

N441 Adult Health III
Proctored ATI Remediation Template

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Assessment Name: **RN Adult Medical Surgical 2023**
Semester: 4

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	5. Basic Care and Comfort
2. Safety and Infection Control	6. Pharmacological and Parenteral Therapies
3. Health Promotion and Maintenance	7. Reduction of Risk Potential
4. Psychosocial Integrity	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 <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.

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: Client Rights

Topic: Ethical Responsibilities: Client decision to refuse treatment

- The client has autonomy, meaning the client has the right to make their own decisions about their health and their specific treatment plan (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The client has the right to refuse specific treatments if it goes against their religion (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The nurse needs to reflect on their own values as they relate to the patient's ethical dilemma (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Case Management

Topic: Delirium and Dementia: Interventions for a client who has dementia

- Provide frequent walks to reduce wandering (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Provide cognitive stimulation, for example, using a calendar to assist with orientation or offer different environmental stimulations such as walks, music, or arts and crafts (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Provide a consistent and repetitive schedule for the client (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Safety and Infection Control

Subcategory: Handling Hazardous and Infectious Materials

Topic: Cancer Treatment Options: Nursing care for a client who is receiving internal radiation therapy

- Place the client in a private room. Keep the door closed as much as possible (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Adverse effects on tissues within the radiation path include skin changes, hair loss, and stomatitis. Systemic effects can be debilitating fatigue, anorexia, and bone marrow suppression. Radiation effects can also cause long-term changes for the client (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The client's excretions are radioactive until the isotope are eliminated from the body. Ensure no one touches the client's excretions (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

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

Topic: HIV/AIDS: Teaching home care

- Keep the home environment clean and avoid being exposed to family and friends who have colds or flu viruses (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Use antimicrobial soap while bathing every day (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Avoid cleaning any litter boxes to help avoid the risk of toxoplasmosis (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

Topic: Cardiovascular and Hematologic Disorders: Dietary teaching for a client who has cardiovascular disease

- Consuming a diet that is limited in trans fats, saturated fats, and cholesterol can reduce the risk of developing CHD (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Increasing fiber and carbohydrate intake, avoiding saturated fat, and decreasing red meat consumption

can decrease the risk for developing CHD (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

- Increased intake of omega-3 fatty acids found in fish, flaxseed, soybeans, canola, and walnuts reduce the risk of CAD (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Psychosocial Integrity

Subcategory: Support Systems

Topic: Delirium and Dementia: Teaching the family of a client

- Install door locks that cannot be easily opened, and place alarms on doors (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Educate family/caregivers about illness, methods of care, medications, and adaptation of the home environment (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Educate the family to encourage the client to participate in an exercise program that will help them to maintain mobility (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Basic Care and Comfort

Subcategory: Mobility/Immobility

Topic: Stroke: Evaluating client's mobility with use of quad cane

- The patient should hold the handle of the quad cane in their stronger hand (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The patient should begin by advancing the stronger foot first while going up any stairs (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The cane should be set to the correct height for proper use by the patient (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Nutrition and Oral Hydration

Topic: Esophageal Disorders: Assessing a client's ability to swallow

- Speech therapy is responsible for assessing the patient's ability to swallow (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- A barium swallow with fluoroscopy will allow the healthcare team to have a visual of the esophagus (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Throat irritation (chronic cough, laryngitis), hypersalivation, bitter taste in mouth (caused by regurgitation). Chronic GERD can lead to dysphagia (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Nonpharmacological Comfort Interventions

Topic: Cancer Treatment Options: Planning teaching for client who has mucositis

- Rinse the mouth with a solution of 0.9% sodium chloride, room-temperature tap water, or salt and soda water. Frequency is guided by the intensity of the mucositis (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Gently floss and brush teeth with a soft-bristled toothbrush or foam swabs to prevent any trauma occurring to the oral mucosa (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Take medication as directed by your provider to help control infections as prescribed, such as a nystatin suspension and acyclovir (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Heart Failure and Pulmonary Edema: Identifying adverse effects of metoprolol

- An adverse effect of metoprolol is hypotension (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Adverse effects of metoprolol include feeling tired, dizzy, or weak (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- An adverse effect of metoprolol is a headache (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Medication Administration

Topic: Diabetes Mellitus Management: Teaching about self-administration of insulin

- If the client is taking any of the following, insulin lispro, insulin aspart, insulin glulisine, or inhaled human insulin they should administer the insulin before meals to control postprandial rise in blood glucose and administer it in conjunction with any intermediate or long-acting insulin they may take to help control their blood sugar between meals and at night (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- If the client takes NPH insulin it is administered via the subcutaneous route only. NPH insulin is the only insulin that is approved to be mixed with short-acting insulin. NPH insulin is not administered prior to meals to control postprandial rise in blood sugar. NPH insulin should be administered 30 to 60 minutes prior to any meals and at night (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- If the patient is taking long-acting insulin which includes insulin glargine or insulin detemir, this medication should only be administered once a day and at the same time every day (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Parenteral/Intravenous Therapies

Topic: Angina and Myocardial Infarction: Caring for a client who is receiving medication through a PCA device

- To prevent inadvertent overdosing, the client is the only person who should push the PCA button (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The client should notify the nurse if the pump is not helping to control the pain (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Typical opioid medications used in PCA delivery pumps include fentanyl, morphine, and hydromorphone (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Reduction of Risk Potential

Subcategory: Potential for Alterations in Body Systems

Topic: Hyperthyroidism: Assessing a client for Chvostek's sign following a thyroidectomy

- Check the patient for indications of hypocalcemia, due to parathyroid damage. Locate the masseter muscle at the angle of the jaw and gently tap the cheek about 3/4" in front of the ear, this will be where the facial nerve is. After tapping observe for muscle twitching (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Ensure that IV calcium gluconate or calcium chloride are immediately available (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Be sure to keep any necessary emergency equipment available near the bedside (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Physiological Adaptation

Subcategory: Hemodynamics

Topic: Angina and Myocardial Infarction: Priority intervention for acute angina

- A priority intervention for acute angina is nitroglycerin (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- A priority intervention for acute angina is oxygen (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Another priority intervention for acute angina is aspirin and morphine (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Medical Emergencies

Topic: Spinal Cord Injury: Actions to take for autonomic dysreflexia

- Sit the client up to decrease blood pressure secondary to postural hypotension (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Distended bladder is the most common cause (kinked or blocked indwelling urinary catheter, urinary retention, urinary calculi). Insert a catheter for distended bladder using anesthetic ointment on the catheter tip, or check existing catheter for kinks, and irrigate if needed (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Remove fecal impaction (use anesthetic ointment prior to removal) (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Illness Management

Topic: Chronic Obstructive Pulmonary Disease: Caring for a client who has emphysema

- Position the client in the high-Fowler's position to maximize ventilation (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Encourage deep breathing and use of an incentive spirometer (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Administer oxygen as prescribed. In COPD, low arterial levels of oxygen serve as the primary drive for breathing. However, in most cases, oxygen levels should be maintained between 88% and 92% (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Topic: Pituitary Disorders: Medication to treat diabetes insipidus

- ADH replacement agents are what treat diabetes insipidus. Desmopressin, which is a synthetic ADH, or aqueous vasopressin administered intranasally, orally, or parenterally. Vasopressin can be administered intranasally or by injection (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Chlorpropamide and thiazide diuretics facilitate vasopressin action (for clients who have neurogenic DI) (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Clients who have nephrogenic diabetes insipidus are prescribed prostaglandin inhibitors and thiazide diuretics, and mild salt depletion (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Pathophysiology

- The obstruction can occur from inflammation, which constricts the airways making it difficult to breathe (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The obstruction can also occur from airway hyperresponsiveness (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Topic: Burns: Expected findings following full-thickness burns

- Minor burns are treated at the scene and followed up at a local emergency department. For a minor burn the full-thickness burn would be less than 2% of the total body surface area (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Moderate burns are treated at the scene, then the client is transported to a burn center or specialized medical facility. For a moderate burn the full-thickness burn would be anywhere from 2% to 10% of the total body surface area (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Major burns require emergency treatment at the closest facility, then immediate transfer to a burn center. For a major burn the full-thickness burn would be greater than 10% of the total body surface

area (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Main Category: Clinical Judgment

Subcategory: Recognize Cues

Topic: Complications of Diabetes Mellitus: Identifying manifestations of diabetic ketoacidosis or hyperglycemic-hyperosmolar state

- Manifestations of diabetic ketoacidosis includes fruity-smelling breath, Kussmaul respirations, nausea and vomiting, and blurred vision (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Other manifestations of DKA can include weight loss, stomach pain, metabolic acidosis, polydipsia, polyphagia, and polyuria (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Manifestations of hyperglycemic-hyperosmolar state can include the following, seizures, weakness, orthostatic hypotension, reversible paralysis, polydipsia, polyuria, polyphagia, blurred vision, headache, and weight loss (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Prioritize Hypothesis

Topic: Complications of Diabetes Mellitus: Prescriptions for a client experiencing DKA

- Give the patient a rapid infusion of 0.9% NaCl for the first 1 to 3 hours (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- When the patient's blood glucose goes down below 250 mg/dL, change the IV solution to 5% dextrose to minimize the risk of cerebral edema related to the drastic changes in the patient's blood osmolarity and to prevent hypoglycemia from occurring (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Insulin is administered IV rather than subcutaneously to provide immediate treatment. The client who has DKA will absorb subcutaneous slowly and erratically, making it difficult to adjust dosages of insulin appropriately (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Take Action

Topic: Angina and Myocardial Infarction: Actions to take for client experiencing myocardial infarction

- The patient should receive nitroglycerin (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The patient should receive aspirin and morphine (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- The patient should be provided oxygen (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Topic: Gastrointestinal therapeutic procedures: Caring for a client who is receiving total parenteral nutrition

- The patient should be weight every day and their intake and output should be monitored also (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Regularly check the client's blood glucose every 4 to 6 hours to prevent hyper or hypoglycemia from occurring (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Keep dextrose 10% in water at the bed side in case the solution is unexpectedly ruined or the next bag is not available. This will minimize the risk of hypoglycemia with abrupt changes in dextrose concentrations (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Generate Solutions

Topic: Angina and Myocardial Infarction: Planning care for a client

- Place the patient on continuous cardiac monitoring (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Obtain and maintain IV access for the patient (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Cluster nursing interventions to promote rest for the patient (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

Subcategory: Evaluate Outcomes

Topic: Heart Failure and Pulmonary Edema: Monitoring changes in client status

- Monitor the patient's intake and output (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Weigh the patient every day (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).
- Monitor respiratory status and auscultate lungs (Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).

References:

Holman, H. H., Williams, D. W., Sommer, S. S., Johnson, J. J., Ball, B. B., Wheless, L. W., Leehy, P. L., & Lemon, T. L. (2023). *RN adult medical surgical nursing* (12th ed.). Assessment Technologies Institute.

(Holman, Williams, Sommer, Johnson, Ball, Wheless, et al., 2023).