

N322 Pharmacology
Proctored ATI Remediation Template

Student Name:
Assessment Name:
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

- 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.

**Proctored ATI Grading Scale –
RN Pediatric Health 2023**

Level 3= 90 points

- **Remediation = 10 points:**
- *Minimum 1-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Level 2 = 80 points

- **Remediation = 10 points:**
- *Minimum 2-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Level 1 = 70 points

- **Remediation = 10 points:**
- *Minimum 3-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

Below Level 1 = 60 points

- **Remediation = 10 points:**
- *Minimum 4-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

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: Reporting of Incident/Event/Irregular Occurrence/Variance

Topic: Safe Medication Administration and Error Reduction: Documenting a Near Miss Event

- Nurses are responsible for having knowledge of federal, state, and local laws (Nurse Practice Act), and facilities' policies that govern prescribing and dispensing medications; preparing and administering medications; and evaluating clients' responses to medications.
- Nurses should notify the provider of all errors, and implement corrective measures immediately by completing an incident report according to facility policy, not including the report in the client's medical record, and recording all medication errors related to systems, procedures, product design, or practice patterns.
- An incident report should include the client's identification, name and dose of the medication, time and place of the incident, accurate and objective account of the event, who you notified, what actions you took, and your signature (or that of the person who completed the report).

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Medications Affecting Coagulation: Herbal Supplements Contraindicated to a Client Who Is Taking Warfarin

- The nurse should take a complete medication history for clients taking warfarin, and advise clients to inform their provider of any herbal supplements or new medications they are taking.
- Some herbal supplements known to interact with warfarin are feverfew, garlic, ginger, glucosamine, and ginkgo biloba.
- The patient should avoid taking these concurrently or discuss them with the provider due to the increased risk for bleeding while receiving warfarin therapy.

Topic: Miscellaneous Central Nervous System Medications: Treating Malignant Hyperthermia

- Manifestations of malignant hyperthermia include muscle rigidity, increased temperature, cardiac dysrhythmias, unstable blood pressure, electrolyte imbalances, and metabolic acidosis.
- The nurse should stop succinylcholine and other anesthetics and administer oxygen, and administer dantrolene to decrease metabolic activity of skeletal muscle.
- It is important for the nurse to monitor vital signs and initiate cooling measures including administration of 0.9% sodium chloride, applying a cooling blanket, and placing ice bags in groin and other areas.

Subcategory: Expected Actions/Outcomes

Topic: Anxiety and Trauma- and Stressor-Related Disorders: Identifying Adverse Effects of Buspirone

- Adverse effects of Buspirone are dizziness, nausea, headache lightheadedness, agitation, and constipation.
- The nurse should educate the client to take this medication with food, avoid activities that require alertness until effects are fully known, suicidal ideation, and most adverse effects are self-limiting.
- This medication is teratogenic, so pregnant women or lactating mothers should not take it.

Topic: Bone Disorders: Identifying Therapeutic Uses of Raloxifene

- Raloxifene works as endogenous estrogen in bone, lipid metabolism, and blood coagulation and decreases bone resorption by slowing bone loss and preserving bone mineral density. It also works as an antagonist to estrogen on breast and endometrial tissue and can decrease plasma levels of cholesterol.
- Raloxifene prevents and treats postmenopausal osteoporosis to prevent spinal fractures in female clients and protects against breast cancer.
- This medication should be stopped prior to scheduled immobilization and resumed when client is fully mobile. Nurses should monitor for manifestations of DVT and discouraged from long periods of sitting and inactivity.

Topic: Endocrine Disorders: Identifying Need for Dosage Adjustment of Methimazole

- Methimazole works by blocking the synthesis of thyroid hormones, preventing the oxidation of

iodide, and blocking conversion of T4 into T3 (PKU).

- Overmedication can result in a manifestation of hypothyroidism. Manifestations of hypothyroidism include drowsiness, depression, weight gain, edema, bradycardia, anorexia, cold intolerance, dry skin, and menorrhagia.
- Agranulocytosis is another condition that could require dosage adjustments. You should contact your provider if you develop a sore throat or fever.

Topic: Medications Affecting Urinary Output: Therapeutic Effects of Furosemide

- Indications for medications that affect urinary output include management of blood pressure; excretion of edematous fluid related to heart failure and kidney and liver disease; and prevention of kidney failure.
- High-ceiling loop diuretics work in the loop of Henle. Furosemide works by blocking the reabsorption of sodium and chloride, preventing reabsorption of water, causes extensive diuresis, and increases kidney excretion of water, potassium, sodium, chloride, magnesium, and calcium.
- Furosemide is used when there is an emergent need for rapid mobilization of fluid. Pulmonary edema caused by heart failure, conditions not responsive to other diuretics, and hypertension are call conditions that could require the use of furosemide.

Subcategory: Medication Administration

Topic: Medications Affecting Coagulation: Preparing to Administer Subcutaneous Heparin

- Heparin prevents clotting by activating antithrombin, thus indirectly inactivating both thrombin and factor Xa. This inhibits fibrin formation.
- The nurse should assess and monitor vitals, aPTT levels, platelet count, and hematocrit levels.
- It is important to administer deep subcutaneous injections in the abdomen, ensuring a distance of 2 inches from the umbilicus.

Topic: Pharmacokinetics and Routes of Administration: Administering an IM Injection to an infant

- The best IM site for an infants 1 year and younger is the vastus lateralis.
- Injection sites should be rotated to enhance medication absorption and each site should be documented.
- A tuberculin syringe should be used for solution volumes smaller than 0.5 mL.

Topic: Pharmacokinetics and Routes of Administration: Parenteral Medications

- Advantages of parenteral medications are rapid effects, precise amounts, less discomfort after initial insertion, constant therapeutic blood levels, less irritation to subcutaneous and muscle tissue, permits for large volumes, and permits the use of medications that contain irritant properties such as chemotherapy.
- Different routes of administration for parenteral medications are intravenous, intramuscular, subcutaneous, intradermal, intrathecal, and epidural.
- More severe complications of parenteral medication therapy are infiltration, extravasation, phlebitis, fluid overload, embolus, and cellulitis.

Topic: Safe Medication Administration and Error Reduction: Reviewing a Medication Administration Record

- Nurses can help reduce adverse event related to medications by determining accuracy of medication prescriptions, reporting all medication errors, safeguarding and storing medications, following legal mandates when administering controlled substances, calculating medication doses accurately, and understanding the responsibilities of other members of the health care team regarding medications.
- Nurses administer prescription medications under the supervision of providers. Some medications can be habit-forming or have potential harmful effects and require more stringent supervision.
- Each facility has written policies for medication prescriptions, including which providers can write, receive, and transcribe medication prescriptions. Use verbal prescriptions only for emergencies, and follow the facility's protocol for telephone prescriptions. Nursing students cannot accept verbal or telephone prescriptions.

Subcategory: Parenteral/Intravenous Therapies

Topic: Intravenous Therapy: Nursing Actions for IV Infiltration

- Signs and symptoms of infiltration are pallor, local swelling at the site, damp dressing, slowed infusion, and decreased skin temperature around the site.
- Treatment of infiltration is to stop the infusion, elevate the extremity, encourage active range of motion, apply cold or warm compress depending on the type of solution, check with the provider to determine whether the client still needs IV therapy. If so, restart the infusion proximal to the site or in another extremity.
- Prevention of infiltration would be to carefully select the site and catheter, secure the catheter, and inspect the IV site frequently for any findings of infiltration.

Subcategory: Pharmacological Pain Management**Topic: Opioid Agonists and Antagonists: Responding to Breakthrough Pain**

- The first administration of a transdermal fentanyl patch will take several hours (up to 24 hours) to achieve the desired therapeutic effect. The nurse should administer short-acting opioids as needed prior to onset of therapeutic effects and for breakthrough pain.
- Advise clients who have physical dependence not to discontinue opioids abruptly. They should be withdrawn slowly, and the dosage should be tapered over a period of 3 days.
- Do not increase opioid dosage without consulting your provider.

Subcategory: Total Parenteral Nutrition**Topic: Total Parenteral Nutrition: Preventing Adverse Effects**

- Prior to initiating parenteral nutrition, review the client's weight, BMI, nutritional status, diagnosis, and current laboratory data. This can include a CBC, blood chemistry profile, PT/aPTT, iron, total iron-binding capacity, lipid profile, liver function tests, electrolyte panel, BUN, prealbumin, albumin level, creatinine, blood glucose, and platelet count.
- A nurse must evaluate a client's allergy list to help ensure a reaction is less likely to occur. Specific allergens to watch out for are soybeans, safflower, and eggs if lipids are prescribed.
- Parenteral nutrition should be discontinued as soon as possible to avoid potential complications, but not until the client's enteral or oral intake can provide 50-75% of estimated caloric requirements. A nurse can also ask the provider about giving some enteral substance during long-term parenteral nutrition administration, such as diluted juice, to prevent atrophy of the gastrointestinal tract.

Main Category: Physiological Adaptation**Subcategory: Unexpected Response to Therapies****Topic: Medications Affecting Urinary Output: Assessing Adverse Effects of Furosemide**

- Nurses need to assess for dehydration in clients taking furosemide. Manifestations of dehydration include dry mouth, increased thirst, oliguria, lethargy, and urine output less than 30 mL/hr.
- Hypokalemia is a concern with furosemide use. Cardiac function and labs should be monitored to prevent an undesired cardiac event. Educate the patient about eating foods high in potassium, including bananas, potatoes, dried fruits, nuts, spinach, and citrus fruits. The clients should also be informed of signs and symptoms of hypokalemia which include nausea, vomiting, fatigue, leg cramps, and general weakness.
- Hypotension is another concern with loop diuretics, and the nurse needs to monitor blood pressure. They should also advise the client about changing positions suddenly, as this can cause them to become dizzy and fall.

Main Category: Clinical Judgement**Subcategory: Recognize Cues****Topic: Medications Affecting Blood Pressure: Identifying Adverse Effects of Medications**

- If a patient taking angiotensin-converting enzyme inhibitors, they should notify their provider immediately if they develop a dry cough and discontinue the medication.

- If a client is of child bearing age, they should be instructed to use contraception while taking angiotensin II receptor blockers. This class of medication can cause fetal injury.
- Aldosterone antagonists can produce flu-like manifestations such as fatigue, headache, diarrhea, abdominal pain, and cough. The client should report these manifestations to the provider immediately.

Subcategory: Analyze Cues

Topic: Medications Affecting Urinary Output: Caring for a Client With Heart Failure

- The nurse should obtain a baseline weight on admission, and the client should be weighed the same time every day. Weighing a client first thing in the morning is the preferred time.
- Baseline data should be obtained which includes vitals, including orthostatic blood pressure, weight, electrolytes, and location and extent of edema.
- The nurse should be monitoring I&O and blood pressure. The patient should also be on a low sodium diet, consume food high in potassium, and diabetic patients may need to check their blood glucose levels more often due to fluctuations from other medications.

Subcategory: Evaluating Outcomes

Topic: Immunizations: Evaluating Client Understanding of Teaching About HPV Immunization

- The HPV immunization is an active-artificial immunity developed when a vaccine is administered, and the body produces antibodies in response to exposure to a killed or attenuated virus.
- The nurse should educate the patient about adverse effects including redness, swelling and tenderness around the injection site, mild to moderate fever, headache, and/or fainting (shortly after receiving the vaccine).
- The HPV vaccine is not recommended for clients who are over 26 years of age, but can be administered to clients 27-45 years of age after shared decision making with the provider.

