

N444 Concept Synthesis
Proctored ATI Remediation Template

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Assessment Name: **RN Comprehensive Predictor 2019 – Score 66.9%**

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Main Category: Management of Care (85.2%)
Subcategory: Advanced Directives/ Self-Determination/ Life Planning
Topic: Professional Practice: Durable Power of Attorney for Health Care <ul style="list-style-type: none">• A durable power of attorney for health care \ healthcare proxy is a legal document that designates a surrogate, who is an individual authorized to make healthcare decisions for a client who is unable (Holman, Williams, Sommer, Johnson & Ball et al., 2019).• The person who serves in the role of health care surrogate must make decisions for a client and should be familiar with what the client wishes (Holman, Williams, Sommer, Johnson & Ball et al., 2019).• A power of attorney does not need to be only a family member, but whomever the client entrusts to make medical decisions for them when they're unable (Holman, Williams, Sommer, Johnson & Ball et al., 2019).
Subcategory: Concepts of Management
Topic: Practice Settings and Nursing Roles in the Community: Identifying the Sequence of Steps Required for a Home Visit <ul style="list-style-type: none">• Clarify the reason for the referral with the provider's office (Holman, Williams, Commer, Johnson, & Elkins, 2019).• Contact the family to determine availability and readiness to make an appointment (Holman, Williams, Commer, Johnson, & Elkins, 2019).• Identify family needs interventions using the nursing process (Holman, Williams, Commer, Johnson, & Elkins, 2019).• Record information about the home visit according to agency policy (Holman, Williams, Commer, Johnson, & Elkins, 2019).• Discuss plans for future visits with the family (Holman, Williams, Commer, Johnson, & Elkins, 2019).
Subcategory: Continuity of Care
Topic: Information Technology: Using Correct Documentation <ul style="list-style-type: none">• The purpose of medical records includes communication, legal documentation, financial billing, education, research, and auditing. So, it is important that documentation must be done correctly (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).• Nurses should document subjective data as direct quotes, within quotation marks, or summarize and identify the information as a client states. (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).• Nurses should use objective data to support subjective data. Objective data should be district-descriptive and should include what the nurses see, hear, feel, and smell (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).• The nurse needs to document without using derogatory words, judgment, or opinions (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
Subcategory: Informed Consent
Topic: Professional Practice: Priority Action When Obtaining a Signature on an Informed Consent Form <ul style="list-style-type: none">• The nurse acts as a witness to the client signing for informed consent (Holman, Williams, Sommer, Johnson & Ball et al., 2019).

- The nurse is responsible for ensuring the provider gives the client the necessary information about the procedure (Holman, Williams, Sommer, Johnson & Ball et al., 2019).
- The nurse is responsible for ensuring that the client understands the information and is competent to give informed consent (Holman, Williams, Sommer, Johnson & Ball et al., 2019).
- The nurse is responsible for having the client sign the informed consent document (Holman, Williams, Sommer, Johnson & Ball et al., 2019).
- the nurse is responsible for notifying the provider if the client has more questions or does not understand any of the information provided (Holman, Williams, Sommer, Johnson & Ball et al., 2019).
- The nurse needs to document any reinforcement of the information originally given by the provider, questions the client had that were forwarded to the provider, and the use of an interpreter (Holman, Williams, Sommer, Johnson & Ball et al., 2019).

Main Category: Safety and Infection Control (70.6%)

Subcategory: Accident/ Error/Injury Prevention

Topic: Mobility and Immobility: Preventing contractures

- Perform weight shifts in a wheelchaired every 15 minutes (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- Encourage activity or provide passive range of motion (ROM) two or three times daily (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- Make sure the client changes positions in bed at least every 2 hours (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).

Topic: Mycobacterial, Fungal, and Parasitic Infections: Verification of Rifampin Prescription

- Rifampin is used for tuberculosis, as it is a broad-spectrum antimycobacterial (antituberculosis) drug (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- Rifampin is given in combination with at least one other antituberculosis medication to prevent antibiotic resistance (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- Rifampin can be administered orally or by IV route (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- Rifampin, if taken orally, needs to be taken 1 hour before or at least 2 hours after meals with a full glass of water (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).

Subcategory: Standard Precautions Transmission-Based Precautions/ Surgical Asepsis

Topic: Epidemiology and Communicable Diseases: Nationally Notifiable Infectious Diseases

- Notify the CDC of Anthrax (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of Botulism (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of Gonorrhea (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of Hepatitis A,B, or C (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of HIV infection (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of Lyme disease (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of Pertussis (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Notify the CDC of Syphilis (Holman, Williams, Commer, Johnson, & Elkins, 2019).

Topic: Infection Control: Caring for a Client Who Has a Bacterial Infection

- Bacterial infections include staphylococcus aureus, Escherichia coli, and mycobacterium tuberculosis (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- Antimicrobial therapy kills or inhibits the growth of microorganisms, such as bacteria (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- Educate the patient to maintain a medication schedule to ensure consistent therapeutic blood levels of the antibiotic and to take the full course of medication (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).

Topic: Medical and Surgical Asepsis: Preparing a Sterile Field

- The sterile field needs to be at waist level and should be within the nurse's or provider's view (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- When opening sterile packages for the field, the nurse should open them next to and never over the field. The nurse needs to make sure to open the packages away from the body (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- When adding additional sterile items to the field, lift the package from the dry surface, holding it 15 centimeters above the sterile field, pulling the two surfaces of the packing apart to drop the item into the sterile field (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).

Main Category: Health Promotion and Maintenance (64.3%)**Subcategory: Acute/Intra/Postpartum and Newborn Care****Topic: Nursing Care and Discharge Teaching: Care of Circumcision**

- With the clamp procedure circumcision, apply petroleum jelly with each diaper change for at least 24 hours after the circumcision to keep the diaper from adhering to the penis (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Do not use soap to clean the uncircumcised penis until the circumcision wound heals, as this can cause infection (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Instruct the parents to report any bleeding or purulent drainage around the circumcision site (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Topic: Postpartum Disorders: Assessing for Uterine Atony

- Risk factors for uterine atony include placental fragments, prolonged labor, oxytocin induction or augmentation of labor, and trauma during labor (forceps- or vacuum-assisted birth, cesarean birth) (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Manifestations of uterine atony include hypotonic or a boggy uterus (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- A mother who is experiencing uterine atony would experience saturating a perineal pad in 15 minutes or less and have a constant oozing, trickling, or frank flow of bright red blood from the vagina (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Health Promotion/ Disease Prevention**Topic: Aggregates in the Community: Recommended Health Screenings for Young Adult Male Clients**

- Males should check their testicles for any abnormalities at least once a month (Holman, Williams,

Commer, Johnson, & Elkins, 2019).

- Males should check their testicles during a warm shower (Holman, Williams, Commer, Johnson, & Elkins, 2019).
- Males should get a rectal digital exam to check their prostate annually (Holman, Williams, Commer, Johnson, & Elkins, 2019).

Subcategory: Health Screening

Topic: Health Promotion of Infants (2 Days to 1 Year): Finding to Report

- If an infant over 4 months of age cannot maintain an erect head posture, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the infant still has the sucking and rooting reflexes past 4 months, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the infant still has the palmar grasp reflex past 4 months, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the infant still has the plantar grasp reflex past 8 months, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the infant still has the Moro reflex past 8 months, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the infant still has the tonic neck reflex past 3-4 months, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the baby has the Babinski reflex past 1 year of age, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- If the baby has the stepping reflex past 4 weeks, report this to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: Techniques of Physical Assessment

Topic: Physical Assessment Findings: Preparing to Assess a 2-Week-Old Newborn

- An infant who is 2 weeks old should not have their fontanel closed yet (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- The baby's systolic blood pressure should be 64 mmHg (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- The baby should have sucking, rooting, palmar, plantar grasp, Moro, tonic neck, Babinski, and stepping reflexes at this age (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Main Category: Psychosocial Integrity (61.5%)

Subcategory: Behavioral Interventions

Topic: Anxiety Disorders: Identifying Mild Anxiety

- Restlessness is a manifestation of mild anxiety (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Irritability is a manifestation of mild anxiety (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Finger- or foot-tapping is a manifestation of mild anxiety (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Fidgeting is a manifestation of mild anxiety (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Lip-chewing is a manifestation of mild anxiety (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Topic: Group and Family Therapy: Identifying Characteristics of Therapeutic Group

- The focus of group therapy is helping individuals develop more functional and satisfying relationships within a group setting (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A goal of group therapy includes discovering that members share common feelings, experiences, and thoughts (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

- A goal of group therapy is to experience positive behavior change based on group interaction and feedback (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Group characteristics and acute mental health settings include members that can vary daily, and the focus of the group is on relief. Unit activities will directly impact the group, and the leader must provide a higher level of structure (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Group characteristics in an outpatient setting include members that are often consistent, and the focus of the group is growth, external influences are limited, and leaders can allow members an opportunity to determine the group's direction (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: Sensory/Perceptual Alterations

Topic: Psychotic Disorders: Responding to Delusions of Grandeur

- Grandeur delusions make people believe that he/she is all-powerful and important, like a god (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Grandeur delusions are false fixed beliefs that cannot be corrected by reasoning (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A nurse should not argue with the client's delusions (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- The nurse needs to be genuine and empathetic when dealing and communicating with a client with a grandeur delusion (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: Mental Health Concepts

Topic: Depressive Disorders: Teaching About Depression for a Group of Older Adult Clients

- A nurse should encourage older adults to complete thirty minutes of exercise daily for 3 to 5 days (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Depression is very common in older adults and often goes untreated (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A nurse can recommend psychotherapy by a trained therapist, such as cognitive-behavioral therapy or group therapy (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: Substance Use and Other Disorders and Dependencies

Topic: Substance Use Disorders: Caring for a Client Who Has Alcohol Use Disorder and is Experiencing Withdrawal

- The first line of treatment for alcohol use is Benzodiazepines (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Clinical findings of alcohol use disorder include fine tremors of both hands, vomiting, and restlessness (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A nurse should place the client under seizure precautions when they are experiencing alcohol withdrawal (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019)

Main Category: Basic Care and Comfort (76.9%)

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Grief, Loss, and Palliative Care: Assessing for Nonverbal Indications of Pain

- Findings of nonverbal indications of pain include grimacing and guarding (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- Mentally, a patient who is experiencing pain will show nonverbal indications by exhibiting a decreased attention span (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- A patient's vital signs will increase when they temporarily feel acute pain (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).

Subcategory: Nutrition and Oral Hydration

Topic: Sources of Nutrition: Dietary Teaching about Heme Iron for a Client Who Has Anemia

- A good source of heme iron for a patient who has anemia in meat, fish, and poultry (Holman,

Williams, Sommer, Johnson, Ball, & Leehy et al., 2019).

- Grains, legumes and vegetables are considered non-heme irons (Holman, Williams, Sommer, Johnson, Ball, & Leehy et al., 2019).
- Heme irons are used to treat macrocytic anemia, CNS disturbances, and poor growth (Holman, Williams, Sommer, Johnson, Ball, & Leehy et al., 2019).

Subcategory: Personal Hygiene

Topic: Grief, Loss, and Palliative Care: Teaching Postmortem Care

- When providing postmortem care, the nurse must provide care with respect and compassion, while attending to the desires of the client and family according to their cultural, religious, and social practices (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- The nurse should elevate the client's head to prevent facial discoloration by raising the head of the bed and placing a pillow under the head and shoulders (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- When preparing the body for viewing, remove all the personal belongings to be given to the family (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- When preparing the body for viewing, cleanse and align the body's supine with a pillow under the head, arms with palms of the hands down outside of the sheets and blankets, dentures in place, and eyes closed. The nurse should also brush or comb the client's hair and replace any hair pieces (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- The nurse should apply fresh linens and absorbent pads on the bed and a new gown, making sure to remove excess supplies, equipment, and soil linens from the room (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).
- The nurse should dim the lights and minimize noise to provide a calm environment to the family or friends when viewing the body (Holman, Williams, Sommer, Johnson, Ball, Morris, & Leehy et al. 2019).

Main Category: Pharmacological and Parenteral Therapies (63.6%)

Subcategory: Adverse Effects/ Contraindications/ Side Effects/ Interactions

Topic: Chronic Neurologic Disorder: Identifying an Adverse Effect of Levodopa/Carbidopa

- An adverse effect of levodopa/carbidopa includes nausea, vomiting, and/or drowsiness (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- A nurse should recognize that dyskinesia and orthostatic hypotension are adverse effects observed with the use of levodopa/carbidopa (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- A nurse should recognize that discoloration of the client's sweat or urine is a harmless adverse effect of levodopa/carbidopa and the nurse should instruct that this adverse effect is harmless (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).

Topic: Medications Affecting Coagulation: Contraindications for Aspirin

- Aspirin is contraindicated for clients who have peptic ulcer disease and should be used cautiously (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- Aspirin is contraindicated for clients with severe kidney or hepatic disorders and should be used cautiously in these patients (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- Aspirin should not be given to children or adolescents who have a fever or recent chicken pox, as this is contraindicated (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- Aspirin is contraindicated in clients who have bleeding disorders and thrombocytopenia

Topic: Medications Affecting Coagulation: Identifying an Allergic Reaction to Aspirin

- A nurse shouldn't recognize that an allergic reaction to aspirin can be identified as a patient presenting with hives, itchy skin, rubbing nose, red eyes (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).

- a nurse who sees a patient with swelling of the lips, swelling of the tongue, swelling of the face, coughing, wheezing, or shortness of breath after taking aspirin should instigate further for a possible aspirin allergy (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).
- a nurse should be aware that if a patient has asthma, nasal polyps, chronic sinusitis, or chronic hives the patient is more likely to have an allergic reaction to aspirin (Holman, Williams, Sommer, Johnson, Ball, Morris, & Wheless et al., 2019).

Subcategory: Blood and Blood Products

Topic: Blood and Blood Product Transfusion: Nursing Actions Before Infusion

- Before blood infusion, the nurse needs to explain the procedure to the client and obtain consent for the procedure if required (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Before a blood infusion the nurse needs to assess the vitals of the client and obtain a temperature (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- before a blood transfusion, the nurse needs to verify a prescription for a specific blood product (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Before a blood transfusion, the nurse must obtain blood samples for compatibility determination (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- the nurse must assess the history of a blood transfusion reaction in the patient (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Before transfusing any blood or blood products, the nurse must identify the correct blood product and client by looking at the hospital's identification number and the number identified on the client's identification band to make sure the numbers match. This must be done with two RN's (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Subcategory: Dosage Calculations

Topic: Dosage Calculation: Calculating Intermittent IV Infusion Rate

- An intermittent IV infusion rate is a simple ml/hr problem (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Make sure to reread the problem and figure out what the problem is wanting to know (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Make sure to round as required (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Subcategory: Expected Actions/ Outcomes

Topic: Medications Affected Labor and Delivery: Evaluating Effectiveness of Magnesium Sulfate

- Magnesium sulfate assists with fetal lung maturity at birth (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Magnesium sulfate assists with normal breath sounds and birth (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Magnesium sulfate helps to stabilize behavior without muscle spasms (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Medication Administration

Topic: Disorders of the Eye: Teaching a Client About Timolol

- Beta blockers are the first-line drug therapy for glaucoma and decrease intraoperative pressure by reducing aqueous humor production (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Timolol can be absorbed systematically but can cause bronchoconstriction and hypoglycemia (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Use Timolol cautiously inclined to have asthma, diabetes myelitis, or COPD (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Subcategory: Pharmacological Pain Management

Topic: Pain Management: Identifying Safe Pain-Management Measures for a Client Who is in Active Labor

- Opioid agonist analgesics, opioid agonist-antagonist analgesics, epidural analgesia, combined spinal epidural anesthesia, and nitrous oxide can be used during the first stage of labor for pain management

(Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

- Epidural analgesia, combined-spinal epidural analgesia, nitrous oxide, local infiltration anesthesia, pudendal block, and spinal anesthesia can be used during the second stage of labor for pain management (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Epidural analgesia, epidural anesthesia, combined-spinal epidural anesthesia, nitrous oxide, local infiltration anesthesia, pudendal block, and spinal anesthesia can be used during vaginal births for pain management (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Epidural anesthesia and general anesthesia can be used during cesarian sections for pain management (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Main Category: Reduction of Risk Potential (52.9%)

Subcategory: Laboratory Values

Topic: Acid-Base Imbalances: Evaluating ABG Results

- Respiratory acidosis: pH < 7.35; PaCO₂ > 45; HCO₃ 22-26 (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Metabolic acidosis: pH < 7.35; PaCO₂ 35-45; HCO₃ < 22 (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Respiratory alkalosis: pH > 7.45; PaCO₂ < 35; HCO₃ 22-26 (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Metabolic alkalosis: pH >7.45; PaCO₂ 35-45; HCO₃ >26 (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Bacterial, Viral Fungal, and Parasitic Infections: Reportable Laboratory Results of a School-Age Child

- A nurse realized on indicator of infection includes elevated white blood cell count (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- If a nurse suspects the presence of parasitic infection, this child should have a stool or fecal analysis done (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- If another nurse notices the erythrocyte sedimentation rate parentheses (ESR) is elevated, This can indicate an active inflammatory process or infection occurring in the body (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Subcategory: Potential for Alterations in Body Systems

Topic: Cardiovascular Disorders: Manifestations of Rheumatic Fever

- And erythema marginatum (rash) will appear on a client who has rheumatic fever (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A client with rheumatic fever will have an elevated erythrocyte sedimentation rate (ESR) (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A client with rheumatic fever will often have painful swelling in large joints, indicating polyarthritis (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019). Findings can present for a few days and then disappear without treatment, but will usually return in another joint
- A client with rheumatic fever might have non-tender, subcutaneous nodules over bony prominences (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Rheumatic fever might create CNS involvement including involuntary purposeless muscle movement, muscle weakness, involuntary facial movements, difficulty performing motor activities, and liable emotions (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Gastrointestinal Structural and Inflammatory Disorders: Priority Manifestations of Gastroesophageal Reflux

- Manifestations of infants who experience gastroesophageal reflux (GER) include spitting up or forcefully vomiting, projectile vomiting, excessive crying, presence of blood in emesis, respiratory problems, apnea, and failure to thrive (Holman, Williams, Sommer, Johnson, Ball, & McMichael et

al., 2019).

- Manifestations of children who experience gastroesophageal reflux (GER) include heartburn, difficulty swallowing, abdominal pain, chronic cough, and noncardiac-related chest pain (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Gastroesophageal reflux (GER) can make the esophageal mucosa vulnerable to injury and infection due to gastric content coming back up the esophagus (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: System Specific Assessments

Topic: Stroke: Manifestations of Left Hemisphere Stroke

- If a client comes in and has a left hemisphere stroke, the nurse will notice expressive and receptive aphasia, agnosia, alexia, and agraphia (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- left hemisphere strokes are responsible for language, mathematics, and critical thinking skills, so these will be impaired after a left hemispherical stroke (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- due to a left hemisphere stroke, right extremities hemiplegia or hemiparalysis, slow, cautious behavior, depression, anger, and visual changes may occur (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Subcategory: Therapeutic Procedures (AMS)

Topic: Amputations: Evaluating Teaching

- A nurse will recognize that a client who had an amputation will understand the teaching if they demonstrate continuing to monitor for tissue perfusion at the end of the residual limb (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- a nurse will recognize that a client who had amputation will understand the teaching if they wrap the residual limb in a Figure 8 pattern (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- a nurse will recognize that a client who had amputation will understand the teaching if the client frequently assesses the surgical site for signs of infection (redness, warmth, or swelling), and we'll change the dressing frequently to prevent the occurrence of an infection (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Arthroplasty: Postoperative Care Following Total Hip Arthroplasty

- Postoperatively following an arthroplasty, the nurse should provide early improved ambulation, including transferring the client out of bed from their unaffected side into a chair or wheelchair (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Postoperatively, inertia check the dressing site frequently, noting any bleeding or abnormal drainage from the surgical drains. The nurse should make sure to monitor and record the drainage including color, consistency, and quantity (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Postoperatively nurse should monitor the neurovascular status of a surgical extremity every two to four hours (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Preoperative Nursing Care: Reducing the Risk of Complications Intraoperatively

- A nurse can reduce the risk of complications intraoperatively by being alert for medications given preoperatively (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse can reduce the risk of complications intraoperatively by assessing if the client has any allergies to medications or latex before going into surgery (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse can reduce the risk of complications intraoperatively by maintaining a sterile technique within the procedure (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Main Category: Physiological Adaptation (55.0%)

Subcategory: Alterations in Body Systems

Topic: Communicable Diseases: Planning Care for a School-Age Child Who has Varicella

- When planning care for a school-aged child with varicella, the nurse should educate the parent to use an oral or topical analgesic for pain (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- when planning care for a school-aged child with varicella the nurse should instruct the parents to apply moist compresses to the lesions (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- when planning care for a school-aged child with varicella the nurse should administer oral antiviral, such as acyclovir (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- A nurse should inform the parents of a child with varicella that their child is considered contagious until all of the lesions have crusted over (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Topic: Diabetes Mellitus Management: Caring for a Client Who is Hypoglycemic

- When caring for a client with hypoglycemia, the nurse should instruct the client to watch for signs such as mild shakiness, diaphoresis, headache, lack of coordination, seizures, blurry vision, and heart palpitations, as these are manifestations of hypoglycemia (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- If a client is conscious and is experiencing A hypoglycemic episode, the nurse should provide 15 to 20 grams of readily absorbable carbohydrates (graham crackers, honey, orange juice) (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- If a client becomes unconscious due to hypoglycemia, the nurse should place the client in a lateral position to prevent aspiration. The nurse should then administer Glucagon (SubQ or IM) and notify the provider. If the client is still unconscious, the nurse should repeat this after 10 minutes (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Electrolyte Imbalances: Assessing a Client Who is Immediately Postoperative Following a Subtotal Thyroidectomy

- The nurse should assess for Chvostek's signs if the client reports a tingling sensation in the hands, the soles of the feet, and around the lips following a subtotal thyroidectomy (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- If the client reports laryngeal stridor and a cramp of the right hand following a subtotal thyroidectomy, the nurse should administer calcium gluconate IV (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Immediately following a subtotal thyroidectomy, the nurse should assess the patient's respiratory efforts first (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Medical Conditions: Priority Nursing Interventions for Magnesium Toxicity

- If a patient is experiencing magnesium toxicity, the nurse should discontinue all of the magnesium-containing supplements and medications (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- The nurse should administer the antidote, calcium gluconate or calcium chloride if the patient is experiencing magnesium toxicity (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- The nurse should assess the patient's blood pressure, respiratory rate, pulse rate, deep tendon reflexes, intake and output, magnesium levels, level of consciousness, if the patient has a headache, epigastric pain, uterine contractions, fetal heart rate, fetal activity, and ask if the mother is experiencing any visual disturbances and compare the vitals and assessment to baseline vitals and assessment findings (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Hemodynamics**Topic: Cardiovascular Diagnosis and Therapeutic Procedures: Caring for a Client Who Has Pulmonary Arterial Catheter**

- A pulmonary arterial catheter monitors the venous oxygen saturation and indicates if there is an imbalance between the oxygen supply and demand (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

- A PA catheter has multiple lumens, ports, and complements that allow for various hemodynamic measurements, blood sampling, and infusion of IV fluid (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- Indications for a PA catheter include HF, post-CABG, ARDS, AKI, burn injury, or trauma injury (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Stroke: Caring for a Newly Admitted Client

- A nurse who received a new admittance of a patient diagnosed with a stroke should include disturbed sensory perception in their plan of care (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- To prevent joint deformities following an ischemic stroke, the nurse should place a pillow in the axilla if there is limited external rotation (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- The nurse should monitor the patient for bleeding as a sign of a complication from the stroke (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Subcategory: Illness Management

Topic: Acute Respiratory Disorders: Caring for a Client who has Pneumonia

- A nurse should position a client with pneumonia in a position that maximizes ventilation (high-Fowler's) (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- The nurse should encourage a client with pneumonia to cough or suction to remove secretions (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should promote adequate nutrition and fluid intake (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should determine the client's physical limitations and structure activities to include frequent periods of rest (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Medications for Psychotic Disorders: Reportable Findings for a Client Who Has Schizophrenia

- Positive symptoms of schizophrenia include agitation, bizarre behavior, delusions, hallucinations, flight of ideas, and loose associations (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Negative symptoms of schizophrenia include being withdrawn from social interactions, lack of emotion, lack of energy, flattened affect, decreased motivations, and decreased pleasure with activities (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).
- Report command hallucinations to the provider (Holman, Williams, Sommer, Johnson, Ball, & McMichael et al., 2019).

Subcategory: Medical Emergencies

Topic: Gastrointestinal Therapeutic Procedures: Findings to Report Following Colostomy Placement

- A nurse should report a stoma if it appears deep purple in color following a colostomy placement (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should report a stomal prolapse to the provider following a colostomy placement (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should report a dusty, gray, or cyanotic stoma to the provider, as this can indicate poor blood circulation (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should report a stoma retraction to the provider following a colostomy placement if they observed it occurred (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Main Category: Clinical Judgment (66.7%)

Subcategory: Analyze Cues

Topic: Medical Conditions: Identifying Findings Consistent with Preeclampsia and HELLP Syndrome

- Manifestations of HELLP syndrome include anemia, jaundice, elevated liver enzymes, epigastric pain, nausea, vomiting, thrombocytopenia, bleeding gums, and petechia (Holman, Williams, Sommer,

Johnson, Ball, McMichael, & Barlow et al., 2019).

- HELLP syndrome is often confused with preeclampsia. However, preeclampsia will present with proteinuria, transient headaches, irritability, and edema (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- if a mother's obstetrician believes they have HELLP syndrome the doctor will run a series of laboratory tests such as liver enzymes (ALT and AST) to diagnose list syndrome (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Prioritize Hypotheses

Topic: Medical Conditions: Identifying Prenatal Complications the Client is at Greatest Risk for Developing

- Prenatally, a mother is at the greatest risk of developing cervical insufficiencies, hyperemesis gravidarum, anemia, gestational diabetes mellitus, and gestational hypertension, depending on specific risk factors that the mother may have (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Risk factors for gestational diabetes include obesity, hypertension, glycosuria, maternal age older than 25 years, family history of diabetes myelitis, or previous deliveries of infants that were larger or stillborn (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Risk factors for gestational hypertension include maternal age younger than 19 or older than 40 years, first pregnancy, extreme obesity, multifetal gestation, chronic renal disease, chronic hypertension, familiar history of preeclampsia, diabetes myelitis, rheumatoid arthritis, systemic lupus erythematosus (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Take Actions

Topic: Medical Conditions: Implementing Priority Interventions

- Priority interventions that a nurse can take for gestational hypertension include monitoring blood pressure, respiratory rate, pulse rate, deep tendon reflexes, level of consciousness, headaches, epigastric pain, uterine contractions, fetal heart rate, fetal activity, and asking if the mother is experiencing any visual disturbances (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Priority interventions that a nurse can take for a client with gestational diabetes include monitoring blood glucose frequently and making sure the mother adheres to the appropriate diet, including restricting carbohydrate intake (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- priority interventions the nurse can take for a mother experiencing hyperemesis gravidarum include administering antiemetics for nausea and vomiting, administering fluids intravenously if needed, and administering vitamin B 4 electrolyte imbalance (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Generate Solutions

Topic: Medical Conditions: Planning Care for a Client Based on Manifestations

- Planning care for an expecting mother with gestational diabetes includes providing information for the mother so she can adhere to an appropriate diet, including restricting carbohydrate intake. The nurse should assessable blood glucose 2 hours after meals, which should read no more than 120 mg/dL (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- When a nurse is planning care for an expecting mother with gestational hypertension, the nurse should be aware that he or she should monitor the blood pressure frequently, in the blood pressure should not exceed 160/110 mmHg (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Overall, when planning care for a client based upon medical conditions, specifically an expecting mother, The nurse should keep in mind that early detection and interventions are an important aspect of providing care to ensure the well-being of both the mother and the baby (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

Subcategory: Evaluate Outcomes

Topic: Heart Failure and Pulmonary Edema: Actions to Improve Cardiovascular Status

- A nurse should monitor daily weights to help improve cardiovascular status (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should monitor daily weights to help improve cardiovascular status (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- A nurse should connect the patient to continuous heart monitoring to help improve cardiovascular status (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).
- The nurse should position the client in a position that maximizes ventilation (high-Fowler's) to help improve cardiovascular status (Holman, Williams, Sommer, Johnson, Ball, & Wheless et al., 2019).

Topic: Medical Conditions: Determining if Recent Findings Indicate Therapeutic Management

- Findings of gestational diabetes that would indicate therapeutic management would include a blood glucose of less than 120 mg/dL two hours after eating a meal (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Findings of gestational hypertension that would indicate therapeutic management would include a blood pressure of less than 160/110 mg/dL (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).
- Findings that would indicate therapeutic management of hyperemesis gravidarum include decreased nausea and vomiting and improved electrolytes and fluid levels (indicated by bloodwork and urine output and input) (Holman, Williams, Sommer, Johnson, Ball, McMichael, & Barlow et al., 2019).

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