N444 Concept Synthesis
Proctored ATI Remediation Template

Student Name: Makynzie Wagner
Assessment Name: **RN Comprehensive Predictor 2019**
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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
            9. Clinical Judgment
    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 Sickle Cell Crisis**<br>• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.<br>• 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.<br>• 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: Assignment, Delegation and Supervision**

**Topic: Leading and Managing Client Care: Delegating to an Assistive Personnel**

- Delegating is the process of transferring authority and responsibility to another team member to complete a task while retaining accountability. The five rights of the delegation include the right task, the right circumstance, the right person, the right direction and communication, and the right supervision and evaluation (Hinkle & Cheever, 2022).
- Delegation decisions are based on individual client needs, facility policies and job descriptions, state nurse practice acts, and professional standards. The nurse should consider legal/ethical concerns when assigning and delegating (Hinkle & Cheever, 2022).
- Tasks that can be delegated to an AP from an RN include activities of daily living (ADLs), bathing, grooming, dressing, toileting, ambulating, feeding (without swallowing precautions), positioning, routine tasks, bed making, specimen collection, intake and output, and vital signs (for stable clients) (Hinkle & Cheever, 2022).

**Subcategory: Case Management**

**Topic: Coordinating Client Care: Priority Intervention When Discharging a Client Who Had a Stroke**

- The nurse conducts discharge planning with both the client and the client's family for optimal results. Discharge planning serves as a starting point for continuity of care. As client care needs are identified, measures can be taken to prepare for the provision of needed support (Hinkle & Cheever, 2022).
- The need for additional services (home health, physical therapy, and respite care) can be addressed before the client is discharged so the service is in place when the client arrives home (Hinkle & Cheever, 2022).
- Step-by-step instructions for procedures to be done at home. Clients should be given the opportunity to provide a return demonstration of these procedures to validate learning (Hinkle & Cheever, 2022).

**Subcategory: Collaboration with Interdisciplinary Team**

**Topic: Multiple Sclerosis: Priority Referral for a Client Who Has Amyotrophic Lateral Sclerosis**

- A referral is a formal request for a service by another care provider. It is made so that the client can access the care identified by the provider or the consultant (Hinkle & Cheever, 2022).
- Discharge referrals are based on client needs in relation to actual and potential problems and can be facilitated with the assistance of social services, especially if there is a need for specialized equipment, therapists, and care providers (Hinkle & Cheever, 2022).
- The nurse's role regarding referrals is to collaborate with other healthcare professionals to ensure all healthcare needs are met and necessary referrals are made (Hinkle & Cheever, 2022).

**Main Category: Safety and Infection Control**

**Subcategory: Accident/Error/Injury Prevention**

**Topic: Adverse Effects, Interactions, and Contraindications: Priority Action in Response to an Allergic Reaction**

- Anaphylaxis is a life-threatening, immediate systemic reaction caused by an allergic response to a medication, dye, food, or insect bite or sting (Hinkle & Cheever, 2022).
- Manifestations of anaphylaxis can start with anxiety, weakness, generalized itching, and hives that progress to erythema and angioedema of the head and neck (Hinkle & Cheever, 2022).
- Prevention and rapid intervention are vital to avoid a fatal outcome. If the allergy is known, the client should wear a medical alert bracelet. The client should always have injectable epinephrine available (Hinkle & Cheever, 2022).

**Topic: Mobility and Immobility: Preventing Contractures**

- Maintain or regain body alignment and stability, decrease skin and musculoskeletal system changes, achieve full or optimal ROM, and prevent contractures (Hinkle & Cheever, 2022).

- Make sure clients change their position in bed at least every 2 hr. and perform weight shifts in the wheelchair every 15 minutes (Hinkle & Cheever, 2022).
- Encourage active and provide passive ROM two or three times/day. Request physical therapy for clients who have decreased mobility (Hinkle & Cheever, 2022).

**Subcategory: Emergency Response Plan**

**Topic: Security and Disaster Plans: Determining Priority Client to Discharge During a Disaster**

- During an emergency (a fire or a mass casualty event), decisions are made regarding discharging clients or relocating them so their beds can be given to clients who have higher-priority needs (Hinkle & Cheever, 2022).
- Clients who can be discharged safely include ambulatory clients requiring minimal care. These patients are discharged or relocated first. Clients requiring assistance are next, and arrangements are made for the continuation of their care (Hinkle & Cheever, 2022).
- Clients who are unstable and/or require nursing care are not discharged or relocated unless they are in imminent danger (Hinkle & Cheever, 2022).

**Subcategory: Ergonomic Principles**

**Topic: Ergonomic Principles: Evaluating Teaching**

- Body mechanics is the use of muscles to maintain balance, posture, and body alignment when performing a physical task. Nurses use body mechanics when providing care to clients through their daily activities (Hinkle & Cheever, 2022).
- Body alignment keeps the center of gravity stable, which promotes comfort and reduces strain on the muscles. Good body mechanics reduces the risk of injury. Whenever possible, mechanical lift devices can be used to life and transfer clients (Hinkle & Cheever, 2022).
- Evaluate each situation and use an algorithm to determine the safest method to transfer or move the client. Evaluate the need for additional staff or assistive devices (Hinkle & Cheever, 2022).

**Subcategory: Reporting of Incident/Event/Irregular Occurrence/Variance**

**Topic: Information Technology: Teaching About Incident Reports**

- Incident/variance reports are an important part of a facility's quality improvement plan. An incident is the occurrence of an accident or an unusual event. Examples of incidents are medication errors, falls, omission of prescriptions, and needle sticks (Hinkle & Cheever, 2022).
- Document facts without judgment or opinion. Do not refer to an incident report in a client's medical record (Hinkle & Cheever, 2022).
- Incident reports contribute to changes that help improve healthcare quality (Hinkle & Cheever, 2022).

**Topic: Professional Practice: Responding to an Impaired Coworker**

- Impaired healthcare providers pose a significant risk to client safety. A nurse who suspects a coworker of using alcohol or other substances while working has a duty to report the coworker to appropriate management personnel as specified by institutional policy (Hinkle & Cheever, 2022).
- Healthcare facility policies should provide guidelines for handling employees who have a substance use disorder (Hinkle & Cheever, 2022).
- Each state board of nursing has laws and regulations that govern the disposition of nurses who have been reported secondary to substance use. Depending on the individual case, the boards have the option to require the nurse to enter a treatment program, during which time the nurse's license can be retained, suspended, or revoked (Hinkle & Cheever, 2022).

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

**Topic: Epidemiology and Communicable Diseases: Nationally Notifiable Infectious Disease**

- The community health nurse engages in communicable disease surveillance, which includes the systematic collection and analysis of data regarding infectious diseases. Descriptive epidemiology is used to investigate disease patterns to identify whom is affected, where the issue is located, how it occurs, why or what the cause is, and when the condition started (DeMarco & Healey-Walsh, 2020).
- Community health nurses can use disease surveillance to track the point of origin of some diseases. For example, the disease can be spread from a common individual or community (host), or a contaminated food or water source (environment) (DeMarco & Healey-Walsh, 2020).

- Nationally Notifiable Infectious Diseases include Anthrax, Botulism, Cholera, Diphtheria, Gonorrhea, Hepatitis A,B and C, HIV, Lyme disease, Mumps, Pertussis, Rubella, Smallpox, TB, and Typhoid fever (DeMarco & Healey-Walsh, 2020).

**Topic: Medical and Surgical Asepsis: Preparing a Sterile Field**

- Open the covering of the package per the manufacturer's directions, slipping the package onto the center of the workspace with the top flap of the wrapper opening away from the body (Hinkle & Cheever, 2022).
- Grasp the tip of the top flap of the package, and with the arm positioned away from the sterile field, unfold the top flap away from the body (Hinkle & Cheever, 2022).
- Next, open the side flaps, using the right hand for the right flap and the left hand for the left flap. Grasp the last flap and turn it down toward the body (Hinkle & Cheever, 2022).

**Main Category: Health Promotion and Maintenance**

**Subcategory: Ante/Intra/Postpartum and Newborn Care**

**Topic: Postpartum Disorders: Assessing for Uterine Atony**

- Uterine atony results from the inability of the uterine muscle to contract adequately after birth. This can lead to postpartum hemorrhage (Ricci et al., 2021).
- The placenta or fragments of the placenta remain in the uterus and prevent the uterus from contracting, which can lead to uterine atony or subinvolution (Ricci et al., 2021).
- If uterine atony persists, anticipate surgical intervention, such as a hysterectomy (Ricci et al., 2021).

**Topic: Prenatal Care: Strategies to Decrease Nausea and Vomiting During Pregnancy**

- Prenatal care begins with an initial assessment (within the first 12 weeks) and continues throughout pregnancy. In an uneventful pregnancy, prenatal visits are scheduled monthly for weeks 16 through 28, every 2 weeks from 29 through 36 weeks, and every week from 36 weeks until birth (Ricci et al., 2021).
- Provide education for self-care to include management of common discomforts and concerns of pregnancy (nausea and vomiting, fatigue, backache, varicosities, heartburn, activity, sexuality) (Ricci et al., 2021).
- Nausea and vomiting might occur during the first trimester. The client should eat crackers or dry toast before rising in the morning to relieve discomfort. Instruct the client to avoid having an empty stomach and ingesting spicy, greasy, or gas-forming foods. Encourage the client to drink fluids between meals (Ricci et al., 2021).

**Subcategory: Developmental Stages and Transitions**

**Topic: Older Adults (65 Years and Older): Expected Physiological Changes**

- Sarcopenia is the age-related loss of muscle mass, strength, and function. It can lead to decreased mobility, weakness, and increased risk of falls and fractures (Hinkle & Cheever, 2022).
- Osteoporosis is a condition characterized by weakened bones, which are more susceptible to fractures. With age, bone density tends to decrease, especially in women after menopause due to hormonal changes (Hinkle & Cheever, 2022).
- Aging can affect the cardiovascular system in several ways. Blood vessels may become less elastic, leading to increased stiffness and higher blood pressure (Hinkle & Cheever, 2022).

**Subcategory: Health Promotion/Disease Prevention**

**Topic: Aggregates in the Community: Recommend Health Screenings for Young Adult Male Clients**

- High blood pressure often has no symptoms but can lead to serious health problems such as heart disease, stroke, and kidney disease if left untreated. The American Heart Association recommends blood pressure screening at least once every two years for adults with normal blood pressure (DeMarco & Healey-Walsh, 2020).
- Elevated cholesterol levels are a risk factor for cardiovascular disease, which is a leading cause of

morbidity and mortality in men. The American Heart Association recommends cholesterol screening for all adults aged 20 years and older for every four to six years (DeMarco & Healey-Walsh, 2020).

- Testicular cancer is the most common cancer in young adult men aged 15 to 35 years. While routine screening tests for testicular cancer are not universally recommended, men are encouraged to perform regular testicular self-exams to detect any abnormal lumps, swelling, or changes in the testicles (DeMarco & Healey-Walsh, 2020).

**Topic: Pediatric Emergencies: Planning Education About Sudden Infant Death Syndrome**

- Emphasize the importance of creating a safe sleep environment for infants to reduce the risk of SIDS. This includes placing babies on their backs to sleep for every sleep period, whether it's naptime or nighttime. Encourage parents to use a firm mattress in a safety-approved crib or bassinet with no soft bedding, toys, pillows, or loose blankets (Ricci et al., 2021).
- Educate parents about common risk factors associated with SIDS, such as maternal smoking during pregnancy, exposure to secondhand smoke, overheating, and premature birth or low birth weight. Encourage caregivers to maintain a smoke-free environment and to avoid overheating the baby by dressing them in lightweight clothing and keeping the room temperature comfortable (Ricci et al., 2021).
- Stress the significance of regular well-baby check-ups with a healthcare provider and staying up-to-date on recommended immunizations. These visits provide an opportunity for healthcare professionals to monitor the baby's growth and development, offer guidance on safe sleep practices, and address any questions or concerns that parents may have (Ricci et al., 2021).

**Subcategory: Health Screening**

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

- Infants have immature immune systems, making them more susceptible to infections. Fever is often the body's response to an infection, and in infants, it can be a sign of a serious underlying condition. A fever in infants under 3 months old is particularly concerning and should be reported to a healthcare provider immediately, as it may indicate a severe infection such as bacterial meningitis or sepsis (Ricci et al., 2021).
- Any signs of breathing difficulties in infants, such as rapid or labored breathing, wheezing, grunting, or flaring of the nostrils, should be promptly reported. These symptoms could indicate respiratory infections, asthma, pneumonia, or other respiratory conditions that require medical evaluation and intervention (Ricci et al., 2021).
- Parents and caregivers should be attentive to their infant's behavior and development progress and report any concerns to a healthcare provider. This includes changes in feeding patterns, sleeping habits, responsiveness, motor skills, or social interactions (Ricci et al., 2021).

**Main Category: Psychosocial Integrity**

**Subcategory: Behavioral Interventions**

**Topic: Anxiety Disorders: Identifying Mild Anxiety**

- Mild anxiety often manifests through physical symptoms such as muscle tension, headaches, fatigue, trembling, sweating, or gastrointestinal discomfort. These symptoms may not be severe enough to significantly disrupt daily functioning but can be persistent and bothersome (Hinkle & Cheever, 2022).
- Individuals experiencing mild anxiety may exhibit changes in behavior or mood that indicate heightened stress or worry. This can include restlessness, irritability, difficulty concentrating, excessive worrying or ruminating, avoidance of certain situations or activities, or difficulty falling or staying asleep (Hinkle & Cheever, 2022).
- Mild anxiety can also affect cognitive functioning, leading to racing thoughts, overthinking, and excessive planning and preparation for future events. Individuals may have difficulty relaxing or unwinding, and they may experience a sense of impending doom or a feeling of being on edge (Hinkle & Cheever, 2022).

**Topic: Psychotic Disorders: Initiating Plan of Care for a Client Who Has Schizophrenia**

- Begin by conducting a thorough assessment of the client's current mental health status, including their symptoms, history of illness, medication regimen, social support system, and functional abilities. This assessment may involve gathering information through interviews with the client, their family members, and other healthcare providers (Videbeck, 2020).
- Engage the client in collaborative goal setting to identify their priorities and preferences for treatment. Encourage open communication and active participation in decision-making to empower the client in their recovery journey (Videbeck, 2020).
- Implement a multidisciplinary approach to care that involves coordination among various healthcare professionals, including psychiatrists, psychologists, social workers, nurses, and occupational therapists. Collaborate with the client's treatment team to develop a comprehensive plan that integrates pharmacological interventions, psychotherapy, psychosocial support, and rehabilitative services (Videbeck, 2020).

**Subcategory: Family Dynamics**

**Topic: Baby-Friendly Care: Preparing a Preschooler for a New Sibling**

- Begin talking to the preschooler about the new sibling as early as possible, ideally during the pregnancy. Use age-appropriate language to explain what pregnancy means and how a baby grows inside the mother's belly. Involve the preschooler in preparations for the new arrival, such as helping choose baby clothes or setting up the nursery (Ricci et al., 2021).
- Use books, videos, and other resources specifically designed to help preschoolers understand and prepare for the arrival of a new sibling. Choose age-appropriate materials that depict positive sibling relationships and illustrate the changes that may occur when a new baby joins the family (Ricci et al., 2021).
- Encourage the preschooler to practice caregiving skills and develop a sense of responsibility towards the new sibling. Allow them to help with simple tasks such as fetching diapers, singing lullabies, or holding the baby under close supervision (Ricci et al., 2021).

**Subcategory: Mental Health Concepts**

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

- Begin by explaining the symptoms and risk factors associated with depression in older adults. This may include persistent feelings of sadness or hopelessness, changes in appetite or weight, sleep disturbances, loss of interest in activities, fatigue, and difficulty concentrating or making decisions. Discuss common triggers and contributors to depression in older adults, such as chronic health conditions, loss of independence or social support, bereavement, and life transitions such as retirement or relocation (Hinkle & Cheever, 2022).
- Emphasize the importance of seeking help for depression and destigmatize seeking mental health support. Many older adults may hesitate to seek help for mental health concerns due to cultural beliefs, generational attitudes, or fear of being perceived as weak or incapable. Provide information about the effectiveness of various treatment options for depression, including therapy, medication, support groups, and lifestyle interventions such as exercise and social engagement (Hinkle & Cheever, 2022).
- Teach older adults practical coping strategies and self-care techniques to manage depression and improve overall well-being. This may include stress reduction techniques such as mindfulness meditation, relaxation exercises, and deep breathing exercises. Encourage regular physical activity, as exercise has been shown to have mood-lifting effects and can reduce symptoms of depression (Hinkle & Cheever, 2022).

**Subcategory: Sensory/Perceptual Alterations**

**Topic: Psychotic Disorders: Responding to Delusions of Grandeur**

- Start by acknowledging the person's feelings and experiences without directly affirming the delusion. Validate their emotions and show empathy, expressing understanding of their perspective. Then, gently redirect the conversation or offer alternative explanations that are grounded back to reality (Videbeck, 2020).

- Offer reassurance and support to the individual while maintaining a compassionate and non-confrontational approach. Avoid arguing or debating the delusion, as this may escalate the situation and cause distress (Videbeck, 2020).
- Engage the individual in reality-based activities and discussions that help ground them in the present moment. Encourage participation in activities that promote relaxation, enjoyment, and social connection, such as art therapy, music therapy, or group outings (Videbeck, 2020).

**Subcategory: Substance Use and Other Disorders and Dependencies**

**Topic: Substance Use and Addictive Disorders: Stimulant Withdrawal**

- One of the hallmark symptoms of stimulant withdrawal is intense cravings for the drug. These cravings can be overwhelming and persistent, driving the individual to seek out the substance to alleviate discomfort (Hinkle & Cheever, 2022).
- Feelings of fatigue, lethargy, and low energy levels often characterize stimulant withdrawal. The individual may experience a significant decrease in motivation and interest in activities they once enjoyed (Hinkle & Cheever, 2022).
- Stimulant withdrawal can disrupt sleep patterns, leading to insomnia or hypersomnia. Individuals may have difficulty falling asleep, staying asleep, or experiencing restorative sleep (Hinkle & Cheever, 2022).

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

- Begin by conducting a thorough medical assessment to evaluate the severity of alcohol withdrawal symptoms and identify any potential complications or co-occurring medical conditions. Monitor vital signs, including blood pressure, heart rate, temperature, and respiratory rate, to assess the client's overall health status and response to treatment (Hinkle & Cheever, 2022).
- Provide symptomatic relief and medication management to alleviate alcohol withdrawal symptoms and prevent complications. Depending on the severity of withdrawal symptoms, the client may require pharmacological interventions such as benzodiazepines, anticonvulsants, or other medications to manage symptoms such as anxiety, tremors, seizures, and insomnia. Administer medications according to established protocols and guidelines, ensuring proper dosing and monitoring for adverse effects (Hinkle & Cheever, 2022).
- Offer psychosocial support and counseling to address the emotional, psychological, and social aspects of alcohol use disorder and withdrawal. Provide a safe and supportive environment where the client can express their feelings, concerns, and experiences without judgment (Hinkle & Cheever, 2022).

**Main Category: Basic Care and Comfort**

**Subcategory: Elimination**

**Topic: Gastrointestinal Disorders: Dietary Teaching for a Client Who Has Crohn's Disease**

- Crohn's disease can cause inflammation and ulcers in the digestive tract, leading to symptoms such as abdominal pain, diarrhea, and bowel obstruction. Recommending a low-fiber diet can help reduce irritation and discomfort in the digestive tract, as high-fiber foods can exacerbate symptoms (Hinkle & Cheever, 2022).
- Encourage the client to choose easily digestible, low-fiber foods such as white bread, refined grains, cooked vegetables without skins, and tender lean meats. Avoidance of raw fruits and vegetables, whole grains, nuts, seeds, and tough or fibrous meats can help minimize digestive distress and promote symptom management (Hinkle & Cheever, 2022).
- Work with the client to identify specific trigger foods that may exacerbate their symptoms and worsen disease activity. While trigger foods can vary among individuals with Crohn's disease, common culprits include dairy products, spicy foods, fatty or greasy foods, caffeine, alcohol, and high-fiber foods (Hinkle & Cheever, 2022).

**Subcategory: Nutrition and Oral Hydration**

**Topic: Renal Disorders: Dietary Teaching for a Client Who Has Chronic Kidney Disease**

- Sodium (salt) restriction is crucial for managing fluid balance and blood pressure in individuals with CKD. Excessive sodium intake can lead to fluid retention and hypertension, which can further damage the kidneys and increase the risk of cardiovascular complications (Hinkle & Cheever, 2022).
- Encourage the client to limit their sodium intake by avoiding processed and packaged foods, which are typically high in sodium. Instead, recommend cooking with fresh herbs and spices to enhance flavor without adding salt, and encourage the use of low-sodium or sodium-free condiments and seasonings. Educate the client on reading food labels to identify hidden sources of sodium and emphasize the importance of meal planning and preparation to control sodium intake effectively (Hinkle & Cheever, 2022).
- Restricting dietary protein intake is important for managing the progression of CKD and reducing the accumulation of waste products that the kidneys must filter. However, it's essential to strike a balance between limiting protein intake and ensuring adequate nutrition (Hinkle & Cheever, 2022).

**Topic: Stroke: Assisting a Client Who Has Dysphagia**

- Work with a speech-language pathologist and a registered dietitian to determine the appropriate texture modifications for food and liquid consistency based on the client's swallowing abilities and nutritional needs. Depending on the severity of dysphagia, modifications may include pureed foods, chopped or minced textures, thickened liquids, or specialized pre-thickened beverages (Hinkle & Cheever, 2022).
- Positioning plays a crucial role in facilitating safe swallowing and reducing the risk of aspiration during meals. Encourage the client to sit upright and maintain good posture during meals, with their head slightly tilted forward to help prevent food or liquid from entering the airway. Offer small, frequent meals and snacks to minimize fatigue and optimize swallowing function (Hinkle & Cheever, 2022).
- Depending on the client's individual needs and abilities, assistive devices and adaptive equipment may be helpful in supporting safe eating and drinking. This may include specialized utensils and cups with built-in features such as angled handles, weighted bases, or spouted lids to facilitate self-feeding and minimize spills (Hinkle & Cheever, 2022).

**Main Category: Pharmacological and Parenteral Therapies**

**Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions**

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

- Regularly monitor the client for any new or worsening symptoms that may indicate an adverse reaction to levodopa/carbidopa. Common adverse effects include nausea, vomiting, dizziness, lightheadedness, dyskinesias, hallucinations, confusion, and orthostatic hypotension (Jones & Bartlett Learning, 2022).
- Take a thorough medication history to identify any potential interactions or contraindications that may increase the risk of adverse effects with levodopa/carbidopa. Certain medications, such as antipsychotics, antiemetics, and monoamine oxidase inhibitors (MAOIs), can potentiate the side effects of levodopa/carbidopa or interfere with its effectiveness (Jones & Bartlett Learning, 2022).
- Evaluate the client's motor function and Parkinson's disease symptoms before and after initiating treatment with levodopa/carbidopa. While the medication is effective in improving motor symptoms such as tremors, rigidity, and bradykinesia, it can also lead to motor complications such as dyskinesias and motor fluctuations with long-term use (Jones & Bartlett Learning, 2022).

**Topic: Medications Affecting Blood Pressure: Contraindications of Nonselective Beta Blockers**

- Nonselective beta blockers can cause bronchoconstriction by blocking beta-2 adrenergic receptors in the lungs, leading to the worsening of respiratory symptoms in individuals with asthma or COPD. Therefore, these medications are contraindicated in patients with a history of asthma or COPD, as they can precipitate acute exacerbations or respiratory distress (Jones & Bartlett Learning, 2022).
- Nonselective beta-blockers can further slow heart rate and impair atrioventricular conduction in individuals with pre-existing bradycardia or heart block. These medications are contraindicated in

patients with severe sinus bradycardia or advanced heart block due to the potential for exacerbating these conditions and precipitating symptomatic bradycardia or heart failure (Jones & Bartlett Learning, 2022).

- Nonselective beta blockers can worsen peripheral vascular disease (PVD) or Raynaud's phenomenon by reducing peripheral blood flow and exacerbating vasoconstriction in the extremities. These medications can further compromise blood circulation and tissue perfusion in patients with peripheral arterial disease or Raynaud's phenomenon, leading to worsening symptoms such as cold extremities, pain, and tissue ischemia (Jones & Bartlett Learning, 2022).

**Topic: Medications Affecting Coagulation: Contraindications for Aspirin**

- Aspirin can increase the risk of gastrointestinal bleeding, ulcer formation, and perforation, particularly in individuals with active peptic ulcer disease or a history of gastrointestinal bleeding. The antiplatelet effects of aspirin can disrupt the protective mucosal barrier in the stomach and intestines, leading to irritation and ulceration of the gastrointestinal lining (Jones & Bartlett Learning, 2022).
- Some individuals may experience hypersensitivity or allergic reactions to aspirin, which can range from mild symptoms such as skin rash, itching, or nasal congestion to severe allergic reactions such as anaphylaxis. Individuals with a known allergy to aspirin or NSAIDs should avoid aspirin due to the risk of allergic reactions and potential cross-reactivity with other NSAIDs (Jones & Bartlett Learning, 2022).
- Aspirin use in children and adolescents with viral infections, particularly influenza or varicella (chickenpox) infections, has been associated with an increased risk of Reye's syndrome, a rare but serious condition characterized by acute encephalopathy and liver dysfunction (Jones & Bartlett Learning, 2022).

**Topic: Postpartum Disorders: Anticipating a Provider Prescription for Postpartum Hemorrhage**

- Uterotonic medications are first-line treatments for postpartum hemorrhage as they help to contract the uterus and reduce bleeding. Oxytocin, a synthetic form of the hormone oxytocin, is commonly administered as an intravenous infusion or intramuscular injection to stimulate uterine contractions and control bleeding (Ricci et al., 2021).
- In cases of significant blood loss, fluid resuscitation is essential to maintain adequate circulation and prevent hypovolemic shock. Healthcare providers may prescribe intravenous fluids such as crystalloids or colloids to restore intravascular volume and improve tissue perfusion (Ricci et al., 2021).
- In cases of severe postpartum hemorrhage with significant blood loss and hemodynamic instability, transfusion of blood products may be necessary to replace lost red blood cells, restore coagulation factors, and improve oxygen-carrying capacity. Healthcare providers may prescribe packed red blood cells (PRBCs), fresh frozen plasma (FFP), or platelets (Ricci et al., 2021).

**Subcategory: Medication Administration**

- Evaluate the client's knowledge of the prescribed dosage, frequency, and route of administration for prednisone. Confirm whether the client understands how to take prednisone as directed, including the timing of doses, whether to take it with food or water, and any special instructions or precautions provided by their healthcare provider (Jones & Bartlett Learning, 2022).
- Assess the client's awareness of the potential side effects, adverse reactions, and monitoring parameters associated with prednisone therapy. Inquire about any symptoms or changes in health status the client has experienced since starting prednisone and whether they have reported these to their healthcare provider (Jones & Bartlett Learning, 2022).

**Topic: Depressive Disorders: Dietary Restrictions for a Client Taking Phenelzine**

- Tyramine is a naturally occurring amino acid found in certain foods and beverages that can interact with MAOIs like phenelzine, leading to a sudden and severe increase in blood pressure known as a hypertensive crisis. To prevent this dangerous reaction, clients taking phenelzine should avoid foods high in tyramine, including aged or fermented foods, aged cheeses, cured or processed meats, pickled or fermented foods, aged or dried fish, yeast extracts, and certain alcoholic beverages (Videbeck, 2020).
- Caffeine-containing beverages such as coffee, tea, cola, and energy drinks may also interact with

phenelzine and increase the risk of hypertensive crisis. While moderate caffeine consumption may be tolerated by some individuals taking phenelzine, excessive intake or sudden changes in caffeine consumption should be avoided to minimize the risk of adverse reactions (Videbeck, 2020).

- In addition to avoiding specific tyramine-rich foods, clients taking phenelzine should carefully read food labels and ingredient lists to identify potential sources of tyramine or other ingredients that may interact with MAOIs. Processed or packaged foods, condiments, sauces, and certain over-the-counter medications may contain hidden sources of tyramine or other compounds that can potentiate the effects of MAOIs (Videbeck, 2020).

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

- Explain the purpose of timolol and the specific conditions it is prescribed to treat. Discuss how timolol works by blocking the action of beta-adrenergic receptors, leading to effects such as decreased heart rate, reduced blood pressure, and decreased production of intraocular fluid in the eyes (Jones & Bartlett Learning, 2022).
- Review the dosage and administration instructions for timolol with the client to ensure proper use and adherence to the prescribed regimen. Explain the recommended dosage, frequency of administration, and route of administration (e.g., oral tablets, eye drops) based on the client's specific condition and treatment goals (Jones & Bartlett Learning, 2022).
- Discuss the importance of following the prescribed dosing schedule and not missing doses to maintain consistent blood levels of the medication and achieve optimal therapeutic effects. Remind the client not to discontinue timolol suddenly without consulting their healthcare provider, as abrupt discontinuation can lead to rebound hypertension or worsening of glaucoma symptoms (Jones & Bartlett Learning, 2022).

**Subcategory: Pharmacological Pain Management**

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

- Begin by continuously assessing the client's pain level, comfort, and labor progress throughout the various stages of labor. Use validated pain assessment tools such as the Visual Analog Scale or Numeric Rating Scale to quantify pain intensity and guide treatment decisions (Ricci et al., 2021).
- Offer a range of non-pharmacological pain relief techniques to help alleviate discomfort and promote relaxation during labor. These may include breathing techniques, relaxation exercises, massage, acupressure, hot or cold therapy, hydrotherapy, positioning and movement, and the presence of a supportive birth companion (Ricci et al., 2021).
- Consider pharmacological pain management options for clients experiencing moderate to severe pain during labor who desire additional relief beyond non-pharmacological measures. Pharmacological options may include systemic analgesics such as opioids administered intravenously or intramuscularly to provide temporary pain relief while maintaining consciousness and mobility (Ricci et al., 2021).

**Subcategory: Total Parenteral Nutrition (TPN)**

**Topic: Gastrointestinal Therapeutic Procedures: Laboratory Finding to Report to the Provider**

- Electrolyte imbalances, such as abnormalities in serum sodium, potassium, chloride, bicarbonate, and calcium levels, can occur following gastrointestinal procedures due to fluid shifts, medication effects, or underlying metabolic disturbances. For example, excessive fluid loss or fluid shifts during bowel preparation or diarrhea may lead to dehydration and electrolyte imbalances (Hinkle & Cheever, 2022).
- Changes in CBC parameters, including hemoglobin, hematocrit, white blood cell count, and platelet count, may occur following gastrointestinal procedures due to bleeding, inflammation, infection, or other underlying conditions. Anemia or hematocrit changes may indicate gastrointestinal bleeding or blood loss during the procedure, which requires assessment and management to prevent complications such as hemorrhage or hemodynamic instability (Hinkle & Cheever, 2022).
- Alterations in liver function tests, including serum levels of ALT, AST, ALP, bilirubin, and albumin, may indicate hepatobiliary injury, liver dysfunction, or obstruction following gastrointestinal procedures involving the liver or biliary tract. For example, elevated liver enzymes (ALT and AST)

may suggest hepatocellular injury or ischemia-reperfusion injury related to hepatic manipulation or vascular compromise during the procedure (Hinkle & Cheever, 2022).

**Main Category: Reduction of Risk Potential**

**Subcategory: Laboratory Values**

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

- An elevated white blood cell count, particularly with a left shift, may indicate an acute bacterial infection. Positive bacterial cultures from blood, urine, cerebrospinal fluid, or other body fluids or tissues may indicate the presence of a bacterial infection requiring targeted antimicrobial therapy (Ricci et al., 2019).
- Thrombocytopenia or leukopenia may suggest a viral infection, such as influenza or dengue fever, or a parasitic infection, such as malaria (Ricci et al., 2019).
- Identification of fungal elements on microscopy or positive fungal cultures from skin, respiratory, or body fluid samples may suggest fungal infections such as candidiasis or aspergillosis (Ricci et al., 2019).

**Subcategory: Potential for Alterations in Body Systems**

**Topic: Cardiovascular Disorders: Manifestations of Rheumatic Fever**

- Rheumatic fever commonly affects the heart, leading to inflammation of the heart muscle, heart valves, and surrounding tissues. Cardiac manifestations may include rheumatic valvular disease, cardiomegaly, and pericarditis (Hinkle & Cheever, 2022).
- Rheumatic fever can cause migratory polyarthritis, characterized by inflammation and swelling of multiple joints that sequentially involve different joints over a short period. Joint manifestations include migratory polyarthritis, asymmetric joint involvement, and joint tenderness and swelling (Hinkle & Cheever, 2022).
- Rheumatic fever can present with various skin manifestations. These include erythema marginatum, subcutaneous nodules, and Sydenham’s chorea (Hinkle & Cheever, 2022).

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

**Topic: Nasogastric Intubation and Enteral Feedings: Verifying Placement of a Nasogastric Tube**

- One of the most common methods to verify nasogastric tube placement is to aspirate gastric contents and assess their appearance, pH, and volume. After inserting the nasogastric tube to the desired length, connect a syringe to the distal end of the tube and gently aspirate gastric contents (Hinkle & Cheever, 2022).
- Another method to verify nasogastric tube placement is to measure the length of the inserted tube and compare it to the predetermined insertion length. Before insertion, measure the distance from the tip of the nose to the earlobe and then from the earlobe to the xiphoid process or the midpoint between the xiphoid process and the umbilicus (Hinkle & Cheever, 2022).
- In cases where there is uncertainty about nasogastric tube placement or when confirmation by other methods is inconclusive, radiographic imaging, such as X-ray or fluoroscopy, can be used to verify the tube's position. After inserting the nasogastric tube, obtain a radiograph of the chest or abdomen to visualize the tube's location relative to anatomical landmarks, such as the diaphragm, carina, or gastroesophageal junction (Hinkle & Cheever, 2022).

**Subcategory: Potential for Complications from Surgical Procedures and Health Alterations**

- Regurgitation refers to the involuntary reflux of gastric contents into the esophagus or mouth, often accompanied by a sour or bitter taste. Regurgitation may occur spontaneously or be triggered by bending over, lying down, or consuming large meals. It can lead to symptoms such as a sensation of fluid or food coming back into the mouth, belching, or throat irritation (Hinkle & Cheever, 2022).
- Gastroesophageal reflux can manifest with respiratory symptoms due to aspiration of gastric contents into the airways or irritation of the respiratory tract by acidic refluxate. Respiratory manifestations of GER may include chronic cough, wheezing, hoarseness or voice changes, and recurrent respiratory

infections (Hinkle & Cheever, 2022).

**Subcategory: System Specific Assessments**

**Topic: Asthma: Recommendations for Exercise-Induced Manifestations**

- Staying adequately hydrated before, during, and after exercise is essential for maintaining fluid balance, regulating body temperature, and supporting physiological function. Dehydration can exacerbate exercise-induced manifestations such as muscle cramps, fatigue, dizziness, and heat-related illnesses. Encourage individuals to drink fluids regularly, particularly water or sports drinks containing electrolytes, to replace fluids lost through sweat and minimize the risk of dehydration (Hinkle & Cheever, 2022).
- Incorporating a thorough warm-up and cool-down routine before and after exercise can help prepare the body for physical activity, prevent injury, and facilitate recovery. A warm-up should include dynamic stretches, light aerobic exercise, and sport-specific movements to gradually increase heart rate, blood flow to muscles, and joint mobility. This helps prepare the muscles, tendons, and ligaments for more intense activity and reduces the risk of strains, sprains, and other musculoskeletal injuries (Hinkle & Cheever, 2022).
- Paying attention to how your body responds to exercise and adjusting the intensity, duration, and type of activity accordingly is crucial for preventing overexertion and minimizing the risk of exercise-induced manifestations. Pushing through pain, fatigue, or other warning signs of overexertion can increase the risk of injury, exhaustion, and adverse health outcomes (Hinkle & Cheever, 2022).

**Topic: Stroke: Manifestations of Left Hemispheric Stroke**

- The left hemisphere of the brain primarily controls motor function on the right side of the body. Therefore, a left hemispheric stroke often leads to weakness, paralysis, or loss of voluntary movement in the right arm, leg, face, or other body parts (Hinkle & Cheever, 2022).
- The left hemisphere of the brain is responsible for language processing and production in most individuals, so a stroke affecting this region can result in various speech and language impairments known as aphasia. Depending on the specific area of the brain affected, aphasia may manifest as difficulty speaking, understanding spoken or written language, or both (Hinkle & Cheever, 2022).
- In addition to motor and language impairments, a left hemispheric stroke can result in cognitive and perceptual deficits related to attention, memory, spatial awareness, and executive function. These deficits may manifest as difficulty concentrating, remembering recent events or information, navigating spatial relationships, and planning and organizing tasks (Hinkle & Cheever, 2022).

**Subcategory: Therapeutic Procedures**

- Any signs of respiratory distress or compromise should be reported promptly. Priority findings may include decreased oxygen saturation levels, shallow or labored breathing, cyanosis, and decreased breath sounds or adventitious lung sounds (Hinkle & Cheever, 2022).
- Postoperative clients are at risk for hemodynamic instability due to factors such as fluid loss, blood loss, hypovolemia, or cardiovascular complications. Priority findings may include hypotension, tachycardia or bradycardia, and signs of hemorrhage or shock (Hinkle & Cheever, 2022).
- Any alterations in neurological status should be promptly reported, as they may indicate complications such as cerebral hypoperfusion, neurological deficit, or neurovascular compromise. Priority findings may include altered level of consciousness, motor or sensory deficits, and signs of increased intracranial pressure (Hinkle & Cheever, 2022).

**Topic: Arthroplasty: Postoperative Care Following Total Hip Arthroplasty**

- Effective pain management is crucial for promoting comfort and facilitating early mobilization and rehabilitation following THA. Administer analgesic medications as prescribed, including oral or parenteral opioids, NSAIDs, acetaminophen, and adjuvant medications as needed (Hinkle & Cheever, 2022).
- Encourage early mobilization and ambulation within hours to days following THA to prevent complications such as DVT, PE, pneumonia, and muscle weakness (Hinkle & Cheever, 2022).
- Implement measures to prevent common postoperative complications such as infection, DVT, PE, pressure ulcers, and urinary retention. Monitor for signs and symptoms of surgical site infection,

venous thromboembolism, and other complications and report any abnormalities promptly (Hinkle & Cheever, 2022).

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

- Conduct a comprehensive preoperative verification process to confirm the patient's identity, surgical site, planned procedure, relevant medical history, allergies, and medications (Hinkle & Cheever, 2022).
- Collaborate with anesthesiologists and anesthesia providers to optimize anesthesia management strategies tailored to the individual patient's needs, medical history, and surgical procedure (Hinkle & Cheever, 2022).
- Emphasize meticulous surgical technique, including aseptic principles, gentle tissue handling, hemostasis, and anatomical preservation, to minimize the risk of surgical site infection, bleeding, tissue injury, and other complications (Hinkle & Cheever, 2022).

**Main Category: Physiological Adaptation**

**Subcategory: Alterations in Body Systems**

- Provide supportive care to alleviate symptoms such as fever, itching, and discomfort. Administer acetaminophen or ibuprofen as appropriate to reduce fever and relieve pain. Ensure adequate hydration by encouraging the child to drink fluids regularly, especially if fever is present or if there is a risk of dehydration due to decreased oral intake (Ricci et al., 2019).
- Educate parents and caregivers about the importance of preventing the spread of varicella to others, especially to individuals at higher risk of severe complications, such as pregnant women, newborns, and immunocompromised individuals (Ricci et al., 2019).
- Provide a comfortable environment for the child to rest and recuperate at home. Encourage bed rest during the acute phase of illness to promote healing and conserve energy. Keep the child's fingernails trimmed short to minimize the risk of skin damage from scratching and reduce the likelihood of secondary bacterial infections (Ricci et al., 2019).

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

- Monitor the client's respiratory rate, effort, and oxygen saturation levels to assess for signs of respiratory distress, airway obstruction, or hypoventilation. Assess for stridor, hoarseness, or difficulty breathing, which may indicate compression of the airway or laryngeal nerve injury, particularly if the surgery involved the removal of a large thyroid mass or if there are signs of bleeding or swelling at the surgical site (Hinkle & Cheever, 2022).
- Monitor the client's vital signs, including blood pressure, heart rate, and perfusion indicators, to assess for signs of hemorrhage, hypovolemia, or hemodynamic instability. Assess the surgical incision site and dressing for signs of bleeding, hematoma formation, or excessive drainage (Hinkle & Cheever, 2022).
- Assess the client's level of consciousness, orientation, and neurological status to detect signs of neurological deficit or complications such as hypocalcemia or hypothyroidism. Perform Chvostek’s sign and Trousseau's sign assessment to screen for signs of hypocalcemia, which can occur due to inadvertent parathyroid gland injury or removal during surgery (Hinkle & Cheever, 2022).

**Topic: Medical Conditions: Priority Nursing Intervention for Magnesium Toxicity**

- The first step in managing magnesium toxicity is to discontinue any sources of exogenous magnesium, such as intravenous (IV) infusions or medications containing magnesium sulfate or magnesium-containing antacids (Hinkle & Cheever, 2022).
- Notify the healthcare provider immediately and obtain orders to discontinue or adjust magnesium-containing therapies based on the severity of toxicity and the client's clinical status (Hinkle & Cheever, 2022).
- Monitor the client's vital signs, including blood pressure, heart rate, respiratory rate, and oxygen saturation, frequently to assess for signs of hemodynamic instability or respiratory depression

associated with magnesium toxicity (Hinkle & Cheever, 2022).

**Subcategory: Hemodynamics**

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

- Utilize the pulmonary arterial catheter to continuously monitor hemodynamic parameters, including pulmonary artery pressure, pulmonary capillary wedge pressure, central venous pressure, cardiac output, and mixed venous oxygen saturation (Hinkle & Cheever, 2022).
- Ensure proper placement and securement of the pulmonary arterial catheter to prevent dislodgement, migration, or accidental removal. Confirm catheter position and waveform interpretation using radiographic imaging or other appropriate methods (Hinkle & Cheever, 2022).
- Collaborate with the interdisciplinary healthcare team, including physicians, nurses, respiratory therapists, and pharmacists, to ensure coordinated care and optimal management of the client with a pulmonary arterial catheter (Hinkle & Cheever, 2022).

**Subcategory: Illness Management**

**Topic: Cancer and Immunosuppression Disorders: Caring for a Client Who Has Stomatitis**

- Assess the client's level of pain and discomfort associated with stomatitis. Use appropriate pain assessment tools to evaluate pain intensity and location (Hinkle & Cheever, 2022).
- Promote good oral hygiene practices to maintain oral health and prevent secondary infections. Encourage gentle brushing and flossing of teeth, tongue, and gums to remove debris and plaque buildup without causing further irritation (Hinkle & Cheever, 2022).
- Monitor the client's oral mucosa for signs of infection, such as increased redness, swelling, or pus discharge from lesions, which may indicate secondary bacterial or fungal infections requiring medical intervention. Assess for signs of dehydration, such as dry mouth, decreased urine output, or lethargy (Hinkle & Cheever, 2022).

**Topic: Expected Physiological Changes During Pregnancy: Teaching About Yeast Infections**

- Explain the common risk factors for yeast infections during pregnancy, such as hormonal changes, increased vaginal glycogen levels, and alterations in vaginal pH (Ricci et al., 2021).
- Educate the client about the common signs and symptoms of yeast infections, including vaginal itching, burning, irritation, redness, swelling, thick white vaginal discharge resembling cottage cheese, and discomfort during urination or sexual intercourse (Ricci et al., 2021).
- Provide guidance on proper medication administration techniques, dosage, duration of treatment, and potential side effects. Encourage adherence to treatment regimens and follow-up appointments to monitor response to therapy and ensure the resolution of symptoms (Ricci et al., 2021).

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

- Any significant changes in the client's mental status or behavior should be reported promptly. This includes alterations in mood, thought content, perception, cognition, and level of functioning (Videbeck, 2020).
- Antipsychotic medications are commonly used to manage symptoms of schizophrenia, but they can also cause adverse effects that require monitoring and intervention (Videbeck, 2020).
- Clients with schizophrenia may be at increased risk of self-harm, suicide, or harm to others, particularly during periods of acute exacerbation of symptoms or in the presence of comorbid psychiatric conditions (Videbeck, 2020).

**Subcategory: Pathophysiology**

**Topic: Communicable Diseases: Varicella-Zoster**

- Varicella-zoster virus is highly contagious and primarily spreads through respiratory droplets from coughing or sneezing of infected individuals. Varicella (chickenpox) is a common childhood illness characterized by a pruritic rash of vesicles that typically starts on the trunk and spreads to the face and extremities. It is most common in children but can occur at any age (DeMarco & Healey-Walsh, 2020).
- Following primary infection with varicella-zoster virus, the virus establishes latency in sensory ganglia, particularly the dorsal root ganglia and cranial nerve ganglia (DeMarco & Healey-Walsh,

2020).

- Varicella-zoster virus vaccination is highly effective in preventing varicella (chickenpox) and reducing the risk of herpes zoster (shingles) and postherpetic neuralgia (PHN) in vaccinated individuals (DeMarco & Healey-Walsh, 2020).

**Main Category: Clinical Judgment**

**Subcategory: Analyze Cues**

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

- Three major manifestations that are presented with preeclampsia include hypertension, proteinuria, and new-onset headaches or visual disturbances. Other manifestations can include epigastric pain or thrombocytopenia (Ricci et al., 2021).
- Three major manifestations that are presented with HELLP Syndrome include hemolysis, elevated liver enzymes, and low platelet count (Ricci et al., 2021).
- Diagnosis and management of preeclampsia and HELLP syndrome require a multidisciplinary approach involving obstetricians, maternal-fetal medicine specialists, and other healthcare providers. Prompt recognition of signs and symptoms, along with appropriate monitoring and interventions, is crucial for optimizing outcomes for both the mother and fetus (Ricci et al., 2021).

**Subcategory: Generate Solutions**

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

- Conduct a thorough assessment of the client's manifestations, including signs, symptoms, and related factors such as underlying health conditions, psychosocial factors, and environmental influences (Hinkle & Cheever, 2022).
- Identify interventions to manage the client's specific manifestations effectively, alleviate discomfort, and promote symptom relief. This may include pharmacological therapies, non-pharmacological interventions, and complementary therapies tailored to the client's needs and preferences (Hinkle & Cheever, 2022).
- Incorporate preventive care measures and health promotion strategies into the client's care plan to minimize the risk of complications, promote wellness, and optimize long-term health outcomes (Hinkle & Cheever, 2022).

**Subcategory: Evaluate Outcomes**

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

- Conduct a comprehensive clinical assessment of the client's signs and symptoms, including subjective reports and objective findings, to evaluate the severity and impact of the medical condition on the client's health and well-being (Hinkle & Cheever, 2022).
- Review recent diagnostic test results, laboratory findings, and imaging studies to assess disease severity, progression, or response to treatment. Consider trends in diagnostic test results over time and compare current findings to baseline values or target ranges to assess treatment efficacy and identify areas requiring further intervention or optimization (Hinkle & Cheever, 2022).
- Apply clinical judgment and individualize therapeutic management plans based on the client's unique clinical presentation, comorbidities, preferences, and goals of care, while adhering to established guidelines and best practices to optimize treatment outcomes and minimize risks (Hinkle & Cheever, 2022).

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