should be reported.
- Continued drainage of coffee-ground colored drainage indicates a GI bleed and should be reported promptly.

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

#### **Topic: Arthroplasty: Postoperative Care for Total Hip Arthroplasty**

- Patients who are postoperative following a total hip arthroplasty (THA) should ambulate with assistance as early as possible.
- Applying ice to the surgical site after ambulation is a useful nonpharmacological pain management intervention.
- The surgical incision should be monitored frequently for signs of increased bleeding or infection.

### **Subcategory: Potential for Complications From Surgical Procedures and Health Alterations**

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

- Peritonitis is an adverse effect of peritoneal dialysis, and is characterized as an infection of the peritoneum.
- Cloudy effluent is the earliest indication of peritonitis.
- Other signs of peritonitis include fever and abdominal pain.

### **Subcategory: Therapeutic Procedures**

#### **Topic: Diabetes Mellitus Management: Client Teaching About Foot Care**

- Individuals with diabetes mellitus (DM) should be instructed to inspect their feet daily.
- Individuals with DM should be instructed to not soak their feet.
- Using lotion between the toes should be avoided for clients with DM.

## **Main Category: Physiological Adaptation**

### **Subcategory: Alterations in Body Systems**

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

- Fatigue is a common side effect of radiation therapy, and rest periods and energy-saving measures should be used to protect client's safety.
- Individuals undergoing radiation should be placed in a private room.
- Patient's receiving internal radiation therapy should limit personal visits to 30 minutes.

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

- After placement, the central IV catheter placement should be confirmed with x-ray imaging prior to use.
- Prior to placement, the IV site should be cleansed with chlorhexidine.
- Sterile technique should be used when assisting with central IV placement.

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

- Peritoneal dialysis should be administered using sterile technique.
- Prior to administration, the dialysate should be warmed.
- The dialysis outflow bag should be placed lower than the patient's abdomen to drain by gravity.

#### **Topic: Hyperthyroidism: Priority Finding Following Partial Thyroidectomy**

- Patient's post-thyroidectomy should have their neck supported when coughing or performing breathing exercises.
- Hemorrhage and respiratory distress require immediate intervention.
- The patient should speak after waking from anesthesia to assess for laryngeal nerve damage.

#### **Topic: Respiratory Diagnostic Procedures: Preparing a Client for a Thoracentesis**

- Prior to the thoracentesis, it is important to educate the client on the need to remain still during the procedure.
- The patient should be positioned upright with arms and shoulders supported by pillows or a bedside table.
- Older adult clients may need assistance maintaining proper positioning for the thoracentesis.