

N431 Adult Health II
Proctored ATI Remediation Template

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Assessment Name: Adult Health II Proctored ATI
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:

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: N/A

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Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Preoperative Nursing Care: Identifying Risk for a Latex Allergy

- The nurse should obtain a detailed history of a patient before they undergo any surgery or procedure; this assessment should include medical history, tolerance of anesthesia, medications taken, supplements used, and any allergies.
- Patients with a known history of an allergy to banana or kiwi increases their risk for an allergy to latex as well.
- The nurse should be aware of common objects used in healthcare that can contain latex such as gloves, IV tubing, catheters, certain tapes, and even medicine vials.

Topic: Preoperative Nursing Care: Identifying Risk for Propofol Allergy

- Allergy to eggs or soybean oil is a contraindication to the use of propofol for anesthesia.
- The nurse should assess how the patient has tolerated other forms of anesthesia in past surgeries if possible.
- Ensure that the client remains NPO for at least 6 hours for solid foods and 2 hours for clear liquids before surgery with general anesthesia to avoid aspiration.

Topic:

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Main Category: Psychosocial Integrity

Subcategory: Coping Mechanisms

Topic: Amputation: Identifying Acceptance of an Altered Body Image

- The nurse should allow the patient and their family the ability to grieve for the loss of their body part and change in body image.
- The nurse should frequently assess the patient's psychosocial well-being and for feelings of altered self-concept; the nurse should encourage the patient to participate in the care of their residual limb and express their feelings about it.
- The nurse should provide referrals to religious/spiritual advisors, social work, counseling, and support groups as needed.

Topic:

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Main Category: Basic Care and Comfort
Subcategory: N/A
<p>Topic:</p> <ul style="list-style-type: none"> • • • <p>Topic:</p> <ul style="list-style-type: none"> • • • <p>Topic:</p> <ul style="list-style-type: none"> • • •

Main Category: Pharmacological and Parenteral Therapies
Subcategory: Blood and Blood Products
<p>Topic: Blood and Blood Product Transfusions: Administering Fresh Frozen Plasma</p> <ul style="list-style-type: none"> • Fresh frozen plasma should be infused rapidly over a span of 15 to 30 minutes. • Fresh frozen plasma should be administered using a regular Y-set or straight filtered tubing. • The nurse should ensure that ABO compatibility of the fresh frozen plasma and patient match as plasma can still cause a transfusion reaction. <p>Topic:</p> <ul style="list-style-type: none"> • • • <p>Topic:</p> <ul style="list-style-type: none"> • • •

Main Category: Reduction of Risk Potential
Subcategory: N/A
<p>Topic:</p> <ul style="list-style-type: none"> • • • <p>Topic:</p> <ul style="list-style-type: none"> • • • <p>Topic:</p>

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Main Category: Physiological Adaptation

Subcategory: Illness Management

Topic: Complications of Diabetes Mellitus: Priority Intervention for a Client Who Develops a Hyperglycemia Hyperosmolar State

- HHS is an acute, life-threatening condition characterized by profound hyperglycemia over 600, hyperosmolality that leads to dehydration, and an absence of ketosis.
- The priority for patients with HHS is to rehydrate them with IV fluids, correct electrolyte imbalances, and begin IV insulin to lower blood glucose levels.
- When blood glucose levels decrease to 250 change the IV solution to contain 5% dextrose to minimize the risk of cerebral edema caused by drastic changes in blood osmolarity and to prevent hypoglycemia.

Topic: Heart Failure and Pulmonary Edema: Identifying Manifestations of Left-Sided Heart Failure

- Risk factors for left-sided heart failure include: hypertension, coronary artery disease, angina, MI, vascular disease, and smoking.
- Manifestations of left-sided heart failure include: dyspnea, orthopnea, fatigue, displaced apical pulse, S3 heart sound, pulmonary congestion, and manifestations of organ failure like low urine output.
- Manifestations of right-sided heart failure on the other hand include: jugular vein distention, peripheral edema, abdominal distention, liver enlargement, and weakness.

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Main Category: Clinical Judgment

Subcategory: Recognize Cues

Topic: Complications of Diabetes Mellitus: Identifying Manifestations of Diabetic Ketoacidosis or Hyperglycemic Hyperosmolar State

- Manifestations of DKA include: Polyuria, polydipsia, weight loss, blurred vision, fruity odor of breath, Kussmaul respirations, mental status changes, blood glucose over 300, and ketones in the blood and urine.
- Manifestations of HHS include: Polyuria, polydipsia, weight loss, mental status changes, myoclonic jerking, reversible paralysis, blood glucose over 600 and no ketones in the blood or urine.
- The main difference between the two is that DKA involves ketones and blood acidity, while HHS does not. Additionally, DKA is more common in people with type 1 diabetes, while HHS is more common in people with type 2 diabetes.

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Subcategory: Generate Solutions

Topic: Angina and Myocardial Infarction: Planning Care for a Client

- An ECG should be obtained within 15 minutes of arrival to the ED when a patient presents with chest

pain to assess for changes in rhythm that indicate cardiac ischemia. Serial ECGs should then be done and the patient should be put on continuous cardiac monitoring.

- Administer oxygen via cannula or face mask and ensure IV access is obtained.
- Initiate MONA (morphine, oxygen, nitroglycerin, and aspirin) protocol and frequently assess patient vitals and any changes in patient condition.

Topic: Stroke: Managing Increased Intracranial Pressure

- Mannitol is an osmotic diuretic used to treat cerebral edema and when used for increased ICP, it draws fluid from the brain into the blood.
- The nurse should ensure that the head of the bed remains elevated at a 30-degree angle to help facilitate venous drainage from the brain, lowering pressure.
- The nurse should frequently monitor the patient's temperature as fever can increase cerebral metabolism and raise ICP.

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Subcategory: Analyze Cues

Topic: Complications of Diabetes Mellitus: Identifying Complications of DKA

- DKA causes ketones to be present in the blood and urine and is more common in people with type 1 diabetes.
- DKA causes metabolic acidosis with respiratory compensation in the form of Kussmaul respirations.
- The onset of DKA is often very rapid and can result in mortality if not treated promptly.

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Subcategory: Take Action

Topic: Angina and Myocardial Infarction: Actions to Take for Client Experiencing Myocardial Infarction

- Obtain IV access and initiate MONA (morphine, oxygen, nitroglycerin, and aspirin) protocol
- Obtain serial ECGs and ensure continuous cardiac monitoring. Have resuscitation equipment ready at the bedside.
- Anticipate orders for and assist with giving medications such as alteplase, metoprolol, aspirin, and heparin.

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Subcategory: Evaluate Outcomes

Topic: Hepatitis and Cirrhosis: Evaluating Client Response to Treatment

- A liver biopsy is the most definitive diagnostic approach for hepatitis. The nurse should assist the patient into a supine position and instruct the patient to exhale and for that for at least 10 seconds while the doctor inserts the needle for a biopsy.

- The nurse should frequently assess blood liver enzymes, bilirubin, blood protein, and albumin levels to determine if the patient's status is improving or worsening.
- If the patient is being given lactulose the nurse must pay close attention to the patient's stools to ensure the medication is working effectively.

Topic: Infections of the Renal and Urinary System: Monitoring Changes in Client Status

- Expected findings in a patient with a urinary system infection can include: flank pain, urinary frequency, pain with urination, hematuria, fever, foul-smelling urine, perineal itching, and feeling of incomplete bladder emptying.
- The nurse should pay close attention to patient's vitals for signs of increasing temperature, lowered blood pressure, and increased heart rate as well as monitoring the patient's WBC.
- The nurse should closely monitor the patient's intake and output and note the characteristics of the patient's urine for signs of improvement or worsening.

Topic: Lupus Erythematosus, Gout, and Fibromyalgia: Identifying Manifestations of Systemic Lupus Erythematosus

- Lupus is an autoimmune disorder that results in chronic inflammation and destruction of healthy tissue that can result in major organ failure.
- Individuals more at risk for Lupus include females ages 20-40, family history, and those of African American, Asian, or Hispanic heritage.
- Manifestations of Lupus include: butterfly rash on the face, fatigue, alopecia, weight loss, pleuritic pain, joint pain/swelling/tenderness, anemia, swollen lymph nodes, pericarditis and more.