

N444 Concept Synthesis  
Proctored ATI Remediation Template

Student Name:

Assessment Name: **ATI Capstone Comprehensive Assessment Form A**

Semester:

Instructions:

1. Download the report from your ATI product for the assessment you are completing this remediation template for
2. Determine your three (3) **weakest or lowest scoring** main categories as these are the areas you will be remediating on in the chart below. These categories mimic the NCLEX-RN categories and include the following:
  - a. Management of Care
  - b. Safety and Infection Control
  - c. Health Promotion and Maintenance
  - d. Psychosocial Integrity
  - e. Basic Care and Comfort
  - f. Pharmacological and Parenteral Therapies
  - g. Reduction of Risk Potential
  - h. Physiological Adaptation
  - i. Clinical Judgment
3. Complete the template on the following page by doing the following:
  - a. Main Category #1, 2, and 3
    - 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 three (3) main categories you are completing the remediation for.**
4. In the event you need additional space within the table, please add columns into the table to accommodate this
5. In the event, you need less space within the table than what is provided, you may delete those columns from the table to accommodate this OR put “N/A”
6. 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 Sickle 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>

7. 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 using the instructions provided by the Course Coordinator (dropbox, discussion post, etc.)

**Main Category #1: Psychosocial Integrity (40.0%)**

**Subcategory: abuse or neglect**

**Topic: those social issues of infants, children, and adolescence: identifying a potential indicator of child maltreatment**

- Expected findings or warning indicators of maltreatment are a delay in seeking care of the child for example waiting 2 days prior to bringing them for evaluation or treatment.
- another expected finding is inconsistencies between the caregivers report and the child's injuries or not letting the child speak at all or be out of their sight for fear they would tell someone the actual truth.
- repeated injuries requiring emergency treatment.

**Subcategory: chemical and other dependencies: substance use disorder**

**Topic: substance use disorders: actions for acute alcohol toxicity**

- monitor liver function tests
- monitor patient for possible seizures
- implement O2 therapy, IV fluids and possible vitamins and glucose.

**Subcategory: therapeutic environment**

**Topic: hospitalization, illness, and play: actions to take for a preschooler who was in an acute care facility.**

- Encourage independence by letting the child provide self-care
- validate the child's fears and concerns
- provide toys that allow for emotional expression such as a pounding board to release feelings of protest

**Main Category #2: Pharmacological and Parenteral Therapies (54.5%)**

**Subcategory: adverse effects, contraindications, side effects, interactions**

**Topic: Endocrine disorders: teaching about adverse effects of levothyroxine**

- Obtain a baseline T3T4 and TSH levels prior to starting treatment.
- Should be taken once a day on an empty stomach one hour before eating or two to four hours after.
- Be sure to contact your provider if you have weakness, confusion or non-responsiveness, low body temperature, feeling cold, swelling of the face tongue and lower legs, or have difficulty breathing.

**Topic: psychotic disorders: priority finding to report for a client who is taking risperidone**

- Convulsions or seizures
- difficulty breathing
- tachycardia, high fever, loss of bladder control, severe muscle stiffness or unusually pale skin

**Subcategory: medication administration**

**Topic: antibiotics affecting protein synthesis: providing client education about tetracycline**

- It should be taken on an empty stomach at least one hour before or two hours after a meal
- do not take it with dairy products
- Avoid direct sunlight exposure and wear sunscreen skin sensitivity can occur

**Topic: diabetes mellitus: mixing insulins and the same syringe**

- Draw air into the syringe for the NPH insulin and force air into the insulin bottle
- draw air into the syringe for the clear insulin and force air into the clear insulin bottle
- You will draw the regular insulin into the syringe first then the cloudy insulin

**Topic: medications for psychotic disorders: finding to report prior to administering clozapine**

- Patients should have a thorough medical evaluation including an ECG, chest X-ray
- Patients should have a normal white blood cell count
- Patients should have a normal neutrophil count

### Main Category #3: clinical judgment (59.0%)

#### Subcategory: analyze cues

**Topic: Complications Related to the Labor Process: Identifying Findings Consistent with Chorioamnionitis or Preeclampsia**

- Maternal fever is the most important clinical sign of chorioamnionitis.
- Both are conditions that can occur during pregnancy and have different clinical findings
- Chromoammonites Is a febrile illness that can be diagnosed by findings such as a fever tachycardia, foul smelling amniotic fluid or unusual in color as well as abdominal pain sweating and increased white blood cell count

**Topic: of depressive disorders: teaching a client about amitriptyline**

- Change positions and stand up slowly
- Chew sugarless gum to reduce anticholinergic effects
- Increase fluid intake to 2-3 L/day

#### Subcategory: prioritize hypothesis

**Topic: complications related to the labor process: priority findings to report to the provider**

- Prolapsed umbilical cord
- Umbilical cord compression resulting in fetal hypoxia
- Fetal heart rate below systolic of 110 or above 160 or the fetal heart rate showing decrease or no variability or fetal hyperactivity or no fetal activity

#### Subcategory: generate solutions

**Topic: complications related to the labor process: identifying interventions as anticipated or contraindicated**

- Non reassuring fetal heart rate pattern with decreased or no variability, Monitor vital signs and fetal heart rate (Prince, 2023).
- position the client and a left lying position or knee to chest and trendelenburg
- provide oxygen therapy via face mask
- Discontinue oxytocin if being administered
- increase IV fluid rate to treat hypotension if indicated

#### Subcategory: recognize cues

**Topic: complications related to the labor process: findings that require immediate follow up**

- Dysfunctional labor or abnormal labor related to the five P's of Labor passenger, passageway, powers, position, and psychologic response
- Client is ineffective in pushing with no voluntary urge to bear down
- atypical uterine contraction patterns that prevent the normal process of Labor and its progression

#### Subcategory: take actions

**Topic: fetal assessment during labor: interventions for recurrent variable decelerations**

- Call for assistance immediately
- notify the provider
- Provide continuous electronic Jing monitoring of the fetal heart rate administer oxygen, initiate IV access and administer IV fluid bolus

**Topic: pain management: nursing interventions for a client following administration of an epidural**

- Monitor the patient carefully and frequently to assess pain and sedation levels every one to two hours
- Assess for comfort using standard numeric or behavioral scale and evaluate the number of demands the patient has made for medication
- Nurses are responsible for the placement of peripheral IV lines set up of PCA pumps, insertion of medication into the pumps, and monitoring of the patient's pain, sedation and respirations. They ensure the pump is functioning correctly the medications are achieving their intended purpose while avoiding complications and reducing side effects.

#### **Subcategory: evaluate outcomes**

##### **Topic: fetal assessment during labor: evaluating effectiveness of interventions**

- Amniotic fluid can vary in color black to greenish, or yellow, though meconium stained amniotic fluid is often green consistency can be thinner thick
- The fetal heart rate is below 110 systolic or above 160 systolic
- Control rapid birth by applying light pressure to the perineal area in fetal head, gently pressing upwards towards the vagina. This can ease the rapid expulsion of the fetus and prevent cerebral damage to the newborn and perineal lacerations to the mother

##### **Topic: substance use and addictive disorders: identifying manifestations of a client**

- Illicit drug use during pregnancy can cause a miscarriage preterm labor and birth defects (Prince, 2023).
- Withdraw symptoms and the baby after birth.
- poor fetal growth rate and cognitive behavioral problems

#### **References (1):**

Prince, M. K. (2023, July 21). *Substance use in pregnancy*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK542330/>