

N321 Adult Health I
Proctored ATI Remediation Template

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Assessment Name: Proctored ATI Remediation
Semester: Fall 2024.u

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.

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: Legal Responsibilities

- In most of the time, a nurse will be a witness after the provider and client has signed the form.
- Right before signing the forms, we must make sure that the patient understands fully on the information that was provided to them.
- When a patient needs emergency surgery and there is no one to give consent, you can send them to surgery however the provider still has to provide written consent prior to surgery. That is the only time when you do not need to get consent prior to surgery.

Subcategory: Collaboration with multidisciplinary team

Topic: Pressure Injury, Wounds, and Wound Management

- Reposition the patient every 2 hours and not 4 hours. Also, when they are in a chair you would want to reposition every hour.
- You do want to raise their heels off of the bed to prevent pressure, I was thinking that would be putting more pressure on the coccyx.
- You want to make sure that they are getting the appropriate nutrition for wound healing, for example adequate hydration, vitamins, supplements, and continuous monitor labs.

Subcategory: Legal right and responsibilities

Topic: Legal Responsibilities: Identifying an intentional tort

- Defamation is when a nurse tells a coworker that they believe the client is in an abusive situation or being unfaithful to their partner.
- Assault is when a nurse/other is making the patient feel fearful and apprehensive to others due to threats.
- Negligence is when a nurse/other is not implementing safety measures for their clients to reduce the risk of falling.

Topic: Legal Responsibilities: Identifying negligence

- When a patient is being admitted to the hospital or the emergency room, the nurse must perform a fall risk assessment to determine where the patient is and how many precautions will need to be taken. Also, you could see if they are declining or improving in time.
- If the nurse fails to do this assessment, the patient will not have the appropriate precautions in place to help them from not falling.
- If something happens to a patient while a nursing student is caring for them, the student will still be liable for the harm of the patient.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Client Safety: Priority Action When Responding to a Risk for Fire

- You will shut off all oxygen gas with the shut-off valve to help contain the fire and not to explode. Also, turning off all electrical devices.
- RACE (rescue, alarm, contain/confine, and extinguish)
- PASS (pull the pin, aim at the bottom of the fire, squeeze the handle, and sweep from side to side)

Topic: Musculoskeletal and Neurologic Systems: Teaching a Client About Passive Range-of-Motion Exercises

- It is recommended to perform a range of motions twice a day to prevent joint stiffing. You would want to space them out, so the patient is not doing too much at once.
- Make sure that the patient understands that this should not cause more pain or past the resistance because it could cause more damage.
- Making sure that the patient understands that there are different ways to do the range of motions, like

sagittal (left to right), transverse (side to side) and frontal (front to back).

Topic: Pressure Injury, Wounds, and Wound Management: Preventing Pressure Injuries

- Type of drainage: serous and serosanguineous are “good/non-concerning” and sanguineous and purulent are “bad/concerning.”
- Educate patients on good intake of protein foods to help the healing. (meat, fish, poultry, eggs, dairy, beans, nuts, and whole grain)
- You can use analgesics before and to monitor the pain. Also, can use a sterile straight catheter to irrigate small, deep wounds.

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

Topic: Infection Control: Removal of Personal Protective Equipment

- Airborne: GLOVES, gown, eye protection, and mask.
- All types of PPE, gloves will be removed first.
- You want to be wearing an N95, eye protection, gown, and gloves. The patients must be in a negative pressure room.

Topic: Medical and Surgical Asepsis: Technique for Setting Up a Sterile Field

- The outer edge (1-inch) around the border is non-sterile.
- Never reach across or above the sterile field because bacterial can fall off and contaminate the area without us knowing.
- Always open everything away from your body. Never towards.

Subcategory: Use of Restraints/Safety Devices

Topic: Client Safety: Planning Care for a Client Who Has a Prescription for Restraints

- Restraints are only used to protect the patient from harming themselves or others around them. Never for the nurse’s convenience.
- Physical restraints are to restrict the movement, like vest, belt, mitt, limb.
- Chemical restraints are to calm the patient down like sedatives, neuroleptic or psychotropic medication.

Main Category: Health Promotion and Maintenance

Subcategory: Health Screening

Topic: Nutrition Assessment/Data Collection: Obtaining Anthropometric Measurements

- When getting this measurement, you are gathering their weight and height to figure out someone’s BMI.
- Want to weigh the patient at the same time day and wearing similar clothing has previous.
- When getting someone’s height, they must be flat footed with their shoes and head accessories off.

Subcategory: Techniques of physical assessment

Topic: Head and Neck: Expected Eye Assessment Findings

- The proper sequence is visual acuity, EOMs, visual field, external structure, and internal structure.
- Can test their cranial nerves (CN II, CN III, CN IV, CN VI, AND CN V).
- All you need for this a penlight and an ophthalmoscope.

Main Category: Basic Care and Comfort

Subcategory: Assistive Devices

Topic: Mobility and Immobility: Identifying Appropriate Crutch Gait for a Client

- Four-point gait is when the patient is bearing weights on both legs. They must alternate each leg with the opposite crutch.
- Three-point gait is when the patient is bearing all weigh on one foot while using both crutches. There is no swing gait.
- Two-point gait is when the patient is partial bearing weight on both feet.

Subcategory: Mobility/Immobility**Topic: Mobility and Immobility: Planning Care for a Client Who Is Immobile**

- Patients will have a risk of weakening of respiratory muscles which could lead to decrease in oxygenation and carbon dioxide exchange.
- If a patient is not trying to ambulate or do ROMs, they will have a decrease in their muscle strength and/or mass which could lead to falls.
- You must rotate or move the patient every 2 hours and not 4 hours.

Subcategory: Nutrition and oral hydration**Topic: Nutrition and Oral Hydration: Assisting a Client Who Has Dysphagia**

- Dysphagia is the impairment of a patient's speech.
- Someone who has dysphagia is at a higher risk of aspirating due to the difficulty of swallowing. Some signs are coughing, choking, gagging, and/or drooling of foods.
- The appropriate diet for someone who has dysphagia is pureed foods and/or thickened liquids.

Topic: The Interprofessional Team: Requesting a Referral for a Client Who Has Dysphagia

- An Occupational Therapist is someone who can help someone with their daily living skills and their motor skills in their upper extremities. You could refer someone who had a stroke.
- A Physical Therapist is someone who can help create and assess a patient's musculoskeletal function, mostly in their lower extremities. Someone with a hip replacement would need this to help them regain their strength and balance.
- A Speech-Language Pathologist is someone who will evaluate someone's ability to speech, language, and swallowing. Someone who has dysphagia should see them to help with improving their function.

Main Category: Pharmacological and Parenteral Therapies**Subcategory: Medication Administration****Topic: Pharmacokinetics and Routes of Administration: Enteral Administration of Medications**

- This method of administration is orally by a tablet, capsules, or liquids.
- When taking any form of the medication, make sure that they patient is at a 90-degree angle for proper swallowing.
- This could be used with someone who has a NG tube, and make sure that you are fluid between each feeding and/or medication.

Topic: Safe Medication Administration and Error Reduction: Comparing the Medication Administration Record to the Medication Label

- You will compare the order/medication 3 times: before removing the container
- When removing the amount of the medication and leave it in the packaging until its time to give it.
- Presences of the patient before administering the medication.

Topic: Safe Medication Administration and Error Reduction: Teaching a Client About Self-Administering Heparin

- You would want to determine 3 things with the client: what they already know about the medication
- What they need to know about the medication, like getting routine aPTT.
- Lastly, extra things that the parent wants to know about the medication, like how this is to reduce the risk for a blood clot from forming.

Main Category: Reduction of Risk Potential**Subcategory: Changes/Abnormalities in Vital Signs****Topic: Vital Signs: Nursing Actions for Elevated Blood Pressure**

- Normal is less than 120/less than 80
- Identifying what could be causing someone to help elevated blood pressure (kidney disease, thyroid

disease, and/or medication)

- Educate the patient on lifestyle modifications like tobacco use, weight control, alcohol use, physical activity, stress, and dietary use.

Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedure

Topic: Airway Management: Changing Tracheostomy Ties

- You will secure the new ties before removing the solid/old ones because it will prevent accidental decannulation. Which makes sense.
- You want to make sure that the new ties are clean and not solid.
- When changing the ties, you still want to assess for skin irritation/breakdown.

Topic: Intravenous Therapy: Actions to Take for Fluid Overload

- Some signs are distended neck veins, increased blood pressure, tachycardia, shortness of breath, crackles in the lungs, and/or edema.
- If they have an IV, you will want to decrease the rate because that could be causing it. Then notify the provider.
- To assess it, you can monitor their I&O, sometimes you can catch it early

Subcategory: Therapeutic Procedures

Topic: Airway Management: Tracheostomy Care

- When you are suctioning out a tracheostomy, you want to watch out for signs of hypoxemia (low oxygen) which are restlessness, confusion, tachypnea, tachycardia, decreased SpO₂ levels, adventitious breath sounds, audible or visible secretions, cyanosis, and absence of spontaneous cough.
- You would want to clean/care for the tracheostomy every 8 hours to decrease the risk of infection and skin breakdown. Inspect all around and under the tracheostomy for skin breakdown, if there is you could apply fresh split-gauze tracheostomy dressing of nonraveling material under and around the tracheostomy holder and plate.
- Reposition the client every 2 hours to prevent atelectasis and pneumonia.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Airway Management: Positioning for Postural Drainage

- This should try to be done by early-morning because it accumulates during the night.
- There are many different positions someone should be in depending on the specific area of the lungs. Sometimes, it will require a pillow.
- You will want to give a nebulizer/bronchodilator about 30-60 minutes prior to the drainage.



Individual Performance Profile

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<p>ADJUSTED INDIVIDUAL TOTAL SCORE</p> <p>57.3%</p> <p>TIME SPENT</p> <p>52:07</p>	<p>Individual Name: Kaylee Andersen</p> <p>Student Number: 7833195</p> <p>Institution: Lakeview CON</p> <p>Program Type: BSN</p> <p>Test Completed Date: 12/3/2024</p> <p># of Points: 87</p>	<p>Focused Review Progress</p> <p>View missed topics and launch study materials below.</p> <p>Last accessed: 12/4/2024 Time spent: 04:29:20</p> <p style="text-align: center;">Review</p>
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PROFICIENCY LEVEL	MEAN		PERCENTILE RANK	
Level 1	National 64.6%	Program 64.2%	National 23	Program 25