

ATI Remediation

1. Management of care
 - a. Collaboration with multidisciplinary team (wounds):
 - i. Wounds impair skin integrity.
 - ii. Wounds heal by various processes and in stages.
 - iii. Principles of wound care include assessment, cleansing, and protection.
 - b. Concepts of management (therapeutic communication):
 - i. Interpersonal communication is communication between two people and is the most common form in nursing.
 - ii. Faculty communication among members of the health care team can have a negative effect on the work environment and client outcomes.
 - iii. Incivility, bullying, and lateral violence (abusive words or actions of peers) are examples of bad professional communication.
2. Safety and Infection control
 - a. Nursing process
 - i. Cyclical, critical thinking process that has five steps to follow in a systematic way to achieve optimal client outcomes.
 - ii. Nursing process uses critical thinking to make nursing judgements based on reason.
 - iii. When a clients ordered prescription is missed, evaluate the client and notify the provider of findings.
 - b. Client safety
 - i. Safety is freedom from injury.
 - ii. When a patient is beginning to fall, slowly lower them to the ground to prevent long term injury.
 - iii. Always complete fall risk on patient.
 - c. Home safety
 - i. Risk factors for falls include physical, cognitive, and sensory changes.
 - ii. Changes in musculoskeletal and neurological systems.
 - iii. Impaired vision or hearing.
 - iv. Frequent urination at night.
 - d. Client safety with restraints
 - i. Must have prescription for restraints.
 - ii. Must include reason, type, location, how long, and type of behavior that warranted the restraints.
 - iii. No PRN prescriptions for restraints.
3. Health Promotion and Maintenance
 - a. Thorax, heart, and abdomen
 - i. Abdomen assessment includes observing shape, palpating for mass, and auscultation for vascular sounds.
 - ii. The techniques for abdomen assessment are in the following order: inspection, auscultation, percussion, palpation.
 - iii. Equipment for abdomen assessment includes stethoscope, tape measure/ruler, marking pen.

- b. Coping (ego-defense)
 - i. Ego defense mechanisms assist a person during a stressful situation or crisis by regulating emotional distress.
 - ii. Encourage clients to describe coping skills used effectively in the past.
 - iii. Identify available community sources.
 - c. Health promotion and disease prevention (colorectal cancer)
 - i. Colorectal screening every year between ages 45 and 75 for high sensitivity fecal occult blood testing.
 - ii. Or sigmoidoscopy every 5 years.
 - iii. Colonoscopy every 10 years who are not at increased risk.
 - d. Older adults reducing risk of osteoporosis
 - i. Increase intake of vitamin D and calcium.
 - ii. Promote physical activity.
 - iii. Reduce fall risks.
4. Physiological Adaptation
- a. Fluid and electrolyte imbalances (hypocalcemia)
 - i. Positive chevesteks sign.
 - ii. Muscle twitching and sensations.
 - iii. Related to hypomagnesemia.
 - b. Adverse effects, interactions, and contraindications
 - i. Adverse effects are unexpected reactions such as an allergic reaction.
 - ii. Administer diphenhydramine to treat mild rash/hives.
 - iii. Provide epi for rapid intervention of severe allergic reaction.
5. Reduction of Risk Potential
- a. Fluid imbalance post op
 - i. Monitor labs closely post op for dehydration.
 - ii. Patient expected to have little output after surgery.
 - iii. Monitor I&O.
 - b. Bowel elimination (ostomy care)
 - i. Stoma should be moist, pink, and shiny with intact skin.
 - ii. Use mild soap and water to clean and then dry.
 - iii. Measure mark desired for skin barrier and cut opening 0.15-0.3cm larger allowing stoma to appear.
6. Basic Care and Comfort for urination
- a. Provide urinal or bedpan or commode.
 - b. Provide privacy.
 - c. Have client sit if possible.
7. Mobility and Immobility
- a. Log rolling is used when a patient is not able to assist in mobility.
8. Pharmacological and Parenteral Therapies
- a. Make sure to not if there is a weight consideration on the dosage of the medication.
 - b. Some medications are mL/kg for example, take into calculation their weight to get your dosage.

- c. Check on patient immediately if given wrong dosage.
9. Clinical Judgement
- a. Nutrition and oral hydration
 - i. Basic nutrients include carbs, fats, proteins, vitamins, minerals, and water.
 - ii. Older adults have a slow metabolism and fewer calories.
 - iii. Calcium is important in older men and women.
 - b. Fluid imbalance IV fluids
 - i. Provide IV therapy as ordered.
 - ii. Monitor I&O.
 - iii. Monitor LOC and safety of client
 - c. Urinary elimination UTI
 - i. Insufficient emptying in older adults can cause UTI.
 - ii. Female clients at more risk due to location of meatus and anus.
 - iii. Catheter places high risk.