

Proctored ATI Remediation Template

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Main Category: Safety and Infection Control

Subcategory: Use of Restraints/Safety Devices

Topic: Client Safety: Action to Take Prior to Restraints

- Equipment should only be used after adequate instruction and safety inspections.
- The need for restraints should be explained to the client and family prior to use.
- Restraints should be used for the shortest duration of time necessary and only if other restrictive measures do not suffice.

Main Category: Health Promotion and Maintenance

Subcategory: Developmental Stages and Transitions

Topic: Coping: Evaluating Ego-Defense Mechanisms of a Client

- Coping strategies are unique to each client and may differ based on the stressor.
- Stressor whether they are good or bad produce similar biological responses in the body.
- Many factors can influence a client's ability to cope including the number, duration, and intensity of the stressors; client's past experiences; current support from family or friends; and the resources that are available.

Subcategory: Health Promotion/Disease Prevention

Topic: Health Promotion and Disease Prevention: Preventing Colorectal Cancer

- Fecal occult blood testing should be completed every year between the ages of 45 and 75.
- If patients are at increased risk, they will need to complete a colonoscopy more frequently than every 10 years.
- Primary, secondary, and tertiary levels of prevention are important to the prevention of colorectal cancer.

Subcategory: High-Risk Behaviors

Topic: Older Adults (65 Years and Older): Reducing the Risk for Osteoporosis

- Older adults should complete a dual-energy absorptiometry scan annually to assess for osteoporosis.
- Decalcification of bones will naturally occur in older adults.
- Development of osteoporosis will predispose older adults to mobility issues and increase the likelihood of falls.

Main Category: Psychosocial Integrity

Subcategory: End-of-Life Care

Topic: Grief, Loss, and Palliative Care: Identifying a Family Who Is Experiencing a Maturational Loss

- Maturational loss is any loss normally expected due to the developmental process of life.
- Maturational loss is associated with normal life transitions and are prime situations for people to develop coping skills.
- An example of maturational loss is a child leaving home for college.

Main Category: Basic Care and Comfort

Subcategory: Assistive Devices

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

- There are three different types of crutch gaits: two-point, three-point, and four-point.
- A crutch gait is when the client alternates weight from one leg to the other as well as on the crutches.
- The tripod position is the basic crutch stance.

Subcategory: Elimination

Topic: Urinary Elimination: Interventions to Promote Voiding in a Client Who Is Postoperative

- Surgery can affect the body's urinary elimination.
- Anesthesia and opioid use can disrupt glomerular filtration and cause decreased urine output.
- Encourage the client to increase fluid intake and document the client's intake and output.

Subcategory: Nonpharmacological Comfort Interventions

Topic: Pain Management: Nonpharmacological Methods for Pain Relief

- Cognitive-behavioral measures are changing the way a client perceives pain, and physical approaches to improve comfort.
- Nurses should not require clients to use nonpharmacological strategies in place of pharmacological pain measures.
- Treatment plans should include both nonpharmacological and pharmacological pain-relief measures.

Main Category: Basic Pharmacological and Parenteral Therapies

Subcategory: Dosage Calculations

Topic: Dosage Calculation: Calculating a Dose of Cefoxitin by Weight

- Nurses calculate IV flow rates for large volume continuous IV infusions and intermittent IV bolus infusions using electronic infusion pumps.
- Basic medication dose conversion and calculation skills are essential for providing safe nursing care.
- Nurses can use three different methods for dosage calculation: ratio and proportion, formula, and dimensional analysis.

Subcategory: Medication Administration

Topic: Pharmacokinetics and Routes of Administration: Administering Ophthalmic Drops

- The dropper should be held 1 to 2 cm above the conjunctival sac when delivering ophthalmic drops.
- If instilling more than one medication in the same eye, wait at least 5 minutes between them.
- Apply gentle pressure on the nasolacrimal duct for 30 to 60 seconds to prevent systemic absorption of medicated eye drops.

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

- Read medication labels and verify them with the MAR three times: before removing the container, when removing the amount of medication from the container, and in the presence of the client before administering the medication.
- Leave unit-dose medication in its package until administration.
- Check a drug reference to make sure the dose is within normal range.

Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Airway Management: Collecting a Sputum Sample

- Sputum specimens should be obtained early in the morning.
- The specimen container used for a sputum sample should be sterile.
- If a client cannot cough productively and expectorate sputum into the container, the specimen should be collected by endotracheal suctioning.

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

Topic: Fluid Imbalances: Monitoring Labs Postoperatively

- Rapid or severe dehydration can induce seizures.
- Excessive IV fluids may result in fluid imbalance.
- Pitting edema, distended neck veins, weight gain, and skin pallor are signs of hypervolemia.

Subcategory: Therapeutic Procedures

Topic: Bowel Elimination: Discharge Teaching about Ostomy Care

- Alterations in bowel pattern include infrequent stools or an increase in loose, liquid stools.
- Stool specimens are collected for both screening and diagnostic testing.
- Stomas should appear pink, moist, and shiny. The peristomal area should be intact, and the skin should appear healthy.

Main Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Fluid and Electrolyte Imbalances: Expected Findings for a Client Who Has Hypocalcemia

- Monitoring laboratory values can help in identifying electrolyte imbalances.
- Clients at greater risk for electrolyte imbalances are infants, children, older adults, clients with cognitive disorders, and clients with chronic illness.
- Hypocalcemia may manifest with numbness, tingling, muscle spasms, thready pulse, and seizures.

Subcategory: Pathophysiology

Topic: Adverse Effects, Interactions, and Contraindications: Assessing for an Allergic Reaction to Antibiotics

- Before administering any medications, nurses should obtain a full medication and allergy history.
- Certain foods can interact with medications and cause adverse effects or cancel out the therapeutic effect of the medication.
- Contraindications for specific medications relate to clients' physical status, health, and allergy history.

Main Category: Clinical Judgement

Subcategory: Prioritize Hypotheses

Topic: Mobility and Immobility: Priority Risk for a Client Who Has Impaired Mobility

- Clients who have impaired immobility are at increased risk for skin breakdown and must have skin integrity assessments done every two hours.
- Patients with mobility issues and urinary or bowel incontinence are at a heightened risk for skin breakdown.
- Promotion of venous return is important in patients with mobility issues to prevent further adverse effects.

Subcategory: Take Actions

Topic: Urinary Elimination: Reviewing the Medical Record of a Client Who Has a Urinary Tract Infection

- Inefficient emptying of the bladder can cause increased risk for UTIs due to the presence of residual urine.
- Urgency, frequency, fever, painful urination, and flank pain are all manifestations of a UTI.
- Older adults may experience confusion, incontinence, fatigue, and anorexia with a urinary tract infection.