

Adult health 2 remediation

Health promotion and maintenance

- Middle and inner ear disorders: risk factors for hearing loss
 - Environmental or workplace exposure to noise can lead to hearing loss
 - Sensorineural hearing loss is caused by damage to cochlear nerve VIII.
 - Combined hearing loss is caused by a mixture of conductive and sensorineural problems.
- Cardiovascular and hematologic disorders: dietary teaching for a client who has cardiovascular disease.
 - Daily cholesterol intake should be less than 200 mg.
 - Conservative use of red wine can reduce the risk of developing CHD.
 - Increasing fiber and carbohydrate intake, avoiding saturated fat, and decreasing red meat consumption can decrease the risk for developing CHD.

Safety and Infection control

- Seizures and epilepsy: priority intervention for a client experiencing a seizure
 - Protect the client's privacy and the client from injury.
 - Position the client to provide a patent airway.
 - Be prepared to suction oral secretions.
- Head injury
 - Head injuries are classified as open or closed.
 - In an open head injury, the integrity of the skull is compromised by either a penetrating object or blunt force trauma.
 - A closed head injury occurs from blunt trauma that causes acceleration of the head and then deceleration or hits a stationary object.
- HIV/AIDS: teaching home care
 - Nutritional services may be consulted for dietary supplementation, food services can be indicated for clients who are homebound and need meals prepped.
 - Home health services can be indicated for clients who need help with strengthening and assistance regarding ADLs
 - Home health services may also provide assistance with IVs, dressing changes, and total parenteral nutrition.
- Infection control: admitting a client who has pertussis
 - Wear a mask when providing care within 3 feet of the client.
 - Place a surgical mask on the client if transportation to another department is necessary.
 - Wear a gown when performing care that might result in contamination from secretions.

Physiological adaptation

- Diagnostic and therapeutic procedures for reproductive disorders: client teaching about genital herpes

- Herpes viral culture: fluid from a lesion is obtained using a swab and placed in a cup for culture.
- Recurrences and subclinical shedding are much more frequent for HSV-2 genital herpes infection than for HSV-1.
- Prognosis and counseling depend on which HSV type is present.
- Angina and myocardial infarction: priority intervention for acute angina
 - Assess for changes on serial ECGs.
 - Angina: ST depression and or T-wave inversion indicates presence of ischemia.
 - MI: T-wave inversion indicates ischemia; ST-segment elevation indicates injury; abnormal Q-wave indicates necrosis.
- Hemodialysis and peritoneal dialysis: planning care for a client who has arteriovenous graft
 - Avoid invasive procedures 4 hours after dialysis
 - Assess the patency of a long term AV fistula or graft.
 - Look for the presence of bruit, palpable thrill, distal pulses, and circulation.
- Spinal cord injury: actions to take for autonomic dysreflexia
 - Sit the client up to decrease blood pressure secondary to postural hypotension.
 - Monitor vital signs for severe hypertension and bradycardia.
 - Administer antihypertensives.
- Fluid imbalances: evaluating a client's intake and output
 - Dehydration is a lack of fluid in the body, from insufficient intake or excessive loss.
 - Compensatory mechanisms include sympathetic nervous system responses of increased thirst, ADH release, and aldosterone release.
 - Rapid or severe dehydration can induce seizures.
- Chronic obstructive pulmonary disease: caring for a client who has emphysema
 - COPD encompasses two diseases: emphysema and chronic bronchitis.
 - Emphysema is characterized by the loss of lung elasticity and hyperinflation of lung tissue.
 - Emphysema causes destruction of the alveoli, leading to a decreased surface area for gas exchange, carbon dioxide retention, and respiratory acidosis.
- Hyperthyroidism: teaching about the manifestations of thyroid storm
 - Thyroid storm results from a sudden surge of large amounts of thyroid hormones into the bloodstream, causing an even greater increase in body metabolism.
 - This is a medical emergency with a high mortality rate.
 - Maintain a patient airway, monitor vital signs, provide continuous cardiac monitoring, administer acetaminophen to decrease temperature.
- Burns: expected findings following full-thickness burns
 - Damage to the entire epidermis and dermis.
 - Can extend into the subcutaneous tissue.
 - Full thickness burns can cause nerve damage.

- Asthma: identifying pathophysiology
 - Asthma is a chronic disorder of the airways that results in intermittent and reversible airflow obstruction of the bronchioles.
 - The obstruction occurs either by inflammation or airway hyperresponsiveness.
 - Asthma can occur at any age.

Management of care

- Ethical responsibilities: demonstrating client advocacy for a client who has AIDS
 - Advocacy means to support and defend the client's health, wellness, safety, wishes, and person rights, including privacy.
 - It is a nurse's responsibility to willingly respect obligations and follow through on promises made to the patient.
 - The patient has the right to make their own personal decisions, even when those decisions might not be in their best interest.
- Ethical responsibilities: client decision to refuse treatment
 - The patient has the right to refuse any treatment that they do not wish to have, even if it is in their best interest to receive the treatment.
 - Values are personal beliefs about ideas that determine standards that shape behavior.
 - Morals are personal values and beliefs about behavior and decision making.

Clinical Judgment

- Complications of diabetes mellitus: identifying manifestations of diabetic ketoacidosis or hyperglycemic-hyperosmolar state
 - DKA is an acute life threatening condition characterized by uncontrolled hyperglycemia (greater than 300), metabolic acidosis, and an accumulation of ketones in the blood in urine.
 - HHS is an acute life threatening condition characterized by profound hyperglycemia (greater than 600 mg/dL), hyperosmolarity that heads to dehydration, and an absence of ketosis.
 - DKA is a rapid onset, HHS onset generally occurs gradually over several days.
- Complications of diabetes mellitus: prescriptions for a client experiencing DKA
 - Provide isotonic fluid replacement to maintain perfusion to vital organs.
 - Administer regular insulin as an IV bolus dose.
 - Administer sodium bicarb by slow IV infusion for severe acidosis.
- Gastrointestinal therapeutic procedures: caring for a client who is receiving total parenteral nutrition
 - Obtain daily laboratory values, including electrolytes.
 - Follow sterile procedures to minimize the risk of sepsis.
 - Check capillary glucose every 4-6 hours for at least the first 24 hours.
- Angina and myocardial infarction: planning care for a client
 - Myocardial infarction can occur without cause, often in the morning after rest.
 - MI is only relieved by opioids.

- MI is associated with nausea, epigastric distress, dyspnea, anxiety, diaphoresis, manifestations last more than 30 minutes.
- Heart failure and pulmonary edema: monitoring changes in client status
 - Assess for changes on serial ECGs.
 - Angina will show ST depression and or T-wave inversion indicates presence of ischemia.
 - MI will show T wave inversion indicates ischemia; ST segment elevation indicates injury, abnormal Q wave indicates necrosis.
- Angina and myocardial infarction: evaluating a client's condition
 - Monitor vital signs every 5 minutes until stable
 - Assess location, precipitating factors, severity, quality, and duration of pain.
 - Monitor laboratory values including cardiac enzymes, electrolytes, and ABGs.
- Complications of diabetes mellitus: identifying complications of DKA
 - DKA can be caused by lack of sufficient insulin related to undiagnosed or untreated type 1 diabetes or non adherence to a diabetic regimen
 - DKA can be caused by a reduced or missed dose of insulin.
 - DKA can be caused by any condition that increases carbohydrate metabolism.

Reduction of risk potential

- Peptic ulcer disease: reportable findings for nasogastric output following abdominal surgery
 - Notify the provider before repositioning or irrigating the NG tube.
 - Monitor NG tube drainage, scant blood can be seen in the first 12 to 24 hours.
 - Monitor and document the amount of output and the characteristics.
- Hyperthyroidism: assessing a client for chvostek's sign following a thyroidectomy
 - Check for indication of hypocalcemia, which can result for parathyroid damage intraoperatively, tingling, muscle twitching for positive chvostek's and trousseau's signs.
 - Chvostek's sign is when the facial nerve is tapped in front of the ear, the facial muscles on the same side of the face twitch.
 - Low calcium levels make nerves more excitable, which can cause spontaneous twitches.
- Diabetes mellitus management: evaluating glycemic control
 - Exercise and good nutrition are necessary for preventing or controlling diabetes.
 - Consistency in the among of food consumed and regularity in meal times promotes blood glucose control.
 - Antidiabetic medications are started at a low dose and increased every few weeks until effective control or maximum dosage is reached.

Basic care and comfort

- Cancer treatment options: planning teaching for client who has mucositis
 - Mucositis refers to inflammation in the mucous lining of the upper GI tract from the mouth to the stomach.

- Examine the client’s mouth several times a day and inquire about the presence of oral lesions.
- Document the location and size of lesions, for new lesions obtain a specimen for culture and report them to the provider.

Pharmacological and parenteral therapies

- Heart failure and pulmonary edema: client teaching about furosemide
 - Administer furosemide IV no faster than 20mg/min.
 - Loop and thiazide diuretics can cause hypokalemia, and potassium supplementation can be required.
 - If taking loop diuretics, ingest foods and beverages that are high in potassium to counter the effects of hypokalemia.

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