

Proctored ATI Remediation Template

Student Name:

Assessment Name:

Semester:

Instructions:

- Download the report from your ATI product for the assessment you are completing this remediation template for
- The report will be broken down into three (3) aspects:
 - Categories
 - These categories mimic the NCLEX-RN categories and include the following:
 - Management of Care
 - Safety and Infection Control
 - Health Promotion and Maintenance
 - Psychosocial Integrity
 - Basic Care and Comfort
 - Pharmacological and Parenteral Therapies
 - Reduction of Risk Potential
 - Physiological Adaptation
 - Subcategories
 - Topics
 - Complete the template on the following page by doing the following:
 - Main Category
 - Subcategories for each main category
 - Topics for each subcategory → these will be the content areas you will be remediating on
 - Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
 - 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.**
 - In the event you need additional space within the table, please add rows into the table to accommodate this
 - 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”
 - 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.

- 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: Collaboration with Multidisciplinary Team

Topic: Pressure Injury, Wounds, and Wound Management

- Clean from the least contaminated to the most. So incision to the surrounding area
- Isotonic solutions should be used to clean the wound
- To irrigate, use piston syringe or a sterile straight catheter for deep wounds with small openings. Hold the tip 1 inch above wound and use continuous pressure until the liquid that flows out is clear.

Topic: N/A

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Topic: N/A

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Subcategory: Informed Consent

Topic: Legal Responsibilities

- Consent is informed when a provider explains and the client understands the reason the client needs the treatment or procedure, how the treatment or procedure will benefit the client, the risks involved, and other options to treat the problem.
- The nurse's role in the informed consent process is to witness the client's signature on the informed consent form
- Clients must consent to all care they receive in health care facility. Those include, for most aspects of nursing care, for an invasive procedure or surgery, and state laws prescribed who is able to give consent

Topic: N/A

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Subcategory: N/A

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Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Home Safety

- Older adults are more at risk to falls around the house so to keep that from happening you may want to remove items that can cause the client to trip so removing throw rugs and loose carpets, placing electrical cords and extensions against the wall or behind furniture, monitor gait and balance, and use nonskid mats in the shower.
- Other fall risks include making sure that steps and sidewalks are in good repair, ensure that lighting is adequate inside and outside the home and remove clutter.
- Risk factors for falls in older adult can occur because of physical, cognitive, and sensory changes, frequent trips to the bathroom at night because of nocturia, and impaired vision or hearing

Topic: Nursing Process

- Notify the provider
- Fill out an incident report
- Educate the client on the missed prescription and what may happen. Monitor client

Topic: N/A

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Subcategory: Home Safety

Topic: Client Safety

- Remove items that could cause the client to trip like throw rugs and loose carpet.
- Ensure that lighting is adequate inside and outside the home and remove clutter
- Review oxygen safety measures with client. Place a “No smoking” sign in a conspicuous place near the front door of the home.

Topic: N/A

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Topic: N/A

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Subcategory: Safe Use of Equipment

Topic: Mobility and Immobility

- Use of correct body mechanics
- Make sure wheels on the wheelchair are locked prior to the client transferring.
- Make sure patient has a gait belt on to make transferring easier.

Topic: N/A

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Subcategory: Use of Restraints/Safety Devices

Topic: Client Safety

- You need to explain the for the restraints to the client and family and make sure you let them know that the restraints keep the client safe and are temporary. You also need to ask the client or guardian to sign a consent form
- Supervision of the client from a sitter or family member
- Activities that an distract them or electronic devices

Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

Topic: Health Promotion and Disease Prevention

- Screening every year between the age of 45-75 for high sensitivity fecal occult blood testing
- Colonoscopy every 10 years for individuals who are not in an increased risk of colorectal cancer
- Flexible sigmoidoscopy every 5 years

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Subcategory: High.-Risk Behaviors

Topic: Older Adults

- To reduce the risk for osteoporosis, you can do annual screenings in older adults. One for the screenings is a dual-energy x-ray absorptiometry scanning for osteoporosis
- Promoting physical activity such as walking, range-of-motion exercises to keep your bones and muscles active. This will decrease the risk of contractures.
- Malnutrition can influence the risk of osteoporosis so encouraging the client to increase intake of certain vitamins like vitamin D

Topic: N/A

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Subcategory: Techniques of Physical Assessments

Topic: Head and Neck

- The primary technique for examination of the eyes is inspection, with a limited mount of palpation

that requires gloves.

- Eyes should be PERRLA. Pupils are equal, round, reactive to light, and accommodate each other.
- The sclerae will be white in those who have fair skin and light yellow with possible brown macules in clients who have a dark complexion

Topic: N/A

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Topic: N/A

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Main Category: Psychosocial Integrity

Subcategory: Stress Management

Topic: Coping

- Be empathetic in communication and encourage the client to verbalize their feelings and identify the client's and family's strength and abilities.
- Put instructions in writing to make it more clear for the client and or family
- Allow the client to give input into the treatment, simplify the treatment as much as possible, and follow up with the client to address any questions or problems.

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Subcategory: N/A

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Subcategory: N/A

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Main Category: Basic Care and Comfort

Subcategory: Assistive Devices

Topic: Mobility and Immobility

- You want to follow the prescribed crutch gait and not alter after the fitting
- Client alternates weight from one leg to the other as well as on the crutches
- The two-point gait requires the client to have partial weight bearing on both feet. The client moves a crutch while moving the opposite leg at the same time. This is to mirror the movements of normal arm and leg motion during walking.

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Subcategory: Elimination

Topic: Urinary Elimination

- Establish a toileting schedule
- Use of bedpan
- Have clients sit when possible and provide privacy

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Topic: N/A

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Subcategory: Non-pharmacological Comfort Intervention

Topic: Pain Management

- Facial expressions like grimacing, wrinkled forehead, body movements like restlessness, pacing, and guarding, moaning and crying can be expected findings
- Clients may experience hyperalgesia
- Allodynia

Topic: Pain Management

- Ensure bed linens are clean and smooth, and that the client is not lying on tubing or other equipment that could cause discomfort
- Position the client in anatomic position, using gentle positioning techniques, and reposition frequently to minimize discomfort.
- Imagery will focus on a pleasant thought to divert focus and requires an ability to concentrate.

Topic: N/A

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Subcategory: Nutrition and Oral Hydration

Topic: Nutrition and Oral Hydration

- A nutritional assessment helps identify areas to modify, either through adding or avoiding specific nutrients or by increasing or decreasing caloric intake
- Older adults have a slower metabolic rate and requires fewer calories
- You can expect to see nausea, vomiting, loss of appetite, enlarged thyroid, and a change in weight for clients with poor nutrition

Subcategory: Mobility/Immobility

Topic: Mobility and Immobility

- Increased pressure on the skin, which is aggravated by metabolic changes
- Decreased respiratory movement resulting in decreased oxygenation and carbon dioxide exchange
- Orthostatic hypotension

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Dosage Calculations

Topic: Dosage Calculation

- 1 kg = 2.2 lb
- You should set up the equation of have over quantity = desire end over x.
- Solve for x by getting the x alone and dividing what x is next to with what is on the other side of the equation.

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Subcategory: Medication Administration

Topic: Safe Medication Administration and Error Reduction

- For right medication you want to correctly interpret medication prescriptions by verifying completeness and clarity. Read the labels and compare them with the MAR three times: before removing the container, when removing the amount of medication from the container, and in the presence of the client before administering the medication.
- Use the nursing process to prevent medication errors.
- You want to notify the provider of all errors and implement corrective measures immediately.

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Subcategory: Pharmacological Pain Management

Topic: Adverse Effects, Interactions, and Contraindications

- Behaviors complement self-report and assist in pain assessment of nonverbal clients like facial expressions, moaning, crying, and decreased attention span.
- Blood pressure, pulse, and respiratory rate increased temporarily with acute pain
- Clients may experience hyperalgesia

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Main Category: Reduction of Risk Potential

Subcategory: Potential for Complications of Diagnostics Tests/Treatments/Procedures

Topic: Fluid Imbalances

- Measure the client's weight daily at the same time of the day using the same scale
- Monitor I&O. Encourage fluids as tolerated
- Hct, blood sodium, and CBC

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Subcategory: System-Specific Assessments

Topic: Head and Neck

- For CN II and CN III you should expect to see PERRLA
- Assess smell which is CN I, by asking the client to close their eyes, occlude one nostril at a time, and identify a familiar smell with the eyes closed. They should be able to identify.
- The optic CN II, the eyelids should close completely and opening to show the lower border and most of the upper portion of the iris without ptosis

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Subcategory: Therapeutic Procedures

Topic: Bowel Elimination

- The stoma should appear moist, shiny, and pink
- Use mild soap and water to cleanse the skin and dry it gently
- Cut the opening 1/16 to 1/8 larger than normal

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Main Category: Physiological Adaptation

Subcategory: Pathophysiology

Topic: Adverse Effects, interactions, and contraindications

- Hives and swelling
- Low blood pressure
- Difficulty breathing with coughing and wheezing

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Subcategory: N/A

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Main Category: Clinical Judgment

Subcategory: Analyze Cues

Topic: Preoperative Nursing Care

- Allergies
- A detailed history of social, medical, surgical, herbs, medication use and genetic history
- Venous thrombus risk to prepare for the time the client may be immobile for.

Topic: Urinary Elimination

- Perform hand hygiene
- Apply skin barrier paste to creases after measuring and cutting the opening
- Are sure to fold the pouch and place the closure clamp on the pouch

Topic: N/A

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Subcategory: Prioritize Hypotheses

Topic: Mobility and Immobility

- Increased risk for DVT
- Increased pressure in sin
- Decreased musculoskeletal strength

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Subcategory: Take Actions

Topic: Urinary Elimination

- Drink 2,000-3,000 mL of fluid a day
- Females are more susceptible due to the location of the males and anus
- Falls, confusion, anorexia, and fatigue

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