

N431 Adult Health II  
Proctored ATI Remediation Template

Student Name: Vanessa Jackson  
Assessment Name: RN Adult Medical Surgical 2019  
Semester: Spring 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:

<b>SAMPLE Main Category: Management of Care</b>
<b>SAMPLE Subcategory: Case Management</b>
<b>SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sick Cell Crisis</b> <ul style="list-style-type: none"><li>• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.</li><li>• 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.</li><li>• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.</li></ul>

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: Establishing Priorities

#### Topic: Priority Assessment Finding Following a Total Laryngectomy

- Monitor for irregular respirations and decreased oxygen saturation levels.
- Assess skin color, temperature, sensation, and capillary refill
- Report a blood pressure difference of 25% from baseline, a drop of 25 to 20 mm Hg

### Subcategory: Referrals

#### Topic: Identifying Indications for a Referral for Cardiac Rehabilitation

- If the client has prolonged weakness and needs assistance with increasing level of activity.
- If the client needs to be consulted on managing heart failure.
- If the client has had a heart attack in the last 12 months.

## Main Category: Safety and Infection Control

### Subcategory: Handling Hazardous and Infections Materials

#### Topic: Nursing Care for a Client Who is Receiving Internal Radiation Therapy

- Place a sign on the door that warns others of the radiation source in use.
- Wear a dosimeter film badge that records the personal amount of radiation exposure.
- Visitors must maintain 6 feet from the source and the visit can only be 30 minutes long.

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

#### Topic: Interventions for a client who has neutropenia

- Provide the client with a private room.
- No live plants in the client's room.
- Restrict visitors who are sick.

## Main Category: Health Promotion and Maintenance

### Subcategory: Health Promotion/ Disease Prevention

#### Topic: Immunization: Recommended vaccinations for older adult clients

- MPSV4 is only administered to clients over the age of 55.
- The zoster vaccine is recommended as two doses for adults over the age 50.
- Adults over the age of 65 who received a dose of PPSV23, does not need another dose.

### Subcategory: Pulmonary Embolism

#### Topic: Risk factors for deep-vein thrombosis

- Long-term immobility is a risk factor for deep-vein thrombosis.
- Smoking is a risk factor for deep-vein thrombosis.
- Obesity is a risk factor for deep-vein thrombosis.

## Main Category: Psychosocial Integrity

### Subcategory: Coping Mechanisms

#### Topic: Evaluating a client's adaptation to a role change

- Observe the client's appearance and eye contact, verbal, motor, and cognitive status during the assessment.
- Ask the client about their current sleep patterns and current stress.
- Ask the client if about their support system.

### Subcategory: Mental Health Concepts

#### Topic: Priority action for a client who has alcohol intoxication

- Determine if the client is legally capable of providing consent.
- The client has the right to refuse treatment.
- Alcohol can interfere with surgical medications and increase the risk for surgical complications

## Main Category: Basic Care and Comfort

### Subcategory: Elimination

#### Topic: Complication of continuous bladder irrigation following TURP

- There can be a regrowth of prostate tissue and recurrence of bladder neck obstruction.
- There can be urethral trauma.
- It can cause urinary retention.

### Subcategory: Mobility/ Immobility

#### Topic: Caring for a client who has left-sided hemiplegia

- Monitor the client's temperature because an increase can indicate an increase in intracranial pressure.
- Monitor the patient for changes in levels of consciousness.
- Put the client on a cardiac monitor to detect for any arrhythmias.

### Subcategory: Nutrition and Oral Hydration

#### Topic: Low Potassium Food Sources

- White or brown rice is low in potassium.
- Fruits such as apples and pears are low in potassium.
- Vegetables such as asparagus and broccoli are low in potassium.

## Main Category: Pharmacological and Parenteral Therapies

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

#### Topic: Contraindication for receiving furosemide

- Herbal medications and supplements can interact with medications taken for heart disorders. It is important to get a list of the herbs the client takes to advise them about the potential contraindications.
- Furosemide is contraindicated to a client with anuria.
- Furosemide is contraindicated to a client with liver disease.

### Subcategory: Blood and Blood Products

#### Topic: Teaching about blood transfusions

- Explain to the client what will take place during the procedure.
- Use an 18 or 20G needle for administering blood products.
- There needs to be a two-nurse check on the blood products and client receiving products.

#### Topic: Treatment for circulatory overload

- Stop or slow the transfusion depending on the severity of the manifestations.
- Position the client upright, with their feet lower than the level of their heart.
- Administer oxygen, diuretics, and morphine per provider orders.

### Subcategory: Central Venous Access Devices

#### Topic: Maintaining a central venous access device

- Maintain the sterility of connections.
- Maintain line placement and integrity.
- Monitor and secure connections between pressure tubing, catheter ports, and transducers.

### Subcategory: Medication Administration

#### Topic: Client teaching about opioid use

- Advise client to avoid hazardous activities ex. driving or using heavy machinery.
- Advise client not to use this medication with the consumption of alcohol.
- Advise client to increase their fluids and fiber to prevent constipation.

#### Topic: Discharge teaching about a metered-dose inhaler

- Shake the inhaler vigorously 5-6 times before usage.
- Hold your breath up to 10 seconds to allow the medication to deposit in your airways.
- Slowly exhale through pursed lips before resuming normal breathing.

### Subcategory: Parenteral/ Intravenous therapies

**Topic: Calculating a naloxone dose by weight**

- If it is the nasal spray version, then give the client one spray. If the desired response has not happened after 2-3 minutes, give them a second dose in the other nostril.
- The auto-injector should administer 0.4 mg IM.
- Do not exceed a total dose of 10 mg.

**Subcategory: Total Parenteral Nutrition****Topic: Caring for a client who has pancreatitis**

- Administer IV fluids and maintain hydration.
- NPO and provide the proper nutritional support via TPN.
- Administer proper medications for pain control and inflammation.

**Main Category: Reduction of Risk Potential****Subcategory: Diagnostic Tests****Topic: Intervention for suspected septicemia**

- Administer oxygen.
- Administer septic shock antibiotics.
- Assess vitals and level of consciousness.

**Subcategory: Laboratory Values****Topic: Interpreting ABGs**

- Arterial pH is an indirect way to measure hydrogen ion concentrations.
- The greater the concentration of hydrogen, the more acidic the body fluids are and lower the pH.
- The lower the concentration of hydrogen, the more alkaline the body fluids are and the higher the pH.

**Topic: Evaluating Glycemic Control**

- Assess the client for shortness of breath.
- Assess the client for swelling of the feet.
- Assess the client for infrequent urination.

**Subcategory: Potential for Complications of Diagnostics Tests/ Treatments/ Procedures****Topic: Postoperative care for total hip arthroplasty**

- Apply ice packs to the incision to reduce postop swelling.
- Have the client ambulate the first postoperative day with a knee immobilizer.
- Have the client use the incentive spirometer to prevent pulmonary complications.

**Subcategory: System Specific Assessments****Topic: Recognizing hypoglycemia**

- Sweating is a hypoglycemic reaction.
- Weakness and dizziness are a hypoglycemic reaction.
- Confusion and headaches are a hypoglycemic reaction.

**Subcategory: Therapeutic Procedures****Topic: Teaching about water seal drainage**

- The first chamber is for client drainage collection.
- The second chamber is the water seal and should have fluid up to the 2cm line.
- The third chamber is for suction control. Always check for kinks or leaks.

**Main Category: Physiological Adaptation****Subcategory: Alterations in Body Systems****Topic: Client teaching about genital herpes**

- Educate the client that herpes can cause acute urethritis.
- Advise clients to use ice packs on the affected area.
- Antiviral medications help reduce the severity of an episode.

**Topic: Dietary recommendations for a low-purine diet**

- Limit the client's intake of food high in animal protein.
- Limit the client's sodium intake.
- Reduce the client's calcium intake.

**Subcategory: Fluids and Electrolyte Imbalances****Topic: Assessment findings of early phase of injury**

- Decreased temperatures usually occur within the first few hours of injury.
- A low-grade fever can occur following an injury due to increased metabolism.
- The client will be experiencing pain.

**Topic: Fluids imbalances: Assessment findings**

- The client can experience dehydration due to insufficient intake or excessive loss.
- The client can experience oliguria, a decreased production and concentration of urine.
- The client can experience hypovolemia which entails tachycardia, hypotension, and hypoxia.

**Subcategory: Hemodynamics****Topic: Manifestations of Anemia**

- Numbness and tingling of extremities are a manifestation of anemia.
- Fatigue and pallor are a manifestation of anemia.
- Sensitivity to cold is a manifestation of anemia.

**Topic: Client positioning**

- It is important to reposition the client if inflow or outflow is inadequate.
- Raise the client's legs 45 degrees above head to move blood towards the heart.
- Assess the client's fluid responsiveness.

**Subcategory: Illness Management****Topic: Care of a client following an explosion**

- Flush the client's chemical burns with a large volume of water.
- Remove jewelry or clothing that might conduct heat.
- Cover the burn with a clean cloth to prevent infection and hypothermia.

**Topic: Teaching about foot care**

- Advise the client to inspect their feet daily.
- Advise client to avoid lotions between toes.
- Advise client to avoid wearing open-toe and open-heel shoes.

**Topic: Teaching about self-management of GERD**

- Advise client to take antacids 1 to 3 hours after eating and at bedtime.
- Advise client to take medication 1 hour before or after other medications.
- Educate client that long-term use of PPIs can increase their risk for fractures.

**Topic: Indications of peritonitis**

- Opaque or cloudy effluent is one of the earliest signs of peritonitis.
- Signs of fever, redness, and swelling are indications of infection and peritonitis.
- Purulent drainage can be an indication of peritonitis.

**Topic: Priority finding to report**

- Report and indications of organ rejection to the provider immediately.
- Report asterixis to the provider immediately.
- Report fetor hepaticus to the provider immediately.

**Topic: Selecting equipment for gastric lavage**

- Utilize an internal balloon to apply pressure for preventing GI or esophageal hemorrhage.
- Utilize a Sengstaken-Blakemore tube.
- Utilize a water-soluble lubricant to advance tubing.

**Subcategory: Medical Emergencies****Topic: Emergency care for upper gastrointestinal bleeding**

- Provide client with oxygen and ventilator support as needed.

- Start two large-bore IV lines immediately.
- Perform frequent vital and pain assessments to detect any subtle changes for perforation or bleeding.

### **Subcategory: Pathophysiology**

#### **Topic: Caring for a client who has venous insufficiency**

- Assess the client for bleeding and hemorrhage.
- Palpate the client's pedal pulses to identify possible occlusions.
- Have the client walk until the point of pain, stop, rest, and then walk a little farther.

### **Subcategory: Unexpected Response to Therapies**

#### **Topic: Monitoring for Transfusion Reaction**

- Stay with the client for the 15-30 min of the infusion to watch for any reaction to the transfusion.
- Monitor the client's vital signs and rate of infusion per facility protocol.
- Monitor the client for fluid overload.