

N443 Leadership and Management  
Proctored ATI Remediation Template

Student Name: Emily Melecosky  
Assessment Name: **RN Leadership 2019**  
Semester: Fall 2023

**Main Category: Management of Care**

**Subcategory: Assignment, Delegation and Supervision**

**Topic: Managing Client Care: Appropriate Assignment During Orientation**

- New Nurses should only be assigned patients that they are competent and knowledgeable about caring for
- New nurse's skills and competence should be observed and approved by an experienced RN
- New nurses have coaches who establish a collaborative relationship to help a new nurse establish specific individual goals. This relationship is often task-related and typically time-limited.

**Topic: Managing Client Care: Delegating Tasks to Assistive Personnel**

- Tasks that can be delegated to an AP
  - ADLs
  - Specimen collection
  - Intake & output
  - VS (on stable clients)
- A nurse should consider the five rights of delegation prior to delegating to an AP
  - Right task (what tasks should be delegated)
  - Right circumstance (under what circumstance)
  - Right person (to whom – if it is appropriate for AP to do)
  - Right direction/communication (what information should be communicated)
  - Right supervision/evaluation (how to supervise/evaluate)
- I nurse should determine the level of competence that the AP has regarding a task that is being delegated

**Topic: Managing Client Care: Priority Intervention for Incorrect Transfer Technique**

- The nurse leader has the responsibility in maintaining competent staff who provide safe care
- steps for education:
  - identify the need for knowledge and skill proficiency
  - develop learning needs
  - plan to address learning needs
  - implement teaching
  - evaluate learning
- The goal of staff education is to ensure that the staff members have and maintain the most current knowledge and skills necessary to meet the needs of the clients

**Topic: Managing Client Care: Priority Interventions**

- Prioritize systemic over local ("life over limb")
- Prioritize acute before chronic
- Prioritize actual problems before potential future problems
- Apply clinical knowledge to procedural standards to determine the priority action

**Subcategory: Client Rights**

**Topic: Professional Responsibilities: Inappropriate Use of Restraints**

- A patient should not be given a sedative unless absolutely necessary – The least forceful means necessary
- You need a prescription for restraints and do rounds and skin assessments according to policy

- Restraints include actual restrains, locking wheelchairs, and lap trays

**Topic: Professional Responsibilities: Responding to a Client's Family Regarding Treatment**

- You cannot tell a patient's family about their condition unless given permission – Breaking HIPPA
- If the family is on the list to receive immediate information about the client's treatment and conditions, they can receive information
- If the family/ other people are not on the list to receive information, they need to ask the patient about any information

**Topic: Professional Responsibilities: Teaching About Client Rights**

- The client has a right to refuse medication
- The client has a right to leave AMA, but the nurse should notify the patient about the risks if they leave.
- Each client has a right to be informed about all aspects of care and take an active role in the decision-making process
- Each client has a right to accept, refuse, or request a modification to the plan
- Each client has a right to receive care that is delivered by competent individuals who treat the client with respect

**Subcategory: Collaboration with Interdisciplinary Team**

**Topic: Assessment of Fetal Well-Being: Interdisciplinary Care Conference**

- The nonstress test (NST) is a noninvasive antepartum evaluation of fetal well-being
- Fetal movement and fetal HR acceleration correlate w/ adequate oxygen
- A normal NST includes a “reactive NST,” and an abnormal NST includes negative NST

**Subcategory: Concepts of Management**

**Topic: Coordinating Client Care: Roles and Responsibilities of the Interdisciplinary Team**

- Interdisciplinary conferences are scheduled when a patient is having trouble doing things like physical therapy or needs medication and they are not taking them
- Interdisciplinary team members include doctors, nurses, pharmacists, case managers, dieticians, rehab therapists, and social workers
- Review care with other members of the interdisciplinary team to ensure continuity

**Subcategory: Establishing Priorities**

**Topic: Managing Client Care: Prioritizing Care for Four Clients**

- Focus on life over limb – most critical patients first
- Airway is always the highest priority, and the nurse would attend to the client who has been experiencing airway problems first
- Prioritize by ABC method (airway, breathing, and circulation)

**Subcategory: Ethical Practice**

**Topic: Professional Responsibilities: Evaluating the Need for Further Staff Education**

- Nurse's involvement in the orientation, socialization, education, and training of fellow health care workers to ensure the competence of all staff and to help them meet standards set forth by the facility and accrediting bodies
- The process of staff education is also referred to as staff development. The quality of client care provided is directly r/t the education competency of health care providers
- The nurse leaders have a responsibility to maintain competence. Nurse leaders work with a unique, diverse workforce. The nurse should recognize the healthcare team's diversity.

**Topic: Professional Responsibilities: Making Decisions for End-of-Life Care**

- Advance directives communicate a client's wishes regarding end-of-life care should the client become unable to do so
- A durable power of attorney for health care, as an adjunct to a living will, can be a more effective way of ensuring that the client's decisions about health care are honored
- Recognize that the client's choice takes priority when there is a conflict between the client and family, or between the client and the provider

**Subcategory: Referrals**

**Topic: Coordinating Client Care: Assessing Potential Need for Referral**

- Provide written and verbal reports including:
  - Dx
  - Health status
  - Plan of care when transferring the pt.
- The nurse's responsibility as a care coordinator is creating referrals and assessing need for community resources.
- Referrals can involve collaborating with other healthcare professionals to make sure all patient's needs are met

**Subcategory: Information Technology****Topic: Coordinating Client Care: Objectives of Telehealth**

- Involves using electronic methods of communication
- Allows providers to thoroughly collaborate to come to quality outcomes for patients
- Telehealth creates a wider range of providers and creates better accessibility for all patients

**Topic: Professional Responsibilities: Resources for Client Information**

- Patient information can be found in the EMR
- Patients can have access to their own information medical information (EHR)
- Client information is shared only amongst the healthcare professionals that absolutely need it & each patient has a randomized number to identify their EHR so they cannot be easily accessed by unwanted people.

**Subcategory: Continuity of Care****Topic: Coordinating Client Care: Change-of-Shift Report**

- The nurse should include information on the client's current health status.
- The nurse should supply the oncoming nurse with the pertinent client care information.
- The nurse should provide information that clarifies the plan of care for the patient
- CNAs and Techs should not get medical information (glucose readings, conditions, etc) from other CNAs and Techs, but from the nurse

**Main Category: Safety and Infection Control****Subcategory: Accident/Error/Injury Prevention****Topic: Maintaining a Safe Environment: Preventing Falls**

- Use Morse Fall Scale or scoring according to company policy to assess patients to identify fall risk
- Use preventative measures to decrease the chance of falls:
  - Setting bed alarms
  - Placing personal belongings within reach
  - Placing the patient close to the nursing station
  - DO NOT put up all 4-bed rails
- RF that increases fall risk:
  - Old age
  - Medication with sedative effects/ anticholinergic medication
  - Weakness
  - Urinary frequency

- o Orthopedic problems
- o Neurological conditions

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

#### **Topic: Infection Control: Caring for a Client Who Requires Droplet Precautions**

- Diseases that require droplet precautions include pertussis, influenza, meningitis, and pneumonia (PIMP)
- Droplet precautions and PPE clean hands, mask, and eye protection
- Make sure there is an isolation precaution and droplet precaution sign outside of the patient's room

### **Subcategory: Security Plan**

#### **Topic: Facility Protocols: Caring for a Client Who Has Been Exposed to Anthrax**

- Inhaled anthrax signs and symptoms
  - o Fever
  - o Cough
  - o Dyspnea
  - o Muscle aches
  - o Chest pain
  - o Shock
- Cutaneous anthrax sign and symptoms
  - o Itchy lesions that become necrotic
  - o Fevers
  - o Chills
- Preventative and tx:
  - o Preventative: Vaccine
  - o Tx: Antibiotics
    - Ciprofloxacin
    - Doxycycline
    - Penicillin
    - Anthrax anti-toxin (IV or PO)