

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

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Assessment Name: N431 Adult Health II Remediation

Semester: 3rd 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: Case Management/Establishing Priorities

Topic: Alzheimer's Disease: Interventions for a Client Who Has Dementia

- The nurse of the patient who has dementia should be assigned consistently to care for them.
- The nurse should re-orient the patient to their surroundings, such as time, person, and place.
- The nurse should not give false hope to the patient to get them to believe something that isn't true.

Topic: Multiple Sclerosis: Priority Action for a Client During an Initial Visit

- Determine the patient's need for walking devices.
- The nurse should be aware of the level of fatigue the patient is experiencing.
- The nurse should allow the patient to participate in as much self care as they can.

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Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention/ Handling Hazardous and Infectious Materials

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

- The patient should not use lotions or powders on their skin under the brace.
- The patient should take sponge baths and keep their vest dry.
- The patient should use a sprayer to wet and rinse their hair.

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

- The patient should be assigned to a private room.
- The patient should have notices on their room door about receiving radiation and radiation safety.
- Nursing staff that is pregnant should not be assigned to the patient receiving therapy.

Topic: Pharmacokinetics and Routes of Administration: Teaching About Proper Needle Disposal

- The nurse should teach the patient to not throw the needle in a trash can, the needle can puncture the plastic.
- The nurse should teach the patient to use rubbing alcohol or hand sanitizer if an accidental needle stick occurs.
- The nurse should teach the patient to invest in and use a safe sharps disposal.

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

Topic: Tuberculosis: Teaching About Infection Control at Home

- The nurse should teach the patient to cover their mouth and nose when they cough or sneeze.
- The nurse should teach the patient to spend short amounts of time in the bathroom and kitchen where other people use and to sanitize after using those areas.
- The nurse should teach the patient to use a fan or open windows in their home to help move the air around.

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Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

Topic: HIV/AIDS: Collecting Data From a Client Who Has Toxoplasmosis

- The nurse should educate the patient on avoiding cat litter.
- The nurse should educate the patient on antiretrovirals regimen.
- The nurse should assess the patient for skin breakdown and maintain fluids and nutrition.

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Main Category: Psychosocial Integrity

Subcategory: Coping Mechanisms

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

- The nurse should provide open communication and a judgment free environment.
- The nurse should allow the patient to engage in activities of self-care.
- The nurse should educate the patient on support groups in the area to reduce loneliness and isolation.

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Main Category: Basic Care and Comfort

Subcategory: Mobility/Immobility/ Non-Pharmacological Comfort Interventions

Topic: Stroke: Caring for a Client Who Has Left-Sided Hemiplegia

- The nurse's main priority when caring for the patient is safety.
- The nurse should assist the patient in ambulating using a gait belt and being on their weaker side.
- The nurse should provide a judgmental free environment and allow the patient to express their feelings.

Topic: Pain Management: Use of Nonpharmacological Methods of Pain Relief

- The nurse should encourage the patient to use a tablet, television, etc. for distraction.
- The nurse should educate the patient on different relaxation techniques such as guided imagery.
- The nurse can encourage the patient to use music therapy.

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Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Electrolyte Imbalances: Manifestations of Hypokalemia

- The patient may experience low blood pressure (hypotension).
- The patient may experience lightheadedness or faintness.
- The patient may experience arrhythmias.

Topic: Heart Failure and Pulmonary Edema: Contraindication for Receiving Furosemide

- The patient should not use furosemide if they are experiencing anuria.
- The patient should not use furosemide if they have low blood pressure (hypotension).
- The patient should not use furosemide if they have liver disease.

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Subcategory: Blood and Blood Products

Topic: Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion

- The nurse should verify the blood bag with another registered nurse.
- The nurse should obtain baseline vital signs before starting the blood transfusion.
- The nurse should obtain an 18-gauge needle to administer the blood.

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Subcategory: Medication Administration

Topic: Angina and Myocardial Infarction: Client Teaching About Medications

- The patient can use beta blockers to treat stable angina.
- The patient can use calcium channel blockers to treat stable angina.
- The patient can use aspirin when experiencing a myocardial infarction.

Topic: Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin

- The patient should not eat, drink, smoke, or use tobacco when nitroglycerin tablet is dissolving.
- The patient should not chew, crush, or swallow the nitroglycerin tablet.
- If the patient has used the nitroglycerin tablet 3 times with 5 minutes between each use and pain is not relieved, call 911.

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Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Chronic Obstructive Pulmonary Disease: Expected ABG Results

- The patient will have an oxygen saturation of 88% or lower as a baseline.
- The patient will have low pH level, usually lower than 7.35.
- The patient will have a high PaCO₂.

Topic: Pancreatitis: Expected Laboratory Findings

- The patient will have an elevated lipase level.
- The patient will have an elevated amylase level.
- The patient will have an elevated AST/ALT if the patient has gallstones.

Topic: Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Laboratory Findings

- The patient will have an increased serum creatinine level.
- The patient will have an increased blood urea nitrogen.
- The patient will have proteinuria or abnormal red or white blood cells in urine.

Subcategory: Potential for Alterations in Body Systems/Therapeutic Procedures

Topic: Head Injury: Monitoring Neurological Status

- The nurse should evaluate the patient using the Glasgow Coma scale.
- The nurse should assess the patient's cranial nerves.
- The nurse should assess reflexes and perform a sensory examination.

Topic: Sensory Perception: Performing Ear Irrigation (Active Learning Template)

- The nurse should place the syringe in the ear and insert it up so that it goes towards the back of the ear.
- The nurse should gently press the syringe to allow water to enter the ear.
- If the patient feels pain or pressure the nurse should stop irrigating the ear.

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

Topic: Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Nursing Interventions to Prevent Acute Kidney Injury

- The nurse should monitor the patient's fluid and electrolyte imbalances.
- The nurse should monitor the patient's intake and output.
- The nurse should monitor the patient's cardiac output.

Topic: Postoperative Nursing Care: Assessment of Postoperative Dressing

- Assess the epithelial tissue to see if it appears pink or pearly white and wrinkles when it is touched.
- Assess the wound for necrotic tissue to see if there if wound healing is delayed.
- Assess the wound for purulent drainage to see if an infection is occurring.

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Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Airway Management: Evaluating Client Understanding of Tracheostomy Care

- The nurse should provide tracheostomy care every 8 hours to reduce the risk of infection.
- The nurse should replace tracheostomy ties if wet or soiled.
- The nurse should provide adequate humidification and hydration to thin secretions and reduce the risk of mucous plugs.

Topic: Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis

- The patient should be recommended to get all shots to protect themselves.
- The patient should take antibiotics as prescribed.
- The patient should tell sex partners that they have syphilis.

Topic: Postoperative Nursing Care: Priority Findings Following General Anesthesia

- The nurse should maintain ventilation and circulation.
- The nurse should monitor oxygenation and level of consciousness.
- The nurse should perform a neurological assessment on the patient.

Subcategory: Fluid and Electrolyte Imbalances/ Pathophysiology/ Unexpected Response to Therapies

Topic: Pituitary Disorders: Findings of Diabetes Insipidus

- The patient will experience extreme thirst.
- The patient will experience peeing more than 3 liters a day.
- The patient will experience an abnormal increase in their appetite.

Topic: Heart Failure and Pulmonary Edema: Recognizing Manifestations of Left-Sided Heart Failure

- The patient may experience weight gain with swelling in the lower extremities.
- The patient may experience shortness of breath.
- The patient may experience chronic coughing or wheezing.

Topic: Hemodialysis and Peritoneal Dialysis: Assessment of an Arteriovenous Fistula

- The nurse will assess for a strong pulse which indicates obstruction of blood flow.
- The nurse may have to have a duplex ultrasound completed.
- The nurse will be able to visualize a purplish, bulging vein seen through the skin of the patient.

Subcategory: Hemodynamics

Topic: Hemodynamic Shock: Client Positioning

- The patient should be positioned with their back flat.
- The patient should be positioned with their legs raised to a 45-degree angle.
- The patient should only be kept supine if they have a serious pelvis, neck, or spine injury.

Topic: Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postoperative Complications

- The patient may experience tricuspid regurgitation.
- The patient may experience arrhythmias.
- The patient may experience a lead fracture.

Topic: Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease

- The patient may experience fingers turning pale then blue.
- The patients may experience hands being swollen or painful when warm.
- The patient may experience vasospastic episodes in fingers and toes.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

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

- The patient should have an improvement in oxygenation.
- The patient should have a recruitment of lung units.
- The patient should have an improvement in alveolar volume.

Topic: Tuberculosis: Providing Discharge Teaching

- The nurse should educate the patient on the length of the therapy.

- The nurse should educate the importance for follow-up visits.
- The nurse should educate the consequences about untreated tuberculosis.
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Subcategory: Illness Management/ Medical Emergencies

Topic: Respiratory Management and Mechanical Ventilation: Interventions for Mechanical Ventilation

- The nurse should maintain a patent airway.
- The nurse should assess oxygen saturation and bilateral breath sounds.
- The nurse should check vital signs frequently.

Topic: Respiratory Management and Mechanical Ventilation: Priority Finding Following Extubation

- The nurse should check oxygenation levels.
- The nurse should provide continuous respiratory assessments.
- The nurse should ensure adequate secretion management.

Topic: Emergency Nursing Principles and Management: Priority Action for Abdominal Trauma

- The patient should have the wound covered with a clean bandage soaked in warm water.
- Do not touch the patients intestines or any insides if they are visible.
- The patient should remain NPO until the situation is controlled.

Subcategory: Medical Emergencies

Topic: Hemodynamic Shock: Priority Intervention for Hypovolemic Shock

- The nurse should maintain adequate circulating blood volume.
- The nurse should insert a large bore IV catheter.
- The nurse should give a blood transfusion to increase blood volume.

Topic: Intravenous Therapy: Priority Action for Central Venous Access Device Complication

- The patient should be placed on 100% high flow oxygen if experiencing an air embolism.
- The patient should be placed on their left side in Trendelenburgs if experiencing an air embolism.
- CPR should be given to the patient if it is necessary.

Topic: Pulmonary Embolism: Planning Interventions

- The nurse should prevent venous stasis through ambulation.
- The nurse should manage oxygen therapy.
- The nurse should monitor thrombolytic and anticoagulant therapy.