

N431 Adult Health II
Proctored ATI Remediation Template

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Assessment Name:
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

Topic: medications affecting coagulation: planning care for a client who is receiving heparin

- Administer protamine which binds with heparin and forms a heparin protamine complex that has no anticoagulant properties for heparin toxicity.
- Anti platelet agents such as aspirin, NSAIDs, and other anticoagulants can increase risk for bleeding resveratrol and saw Palmetto can also have anti platelet effects
- Garlic, ginger, glucosamine or ginkgo biloba can increase the risk of bleeding

Main Category: Safety and Infection Control

Subcategory: accident, error, injury prevention

Topic: spinal cord injury: care of a client who has a Halo device

- The purpose of a Halo is to provide traction and or immobilize the spinal column.
- Maintain body alignment and ensure cervical tongue weights hang freely.
- Do not use the Halo device to turn or move a client.

Main Category: Health Promotion and Maintenance

Subcategory: health promotion-disease prevention

Topic: HIV/aids: collecting data from a client who has toxoplasmosis

- Human immunodeficiency virus known as HIV is a retrovirus that is transmitted through blood and body fluids (semen, vaginal secretions.)
- HIV is found in feces, urine, tears, saliva, cerebrospinal fluid common cervical cells, lymph nodes, corneal tissue, and brain tissue but studies indicate that these are unlikely sources of infection.
- Be aware of the adverse effects of the medications and ways to decrease the severity of adverse effects. Take medications on a regular schedule and do not miss doses. Missed medication doses can cause drug resistance.
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Main Category: Psychosocial Integrity

Subcategory: coping mechanisms

Topic: amputations: providing support following an alteration in body image

- Clients who have diabetes mellitus should monitor blood glucose and maintain it within the expected reference range tell clients to maintain good foot care and to seek early medical attention for non healing wounds.
- As a nurse you should try to prevent post op complications such as hypovolemia pain and infection assess the surgical site for bleeding and monitor vital signs frequently.
- Monitor tissue perfusion of end of residual limb. Palpitate residual lymph for warmth because heat can indicate infection. Compare most proximal to incision with pulse and other extremity. Monitor for manifestations of infection and non healing of incision. Infections can lead to osteomyelitis

Subcategory: mental health concepts

Topic: preoperative nursing care: priority action for a client who has alcohol intoxication

- The nurse should determine if the client is legally capable of providing consent they need to be 18 years of age or emancipated, mentally capable of understanding the risks, reason, and options for

surgery and anesthesia. They should also be free from the influence of medication that affects decision making or judgment such as opioids benzodiazepines or sedatives.

- A legal guardian or health care surrogate can sign if the client is not capable of providing consent or if there is no family.
- Two witnesses can be required if the client is able to only sign with an ex, has vision or hearing impairments, or if there is a language barrier. Informed consent is required for surgical procedures invasive procedures and any procedure requiring sedation or anesthesia, involving radiation, or that places the client at increased risk for complications

Main Category: Basic Care and Comfort

Subcategory: mobility and immobility

Topic: mobility and immobility: complications of immobility

- Immobility is the inability to move freely and independently at will. The risk of complication increases with the degree of mobility and the length of time of immobilization.
- Periods of immobility or prolonged bed rest can cause major physiological and psychosocial effects.
- Cutaneous stimulation in the form of cold and heat applications helps relieve pain and promotes healing period promoting venous return is another key component of reducing the complications of immobility.

Topic: musculoskeletal trauma: preventing complications

- **Maintain or regain body alignment and stability, decreased skin and musculoskeletal system changes, achieve full or optimal range of motion, and prevent contractures.**
- **Make sure the clients change position in bed at least every two hours and preform weight shifts in the wheelchair every 15 minutes encourage active or provide passive range of motion two or three times a day.**
- **Cluster care to promote a proper sleep wake cycle. A continuous passive motion device might be prescribed. Develop an individualized program for each client. Older adult clients can require a program that addresses the aging process.**

Subcategory: nutrition and oral hydration

Topic: burns: indications of hypovolemic shock

- There are numerous types of burns. There are dry heat, moist heat, direct contact with hot surfaces, chemicals, electricity, and ionizing radiation can cause burns, which result in cellular destruction of the skin layers and underlying tissue. The type and severity of the burn affect the treatment plan.
- Regarding burns and fluid replacement due to hypovolemic shock. Third spacing is a continuous leak of plasma from the vascular space into the interstitial space, which results in the electrolyte imbalance and hypotension. Initiate Ivy access using a large bore needle if burns cover a large area of the body, the client requires insertion of a central venous catheter. Fluid resuscitation should meet the individual clients needs.
- Infuse isotonic crystalloid solutions or lactated ringers, monitor vital signs, assess for fluid overload such as edema distended neck veins, rapid and thready pulse, lung crackles, wheezes. Monitor urine hourly for color, specific gravity, protein and to ensure output of 30 milliliters an hour.
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Main Category: Pharmacological and Parenteral Therapies

Subcategory: expected actions outcomes**Topic: medications affecting blood pressure: administering valsartan for heart failure**

- High-fat meals interfere with absorption. Instruct clients to take the same time daily but to avoid high-fat foods at the time of administration. Available alone or in combination tablets with a variety of other anti hypertensives such as hydrochlorothiazide, a diuretic; valsartan, and ARB.
- Therapeutic uses for pharmacological purpose I hypertension heart failure (valsartan and candesartan), Stroke prevention, delay progression of diabetic neuropathy; losartan. To reduce mortality following an acute myocardial infarction, valsartan

Subcategory: Parenteral/IV therapy**Topic: intravenous therapy: priority response to infusion pump alarms**

- Intravenous therapy involves administering fluids via IV catheter to administer medications, supplement fluid intake, or give fluid replacement, electrolytes, or nutrients.
- The provider prescribes the type of IV fluid, the volume to infuse, in either the rate at which to infuse the IV fluid or the total amount of time it should take to infuse the fluid. The nurse regulates the IV infusion, either with an IV pump or manually, to be sure to deliver the right amount.
- Use an infusion pump to administer medications that can cause serious adverse reactions. Never administer them by IV bolus. Double check the dose prescribed, the dilution or amount of fluid, and the rate at which to give the medication.

Subcategory: gastrointestinal therapeutic procedures: total parenteral nutrition**Topic: gastrointestinal therapeutic procedures: findings to report for client who is receiving total parenteral nutrition**

- Gastrointestinal therapeutic procedures are performed for maintenance of nutritional intake, and treatment of gastrointestinal obstructions, obesity, and other disorders.
- TPN is a hypertonic Ivy bolus solution. The purpose of TPN administration is to prevent or correct nutritional deficiencies and minimize the adverse effects of malnourishment.
- Check capillary glucose every four to six hours for at least the first 24 hours. Clients receiving TPN frequently need supplemental regular insulin until the pancreas can increase its endogenous production of insulin. Keep dextrose tin in the water at bedside in case the solution is unexpectedly ruined or the next bag is not available. This will minimize the risk of hypoglycemia with abrupt changes in dextrose concentrations. If a bag is unavailable and administered late, do not attempt to catch up by increasing the infusion rate because the client can develop hyperglycemia. Older adult clients have an increased incident of glucose intolerance.

Main Category: Reduction of Risk Potential**Subcategory: diagnostic tests****Topic: hyperthyroidism: assessing a client for Chvostek's sign following a thyroidectomy**

- a thyroidectomy is a surgical removal of part or all of the thyroid gland.
- Check for indications of hypoglycemia, which can result from parathyroid damage intraoperatively.
- Ways to check for hypoglycemia would be to observe muscle twitching for positive Chvstek's sign and Trousseau's sign.

Subcategory: lab values**Topic: electrolyte imbalances: increasing the risk for digoxin toxicity**

- Hypokalemia increases the risk for digoxin toxicity.

- Monitor cardiac rhythm, and intervene promptly as needed, monitor clients receiving digoxin.
- Monitor level of consciousness, and maintain client safety. Implement fall precautions due to muscle weakness.

Subcategory: potential for alteration in body systems

Topic: peptic ulcer disease: monitoring nasogastric output

- A peptic ulcer and is an erosion of the mucosal lining of the stomach, esophagus, or duodenum. The most common area for peptic ulcer is the duodenum. The mucus membranes can become eroded to the point that the epithelium is exposed to gastric acid and pepsin, which can precipitate bleeding and perforation. Perforation that extends through all the layers of the stomach or duodenum can cause peritonitis. An individual who has a peptic ulcer has peptic ulcer disease.
- Most peptic ulcers are caused by an infection from a gram negative bacteria H pylori. Some people infected with H pylori bacteria do not develop ulcers. Stress ulcers occur from acute periods of physiological stressful events such as burns shock severe sepsis or multiple organ trauma these ulcers are different clinically from peptic ulcers and can be present in a ventilated client in the intensive care unit.
- Amoxicillin clarithromycin and tetracycline can eliminate H pylori infection.

Subcategory: potential for complications from surgical procedures and health alterations

Topic: hemodialysis and peritoneal dialysis: manifestations of peritonitis

- Peritoneal dialysis can allow microorganisms into the peritoneum and cause peritonitis. Cloudy or opaque effluent is the earliest indication of peritonitis.
- Maintain surgical asepsis during the procedure, monitor for infection such as fever purulent drainage, redness, swelling, cloudy or discolored drained dialysate.
- Teach the patient to use strict sterile technique during exchanges and to notify the provider about any indications of infection.

Subcategory: system specific assessments

Topic: ingestion, digestion, absorption, and metabolism: findings of malnutrition

- Starvation or malnutrition can decrease the basal metabolic rate.
- Clinical findings of malnutrition: pitting edema, hair loss, wasted appearance.
- Negative nitrogen balance indicates that the excretion of nitrogen exceeds intake. The individuals receiving insufficient protein, and the body is breaking down more tissue than its building, as seen during periods of illness, trauma, aging, and malnutrition.

Main Category: Physiological Adaptation

Subcategory: alterations and body systems

Topic: cancer treatment options: precautions for client undergoing radiation therapy

- Adjuvant treatment is what's given in addition to the primary treatment standard, and can include hormone, radiation, and targeted therapies; Immunotherapy; And chemotherapy.
- Radiation therapy involves high energy radiation to target tissues and destroy cells. Some cells are not destroyed but might become weakened and unable to divide, while others might be able to recover from the radiation damage.
- Radiation therapy is usually given as a series of divided small doses on a daily basis for a set period of time. Radiation therapy can be given preoperatively to decrease the size of the tumor radiation

therapy can be administered internally called brachytherapy with an implant or externally teletherapy with the radiation beam the type use depends on the health of the client and the shape, size, and location of the tumor.

- External beam radiation therapy does not cause the client to become radioactive. Internal radiation causes body fluids to be contaminated with radiation and body waste should be disposed of appropriately as directed by the facility. When dealing with the client who is receiving internal radiation you should place the client in a private room and keep the door closed as much as possible. Place a sign on the door warning of the radiation source. Where a dosimeter film badge that records personal amount of radiation exposure. Limit visitors to 30 minute visits. Have visitors maintain a distance of six feet from the source. Where I led apron while providing care period individuals who are pregnant or trying to conceive or under 16 should not enter the clients room. Keep a lead container in the clients room along with tongs that are available for placing radioactive material into this container. In most cases all linens and dressings are kept in the client's room until the radiation source is removed, to ensure it's not lost in the trash or laundry.

Topic: cardiovascular diagnostic and therapeutic procedures: assisting with placement of a central venous catheter

- Pre-op considerations can include ensuring the client's understanding of the procedure in obtaining signed information consent forms.
- Place the client in supine or Trendelenburg position.
- Obtain a chest X-ray to confirm catheter placement. Continuously monitor respiratory and cardiac status. Maintain line placement and integrity.

Topic: hemodialysis and peritoneal dialysis: proper administration of peritoneal dialysis

- For clients here experiencing acute kidney injury or chronic kidney disease, dialysis can sustain life.
- Two types of dialysis are hemodialysis and peritoneal dialysis.
- Disequilibrium syndrome results from a too rapid a decrease of BUN and circulating fluid volume. It can result in cerebral edema and increased ICP. Early recognition of Manifestations of disequilibrium syndrome is essential, these symptoms include nausea, vomiting, changes in level of consciousness, seizures, and agitation.

Topic: respiratory diagnostic procedures: preparing a client for thoracentesis

- Thoracentesis is a surgical perforation of the chest wall and pleural space with a large bore needle. It is performed to obtain specimens for diagnostic evaluation and still medication into the pleural space, and remove fluid or air from the pleural space for therapeutic relief of plural pressure.
- Thoracentesis is performed under local anesthesia by a provider at the client's bedside, and a procedure room, or in a provider's office.
- Use seven ultrasound for guidance decreases the risk of complications.
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Topic: respiratory management and mechanical ventilation: therapeutic effect of positive end-expiratory pressure

- Oxygen toxicity can result from high concentrations of oxygen, long durations of oxygen therapy, and the clients degree of lung disease.
- Manifestations include a non productive cough, substernal pain, nasal stuffiness, nausea, vomiting, fatigue, headache, sore throat, and hypoventilation.
- Use of positive and expiratory pressure as prescribed while the client is receiving mechanical ventilation to help decrease the amount of needed oxygen.

Subcategory: fluid and electrolyte imbalances

Topic: electrolyte imbalances: manifestations of sodium imbalance

- Sodium is the major electrolyte found in ecf and maintains the CF osmolarity.
- Water flows in the direction of sodium concentration the ecf sodium level influences fluid retention, excretion and movement of fluid from one body space to another. The kidneys regulate sodium levels

with the assistance of aldosterone, anti diuretic hormone, and natriuretic peptide.

- Risk factors for actual sodium deficits can include excessive sweating, diuretics, wound drainage, nasal gastric tube suction of isotonic gastric contents, decrease secretion of aldosterone, hyperlipidemia, kidney disease inadequate sodium intake, hyperglycemia, low sodium diet, cerebral salt wasting syndrome.

Topic: electrolyte imbalances: priority intervention for hypokalemia

- Hyperkalemia is the result of an increased loss of potassium from the body or movement of potassium into cells, resulting in a blood potassium less than 3.5 mEq/L.
- Expected findings would be decreased blood pressure, thready weak pulse, orthostatic hypotension.
- A flattened T wave, prominent U wave, ST depression, prolonged PR intervals are other manifestations of hypokalemia.
- Encourage foods high in potassium: avocados, broccoli, dairy products, dried fruit, cantaloupe, bananas, juices, melon, lean meats, milk, whole grains, and citrus fruits. Salt substitutes are high in potassium and can facilitate increased oral potassium intake as well as providing oral potassium medications.

Topic: polycystic kidney disease, acute kidney injury, and chronic kidney disease: findings to report

- Chronic kidney disease is a progressive, irreversible kidney disease.
- Report and monitor irregular findings including urinary elimination patterns: amount, color, odor, and consistency. Monitor vital signs: blood pressure can be increased or decreased and weight 1 kilogram daily weight increases as approximately 1 litre of fluid retained.
- Provide a diet that is high in carbohydrates and moderate and fat. Restrict intake of fluids based on urinary output.

Subcategory: hemodynamics

Topic: anemias: manifestations of anemia

- The Schilling test measures vitamin B12 absorption with and without intrinsic factor. It is used to differentiate between malabsorption and pernicious anemia.
- A bone marrow biopsy is used to diagnose aplastic anemia.
- Administer vitamin B12 according to appropriate route related to cause of vitamin B12 anemia one must receive vitamin B12 injections on a monthly basis.

Subcategory: Pathophysiology

Topic: asthma: identifying pathophysiology

- Asthma is a chronic disorder of the Airways that results in intermittent and reversible air flow obstruction of the bronchioles. The obstruction occurs either by inflammation or airway hyperresponsiveness. Asthma can occur at any age. The causes unknown. Manifestations of asthma include mucosal edema, bronchoconstriction, and excessive mucus production.
- Pulmonary function tests are the most accurate test for diagnosing asthma and its severity.
- When a patient is having an asthma attack position them to maximize ventilation in a high fowlers. Administer oxygen therapy as prescribed. Monitor cardiac rate and rhythm for changes during an acute attack. Monitor respiratory rate and rhythm for changes in effort, symmetry, SA O2: auscultate lung sounds. Initiate and maintain IV access. Remain calm and reassuring. Provide rest periods for older clients who have dyspnea. Encourage prompt medical attention for infections and appropriate immunizations. Administer medications as prescribed.