Proctored ATI Remediation Template

Student Name: **Anisha Coleman**
Assessment Name:
Semester: **1st**

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**<br>• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.<br>• 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.<br>• 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:** Basic Care and Comfort

**Subcategory:** Mobility and Immobility: Identifying Appropriate Crutch Gait for a Client

**Topic: Crutch Instructions**

- Support body weight at the hand grips with elbows flexed at 20-30 degrees
- Alternate weight from one leg to the other as well as on the crutches
- Client should place the crutches 6in in front of and into the side of each foot to provide a wide base of support

**Topic: Types of gaits**

- Four-point gait: require the client to bear weight on both legs
- Three-point gait: require the client to bear all weight on one foot while using both crutches
- Two-point gait: require the client to have partial weight bearing on both feet

**Topic: n/a**

- 
- 

**Subcategory: Urinary Elimination: intervention to promote voiding in a client who is postoperative**

**Topic: Urinary Diversion**

- Created to reroute urine temporary or permanent to control the elimination of urine
- Diversions are either continent or incontinent
- Consult a wound ostomy continence nurse to assist clients who have an incontinent diversion

**Topic: Patient-Centered care**

- Establish a toileting schedule
- Apply external catheter for women and a condom catheter for men
- Provide incontinent garments

**Topic: n/a**

- 
- 

**Subcategory: Mobility and Immobility: Priority Finding for a Client Who Is Immobile**

**Topic: Types of immobility**

- Temporary: following knee surgery
- Permanent: paraplegia
- Sudden Onset: fractured arm or leg
- Slow Onset: multiple sclerosis

**Topic: Systemic Effects of Immobility**

- Integumentary: increase pressure on skin that is aggravated by metabolic changes
- Respiratory: decreased movement results in decreased oxygenation and carbon dioxide exchanges
- Cardiovascular: decreased cardiac output, leading to poor cardiac effectiveness, which results in increased cardiac workload

**Topic: promoting venous return**

- Elastic antiembolic stocking causes external pressure on the muscles of the lower extremities to promote blood return to the heart
- ROM exercises cause skeletal muscle contractions which promote blood return
- Clients who are immobile should perform leg exercises, increase their fluid intake, and change positions frequently

**Subcategory: Pain Management: Identifying Findings Related to Chronic Pain**

**Topic: Types of pain**

- Acute: protective, temporary, usually self-limiting, has a direct cause, and resolves with tissue healing
- Chronic: not protective, ongoing or recurs frequently, lasting longer than 6 months, persisting beyond tissue healing

- Nociceptive: arise from damaged to or inflammation of tissue, throbbing aching and localized
- Neuropathic: arise from abnormal or damaged pain nerves, intense, shooting, burning

**Topic: Complications and Nursing Implications**

- Undertreatment of pain can lead to increased anxiety with acute pain and depression with chronic pain
- Sedation, respiratory depression, and coma can occur because of overdosing
-

**Topic: pharmacological interventions**

- Non-Opioid Analgesic: treating mild to moderate pain
- Opioid Analgesics: treating moderate to severe pain
- Adjuvant Analgesics: enhance the effect of non-opioids and help alleviate other manifestations that aggravate pain useful for treating neuropathic pain

**Subcategory: Pain Management: Nonpharmacological Methods for Pain Relief**

**Topic: Distraction**

- Include ambulation, deep breathing, visitors, television, games, prayer, music
- Acupuncture and acupressure that stimulate subcutaneous tissues at specific points using needles or digits
- Relaxation like yoga, meditation, progressive muscle relaxation

**Topic: Imagery**

- Focusing on a pleasant thought to divert focus
- Requires an ability to concentrate
-

**Topic: Cutaneous (skin) stimulation**

- Interruption of pain pathways
- Cold for inflammation
- Heat for increase blood flow and to reduce stiffness

**Subcategory: Fluid Imbalances: Assessment Findings of Extracellular Fluid Volume Deficit**

**Topic: Dehydration**

- Actual dehydration: lack of fluids in the body
- Isotonic dehydration: lack of both water and electrolyte causing decreased circulating blood volume
- Relative dehydration: a shift of water from the plasma (blood) to the interstitial space

**Topic: risk factors of hypovolemia**

- Excessive gastrointestinal loss: vomiting, nasogastric, suction, diarrhea
- Hemorrhage or plasma loss
- Altered intake: anorexia, nausea, impaired swallowing, confusion, NPO, decreased water and sodium intake

**Topic: Patient-Centered Care**

- Monitor respiratory rate, effort, and oxygen saturation
- Monitor intake and output and encourage fluids as tolerated
- Check neurologic status to determine level of consciousness

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

**Topic: Nursing Intervention**

- Assist clients with feeding to promote optimal independence
- Individualize menu plans according to clients' preferences
-

**Topic: Preventing aspiration**

- Position in high Fowler's position or in a chair
- Instruct clients to tuck their chins when swallowing to help propel food down the esophagus
- Observe for aspiration and pocketing of food in the cheeks or other areas of the mouth

**Topic: n/a**

-

- 
- 

**Main Category: Health Promotion and Maintenance**

**Subcategory: Coping: Evaluating Ego-Defense Mechanisms of a Client**

**Topic: General Adaption Syndrome (GAS)**

- Alarm stage: body functions are heightened to respond to stressors, fight-or-flight
- Resistance Stage: body function normalizes while responding to the stressor
- Exhaustion Stage: body functions are no longer able to maintain a response to the stressor and client cannot adapt

**Topic: Adherence**

- Negative coping mechanisms (denial) can cause nonadherence
- DEF: the commitment and ability of the client and family to follow a given treatment regimen
- 

**Topic: Patient-Centered Care**

- Stress – listen attentively, and take the time to understand the client's perspective
- Coping – be empathetic in communication and encourage the client to verbalize feelings
- Adherence – allow client to give input into the treatment regimen

**Subcategory: Health Promotion and Disease Prevention: Preventing Colorectal Cancer**

**Topic: Tests**

- Routine physical examination – generally every 1-3 years for females and every 5 or males
- Colorectal screening – every year between age 45-75 for high sensitivity fecal occult blood testing
- Digital rectal exam -during routine physical examination or annually

**Topic: n/a**

- 
- 
- 

**Topic: n/a**

- 
- 
- 

**Subcategory: Older Adults (65 years and Older): Reducing the Risk for Osteoporosis**

**Topic: Nutritional recommendations**

- Increase intake of vitamin D, B12, E, folate, fiber, calcium
- Increase fluid intake to minimize the risk of dehydration and prevent constipation
- 

**Topic: n/a**

- 
- 
- 

**Topic: n/a**

- 

- 
- 

**Subcategory: Head and Neck: Expected Eye Assessment Findings**

**Topic: External Structure**

- Eyes parallel to each other without bulging (exophthalmos) or crossing (strabismus)
- Corneas clear, shiny, and smooth
- Eyelash curving outward with no inflammation around any of the hair follicles

**Topic: Inspection visual acuity**

- Measure the client's ability to see small details through Snellen chart, Rosenbaum chart, or newspaper
- 20/30 vision
- Clients should be able to identify the various shaded shapes

**Topic: Internal Structure**

- Retina without lesions
- Optic disc is light pink or more yellow than the surrounding retina
- Arteries and veins have a 2:3 ration with no nicking

**Main Category: Safety and Infected Control**

**Subcategory: Home Safety: Identifying Fall Risks in the Home**

**Topic: modifications to improve home safety**

- Remove items that could cause clients to trip
- Monitor gait and balance and provide aids as needed
- Ensure that lighting is adequate inside and outside the home and remove clutter

**Topic: Elements for Home Safety Plan**

- Keep emergency numbers near the phone for prompt use
- Have a family exit plan for fires that is reviewed and practiced regularly
- Review oxygen safety measures

**Topic: Risk in the home and community**

- Passive smoking (secondhand smoke)
- Carbon monoxide
- Food poisoning

**Subcategory: Nursing Process: Priority Action Following a Missed Provider Prescription**

**Topic: Assessment/Data collection**

- Systemic collection of information about the health status of clients to identify needs and additional data to collect
- Methods: observation, interviews, medical history, comprehensive or focused physical examination, diagnostic and lab reports
- 

**Topic: Analyze/Diagnosis Data Collection**

- Identify patterns or trends
- Compare the data with expected standards or reference ranges
- Arrive at conclusion to guide nursing care

**Topic: Implementation**

- Delegate tasks
- Supervise staff
- Document delivery of care

**Subcategory: Client Safety: Teaching About Home Safety**

**Topic: Fire safety**

- Know the locations of exits, alarms, fire extinguisher, oxygen shut off
- Know the evacuation plan
- RACE: rescue, alarm, contain, extinguish

**Topic: Falls**

- Provide adequate light
- Orient clients to the setting to make sure they know how to use all assistive devices and can locate necessary items
- Keep assistive devices nearby after validation of safe use

**Topic: n/a**

- 
- 
- 

**Subcategory: Mobility and Immobility: Using a Wheelchair for Client Transfer**

**Topic: Musculoskeletal**

- Maintain or regain body alignment and stability
- Request physical therapy for clients who have decreased mobility
- 

**Topic: n/a**

- 
- 
- 

**Topic: n/a**

- 
- 

**Subcategory: Client Safety: Action to Take Prior to the Use of Restraints**

**Topic: Seclusion and Restraints**

- Used for shortest duration necessary and less restrictive measures
- Physical or chemical restraint to calm the client
- 

**Topic: Restraints Should**

- Never intervene with treatment
- Restrict movement as little as necessary
- Fit properly
- Easily to remove or change

**Topic: Emergency Situations**

- Prescription must include reason, type, location, how long, and previous behavior that warrant the restraints
- Only allowed for 4 hours for adults, 2 hours for clients 9-17, 1 hr. for ages 9 and under

**Main Category: Management of Care**

**Subcategory: Pressure Injury, Wounds, and Wound Management: Evaluating Performance of a Wound Irrigation Procedure**

**Topic: General Principles of wound management**

- Wound impairs skin integrity
- Infections results from the invasion of pathogenic micro-organisms
- Principles of wound care include assessment, cleaning, and protection

**Topic: Wound Cleaning and Irrigation**

- Cleanse from the least contaminated towards the most contaminated
- Use gentle friction when cleaning or applying solutions to the skin to avoid bleeding or further injury to the wound
- Use a piston syringe or a sterile straight catheter for deep wounds with small openings

**Topic: Wound Dressing**

- Gauze, nonadherent material
- Hydrocolloid: swells in the presence of exudate
- Collagen: powders, pastes, granules, sheets, and gels

**Subcategory: Information Technology: Approved Abbreviations for Use in Documentation**

**Topic: Documentation Purpose**

- For medical records
- To provide all team members who provide care to the same clients
-

**Topic: Accurate and Concise**

- Use abbreviations and symbols approved by The Joint Commission and the facility
- Avoid unnecessary words and irrelevant details
- Document facts and information precisely without any interpretation of the situation

**Topic: n/a**

-
-
-

**Subcategory: Legal Responsibilities: Completing an Informed Consent Document**

**Topic: Informed Consent**

- A legal process by which a client or legal appointed designee has given written permission for a procedure or treatment
- How the treatment and procedure will benefit the client and risk factors
- Witness the client signatures on the form and to ensure the provider had obtained the information consent responsibly

**Topic: Guidelines**

- Invasive procedure, must provide written consent
- State law prescribe who can give informed consent
-

**Topic: Responsibilieies**

- Provider: obtains informed consent
- Client: gives informed consent
- Nurse: witnesses informed consent

**Subcategory: Legal Responsibilities: Teaching About Guidelines for Nursing Standards of Care**

**Topic: Standard of care**

- Nurse practice act of each state
- Define and direct the level of care nurses should give

- 

**Topic: Organizations**

- American Nurse Association (ANA)
- The American Association of Critical Care Nurses (AACN)
- American Association of Occupational Health Nurses (AAOHN)

**Topic: n/a**

- 
- 

**Main Category: Psychosocial Integrity**

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

**Topic: Maturational or Developmental Loss**

- Any loss normally expected due to the developmental process of life
- Normal life transitions
- 

**Topic: Facilitate Mourning**

- Allow time for grieving process
- Use active listening, open-ended questions, paraphrasing, clarifying and summarizing with therapeutic communication
- Provide continuing support

**Topic: n/a**

- 
- 

**Subcategory: Grief, Loss, and Palliative Care: Identifying the Stages of Grief**

**Topic: Kubler-Ross Model**

- Denial: difficulty believing in an expected or actual loss
- Anger: direct anger towards self, others, objects, current circumstance
- Bargaining: negotiated for more time or a cure
- Depression: overwhelming saddened by the inability change the situation
- Acceptance: acknowledge what is happening and make plans

**Topic: Manifestation of grief reaction**

- Normal grief: considered uncomplicated, negative emotions, acceptance evident by 6 months
- Anticipatory grief: the “letting go” process, grief starts before the actual loss
- Complicated grief: difficult progression through the expected stages of grief, prolonged, develop suicide ideations
- Disenfranchised grief: experienced loss that cannot be publicly shared or is not culturally acceptable (abortion, incarcerated person)

**Topic: n/a**

- 
- 

- 

**Main Category: Pharmacological and Parenteral Therapies**

**Subcategory: Dosage Calculation: Calculating a Dose of Cefoxitin by Weight**

**Topic: General rounding guidelines**

- round to the nearest whole number
- Round up if greater or equal to 5; round down if less than 5
- 

**Topic: n/a**

- 
- 
- 

**Topic: n/a**

- 
- 

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

**Topic: Component of Medication Prescription**

- Full name, date and time
- Name and strength of dosage
- Route and frequency of administration

**Topic: Rights of Safe Medication**

- **Right client**
- **Right mediation**
- **Right dose**
- **Right time**
- **Right route**
- **Right documentation**

**Topic:**

- 
- 
- 

**Main Category: Reduction of Risk Potential**

**Subcategory: Airway Management: Collecting a Sputum Specimen**

**Topic: Indications**

- For cytology to identify aberrant cells and cancer
- For culture and sensitivity to grow and identify micro-organisms and the antibiotics effective against them
- To identify acid-fast bacilli to diagnose tuberculosis

**Topic: Consideration**

- Obtain specimen early in the morning
- Perform chest physiotherapy to help mobilize secretions
- Use a sterile container for routine cultures and AFB testing

**Topic: Chest Physiotherapy**

- Loosens respiratory secretions and move them into the central airway were coughing or suction can remove them
- For those unable to clear thick secretions from airways

**Subcategory: Complementary and Alternative Therapies: Evaluating Appropriate Use of Herbal Supplements**

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

**Subcategory: Fluid Imbalances: Monitoring Labs Postoperatively**

**Topic: Nursing Care**

- Observe respiratory rate, symmetry and effort
- Check ABGs, $SaO_2$, CBC, can chest x-ray results
- 

**Topic: n/a**

- 
- 
- 

**Topic: n/a**

- 
- 
- 

**Main Category: Physiological Adaptation**

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

**Topic: Risk Factors**

- Increased calcium output: chronic diarrhea, laxative misuse, steatorrhea
- Inadequate calcium intake or absorption: Chron's disease, Vitamin D deficiency
- Calcium shift from ECF into bone: rapid infusion, hypoparathyroidism, alkalosis, pancreatitis

**Topic: Expected Finding**

- Muscle twitching/tetany
- Cardiovascular: weak, thready pulse, cardiac dysrhythmias
- CNS: seizures due to overstimulation of the CNS

**Topic: Nursing Care**

- Initiate seizure and fall precaution
- Administer oral and IV calcium supplements and vitamin D supplements
- Encourage foods high in calcium, including dairy products and dark green vegetables

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

**Topic: types of hypersensitivity**

- Rapid hypersensitivity: occurs following inhalation, ingestion, injection or direct contact with an allergen
- Cytotoxic reaction
- Immune complex reaction
- Delayed hypersensitivity reaction

**Topic: Nursing Care**

- Obtain a complete medication and allergy history
- Remove or prevent further exposure to the allergen
- Monitor hemodynamic status

**Topic: Client education**

- Wear a medical alert bracelet to make others aware of the allergy
- keep an injectable epinephrine pen available

**Main Category: Clinical Judgment**

**Subcategory: Nutrition and Oral Hydration: Identifying Complications for a Client Who Is in a Rehabilitation Facility**

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

**Topic:**

- 
- 

**Subcategory: Fluid Imbalances: Caring for a Client Who Is Receiving IV Fluids**

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

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

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

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

**Topic:**

- 
- 
- 

**Topic:**

- 
- 
- 

**Topic:**

- 
- 