N431 Adult Health II
Proctored ATI Remediation Template

Student Name: Brittney J. Burns
Assessment Name:
Semester: 3rd 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**<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: Management of Care**

**Subcategory: N/A**

**Main Category: Safety and Infection Control**

**Subcategory: Preoperative Nursing Care**

**Topic: Risk Factors**

- Obstructive sleep apnea: Airway obstruction, oxygen desaturation
- Pregnancy: Fetal risk with anesthesia
- Respiratory disease: COPD, pneumonia, asthma

**Topic: Preoperative Assessment**

- **Allergies: Medications, latex, contrast agents, and food products**
- **Anxiety level: Regarding the procedure, support systems, and coping mechanisms**
- **Baseline data: Head-to-toe assessment, vital signs, and oxygen saturations**

**Topic: Diagnostic Procedures**

- **Urinalysis: Renal function, rule out infection**
- **Blood type and cross match: In case a blood transfusion is required. Some clients may desire an autologous donation.**
- **CBC: Fluid status, anemia, infection/immune status**

**Subcategory: Cancer Treatment Options**

**Topic: Chemotherapy**

- Chemotherapeutic agents are often selected in relation to their effect on various stages of cell division. Subsequently, combinations of anticancer medications are used to enhance destruction of cancer cells.
- Most chemotherapy agents are cytotoxic. The adverse effects of these agents are related to the unintentional harm done to normal rapidly proliferating cells, such as those found in the mucous membranes of the gastrointestinal (GI) tract, hair follicles, and bone marrow.
- For some cancer medications, agents that protect healthy cells (cytoprotectants or chemoprotectants) are given before or with chemotherapy to decrease the effect on noncancerous tissues. Examples include amifostine and mesna.

**Topic: Catheters**

- **A central catheter is usually placed for IV chemotherapy administration or blood testing.**
- **A port is implanted when therapy is intended to be given on a long-term basis. The port is comprised of a small reservoir that is covered by a thick septum.**
- **Some medications can cause serious damage to the skin and muscle tissue if they leak outside a vein (vesicants). Getting these through a central venous catheter rather than a short-term peripheral IV reduces the risk that the medication will leak and damage tissues.**

**Topic: Considerations**

- **Administration of chemotherapeutic medications is limited to certified individuals.**
- **Management of adverse effects is the primary focus.**
- **Instruct the client to immediately report findings that indicate potential complications.**

**Subcategory:Complications**

**Topic: Neutropenic precautions**

- Assign the client a private room. Have the client remain in the room unless they need to leave for a diagnostic procedure or therapy. In this case, place a mask on the client during transport.
- Protect the client from possible sources of infection (live plants, stagnant water, contaminated equipment).

- Have client, staff, and visitors perform frequent hand hygiene. Restrict visitors who are ill.

**Topic: Nausea, vomiting, anorexia**

- **Many medications used for chemotherapy are emetogenic (induce vomiting) or cause anorexia and an altered taste in the mouth.**
- **A combination of medications can reduce chemotherapy-induced nausea and vomiting (CINV).**

**Topic: Alopecia**

- **Discuss the effect of alopecia on self-image.**
- **Discuss options (hats, turbans, wigs) to deal with hair loss. The American Cancer society has information on a variety of products. Recommend clients select a head covering prior to treatment.**
- **Reinforce that hair should return about 1 month after chemotherapy is discontinued. The new hair can differ from the original hair in color, texture, and thickness.**

**Main Category: Health Promotion and Maintenance**

**Subcategory: N/A**

**Main Category: Psychosocial Integrity**

**Subcategory: Meningitis**

**Topic: Health Promotion and Disease Prevention**

- Haemophilus influenzae type b (Hib) Vaccine: Administer a series of four doses starting at 2 months, with the final dose between 12 to 15 months, to protect against bacterial meningitis.
- Pneumococcal Polysaccharide Vaccine (PPSV): Give the pneumococcal vaccine to adults who are immunocompromised, have chronic diseases, smoke, or live in long-term care. One dose is recommended for adults over 65 without prior immunization or disease history.
- Meningococcal Vaccine (MCV4) - Neisseria meningitidis: Vaccinate adolescents at ages 11-12, with a booster at 16, especially before living in communal settings like college or military housing.

**Topic: Risk Factors**

- Viral meningitis: Associated with viral illnesses such as mumps, measles, herpes, and arboviruses (e.g., West Nile). There is no vaccine for viral meningitis.
- Fungal meningitis: Caused by fulminant fungal infections of the sinuses, particularly from *Cryptococcus neoformans*.
- Bacterial meningitis: Linked to bacterial infections like otitis media, pneumonia, and sinusitis, with common pathogens including *Neisseria meningitidis*, *Streptococcus pneumoniae*, and *Haemophilus influenzae*.

**Topic: Medications**

- Ciprofloxacin, Rifampin, or Ceftriaxone: Prophylactic antibiotics for individuals in close contact with the client.
- Acetaminophen or Ibuprofen: Non-opioid analgesics for headache and/or fever, to avoid masking changes in consciousness.
- Phenytoin: Given as an anticonvulsant if intracranial pressure (ICP) increases or the client

experiences seizures.

**Subcategory: Delirium and Dementia**

**Topic: Types of Delirium**

- **Hyperactive Delirium**: Characterized by agitation, restlessness, and aggressive behavior.
- **Hypoactive Delirium**: Marked by lethargy, withdrawn behavior, and subdued actions.
- **Mixed Delirium**: A combination of both hyperactive and hypoactive delirium symptoms.

**Topic: Risk Factors**

- **Alcohol Toxicity:** Excessive alcohol use or withdrawal.
- **Infections:** Various infections, particularly in older adults.
- **Drug Therapy:** Use of anticholinergics, opioids, and antipsychotic medications.

**Topic: Stages of Alzheimer's disease**

- **Mild (Early Stage):** Memory lapses, difficulty organizing, and noticeable short-term memory loss, with the ability to perform ADLs, though stress makes tasks harder**.**
- **Moderate (Middle Stage):** Forgetting personal history, struggling with complex tasks, and experiencing personality changes, wandering, and incontinence, with noticeable signs to others**.**
- **Severe (Late Stage):** Loss of communication and physical abilities, requiring assistance for ADLs, incontinence, and potential death from choking or infection**.**

**Subcategory: Assessment**

**Topic: Health Promotion**

- Active lifestyle
- Mediterranean diet
- Management of chronic illnesses

**Topic: Risk Factors**

- **Family history of AD or Down syndrome**
- **Assigned female at birth**
- **Ethnicity/Race: African American and Hispanic individuals are at a higher risk of developing Alzheimer's disease (AD) compared to non-Hispanic white individuals, largely due to genetic factors such as the APOE and ABCA7 genes.**

**Topic: Laboratory Tests**

- **Several lab tests can rule out other causes of dementia.**
- **CBC, Chemistry profile, Vitamin B12, thyroid hormone levels, and CSF examination may help in the diagnosis of AD.**
- **A genetic test for the presence of apolipoprotein can indicate an increased risk of developing Alzheimer's disease (AD), but it does not provide a definitive diagnosis. The presence of this protein suggests a higher likelihood that dementia may be associated with AD.**

**Main Category: Basic Care and Comfort**

**Subcategory: Mobility and Immobility**

**Topic: Immobility**

- Temporary (following knee arthroplasty)
- Permanent (paraplegia)
- Slow onset (multiple sclerosis)

**Topic: Factors Affecting Mobility**

- Injury to the musculoskeletal system
- Poor posture
- Impaired central nervous system

**Topic: Systemic Effects of Immobility**

- **Integumentary System:** Increased pressure on the skin, aggravated by metabolic changes, reduces circulation, causing ischemia and increasing the risk of pressure injuries.
- **Respiratory System:** Decreased respiratory movement, stasis of secretions, and weakened respiratory muscles impair oxygenation, leading to atelectasis, hypostatic pneumonia, and a reduced cough response.
- **Cardiovascular System:** Orthostatic hypotension reduced circulatory fluid, stasis of blood in the legs, and decreased cardiac output increase the risk of thrombus formation and elevate cardiac workload.

**Subcategory:**

**Topic: Elimination**

- Genitourinary System: Urinary stasis, changes in calcium metabolism causing hypercalcemia and renal calculi, along with decreased fluid intake and catheter use, increase the risk of urinary tract infections.
- Gastrointestinal System: Decreased peristalsis and fluid intake lead to constipation, raising the risk of fecal impaction.
- Musculoskeletal System: Reduced muscle strength, endurance, and mass, coupled with altered calcium metabolism, contribute to osteoporosis, pathological fractures, contractures, foot drop, and impaired joint mobility.

**Topic: Developmental**

- **Infants, Toddlers, and Preschoolers: Immobility slows the progression of gross motor skills, intellectual development, and musculoskeletal growth, leading to unbalanced posture due to body alignment with the line of gravity.**
- **Adolescents: Growth spurts may be imbalanced, independence delayed, and social isolation increased due to immobility.**
- **Adults: Immobility causes physiological alterations across systems, disrupts family and social dynamics, and impacts job identity and self-esteem.**

**Topic: Nursing Actions**

- **Identify clients at risk for pressure injury development.**
- **Position using corrective devices (pillows, foot boots, trochanter rolls, splints, wedge pillows).**
- **Turn every 1 to 2 hr, and use devices for support or per protocol.**

**Subcategory: Metabolic**

**Topic: Assessment**

- Record anthropometric measurements of height, weight, and skin folds.
- Assess I&O.
- Assess food intake.

**Topic: Nursing Actions**

- **Provide a high-calorie, high-protein diet with vitamin B and C supplements.**
- **Monitor and evaluate oral intake. For clients who cannot eat or drink, provide enteral or parenteral nutritional therapy.**

**Topic: Elimination**

- **Assess I&O.**
- **Assess the bladder for distention.**
- **Observe urine for color, amount, clarity, and frequency**

## Main Category: Pharmacological and Parenteral Therapies

### Subcategory: Blood and Blood Product Transfusions

**Topic: Transfusion Types**

- **Standard Donation:** Blood is transfused from a compatible donor.
- **Autologous Transfusion**: The client donates their own blood up to 6 weeks before elective surgery, with weekly donations allowed if hemoglobin and hematocrit are stable, ensuring the collected blood is exclusively used for the client.
- **Intraoperative Blood Salvage**: Blood lost during surgery is collected, filtered, and reinfused intraoperatively or postoperatively, provided reinfusion occurs within 6 hours of collection.

**Topic: Potential Diagnoses**

- **Excessive blood loss: packed RBCs**
- **Anemia (Hgb less than 6, or 6 to 10 g/dL, depending on findings): packed RBCs**
- **Kidney failure: packed RBCs**

**Topic: Allergic transfusion reaction**

- **Results from a sensitivity reaction to a component of the transfused blood products.**
- **Findings are usually mild and include itching, urticaria, and flushing.**
- **The client can develop an anaphylactic transfusion reaction resulting in bronchospasm, laryngeal edema, hypotension, and shock.**

### Subcategory: Tuberculosis

**Topic: Health Promotion and Disease Prevention**

- Clients who live in high-risk areas for tuberculosis should be screened on a yearly basis.
- Family members of clients who have tuberculosis should be screened.
- Screening is particularly important for people born outside the U.S. and migrant workers.

**Topic: Risk Factors**

- **Frequent and close contact with an untreated individual**
- **Lower socioeconomic status and without housing**
- **Immunocompromised status (HIV, chemotherapy, kidney disease, diabetes mellitus, Crohn's disease, selected malignancies such as head and neck cancers, organ transplants)**

**Topic: Expected Findings**

- **Persistent cough lasting longer than 3 weeks**
- **Purulent sputum, possibly blood-streaked**
- **Fatigue and lethargy**

### Subcategory: Complications

**Topic: Miliary TB**

- Headaches, neck stiffness, and drowsiness (can be life-threatening)
- Pericarditis: Dyspnea, swollen neck veins, pleuritic pain, and hypotension due to an accumulation of fluid in pericardial sac that inhibits the heart's ability to pump effectively
- **Nursing Actions:** Treatment is the same as for pulmonary TB

**Main Category: Reduction of Risk Potential**

**Subcategory: Hyperthyroidism**

**Topic: Causes of hyperthyroidism**

- Graves disease (toxic diffuse goiter) is the most common cause. Autoimmune antibodies result in hypersecretion of thyroid hormones.
- Thyroiditis
- Toxic adenoma

**Topic: Expected findings**

- **Nervousness, irritability, hyperactivity, emotional lability, decreased attention span, change in mental or emotional status**
- **Weakness, easy fatigability, exercise intolerance**
- **Muscle weakness**

**Topic: Laboratory Tests**

- **Blood TSH level: Decreased in the presence of Graves disease (can be elevated in secondary or tertiary hyperthyroidism)**
- **Free T4 index, T4 (total), T3: Elevated in the presence of disease**
- **Thyroid-stimulating immunoglobulins: Elevated in Graves disease, normal in other types of hyperthyroidism**

**Subcategory: Medications**

**Topic: Thionamides**

- Examples: Methimazole, Propylthiouracil
- Action: Inhibit the production of thyroid hormones.
- Uses: Treat Graves' disease, adjunct to radioactive iodine therapy, pre-surgery hormone level reduction, and treatment of thyrotoxicosis.

**Topic: Iodine Solutions**

- **Examples: Lugol's solution, Saturated Solution of Potassium Iodine (SSKI).**
- **Action: Inhibit the release of thyroid hormones.**
- **Uses: Short-term use, prescribed for at least 10 days before therapeutic thyroid procedures.**

**Topic: Beta-Adrenergic Blockers**

- **Examples: Propranolol, Atenolol, Metoprolol.**
- **Action: Manage sympathetic nervous system effects like tachycardia and palpitations without altering thyroid hormone levels.**
-

**Subcategory: Therapeutic Procedures**

**Topic: Radioactive iodine (ablation) therapy**

- Radioactive iodine is taken up by the thyroid and destroys some of the hormone-producing cells ($^{131}I$).
- One dose can be sufficient, but a second or third dose might be needed.
- The degree of thyroid destruction varies and can require lifelong thyroid replacement.

**Topic: Thyroidectomy**

- **Subtotal thyroidectomy can be performed for the treatment of hyperthyroidism when medication therapy fails or radiation therapy is contraindicated. It can also be used to correct diffuse goiter and thyroid cancer. After a subtotal thyroidectomy, the remaining thyroid tissue usually supplies enough thyroid hormone for normal function.**
- **If a total thyroidectomy is performed, the client will need lifelong thyroid hormone replacement therapy.**
- **The client can need to follow a high-protein, high-carbohydrate diet prior to surgery.**

**Topic: Complications**

- **Hemorrhage: Due to a loosened surgical tie, excessive coughing, or movement, this can occur at the incision or in the tissues, leading to respiratory distress.**
- **Thyroid storm/crisis: 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.**
- **Airway obstruction: Hemorrhage, tracheal collapse, tracheal mucus accumulation, laryngeal edema, and vocal cord paralysis can cause respiratory obstruction, with sudden stridor and restlessness.**

**Main Category: Physiological Adaptation**

**Subcategory: Diagnostic and Therapeutic Procedures for Reproductive Disorders**

**Topic: Testicular exam**

- Perform the self-exam during or after bath or shower
- Hold the penis out of the way and examine each testicle separately
- Gently roll each testicle by holding it with your thumbs and fingers of both hands

**Topic: Pelvic and Bimanual Exam**

- **Inform client to schedule this examination 6-10 days after their last menstrual cycle (if present)**
- **Inform client to void prior to examination**
- **During internal examination, inform client to take deep breaths and relax muscles and "bear down" while speculum is being inserted**

**Topic:**

- **Inform the client to become familiar with how their breasts look and feel**
- **Notify the provider immediately of any unexpected findings**

**Subcategory: Laboratory Tests**

**Topic: HIV**

- Immunology: identifies antibodies developed as result of HIV1/HIV2 infection.
- Virologic: identifies RNA (DNA) specific to HIV.
- Nucleic acid amplification testing (NAAT): more expensive detects HIV 11 days after infection

**Topic: Genital Herpes (HSV)**

- **Herpes viral culture: Fluid from a lesion is obtained using a swab and placed in a cup for culture. Low sensitivity especially for recurrent lesions that begin to heal; may need specific typing for HSV**
- **Polymerase chain reaction (PCR) test: Identifies genetic material of the virus. Cells from a lesion, blood, or other body fluids can be tested. Identifies type of virus (herpes simplex 1 [HSV 1] or herpes simplex 2 [HSV 2]).**
- **Antibody test: Blood is tested for antibodies to the virus. Some tests can identify the type of virus. An immunoblot and ELISA test can be used to differentiate between HSV 1 and HSV 2.**

**Topic: Chlamydia**

- **Cultures/swabs (DNA probes, NAAT): pharyngeal, endocervical/urethral**
- **Urine specimens: (NAAT) 1st voided urine**
- **Blood studies**

**Subcategory: Mammography**

**Topic: Indications**

- Detect unexpected findings (cancers, lesions, tumors, cysts) prior to being palpable.
- Screening mammograms: detect breast cancer lesions in clients who do not have manifestations. Screening mammograms decrease cancer death rates because the treatment options and outcomes are best when the cancer is detected early.
- Diagnostic mammograms are used when a screening mammogram reveals abnormal findings or when

breast cancer manifestations are present. The diagnostic mammogram provides a more detailed picture and is more accurate than the screening mammogram.

**Topic: Client Education**

- **Provide information about procedure (what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.**
- **Potential discomfort during procedure.**
- **Avoid the use of deodorant, lotion, or powders in the axillary region or on the breasts prior to the exam (could interfere with results of the examination)**

**Topic: Potential Contraindications**

- **Age less than 25**
- **Pregnancy (unless benefits are greater than risks)**

**Main Category: Clinical Judgment**

**Subcategory: Complications of Diabetes Mellitus**

**Topic: Laboratory Tests**

- Blood glucose: DKA: Greater than 300 mg/dL (up to 800 mg/dL is typical) HHS: Greater than 600 mg/dL Blood electrolytes: Sodium (Na+) and potassium (K+)
- DKA: Na+: below, within, or above the expected reference range, K+: elevated initially due to potassium leaving the cells. Following treatment with fluids and insulin, potassium re-enters cells causing hypokalemia.
- HHS: Na+: within or below the expected reference range.
- K+: within or above the expected reference range as a result of dehydration; must monitor for decrease after treatment is started

**Topic: Arterial blood gases DKA**

- **Metabolic acidosis with respiratory compensation (Kussmaul respirations)**
- **pH less than 7.35**
- **Bicarbonate less than 15 mEq/L**

**Topic: Patient-Centered Care**

- **Check vital signs every 15 min until stable, then every 4 hr.**
- **Check for indications of dehydration (weight loss, decreased skin turgor, oliguria, rapid, weak pulse).**
- **Always treat the underlying cause (infectious process).**

**Subcategory: Stroke**

**Topic: Health Promotion and Disease Prevention**

- Hypertension, diabetes mellitus, smoking, and other related disorders can increase a client's risk for a stroke.
- Early treatment of hypertension, maintenance of blood glucose within expected range, and refraining from smoking will decrease these risk factors.
- Maintaining a healthy weight and getting regular exercise can also decrease the risk of a stroke.

**Topic: Risk Factors**

- **Arteriovenous (AV) malformation**
- **Ethnicity: Black American, Hispanic, Indigenous Peoples, Alaska Native**
- **Family history of stroke**

**Topic: Physical Assessment Findings**

- **Agnosia (unable to recognize familiar objects)**
- **Alexia (reading difficulty)**
- **Agraphia (writing difficulty)**

**Subcategory: Laboratory and Diagnostic Procedures**

**Topic: Laboratory Procedures**

- CBC: Check hemoglobin, hematocrit, platelet, WBC, glucose
- Coagulation panel: Check PT, INR, aPTT: prior to initiation of fibrinolytic or anticoagulation medications

**Topic: Diagnostic Procedures**

- **Magnetic resonance imaging (MRI): can be used to identify edema, ischemia, and necrosis.**
- **Angiography: (cerebral CT or MRI) used to identify the presence of a cerebral hemorrhage, abnormal vessel structures (AV malformation, aneurysms), vessel ruptures, and regional perfusion of blood flow in the carotid arteries and brain.**
- **Dysphagia screening: The speech-language pathologist (SLP) can perform a swallowing study. The client swallows a barium substrate, and a radiograph is taken of peristaltic activity of the esophagus.**

**Topic: Patient-Centered Care**

- **Institute seizure precautions.**
- **Perform neuro checks frequently.**
- **Ensure client has peripheral IV access (might need 2 large-bore IVs).**