

N444 Concept Synthesis
Proctored ATI Remediation Template

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Main Category: Management of Care

Subcategory: Collaboration with Multidisciplinary Team

Topic: Caring for a Client Following a Stroke

- 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, and that they have chosen to refuse it.
- 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.
- As an advocate, the nurse ensures that the client has the information they need to make decisions about health care.

Subcategory: Continuity of Care

Topic: Providing Change-of-Shift Report on a Client

- Provides the oncoming nurse the opportunity to ask questions and clarify the plan of care
- Should be given in a private area (a conference room or at the bedside) to protect client confidentiality.
- Performed with the nurse who is assuming responsibility for the client's care.

Topic: Reporting Laboratory Tests

- Record dosage, route, and time of warfarin administration on a daily basis. Report this information to the provider during follow ups.
- Follow up with the provider for regular PT and INR monitoring or monitor the INR at home.
- Monitor PT levels (therapeutic level 18 to 24 seconds) and INR levels (therapeutic levels 2 to 3). INR levels are the most accurate. Hold dose and notify the provider if these levels exceed therapeutic ranges.

Subcategory: Legal Rights and Responsibilities

Topic: Right to Refuse Treatment

- Clients have the right to refuse treatment.
- Clients admitted under involuntary commitment are still considered competent and have the right to refuse treatment, including medication.
- The client can request a legal review of the admission at any time.

Topic: Recognizing and Intervening for a Tort

- Torts can be classified as unintentional, quasi-intentional, or intentional.
- The conduct of one person makes another person fearful and apprehensive is an intentional tort.
- Intentional and wrongful physical contact with a person that involves an injury or offensive contact is battery and an intentional tort.

Main Category: Safety and Infection Control

Subcategory: Accident/ Error/ Injury Prevention

Topic: Caring For a Client Who is Aggravated

- Crisis intervention is designed to provide rapid assistance for individuals or groups who have an urgent need. Care is directed at the resolution of the immediate problem causing a crisis.
- Provide a safe environment for the client who is aggressive, as well as for the other clients and staff on the unit.
- Encouraging the client to express feelings verbally, using therapeutic communication techniques

(reflective techniques, silence, active listening)

Topic: Feeding a Client Who Has Dysphagia

- Dietary modifications are based on the specific swallowing limitations experienced by the client.
- Provide oral care prior to eating to enhance the client's sense of taste.
- Allow adequate time for eating, use adaptive eating devices, and encourage small bites and thorough chewing.

Topic: Preventing Contractures

- Maintain or regain body alignment and stability, decrease skin and musculoskeletal system changes, achieve full or optimal ROM, and prevent contractures.
- Positioning techniques reduce compression of leg veins.
- When suspecting poor venous return or possible thrombus, notify the provider, elevate the leg, and do not apply pressure or massage the thrombus to avoid dislodging it.

Subcategory: Emergency Response Plan

Topic: Nursing Role During Mass Casualty Incident

- Nurses can find this situation very stressful because clients who are not expected to survive are cared for last.
- During an emergency (a fire or a mass casualty event), nurses help make decisions regarding discharging clients or relocating them so their beds can be used for clients who have higher priority needs.
- Nurses should be prepared to take immediate action when breaches in security occur. Time is of the essence in preventing a breach in security.

Subcategory: Ergonomic Principles

Topic: Discharge Teaching Following Surgery for Carpal Tunnel Syndrome

- Hand movements and heavy lifting might be restricted 4 to 6 weeks.
- Expect weakness and discomfort for weeks or months.
- Report any changes in neurovascular status including increase in pain to surgeon immediately.

Subcategory: Security Plan

Topic: Client Evacuation in Response to a Fire

- Ensure fire doors are not blocked; many will close automatically when the alarm system is activated.
- In the event of a fire or suspected threat, follow the RACE mnemonic to guide the order of actions and the PASS mnemonic for use of a fire extinguisher, if indicated.
- Rescue and protect clients near the fire by moving them to a safer location. Clients who are ambulatory can walk independently to a safe location.

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

Topic: Care of a Child with Varicella

- Administer an antipruritic for severe itching.
- Provide fluids and nutritious foods of the child's preference. QPCC
- Provide quiet diversional activities.

Topic: Maintaining a Sterile Field While Pouring Sterile Solution

- Place the bottle cap face up on a clean (non-sterile) surface.
- Hold the bottle with the label in the palm of the hand so that the solution does not run down the label.
- Pour the solution (without splashing) onto the dressing or site without touching the bottle to the site.

Main Category: Health Promotion and Maintenance

Subcategory: Aging Process

Topic: Evaluating Client Understanding of Breastfeeding

- The newborn is offered the breast immediately after birth and frequently thereafter. There should be eight to 12 feedings in a 24-hr period.
- Instruct the client to demand-feed the infant and to assess for hunger cues. These include rooting, suckling on hands and fingers, and rapid eye movement. Crying is a late indicator of hunger.

- The newborn should nurse up to 15 min per breast.

Subcategory: Ante-/Intra-/Postpartum and Newborn Care

Topic: Fetal Heart Rate Monitoring

- The heartbeat can be heard by Doppler late in the first trimester. Listen at the midline, right above the symphysis pubis, by holding the Doppler firmly on the abdomen.
- Measure fundal height starting in the second trimester. From weeks 18 to 30, the fundal height in centimeters is approximately the same as the number of weeks gestation.
- FHR can be detected at early appointments by ultrasound.

Subcategory: Health Screening

Topic: Position to Take When Obtaining a Health History

- When possible, start by asking for the health history, performing the general survey, and measuring vital signs to build rapport prior to moving on to more sensitive parts of the examination.
- Ensure understanding by obtaining interpretive services for clients who have language or other communication barriers.
- Avoid using medical or nursing jargon, giving advice, ignoring feelings, and offering false reassurance.

Subcategory: Lifestyle Choices

Topic: Contraindications of Combination Oral Contraceptives

- Clients who have a history of thromboembolic disorders, stroke, heart attack, coronary artery disease, gallbladder disease, cirrhosis or liver tumor, headache with focal neurologic findings, uncontrolled hypertension, diabetes mellitus with vascular involvement, breast or estrogen-related cancers, pregnancy, lactating, less than 6 weeks postpartum, or smoking (if over 35 years of age) are advised not to take oral contraceptive medications.
- Oral contraceptive effectiveness decreases when taking medications that affect liver enzymes (anticonvulsants, antifungals, some antibiotics).
- Contraindications include bariatric surgery, lupus, severe cirrhosis, liver tumors, and current or past breast cancer.

Main Category: Psychosocial Integrity

Subcategory: Abuse or Neglect

Topic: Caring for a Child Who Reports Sexual Abuse

- Identify maltreatment as soon as possible. Conduct detailed history and physical examination.
- The nursing priority is to have the child removed from the abusive situation.
- Assess for unusual bruising on the abdomen, back, and buttocks. Document thoroughly with size, shape, and color. Use diagrams to represent location.

Main Category: Basic Care and Comfort

Subcategory: Mobility/ Immobility

Topic: Preoperative Teaching About Promoting Circulation Postoperatively

- During the immediate postoperative stage, maintaining airway patency and ventilation and monitoring circulatory status are the priorities for care.
- Observe for internal bleeding (abdominal distention, visible hematoma under/near the surgical site, tachycardia, hypotension, restlessness, increased pain) and external bleeding
- Assess skin turgor and monitor for diaphoresis.

Subcategory: Nonpharmacological Comfort Interventions

Topic: Teaching About Methods to Avoid Constipation When Taking Opioid Medication

- Use a preventative approach by administering fluids.
- Use a preventative approach by administering fiber.
- Use a preventative approach by administering stool softeners.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/ Contraindications/ Side Effects/ Interactions

Topic: Nursing Actions When Administering Penicillin

- Interview clients for prior allergy.
- Observe for allergic reactions for 30 min following parenteral administration of penicillin. Immediate reactions occur between 2 to 30 min after administration; accelerated reactions occur within 1 to 72 hr; and delayed reactions occur within days to weeks.
- Ensure epinephrine and respiratory support equipment is easily accessible.

Topic: Contraindications for Thrombolytic Therapy

- Contraindicated in clients who have low platelet counts (thrombocytopenia) or uncontrollable bleeding. QS
- These medications should not be used during or following surgeries of the eye(s), brain, or spinal cord; lumbar puncture; or regional anesthesia.
- Use cautiously in clients who have hemophilia, increased capillary permeability, dissecting aneurysm, peptic ulcer disease, severe hypertension, hepatic or kidney disease, or threatened abortion.

Topic: Medications for Pain Relief While Taking Enoxaparin

- Avoid the use of OTC NSAIDs.
- Avoid the use of aspirin.
- Avoid the use of medications containing salicylates.

Subcategory: Central Venous Access Devices

Topic: Caring for a Client Who Has an Implanted Venous Port

- Only specifically trained personnel wearing a mask and aseptic technique should access implanted ports.
- Check for blood return prior to medication administration to confirm patency and placement.
- Flush with heparin 10 units/mL or 0.9% sodium chloride after every use and at least once per month (INS recommendation).

Subcategory: Expected Actions/ Outcomes

Topic: Identifying Therapeutic Effects of Magnesium Sulfate Therapy

- Use an infusion control device to maintain a regular flow rate.
- Monitor blood pressure, pulse, respiratory rate, deep-tendon reflexes, level of consciousness, urinary output (indwelling urinary catheter for accuracy), presence of headache, visual disturbances, epigastric pain, uterine contractions, and fetal heart rate and activity.
- Monitor for manifestations of magnesium sulfate toxicity.

Subcategory: Medication Administration

Topic: Administration of Vancomycin

- Know how to monitor therapeutic effects and adverse effects, prevent and treat adverse effects, provide comfort, and instruct clients about the safe use of medications.
- Know how to monitor therapeutic effects and adverse effects, prevent and treat adverse effects, provide comfort, and instruct clients about the safe use of medications.
- Check for allergies by asking clients, looking for an allergy bracelet or medal, and reviewing the MAR.

Subcategory: Parental/ Intravenous Therapies

Topic: IV Infusion Rate

- Nurses calculate IV flow rates for large-volume continuous IV infusions and intermittent IV bolus infusions using electronic infusion pumps (mL/hr) and manual IV tubing (gtt/min).
- Infusion pumps control an accurate rate of fluid infusion. Infusion pumps deliver a specific amount of fluid during a specific amount of time. For example, an infusion pump can deliver 150 mL in 1 hr or 50 mL in 20 min.
- If an electronic infusion pump is not available, regulate the IV flow rate using the roller clamp on the IV tubing. When setting the flow rate, count the number of drops that fall into the drip chamber over 1 min.

Subcategory: Pharmacological Pain Management**Topic: Priority Findings for Child Receiving Morphine**

- Stop opioids if the client's respiratory rate is less than 12/min, and notify the provider.
- Have naloxone and resuscitation equipment available.
- Avoid use of opioids with CNS depressant medications (barbiturates, benzodiazepines)

Subcategory: Total Parenteral Nutrition**Topic: Actions for Total Parenteral Nutrition Administration**

- TPN administration is usually through a central line (a tunneled triple lumen catheter or a single- or double-lumen peripherally inserted central [PICC] line).
- TPN contains complete nutrition, including calories in a high concentration (10% to 50%) of dextrose, lipids/essential fatty acids, protein, electrolytes, vitamins, and trace elements. Standard IV bolus therapy is typically no more than 700 calories/day.
- The flow rate is gradually increased and gradually decreased to allow body adjustment (usually no more than a 10% hourly increase in rate).

Main Category: Reduction of Risk Potential**Subcategory: Potential for Alterations in Body Systems****Topic: Expected Findings**

- Lower back or lower abdominal discomfort and tenderness over the bladder area.
- Feeling of incomplete bladder emptying or retention of urine
- Positive leukocyte esterase and nitrites (68% to 88% positive results indicates UTI)

Subcategory: Potential for Complications of Diagnostic Tests/ Treatments/ Procedures**Topic: Sterile Specimen Collection from an Indwelling Urinary Catheter**

- Collect catheterized urine specimens using sterile technique.
- Instruct the client regarding proper technique for the collection of a clean-catch urine specimen.
- Avoid the use of indwelling catheters if possible. This reduces the risk for infection.

Topic: Findings to Report for a Client Following Cardiac Catheterization

- Report chest pain, shortness of breath, and cardiac manifestations.
- Report pain to the nursing staff. The majority of pain stems from the harvest site for the vein.
- Volume exceeding 150 mL/hr could be a manifestation of hemorrhage and should be reported to the surgeon.

Subcategory: System-Specific Assessments**Topic: Assessing Neurologic Status**

- Assess the client's status by using ABCDE.
- Neurologic assessment must be repeated at frequent intervals to ensure immediate response to any change.
- The nurse collects further data and look injuries that are not visibly apparent. The nurse must maintain the client's privacy and remove clothing to look for any life threatening injuries.

Subcategory: Therapeutic Procedures**Topic: Teaching About a Peak Expiratory Flow Meter**

- Close lips tightly around the mouthpiece (ensure the tongue is not occluding).
- Each person needs to establish personal best
- Encourage to use at the same time each day.

Main Category: Physiological Adaptation**Subcategory: Alterations in Body Systems****Topic: Assessing for Crackles**

- Monitor respiratory status.
- Auscultate lung sounds frequently.
- Ask the patient to take deep breaths through their open mouth.

Topic: Treating Xerostomia Following Radiation

- In addition to cancer treatment, the client can require assistance for altered body function or to meet emotional and spiritual needs.
- Facilitate safe activity, providing assistive devices when necessary for clients who have altered mobility or require assistance with self-care activities
- Provide alternate means of communication for clients who have cancer affecting the mouth, throat, larynx, or vocal cords.

Topic: Actions to Take for a Client Who Has Rubella

- Identify the type of isolation precaution to be implemented with the communicable disease identified above.
- Administer adequate fluids.
- Promote lots of bed rest.

Topic: Planning Care for a Client Who Is Scheduled for a Thoracentesis

- Ensure that the client has signed the informed consent form.
- Obtain preprocedure x-ray to locate pleural effusion and to determine needle insertion site.
- Position the client sitting upright with arms and shoulders raised and supported on pillows and/or on an overbed table and with feet and legs well-supported.

Topic: Client Teaching About Illness Management

- Teach the client to maximize functional activity.
- Teach the client to minimize pain.
- Teach the client to monitor skin closely.

Subcategory: Fluid and Electrolyte Imbalances**Topic: Expected Manifestations of Hypovolemia**

- Hypothermia, tachycardia (in an attempt to maintain a normal blood pressure), thready pulse, hypotension, orthostatic hypotension, decreased central venous pressure, tachypnea (increased respirations to compensate for lack of fluid volume within the body), hypoxia
- Thirst, dry furrowed tongue, nausea, vomiting, anorexia, acute weight loss is expected.
- Diminished capillary refill, cool clammy skin, diaphoresis, sunken eyeballs, flattened neck veins, poor skin turgor and tenting, weight loss, low central venous pressure.

Subcategory: Hemodynamics**Topic: Cardiac Dysrhythmias**

- Cardiac monitoring is used to diagnose dysrhythmias, chamber enlargement, myocardial ischemia, injury, or infarction and to monitor the effects of electrolyte imbalances or medication administration.
- Nurses should be familiar with cardioversion and defibrillation procedures for treating dysrhythmias.
- Cardiac dysrhythmias are heartbeat disturbances (beat formation, beat conduction, or myocardial response to beat).

Subcategory: Illness Management**Topic: Findings to Report**

- Take the medication as prescribed and report any GI disturbances.
- Report change in behavior.
- Report changes in stool pattern.

Topic: Illness Management at Home

- Use of a peripherally inserted central catheter or IV port allows for home IV antibiotic therapy.
- Assess lung sounds.
- Provide support to the child and family.

Subcategory: Medical Emergencies**Topic: Caring for a Toddler Who Has Epiglottitis**

- Avoid throat culture or using a tongue blade.
- Prepare for intubation.

- Administer antibiotic therapy starting with IV, then transition to oral to complete a 10-day course, as prescribed.

Main Category: Clinical Judgment

Subcategory: Recognize Cues

Topic: Caring for a Client at 33 Weeks Gestation

- Assess vital signs every 2 hr. Notify the provider of a temperature greater than 38° C (100° F).
- Encourage hydration.
- Perform daily fetal kick counts and to notify the nurse of uterine contractions.

Subcategory: Analyze Cues

Topic: Monitoring Complications Following General Anesthesia

- Risk of toxicity is increased for older adult clients. Other risk factors include poor liver or kidney function.
- Cardiac arrest, hypoxia, brain damage, and death can result from failure to oxygenate and exchange gases during surgery.
- Monitor end-tidal carbon dioxide levels.

Topic: Identifying Risks for the Newborn

- Maternal use of substances prior to knowing they are pregnant
- Nasal congestion with flaring, frequent yawning, skin mottling, retractions, apnea, tachypnea greater than 60/min, sweating, temperature greater than 37.2° C (99° F)
- Poor feeding; regurgitation (projectile vomiting); diarrhea; excessive, uncoordinated, constant sucking.

Topic: Caring for a Client Who Has Neutropenia

- Clients who have neutropenia might not develop a high fever or have purulent drainage, even when an infection is present.
- Monitor temperature, white blood cell (WBC) count, and ANC.
- Monitor skin and mucous membranes for infection (breakdown, fissures, and abscess).

Topic: Findings to Report

- Report adverse effects to the provider.
- Report problems with sexual function (managed with dose reduction, medication holiday, changing medications).
- Report indications of bleeding (dark stools, emesis that has the appearance of coffee grounds).

Topic: Identifying Risk Factors

- Family history and a previous personal history of depression are the most significant risk factors.
- Depressive disorders are twice as common in females than in males.
- Depression is very common among clients over age 65, but the disorder is more difficult to recognize in the older adult client and can go untreated. It is important to differentiate between early dementia and depression. Some clinical findings of depression that can look like dementia are memory loss, confusion, and behavioral problems (social isolation or agitation). Clients can seek health care for somatic problems that are manifestations of untreated depression.

Topic: Identifying Manifestation

- Monitor postprocedure for manifestations of bowel perforations (rectal bleeding, firm abdomen, tachycardia, hypotension)
- Monitor for electrolyte imbalance, especially potassium. Diarrhea can cause a loss of fluids and electrolytes.
- Monitor I&O, and assess for dehydration.

Topic: Caring for a Client Who is Taking Paroxetine

- Use cautiously in clients who have liver and renal dysfunction, seizure disorders, or a history of gastrointestinal bleeding.
- Monitor vital signs, maintain patent airway, and provide fluids to maintain blood pressure.
- Watch for manifestations of toxicity. Notify the provider if these occur.

Subcategory: Prioritize Hypotheses

Topic: Priority Action for a Client Who Has a Bleeding Peptic Ulcer

- Clients experiencing trauma often receive proton-pump inhibitor prophylaxis to prevent the development of stress ulcers.
- Keep client NPO until return of gag reflex.
- Monitor for orthostatic changes in vital signs and tachycardia, as these findings are suggestive of gastrointestinal bleeding or perforation.

Subcategory: Generate Solutions

Topic: Anticipating Provider Prescriptions

- Anticipate a prescription for 7-day course of broad spectrum antibiotic for PROM.
- Magnesium sulfate reduces the severity and risk of fetal neuroprotection in surviving infants if administered when birth is anticipated before 32 weeks' gestation.
- Obtain cervical cultures to check for presence of infectious organisms for PROM. Culture and sensitivity results guide prescription of an appropriate antibiotic, if indicated.

Topic: Nursing Actions for a Client Who Has Cirrhosis

- Monitor closely for skin breakdown. Implement measures to prevent pressure injuries. Pruritus, which is associated with jaundice, will cause the client to scratch
- Monitor oxygen saturation levels and distress.
- Monitor for indications of fluid volume excess. Keep strict I&O, obtain daily weights, and assess ascites and peripheral edema. Restrict fluids and sodium if prescribed.

Topic: Managing Complication

- An ileus can develop immediately after injury. Monitor bowel sounds.
- Assist the client to cough and deep breath and use an incentive spirometer if able.
- Turn and reposition the client every 2 hrs.

Subcategory: Take Actions

Topic: Actions to Take Before, During, and After and Blood Transfusion

- Slow or stop the transfusion depending on the severity of manifestations.
- Vital signs are taken before the infusion, 15 min after the infusion starts, and upon completion.
- Infuse the unit of 200 mL of FFP rapidly over 15 to 30 min through a regular Y-set or straight filtered tubing.

Topic: Caring for a Client in Preterm Labor

- Encourage the client to engage in activities that can be completed in bed or on the couch. Strict bed rest can have adverse effects.
- Encourage the client to rest in the left lateral position to increase blood flow to the uterus and decrease uterine activity. QEBP
- Have the client report any vaginal discharge, noting amount, color, consistency, and odor.

Topic: Preventing Complications from Prostatectomy

- Use antiembolism stockings and pneumatic compression devices to prevent deep-vein thrombosis.
- Perform range-of-motion exercises and early ambulation for prevention of thrombi and respiratory complications.
- Perform splinting, coughing, and deep breathing.

Topic: Nursing Actions to Prevent Catheter-Associated Urinary Tract

- Prevent obstruction and backflow of urine through catheter, drainage tubing, and drainage bag.
- Use aseptic technique when inserting catheters.
- Provide perineal hygiene routinely and after soiling.

Subcategory: Evaluate Outcomes

Topic: Evaluating Client Outcomes

- A positive nitrazine paper test (blue, pH 6.5 to 7.5) or positive ferning test is conducted on amniotic fluid to verify rupture of membranes.
- Provide reassurance to reduce anxiety.
- Betamethasone is a glucocorticoid that requires 24 hours to be effective. The therapeutic action is to

enhance fetal lung maturity and surfactant production in fetuses between 24 and 34 weeks gestation.

Topic: Educating a Client About Joint Disease

- Balance activity with rest.
- Heat can help with joint tenderness and muscle stiffness. Use hot baths and showers, or hot packs and moist heating pads to promote comfort but avoid high temperatures to prevent burns.
- Cold therapy can help reduce inflammation and numb nerve endings. If cold packs or ice packs are used, limit to 20 min and wrap them in cloth before placing on the skin.

Topic: Identifying Postoperative Complications

- Promptly notify the surgeon of manifestations of occlusion (absent or reduced pedal pulses, increased pain, change in extremity color or temperature). QS
- Prepare to assist with treatment, which can include an emergency thrombectomy (removal of a clot), local intra-arterial thrombolytic therapy with an agent such as tissue plasminogen activator, infusion of a platelet inhibitor, or a combination of these. With these treatments, assess for indications of bleeding.
- Graft occlusion is a serious complication of arterial revascularization and often occurs within the first 24 hr following surgery.

Topic: Identifying Manifestations

- Monitor postprocedure for manifestations of bowel perforations (rectal bleeding, firm abdomen, tachycardia, hypotension)
- Observe for manifestations of toxic megacolon that can result in gangrene and peritonitis (hypotension, fever, abdominal distention, decrease or absence of bowel sounds).
- Observe for indications of respiratory depression, especially in older adult clients.