

Proctored ATI Remediation Template

Student Name: Tayelor Lowe

Assessment Name: ATI Remediation for Foundations

Semester: 1st Semester

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 Sickle 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: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Home Safety: Identifying Fall Risks in the Home

- Remove items that can cause the patient to fall, such as throw rugs, or loos carpets.
- Make sure there are garb bars near the shower and toilet.
- Make sure the lighting is adequate throughout the home.

Topic: Nursing Process: Priority Action Following a Missed Provider Prescription

- A nurse would make sure to use Maslow’s hierarchy of basic needs. This ensure that they are able to place the needs of the patient in order.
- They would also evaluate the patient and see how they’re feeling because of the missed dose of medication.
- Nurses would need to note the missing dose of medication.

Topic: N/A

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Subcategory: Use of Restraints/Safety Devices

Topic: Client Safety: Action to Take Prior to the Use of Restraints

- There needs to be other steps taken such as a sitter, diversional activities, and orientation to the environment, before restraints are even used.
- Nurses need to be familiar with the federal, states, and hospitals rules regarding the use of restraints.
- Nurses need to understand that restraints should never be used for their convenience. They need to ask themselves that before using them on a patient.

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Main Category: Health Promotion and Maintenance

Subcategory: High-Risk Behaviors

Topic: Older Adults (65 years or older): Reducing the Risk for Osteoporosis

- Older adults need to do annual DEXA screenings. This test scans for osteoporosis. It tells a lot about bone health.
- Older adults need to take calcium supplements. This will help strengthen their bones.
- Older adults need to take vitamin D. Calcium is only beneficial if vitamin D is taken.

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Subcategory: Grief and Loss

Topic: Grief, Loss, and Palliative Care: Identifying the Stages of Grief

- Meeting with interprofessional groups, such as support groups, a therapist, or a spiritual advisor can help peoples identify their personal stage of grief they're in and help the individual move forward.
- Those who are in denial have difficulty believing that the loss has happened. They may plan things for the future, even though there may be no future.
- The last stage is acceptance. People accept what is happening and make plans for the future. The tend to come to piece in this stage.

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Main Category: Basic Care and Comfort

Subcategory: Elimination

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

- Establish a toileting schedule. This is so important! Even if they do not have to go, either give them a bed pan or have them walk to the toilet every hour or so. This way, it tricks their brain to eventually go.
- Have the patient drink more fluids. If they are not voiding, it could just be that they are dehydrated.
- Worst case scenario, if they still are not going, some type of catheter may be used.

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Subcategory: Mobility/Immobility

Topic: Mobility and Immobility: Priority Finding for a Client Who is Immobile

- Even though a patient may be immobile, they still need their muscles moved and stretched. For example, their extremities need to go through their ranges of motions so their muscles do not atrophy.
- Increase activity as soon as possible by having them dangle their feet on the side of the bed or have them transfer to a chair.
- Have them wear antiembolic socks. This way, their chances of getting an embolus decreases.

Topic: Mobility and/immobility: Teaching a Client about Logrolling While in Bed

- Make sure movements are slow and steady.
- They can use pillows to help make them comfortable, while still maintaining their proper position.
- They also should use their family to help with this step. It is crucial that their alignment is the same.

Topic: N/A

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Subcategory: Nutrition and Oral Hydration

Topic: Fluid Imbalances: Assessment Findings of Extracellular Fluid Volume Deficits

- Those with too much fluid will have tachycardia, a bounding pulse, hypertension, and tachypnea.
- They will experience increased motility and ascites.
- There will be fluid in the lungs, which will be heard as crackles.

Topic: Nutrition and Oral Hydration: Assisting a Client Who Has Dysphagia

- Have the patient eat in high fowlers or in a chair. This reduced the risk for aspirating.
- Have the patient tuck their chin in while swallowing.
- Thicken their fluids with some type of fluid thickener.

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Main Category: Pharmacological and Parenteral Therapies

Subcategory: Dosage Calculation

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

- I should have put Have/Quantity and equaled it to Desired/X.

- I should have paid more attention to mL and mg, as far as the question asking for it.
- I should have remembered that 1kg is equal to 2.2 lbs.

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Subcategory: Medication Administration

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

- Check the medicine before removing the container from the pixus.
- Check the medication before removing the specific amount of medicine from the bottle.
- Check the medication one last time before administering it to the patient.

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Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Airway Management: Collecting a Sputum Specimen

- It is best to collect sputum specimens in the morning.
- Wait one to two hours after the patient eats to get a specimen. This way, it decreases the risk of vomiting or aspirating.
- Use a sterile container as well as the appropriate PPE.

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

Topic: Fluid Imbalances: Monitoring Labs Postoperatively

- Make sure to assess their vitals closely like, heart rate, O2 stat, and blood pressure.
- Check their neurological status closely.
- Since most people might take pain medications after a surgery, it is important to check their respiratory rate, as opioids can decrease their respirations.

Topic: Mobility and Immobility: Application of Antiembolic Stockings

- The first step is to assess the skin, circulation, and any presence of edema.
- Measure the calf or thigh circumference and the length of the leg.
- Make sure to remove the stockings every eight hours to assess for redness, warmth, or tenderness.

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Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Pressure Injury, Wounds, and Wound Management: Wound Care Following an Open Cholecystectomy

- Clean from the incision to the surrounding skin to decrease the risk of bacteria entering the incision.
- Use gentle friction when cleaning or applying solutions to the skin to avoid bleeding or further injury to the wound.
- Never use the same piece of gauze to clean across the incision more than one time.

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Subcategory: Fluid and Electrolyte Imbalances

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

- Patients may have numbness and tingling in their fingers and around the mouth.
- They may experience frequent and painful muscle spasms that can lead to tetany.
- They may have a weak and thready pulse, as well as tachy or bradycardia.

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Main Category: Clinical Judgement

Subcategory: Prioritize Hypotheses

Topic: Fluid Imbalances: Caring for a Client Who is Receiving IV Fluids

- Monitor input and output. It is important to tell the provider if their urine output is less than 30 mL/hour.
- Check their vital signs closely to see if the patient is improving such as the tachycardia and blood pressure.

- Check specific labs, like a urinalysis, to make sure they are getting enough fluids.

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Subcategory: Take Actions

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

- Check their medical record and see how much urine they have been voiding.
- Check their medical record and see if any new urinalysis have been run to see if the infection has resolved.
- Check and see if they are on an antibiotic and that it has been administered.

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