

N431 Adult Health II  
Proctored ATI Remediation Template

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Assessment Name: RN Adult Medical Surgical 2023  
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:

<b>SAMPLE Main Category: Management of Care</b>
<b>SAMPLE Subcategory: Case Management</b>
<b>SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sick Cell Crisis</b> <ul style="list-style-type: none"><li>• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.</li><li>• 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.</li><li>• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.</li></ul>

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: Preoperative Nursing Care: Identifying Risk for a Latex Allergy

- Food allergy to bananas, kiwis, avocados, potatoes, strawberries, peaches, or chestnuts.
- Frequent exposure (healthcare workers, multiple surgeries, etc) poses increased risk of developing an allergy
- People with a history of hay fever/allergic rhinitis/asthma.

#### Topic: Preoperative Nursing Care: Identifying Risk for Propofol Reaction

- Allergy to eggs or soybean oil is a contraindication to the use of propofol for anesthesia.
- Patients with critical illnesses (sepsis, trauma, etc) are at a higher risk.
- Higher doses of propofol increase the risk of reaction

### Subcategory: Handling Hazardous and Infectious Materials

#### Topic: Cancer Treatment Options: Caring for a Client Who Has a Sealed Radiation Implant

- Excretions are radioactive – do not touch excretions.
- Place client in a private room with a sign indicating radiation source
- Limit visitor time to 30 minutes and keep 6 feet away. No pregnant women or children.

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

#### Topic: Infection Control: Caring for a Client Who Requires Protective Isolation

- Place in a private room with positive pressure airflow.
- No live plants or flowers, no raw fruits or vegetables.
- Mask the patient when they leave the room.

## Main Category: Basic Care and Comfort

### Subcategory: Mobility/Immobility

#### Topic: Musculoskeletal Trauma: Planning Care for a Client Who Has a Halo Traction Device

- Move halo device and patient as a unit and do not place pressure on the rods.
- Do not use lotion under the vest.
- Notify the provider if the client is experiencing severe pain or muscle spasms not relieved by medications or repositioning.

## Main Category: Reduction of Risk Potential

### Subcategory: Laboratory Values

#### Topic: Hyperthyroidism: Expected Laboratory Findings

- TSH levels decreased in Graves' disease but may be increased on secondary or tertiary hyperthyroidism.
- Increased T3 and T4 can be seen in hyperthyroidism.
- Thyroid-stimulating immunoglobins and thyrotropin receptor antibodies will be elevated in Graves' disease.

## Main Category: Physiological Adaptation

### Subcategory: Alterations in Body Systems

#### Topic: Diagnostic and Therapeutic Procedures for Reproductive Disorders: Discharge Instructions for Syphilis

- Males who have sex with males should be testes least annually if sexually active, or every 3-6 months if at increased risk
- Screen asymptomatic adults and females who have intercourse with females that have an increased risk for developing syphilis.
- Wait for any sexual contact until at least 7 days after treatment and all sores are healed.

### Subcategory: Hemodynamics

#### Topic: Heart Failure and Pulmonary Edema: Findings of Decreased Cardiac Output

- Can occur on left or right side of heart.
- Left ventricular failure results in inadequate left cardiac output and reduced tissue perfusion. Systolic failure results in EF below 40% with pulmonary and systemic congestion, diastolic failure results in inadequate relaxation that prevents the ventricle from filling.
- Right sided failure results in peripheral edema due to inadequate output.

#### Topic: Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease

- Skin of fingers turns white and then blue, then may turn red and swell when blood flow returns.
- Fingers may feel numb or tingling.
- Occurs with exposure to cold or stress and can happen in one digit and then spread to many in both hands.

### Subcategory: Illness Management

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

- Vitals q15min until stable, then every 4 hours.
- Monitor for neurological changes and report to the provider, monitor potassium level and telemetry.
- Start 0.9% normal saline, follow with 0.45% saline, then change to D5NS when BG is less than 250. Give IV insulin and IV potassium.

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

- Symptoms of pulmonary congestion, such as cough, crackles, tachypnea, and wheezing occur.
- The client may become cyanotic due to the reduced peripheral perfusion.
- They may have a decreased LOC, presenting with confusion and restlessness.

## Main Category: Clinical Judgment

### Subcategory: Recognize Cues

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

- DKA and HHS can have polyuria, polydipsia, polyphagia, weight loss, blurred vision, HA, weakness, orthostatic hypotension, and altered LOC.
- DKA can have GI effects, fruity breath, Kussmaul respirations, and metabolic acidosis.
- HHS can have seizures, myoclonic jerking, and reversible paralysis.

### Subcategory: Analyze Cues

#### Topic: Complications of Diabetes Mellitus: Identifying Complications of DKA

- Patients may experience cerebral edema due to brain swelling from blood sugars that drop too quickly, especially children.
- Hypokalemia or hyperkalemia may occur, leading to heart arrhythmias or cardiac arrest.
- Rhabdomyolysis can occur from damage to muscle cells and lead to kidney failure.

### Subcategory: Generate Solutions

#### Topic: Stroke: Managing Increased Intracranial Pressure

- Elevate the head of the bed to 30 degrees and maintain head in midline, neutral alignment.
- Give mannitol or hypertonic saline as prescribed.
- Do frequent neuro checks and initiate seizure precautions.

### Subcategory: Evaluate Outcomes

#### Topic: Complications of Diabetes Mellitus: Evaluating a Client Who Is Experiencing DKA

- Blood glucose will be greater than 300, sodium can be normal or above/below normal, potassium will be high initially and drop when treated, BUN and creatinine can be increased, urine ketones and blood are present, blood osmolarity is high, and metabolic acidosis is present in an ABG.
- Patient can present with polyuria, polydipsia, polyphagia, weight loss, blurred vision, HA, weakness,

orthostatic hypotension, altered LOC, GI effects, fruity breath, Kussmaul respirations, and metabolic acidosis.

- Vital signs should be done every 15 minutes until stable and cardiac rhythm should be monitored.

**Topic: Hepatitis and Cirrhosis: Evaluating Client Response to Treatment**

- Monitor liver function labs.
- Assess for signs of worsening or improving liver function, like presence or absence of jaundice, ascites, and mental status changes.
- For hepatitis, serologic testing should be undetectable after treatment.

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

- Urinary tract infections can lead to altered mental status in older adults.
- Confusion is key indicator of AMS in a UTI.
- Can become agitated or irritable.

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

- Butterfly rash on the cheeks is the key sign in SLE.
- May report fatigue, anorexia, weakness, blurred vision, pleuritic pain, hair loss, depression and joint pain.
- Assessment findings can be fever, anemia, inflamed lymph nodes, pericarditis, Raynaud's, butterfly rash, coin shaped lesions in sun exposed areas, or oral lesions,.