

N322 Pharmacology
Proctored ATI Remediation Template

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Assessment Name: RN Pharmacology 2023
Semester: Fall 2024

Instructions:

1. Download the report from your ATI product for the assessment you are completing this remediation template for
2. The report will be broken down into three (3) aspects:
 - a. Categories
 - i. These categories mimic the NCLEX-RN categories and include the following:
 1. Management of Care
 2. Safety and Infection Control
 3. Health Promotion and Maintenance
 4. Psychosocial Integrity
 5. Basic Care and Comfort
 6. Pharmacological and Parenteral Therapies
 7. Reduction of Risk Potential
 8. Physiological Adaptation
 - b. Subcategories
 - c. Topics
3. Complete the template on the following page by doing the following:
 - a. Main Category
 - i. Subcategories for each main category
 1. Topics for each subcategory → these will be the content areas you will be remediating on
 - a. Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
 - b. NOTE: You must remediate on all subcategories AND topics within the main categories listed under the “Topics to Review” section of the ATI report for this assessment.**
4. In the event you need additional space within the table, please add rows into the table to accommodate this
 - a. In the event, you need less space within the table than what is provided, you may delete those rows from the table to accommodate this OR put “N/A” → There may be main categories that you don’t have to remediate on and that is OK – you can either delete the table OR put “N/A”
5. An example is provided below:

SAMPLE Main Category: Management of Care
SAMPLE Subcategory: Case Management
SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis <ul style="list-style-type: none">• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.• SAMPLE Critical Point #2: When a patient is going through sickle crisis, the nurse should monitor oxygen saturation to determine a need for oxygen therapy.• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.
Proctored ATI Grading Scale – RN Pediatric Health 2023

Level 3= 90 points

- **Remediation = 10 points:**
- *Minimum 1-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Level 2 = 80 points

- **Remediation = 10 points:**
- *Minimum 2-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Level 1 = 70 points

- **Remediation = 10 points:**
- *Minimum 3-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Below Level 1 = 60 points

- **Remediation = 10 points:**
- *Minimum 4-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

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.
- 7.

Main Category: Management of Care

Subcategory: Client Rights

Topic: Safe Medication Administration and Error Reduction: Responding to a Client's Refusal to Take Medications

- The rights of safe medication administration include: right client, medication, dose, time, route, documentation, education, assessment, evaluation and the right to refuse.
- Medications are classified by their chemical, generic and trade name.
- Inadvertently giving a medication that has a similar name is a common medication error.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Airflow Disorders: Contraindications for a Client Who is Taking Albuterol for Asthma

- Airflow obstruction occurs either by inflammation or airway hyper-responsiveness leading to bronchoconstriction.
- Short acting bronchodilators include: albuterol, ephedrine, epinephrine, levalbuterol, metaproterenol and terbutaline.
- Long acting bronchodilators include: aformoterol, formoterol and idacaterol.

Topic: Antibiotics Affecting Protein Synthesis: Recognizing Adverse Effects of Clindamycin

- Clindamycin is a macrolide that slows the growth of micro-organisms by inhibiting protein synthesis.
- Macrolides should be administered with meals to prevent GI upset.
- Macrolides can cause dysrhythmias and possible sudden cardiac death so they should be avoided if a patient has a history of prolonged QT intervals.

Topic: Antibiotics Affecting the Bacterial Cell Wall: Recognizing Manifestations of an Allergic Reaction

- Penicillins destroy the bacteria by weakening the bacterial cell wall, they are considered beta-lactam antibiotics.
- Immediate reactions occur between 2 to 30 min after receiving the antibiotic while accelerated reactions occur within 1 to 72 hours and delayed reactions occur within days to weeks.
- Clients who are allergic to one penicillin are cross-allergic to other penicillins and are at risk for cross-sensitivity to cephalosporins.

Topic: Medications Affecting Blood Pressure: Priority Finding to Report with Lisinopril

- If hypotension occurs place the client in a supine position or IV fluids may be needed.
- There is a possibility of experiencing a dry cough and if so, advise patient to notify the provider and discontinue the medication.
- Monitor potassium levels, hyperkalemia can occur which can cause numbness and tingling and paresthesia in hands and feet.

Topic: Medications Affecting Coagulation: Teaching About Adverse Effects of Clopidogrel

- Complications can include GI effects of nausea, vomiting and dyspepsia, tinnitus, hearing loss and more.
- Primary usage of this medication is to prevent acute myocardial infarction, stroke and acute coronary syndromes.
- If complications occur advise patient to withhold dose and notify their provider.

Topic: Miscellaneous Pain Medications: Priority Adverse Effect of Epidural Anesthesia

- Hypotension and cardio suppression can occur, evidenced by bradycardia, heart block, cardiac arrest and reduced contractile force.
- Epidural anesthesia can cause seizures, followed by respiratory depression leading to unconsciousness.
- The patient should be monitored for indications of seizure activity, sedation and change in mental status.

Subcategory: Parenteral Intravenous Therapies

Topic: Gastrointestinal Therapeutic Procedures: Preparing to Administer Total Parenteral Nutrition

- TPN is administered usually through a central line.
- TPN preparation includes obtaining daily lab values which include electrolytes.
- Never abruptly stop TPN, speeding up/slowing down the rate is contraindicated because it can alter blood glucose levels significantly.

Subcategory: Expected Actions/Outcomes

Topic: Medications Affecting Blood Pressure: Hypertensive Crisis

- Medications for hypertensive crisis include: nitroglycerin, nicardipine, clevidipine, enalaprilat, esmolol, and labetalol.

- Direct vasodilation of arteries and veins resulting in rapid reduction of blood pressure is the expected pharmacological actions of hypertensive crisis medications.
- Patient should remain supine during administration, and monitor blood pressure and ECG continuously.

Topic: Mycobacterial, Fungal, and Parasitic Infections: Evaluating Use of Anti-Infective Medications

- Peripheral neuropathy is a complication of this medication resulting in tingling, numbness, burning and pain resulting from deficiency of pyridoxine and vitamin B6.
- Hepatotoxicity can occur which can result in anorexia, malaise, fatigue, nausea and yellowish discoloration of skin and eyes.
- Nurses should monitor LFT's, if elevated the patient may need to discontinue the medication.

Topic: Safe Medication Administration and Error Reduction: Recognizing Need to Consult Pharmacist

- Providers usually make dosage changes gradually. Abrupt and excessive changes should be questioned and/or verified.
- Question/confirm multiple tablets or vials for a single dose.
- Do not reference or include the incident report in the client's medical record.

Subcategory: Total Parenteral Nutrition

Topic: Gastrointestinal Therapeutic Procedures: Teaching About Receiving Total Parenteral Nutrition

- Gastrointestinal therapeutic procedures are performed for maintenance of nutritional intake, and treatment of gastrointestinal obstructions, obesity, and other disorders.
- Enteral feedings are instituted for a client who has a functioning GI tract but is unable to swallow or take in adequate calories and protein orally.
- Overfeeding results from infusion of a greater quantity of feeding than can be readily digested, resulting in abdominal distention, nausea, and vomiting.

Subcategory: Medication Administration

Topic: Adverse Effects, Interactions and Contraindications: Priority Teaching for Use of Epinephrine Auto-Injector

- Patients should monitor for indications of postural hypotension and if this occurs sit or lie down.
- Patients should be informed that opioid analgesics slow peristalsis and can cause nausea and sedation.
- Nephrotoxicity can cause damage to kidneys which can interfere with medication excretion, leading to medication accumulation and adverse effects.

Topic: Angina and Antilipemic Agents: Client Teaching About Lovastatin

- The patient should know to report muscle aches, pain, and tenderness.
- The patient should inform their provider of all medications currently taken.
- Advise patient the need to obtain baseline cholesterol, HDL, LDL, triglyceride level, liver and kidney function tests.

Topic: Depressive Disorders: Dietary Teaching about Phenelzine

- The patient should avoid grapefruit juice while taking Vilazodone, it could result in an increase in the medication blood level.
- This medication should be taken with food to help increase absorption.
- This medication can be taken at bedtime and used as a sleep aid.

Topic: Diabetes Mellitus: First Action When Mixing Insulins in One Syringe

- When mixing short-acting insulin with longer-acting insulin, draw the short-acting insulin up into the syringe first, then the longer-acting insulin.
- Insulin suspension, gently rotate the vial between the palms to disperse the particles throughout the vial prior to withdrawing insulin.
- Unopened vials of a single type of insulin can be stored in the refrigerator until their expiration date.

Main Category: Reduction of Risk Potential

Subcategory: Changes/Abnormalities in Vital Signs

Topic: Medications Affecting Cardiac Rhythm: Adverse Effect of Amiodarone

- Obtain baseline chest x-ray and pulmonary function tests.
- Patients should observe for dyspnea, cough and chest pain.
- Patient should report visual disturbances-photophobia and blurred vision can lead to blindness.

Subcategory: Therapeutic Procedures

Topic: Sedative-Hypnotics: Priority Assessment for a Client Who Received Midazolam

- Monitor vital signs, maintain a patent airway and provide fluids to maintain blood pressure.
- Contraindicated in clients who have sleep apnea, respiratory depression, and organic brain disease.
- Older adults can require decreased dosages. Precautions should be taken when administering benzodiazepines to older adult clients because memory difficulties can result.

Main Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Bipolar Disorders: Assessing a Client Who is Taking Lithium for an Electrolyte Imbalance

- Assess for diarrhea, nausea, vomiting, thirst and polyuria.
- Assess for mental confusion, poor coordination, coarse tremors and sedation.
- Severe toxicity manifestations include oliguria, seizures, rapid progression of manifestations leading to coma and death.

Subcategory: Medical Emergencies

Topic: Cardiac Glycosides and Heart Failure: Reporting Adverse Effects of Epinephrine

- A patient should report manifestations of hypokalemia. Potassium supplements can be prescribed if clients are concurrently taking a potassium-depleting diuretic.
- A patient should monitor pulse rate and recognize and report changes such as irregular rate with early or extra beats.
- A patient should monitor for anorexia, nausea, vomiting and abdominal pain.

Main Category: Clinical Judgement

Subcategory: General Solutions

Topic: Vitamins and Minerals: Caring for a Client Who Has Iron Deficiency Anemia

- Vitamins and minerals have important roles in the body, including the production of red blood cells, building bones, making hormones, regulating body fluid volume and supporting nerve cell function.
- Iron preparations provide iron needed for RBC development and oxygen transport to cells.
- Iron parenteral forms should only be use in clients who are unable to take oral medications, in which case the IV route is preferred.

Subcategory: Analyze Cues

Topic: Endocrine Disorders: Identifying Potential Complications for a Client Taking Levothyroxine

- Overmedication can result in manifestations of thyrotoxicosis (anxiety, tachycardia, chest pain, nervousness, tremors, palpitations, abdominal cramping, heat intolerance, fever, diaphoresis and weight loss.
- Chronic overtreatment can cause atrial fibrillation and an increased risk of fractures from accelerated bone loss, especially in older adults.
- Use of this medication can increase requirements for insulin and digoxin.

Topic: Medications Affecting Urinary Output: Caring for the Client with Heart Failure

- Assess/monitor for manifestations of dehydration: dry mouth, increased thirst, oliguria, and lethargy and report findings to the provider.
- A nurse should monitor blood pressure and advise clients to avoid sudden changes of position and arise slowly from lying down or sitting.
- A nurse should monitor cardiac status and potassium levels with hypokalemia (less than 3.5mEq/L)

Subcategory: Take Actions

Topic: Chronic Neurologic Disorders: Teaching About Levodopa/Carbidopa

- Dopaminergic medications cross the blood-brain barrier, whereas dopamine alone cannot cross this barrier and has a very short half-life.
- These medications do not halt the progression of Parkinson's disease, however they do offer relief from dyskinesias and increase the ability to perform ADLs by maintaining the balance between dopamine and acetylcholine in the extrapyramidal nervous system.
- Both are most effective for PD treatment, but the beneficial effects diminish by the end of year five.