

## Proctored ATI Remediation Template

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Assessment Name: RN Fundamentals 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:

<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 a 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 checked 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:**

#### **Subcategory: Basic Care and Comfort**

##### **Topic: Mobility and Immobility**

- There are systemic effects of immobility including integumentary, respiratory, cardiovascular, and metabolic effects.
- Maintaining hydration of 2,000 mL/day will help with maintaining urinary and bowel elimination, and also helps in maintaining fluid volume systemically.
- Deep-vein thrombosis is a major risk when immobile, and nursing interventions such as active ROM exercises and use of anticoagulants may help if ordered.

##### **Topic: Fluid Imbalances**

- Dehydration may be caused by hyperventilation, prolonged fever, osmotic diuresis, excess salt intake, diabetic ketoacidosis, and hyperventilation.
- Hct levels may diagnose fluid status. Hypervolemia: decreased Hct.
- Vital signs may indicate fluid imbalances. Blood pressure, heart rate, oxygenation, and weight can show hypervolemia or hypovolemia.

##### **Topic: Priority Finding for Immobile Clients**

- Promoting venous return is beneficial, and can be done using anti-embolic stockings, position techniques, and leg exercises.
- Shortness of breath, hemoptysis, decreased BP can indicate a pulmonary embolism.

#### **Subcategory: Health Promotion and Wellness**

##### **Topic: Coping**

- Coping is the behavioral and cognitive efforts of an individual to manage stress.
- General adaptation syndrome (GAS) is 3 stages: Alarm, Resistance, and Exhaustion.
- Adherence is the commitment and ability of the client and family to follow a given treatment regimen.

##### **Topic: Health Promotion**

- Health promotion is the use of nursing measures and complementary therapies to promote health and prevent disease.
- Females have higher rates of autoimmune diseases, and males have higher rates of suicide.
- There are 3 health screenings: primary, secondary, and tertiary.

##### **Topic: Preventing Colorectal Cancer**

- Patients 45-75 should get a fecal occult blood test every year.
- Patients should get a colonoscopy once every 10 years.

#### **Subcategory: Management of Care**

##### **Topic: Legal Responsibilities**

- Nurses are accountable for protecting the rights of clients.
- Informed consent is a legal process by which a client or the client's legally appointed designee has given written permission for a procedure or treatment.
- Nurses' role in informed consent is to be a witness that the consent was obtained and the patient gives the consent.

**Topic: Pressure Injury, Wounds, and Wound Management**

- Stages of wound healing include inflammatory stage, proliferative stage, and the remodeling stage.
- There are 3 healing processes: primary, secondary, and tertiary intention.
- Black tissue on a wound may indicate eschar which hinders healing.

**Topic: Types of Wound Drainage**

- Serous fluid is watery and slightly yellow. Sanguinous fluid contains red blood cells, and may be red.
- Serosanguinous fluid is a mixture of the two fluids. It may be light red colored.
- Purulent drainage is the result of infection, may have foul odor and color.

**Main Category:**

**Subcategory: Pharmacological and Parenteral Therapies**

**Topic: Types of Medication Prescriptions**

- Routine, one-time, stat, and prn prescriptions are common in the medical record and treatment plan.
- Prescriptions must have the name of medication, dosage, route, frequency, and a provider's signature with a date and time.
- When taking a telephone prescription, the nurse must read it back to the provider and ensure they sign it.

**Topic: Rights of Safe Medication Administration**

- There are 5 rights to safely administer medication, and the nurse should check these every time they administer a medication.
- The client has a right to refuse the medication, and if they do so it must be documented correctly.
- There are numerous do not use abbreviations, so that it reduces the amount of medication errors.

**Topic: Pre-assessment for Medication Therapy**

- The nurse should obtain a health history and keep it updated as necessary.
- A physical examination provides a baseline for evaluating the therapeutic effects of medication therapy and for detecting possible adverse effects.

**Subcategory: Reduction of Risk Potential**

**Topic: Airway Management**

- Pulse oximetry is a noninvasive measurement of the oxygen saturation of the blood for monitoring respiratory status.

- Readings of 90% or lower is indicative of hypoxemia.
- Adjusting and administering oxygen requires a prescription.

**Topic: Manifestations of Hypoxia**

- Early signs include tachycardia, tachypnea, restlessness and anxiety, and elevated blood pressure.
- Late signs include stupor, cyanotic skin, bradypnea, bradycardia, hypotension, and cardiac dysrhythmias.

**Topic: Oxygen Delivery Systems**

- Nasal cannula can deliver 24%-44% at a flow rate of 1-6 L/min.
- Face masks can deliver 35%-60% at a flow rate of 5-10 L/min.
- Non-rebreather masks can deliver 80%-95% at a flow rate of 10-15 L/min.

**Subcategory: Safety and Infection Control**

**Topic: Action to Take Prior to the Use of Restraints**

- Restraints can be either physical (devices that restrict movement: vest, belt, mitt, limb) or chemical (sedatives, neuroleptic or psychotropic medications) to calm the client.
- Restraints can cause pneumonia, incontinence, and pressure injuries.
- The nurse needs to make sure the restraints are loose enough for range of motion and that there is enough room to fit two fingers between the restraints and the client.

**Topic: Prescription for Restraints**

- The prescription must include the reason for the restraints, the type of restraints, the location of the restraints, how long to use the restraints, and the type of behavior that warrants using the restraints.
- The prescription allows only 4 hr of restraints for an adult, 2 hr for clients ages 9 to 17, and 1 hr for clients younger than 9 years of age.
- Providers cannot write PRN prescriptions for restraints.

**Topic: Nursing Responsibilities for Clients in Restraints**

- The nurse must explain the need for the restraints to the client and family, emphasizing that the restraints keep the client safe and are temporary.
- The nurse should secure/tie restraints to a part of the bed frame that can raise and lower when the bed controls are used.

**Main Category:**

**Subcategory: Clinical Judgement**

**Topic: Nutrition and Oral Hydration**

- The body needs carbohydrates, fats, proteins, vitamins, minerals, and water as basic needs to survive.
- There are many factors that affect nutrition and metabolism, and older adults have slower metabolic rates.
- Anorexia nervosa, bulimia nervosa, and binge-eating disorder are three common eating disorders that

directly influence the patients health.

**Topic: Therapeutic Diets**

- NPO means nothing by mouth, not even ice chips.
- Clear liquid diets have little residue, while full liquid diets include dairy products and juices.
- High-fiber diets include whole grains, raw, and dried fruit to add bulk to the diet.

**Topic: Urinary Elimination: Medical Record for Client with a UTI**

- The primary organs of urinary elimination are the kidneys, with the nephrons performing most of the functions of filtration and elimination. Most adults produce 1,000 to 2,000 mL/day of urine.
- Patients should drink 2000 to 3000 mL of fluid daily unless contraindicated.
- Symptoms of a UTI include urinary frequency, urgency, nocturia, flank pain, hematuria, cloudy, foul-smelling urine, and fever.

