

N433 Infant, Child, and Adolescent Health
Proctored ATI Remediation Template

Student Name: Cassie Sanders
Assessment Name: Peds ATI
Semester: Fall, 24

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:

SAMPLE Main Category: Management of Care
SAMPLE Subcategory: Case Management
SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sick 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.
Proctored ATI Grading Scale – RN Pediatric Health 2023

Level 3= 90 points

- **Remediation = 10 points:**
- *Minimum 1-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Level 2 = 80 points

- **Remediation = 10 points:**
- *Minimum 2-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Level 1 = 70 points

- **Remediation = 10 points:**
- *Minimum 3-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Below Level 1 = 60 points

- **Remediation = 10 points:**
- *Minimum 4-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

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.
- 7.

Main Category: Management of Care

Subcategory: Patient centered care

Topic: Client rights

- Client rights are the legal guarantees that clients have about their healthcare.
- Nurses are accountable for protecting the rights of clients.
- Situations that require particular attention include informed consent, refusal of treatment, advance directives, confidentiality, and information security.

Topic: Refusal of treatment

- PSDA stipulated that on admission to a health care facility, all clients must be informed of their right to accept or refuse care.
- If the client refuses a treatment or procedure, the client is asked to sign a document indicating that they understand the risk involved with refusing the treatment or procedure.
- When a client decides to leave the facility without a prescription for discharge, the nurse notifies the provider and discusses with the client the potential risks associated with leaving the facility prior to discharge.

Topic: Nursing role in advocacy

- Nurses must ensure that clients are informed of their rights and have adequate information on which to base health care decisions.
- Nurses must be careful to assist clients with making health care decisions and not direct or control their decisions.
- Nurses mediate on the client's behalf when the actions of others are not in the clients best interest or changes need to be made in the plan of care.

Subcategory: Advanced Directives

Topic: Components of advance directives

- The two components of advance directive are the living will and the durable power of attorney for health care.
- A living will is a legal document that expresses the clients wishes regarding medical treatment in the event the client becomes incapacitated and is facing end-of-life issues.
- Types of treatments often addressed in a living will are those that have the capacity to prolong life

Topic: Durable power of attorney for health care

- A durable power of attorney for health care/health care proxy is a legal document that designates a health care surrogate, who is an individual authorized to make health care decisions for a client who is unable.
- The person who serves in the role of health care surrogate to make decisions for the client should be very familiar with the client's wishes.
- Living wills can be difficult to interpret, especially in the face of unexpected circumstances. A durable power of attorney for health care, as an adjunct to a living will, can be a more effective way of ensuring that the client's decisions about health care are honored.

Topic: Nursing role in advanced directives

- Provide written information regarding advance directives.
- Documenting the client's advance directives status.
- Ensuring that advance directives are current and reflective of the client's current decisions.

Subcategory: Confidentiality and information security.

Topic: Rights

- Clients have the right to privacy and confidentiality in relation to their health care information and medical recommendations.
- Nurses who disclose client information to an unauthorized person can be liable for invasion of privacy, defamation, or slander.
- The security and privacy rules of HIPAA were enacted to protect the confidentiality of health care information and to give the client the right to control the release of information.

Topic: Components of the privacy rule

- Only health care team members directly responsible for the client's care are allowed access to the client's records.
- Clients have a right to read and obtain a copy of their medical record, and agency policy should be followed when the client requests to read or have a copy of their record.
- No part of the client record can be copied except for authorized exchange of documents between health care institutions.

Topic: Information technology

- Informatics is the use of computers to systematically resolve issues in nursing.
- Examples of how a nurse can use the electronic format while providing client care include laptops for documentation and the use of an automated medication dispensing system to dispense medications.
- Computers can be beneficial for use with clients who have visual impairments.

Subcategory: Health promotion and disease prevention

Topic: Conjunctivitis

- Spread: direct contact (viral and bacterial)
- Incubation: depends on the infection.
- Isolation precautions; Viral- contact; Bacterial- standard

Topic: Infectious mononucleosis/Epstein Barr virus

- Spread: Oral secretions
- Incubation: 30-50 days
- Isolation precautions: Standard

Topic: Erythema infectiosum (fifth disease)/parvovirus B19

- Spread: respiratory secretions and transfusion of blood or blood products
- Incubation: 4-14 days, sometimes up to 21 days
- Isolation precautions: Droplet

Subcategory: Patient centered care

Topic: Nursing Care QTC

- Administer an antipyretic for fever. Do not administer aspirin, due to the risk of Reye syndrome.
- Administer an antipruritic for severe itching.
- Provide fluids and nutritious foods of the child's preference.

Topic: Skin Care

- Provide calamine lotion for topical relief.
- Keep the child cool but prevent chilling.
- Keep the child's fingernails clean and short.

Topic: Client Education

- Good hand hygiene prevents the spread of infection.
- Adhere to the antibiotic or antiviral therapy.
- Wash bed linens daily in mild detergent.

Subcategory: Complications

Topic: Fifth disease

- Self-limited arthritis
- Arthralgia
- More common in adult females

Topic: Mumps

- Orchitis
- Encephalitis, meningitis, oophoritis, mastitis
- Deafness, myocarditis, arthritis, hepatitis

Topic: Pertussis

- Infants and children: pneumonia, seizures, apnea, encephalopathy, death, ear infections, hemorrhage, weight loss, hernias.
- Teens and adults: weight loss, loss of bladder control, syncope, rib fractures, pneumonia.

Main Category: Health Promotion and Maintenance

Subcategory: Immunizations

Topic: Administration

- Administration of a vaccine stimulates the immune system to produce antibodies against a specific disease.
- Vaccines contain the infectious organism, but it is either killed or weakened to prevent causing the disease.
- Antibodies disappear after they destroy the infection/antigen, but memory cells are formed to protect from future exposures to that same infection.

Topic: Purpose

- Decrease certain infectious diseases.
- Eliminate certain infectious diseases in society.
- Prevent infectious diseases and their complications.

Subcategory: Precautions**Topic: Complications, contraindications, and precautions**

- Anaphylaxis can occur in response to any vaccine and is a contraindication for receiving further doses of that vaccine or other vaccines containing that substance.
- Moderate or severe illnesses with or without fever are precautions to receiving immunizations.
- The common cold and other minor illnesses are not contraindications to immunizations.

Topic: Nursing administration

- Ensure consent has been obtained from the child's guardian prior to administration.
- Reassure the guardians that there is no association of autism with the MMR vaccine.
- Give sub-Q injections in the outer aspect of the upper arm or anterolateral thigh.

Topic: Strategies to minimize discomfort.

- Provide distraction.
- Apply a topical anesthetic prior to injection.
- Use non-nutritive sucking (pacifiers) during procedure.

Subcategory: Foundations of pediatric nursing**Topic: Language development**

- Crying is the first form of verbal communication
- Infants cry for 1 to 1 ½ hours each day up to 3 weeks of age
- Crying decreases by 12 weeks of age.

Topic: Age-appropriate activities

- Play should provide interpersonal contact and educational stimulation.
- Infants have short attention spans and will not interact with other children during play (solitary play).
- Appropriate toys and activities that stimulate the senses and encourage development include rattles, soft stuffed toys, teething toys.

Topic: Sleep and rest

- Nocturnal sleep pattern is established by 3-4 months of age.
- Infants sleep 14-15 hr daily and 9-11 hr at night around the age of 4 months.
- Infants sleep through the night and take one to two naps during the day by age 12 months.

Main Category: Psychosocial Integrity

Subcategory: Perspectives of pediatric nursing

Topic: Physical Development

- Anterior fontanels close by 18 months of age.
- At 30 months of age, toddlers should weigh four times their birth weight. They gain approximately 4-6 lb per year.
- Head circumference and chest circumference are usually equal by 1-2 years of age.

Topic: Cognitive development (Piaget)

- Sensorimotor stage transitions to the preoperational stage around 2 years of age
- The concept of object permanence increases.
- Toddlers have and demonstrate memories of events that relate to them.

Subcategory: Psychosocial development (Erikson)

Topic: Autonomy vs shame and doubt

- Independence is paramount for toddlers, who are attempting to do everything for themselves.
- Toddlers often use negativism, or negative responses, as they begin to express their independence.
- Ritualism, or maintaining routines and reliability, provides a sense of comfort for toddlers as they begin to explore the environment beyond those most familiar to them.

Topic: Moral development

- Moral development is closely associated with cognitive development.
- Egocentric: Toddlers are unable to see things from the perspectives of others; they can only view things from their personal points of view.
- Punishment and obedience orientation begin with a sense that good behavior is regarded, and bad behavior is punished.

Topic: Body-image changes

- Toddlers appreciate the usefulness of various body parts.
- Toddlers develop gender identity by 3 years of age.

Subcategory: Health promotion

Topic: Immunizations

- 12-15 months: inactivated poliovirus; Haemophilus influenzae type B, pneumococcal conjugate vaccine; measles, mumps, and rubella; and varicella.
- 12-23 months: hepatitis A (Hep A), given in two doses at least 6 months apart.
- 15-18 months: diphtheria, tetanus, and acellular pertussis.

Topic: Nutrition

- Children might establish lifetime eating habits during early childhood.
- Toddlers begin developing taste preferences and are generally picky eaters who repeatedly request their favorite foods.
- Physiologic anorexia occurs, resulting in toddlers becoming fussy eaters because of decreased appetite.

Topic: Sleep and rest

- Toddlers typically average 11-12 hr of sleep per day, including one nap.
- Naps are often eliminated in older toddlerhood.
- Maintaining a regular bedtime and bedtime routines are helpful to promote sleep.

Main Category: Basic Care and Comfort

Subcategory: Specific considerations

Topic: Pain Management

- Assessment of pain depends of the child's cognitive, emotional, and physical development.
- Atraumatic care is the use of interventions that minimize or eliminate physical and phycological distress.
- Pain is managed by atraumatic, nonpharmacological, and pharmacological interventions.

Topic: Influential factors

- Age
- Development stage
- Dynamics (living arrangement and personal stressors).

Subcategory:Expected findings (developmental characteristics)

Topic: Young infant

- Loud cry, rigid body or thrashing.
- Local reflex withdrawal from pain stimulus, lack of association between stimulus and pain.
- Expressions of pain (eyes tightly closed, mouth open in a squarish shape, eyebrows lowered and drawn together).

Topic: Older infant

- Loud cry
- Deliberate withdrawal from pain
- Facial expression of pain

Topic: Toddler

- Loud cry or screaming.
- Verbal expressions of pain
- Thrashing of extremities, attempt to push away or avoid stimulus.

Subcategory: Patient centered care

Topic: Nursing care

- Reassess the child's pain level frequently.
- Use nonpharmacological, pharmacological, or both approaches to manage pain.
- Assess for negative effects or distress the child might experience related to pain (anxiety, withdrawal, sleep disruption, fear, depression, or unhappiness).

Topic: Atraumatic Measures

- Use a treatment room for painful procedures.
- Use developmentally appropriate terminology when explaining procedures.
- Use play therapy to explain procedures, allowing the child to perform the procedure on a doll or toy.

Topic: Pharmacological measures

- The WHO recommends a two-step approach for pharmacological management of pain in children. For children above 3 months of age with mild pain, the first step is to administer a non-opioid. Nonsteroidal anti-inflammatory drugs are frequently used for mild pain. The second step for children who have moderate or severe pain is to administer a strong opioid. Morphine is the drug of choice.
- Optimal dosage of medications control pain without causing severe adverse effects.
- Select the least traumatic route for medication administration.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Medications affecting the respiratory tract

Topic: Airflow disorders

- Asthma is a chronic inflammatory disorder of the airways. It is an intermittent and reversible airflow obstruction that affects the bronchioles.
- The obstruction occurs either by inflammation or airway hyper-responsiveness leading to bronchoconstriction.
- Medication management usually addresses both inflammation and bronchoconstriction. These same medications can also be used to treat manifestations of COPD.

Topic: Short-acting Beta2 Agonists (SABAs)

- Albuterol, ephedrine
- Epinephrine, levalbuterol
- Metaproterenol, Terbutaline

Topic: Long-Acting Beta2 Agonists (LABAs)

- Aformoterol
- Formoterol
- Idacaterol

Subcategory: Purposes

Topic: Therapeutic uses

- Inhaled, short-acting prevention of asthma episode (exercise-induced).
- Inhaled, short-acting treatment for bronchospasm and asthma.
- Oral, long-acting, long-term control of asthma.

Topic: Complications

- Tachycardia, angina caused by oral agents due to activation of alpha 1 receptors in the heart.
- Nursing action: the dosage might need to be reduced.

Topic: Client education

- Observe for chest, jaw, or arm pain or palpitations, and notify the provider if they occur.
- Check pulse and report an increase of greater than 20-30/min.
- Avoid caffeine.

Subcategory: Nursing administration

Topic: Nursing considerations

- When a client has a prescription for an inhaled beta2 agonist and an inhaled glucocorticoid, advise the client to inhale the beta2 agonist before inhaling the glucocorticoid. The beta2 agonist promotes bronchodilation and enhances absorption of the glucocorticoid.
- Formoterol and salmeterol are long-acting beta2 agonist inhalers. These inhalers are used every 12 hours for long-term control and are not used to abort an asthma attack or exacerbation. These long-acting agents are not used alone but are prescribed in combination with an inhaled glucocorticoid.
- A short-acting beta2 agonist is used to treat an acute episode.

Topic: Client education

- Follow manufacturer's instructions for use of metered-dose inhaler (MDI), dry-powder inhaler (DPI), and nebulizer.
- Know the dosage schedule (if the medication is to be taken on a fixed or as-needed schedule).
- Observe for indications of an impending asthma episode and keep a log of the frequency and intensity of exacerbations.

Topic: Inhaled anticholinergics

- Relieves bronchospasms associated with COPD
- Allergen-induced and exercise-induced bronchospasm
- Ipratropium is FDA approved only for bronchospasm associated with COPD, though is often used off-label for asthma and is part of the evidence-based guidelines for asthma management.

Main Category: Reduction of Risk Potential

Subcategory: Basic care and comfort

Topic: Urinary elimination

- Urinary elimination is a precise system of filtration, reabsorption, and excretion. These processes help maintain fluid and electrolyte balance while filtering and excreting water-soluble wastes.
- The primary organs of urinary elimination are the kidneys, with the nephrons performing most of the functions of filtration and elimination.
- Interventions (surgery, immobility, medications, and therapeutic diets) can affect urinary elimination.

Topic: Urinary Diversions

- Urinary diversions are created to reroute urine and are temporary or permanent. Surgeons create urinary diversions for clients who have bladder cancer or injury.
- They have many similarities to bowel diversions. Clients who have urinary diversions often share similar body image concerns as those who have bowel diversions.
- Continent diversions have a reservoir in the abdomen that allows clients to control the elimination of urine.

Topic: Nursing intervention

- Consult a wound ostomy continence nurse to assist clients who have an incontinent diversion.
- Monitor the stoma and peristomal skin for indications of breakdown.

Subcategory: Factors affecting urinary elimination

Topic: General factors

- Poor abdominal and pelvic muscle tone.
- Acute and chronic disorders.
- Spinal cord injuries.

Topic: Age

- Children achieve full bladder control by 4-5 years of age.
- The prostate can enlarge in older adult males. An enlarged prostate can obstruct the bladder outlet and cause urinary retention and urgency, which can lead to incontinence and urinary tract infections.
- Clients who are post-menopausal can have decreased perineal tone due to reduced estrogen levels, which can cause urgency, stress incontinence, and UTIs.

Topic: Psychosocial factors

- Pain
- Surgical procedures
- Medications

Subcategory: Psychosocial factors

Topic: Pain

- Suppression of the urge to urinate when there is pain in the urinary tract.
- Obstruction in the ureter leading to renal colic.
- Arthritis or painful joints causing immobility and leading to delayed urination.

Topic: Surgical Procedures

- Alterations in glomerular filtration rate from anesthesia and opioid analgesics, resulting in decreased urine output.
- Lower abdominal surgery creating edema and inflammation.
- Fear of pain.

Topic: Medications

- Diuretics preventing reabsorption of water.
- Antihistamines and anticholinergics causing urinary retention.
- Chemotherapy creating a toxic environment for the kidneys.

Main Category: Physiological Adaptation

Subcategory: Phenylketonuria (PKU)

Topic: General information

- PKU is an inherited metabolic disorder in which the newborn lacks the enzyme phenylalanine hydroxylase.
- This enzyme converts phenylalanine, an essential amino acid, into tyrosine.
- The lack of this enzyme leads to the accumulation of phenylalanine in the newborn's bloodstream and tissues, which causes cognitive impairment.

Topic: Expected findings

- Growth failure, frequent vomiting, irritability
- Musty odor to urine, Microcephaly
- Heart defects, blue eyes, very fair skin, light blonde hair.

Topic: Laboratory tests

- Newborn metabolic screen: blood spot analysis is performed on all newborns within 2 days following birth to allow for early identification of PKU.
- Expected reference range of phenylalanine in newborns is 0.5- 1 mg/dL. Some states require a repeat newborn metabolic screen when the newborn is 1-2 weeks of age.
- Guthrie test: this confirms diagnosis when blood spot analysis is positive.

Subcategory: Patient-centered care

Topic: Nursing Care

- Initiate dietary restrictions as soon as PKU is diagnosed, or within 7-10 days of birth.
- Provide the newborn on a formula low in phenylalanine. Intake should be 20-30 mg phenylalanine per kg of body weight per day.
- Encourage the client to breastfeed in moderation if desired. Breastmilk contains phenylalanine, so breastfeeding exclusively might not be possible.

Topic: Therapeutic Management

- Dietary restrictions: newborns can breastfeed in moderation. Limit intake of foods high in phenylalanine. Encourage foods low in phenylalanine; potatoes, lettuce, peas, bananas.
- Sapropterin can be prescribed to decrease phenylalanine levels. Administer orally, may require frequent monitoring of phenylalanine levels.
- Monitor laboratory findings. Hemoglobin (monitor for anemia), Phenylalanine (evaluate effectiveness of therapy).

Topic: Complications

- Cognitive impairment (can be severe), hyperactivity
- Unexpected behavior (erratic, fright reactions, biting arm, head banging)
- Disorientation, spasticity or catatonic-like positions, seizures.

Subcategory: Meningocele/Myelomeningocele

Topic: Meningocele

- Neural tube defect that is present at birth and affect the CNS and spine.
- Meningocele is the protrusion of a sac-like cyst that contains meninges and spinal fluid.
- Occurs when the neural tube fails to close during the third to fourth week of embryonic development.

Topic: Myelomeningocele

- Neural tube defect that is present at birth and affect the CNS and spine
- Occurs when the neural tube fails to close during the third to fourth week of embryonic development
- Is the protrusion of a sac-like cyst that contains meninges, spinal fluid, and a portion of the spinal cord and nerves.

Topic: Risk Factors

- Use of medications or illicit substances during pregnancy.
- Malnutrition during pregnancy.
- Pregnancy obesity, diabetes mellitus, hyperthermia, or low levels of vitamin B12.