

N431 Adult Health II  
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:

<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: Management of Care

### Subcategory: Establishing Priorities

#### Topic: Complications of Diabetes Mellitus: Priority Actions in Treatment of Ketoacidosis

- Diabetic ketoacidosis (DKA) is an acute, life-threatening condition characterized by uncontrolled hyperglycemia (greater than 300 mg/dL), metabolic acidosis, and an accumulation of ketones in the blood and urine. The onset is rapid, and the mortality rate is up to 10%.
- Check vitals every 15 mins until stable and then every 4 hours, dehydration status, treat underlying cause, provide isotonic fluid replacement, follow with hypotonic fluid to replace fluid loss, followed by 5% dextrose to minimize cerebral edema risks associated with drastic changes in blood osmolarity and prevent hypoglycemia, administer regular insulin PRN via IV, monitor blood glucose hourly, monitor potassium levels, monitor and report neurological status changes, and educate the patient about prevention and signs and symptoms of DKA.
- Polyuria, polydipsia, polyphagia, weight loss, GI effects, blurred vision, headache, weakness, orthostatic hypotension, fruity odor breath, Kussmaul respirations, metabolic acidosis, and mental status changes are all symptoms of DKA.

### Subcategory: Referrals

#### Topic: Musculoskeletal Trauma: Identifying Need for a Referral for a Client Who Has Osteomyelitis

- Osteomyelitis is an infection of the bone that begins as an inflammation within the bone secondary to penetration by infectious organisms (virus, bacteria, or fungi) following trauma or surgical repair of a fracture.
- Bone pain, erythema, edema, fever, and leukocytosis are manifestations of osteomyelitis. Many will disappear if the infection becomes chronic.
- Treatment includes long course antibiotics, surgical debridement, bone graft, hyperbaric oxygen treatments, surgically implanted antibiotic beads in bone cement, and amputation.

## Main Category: Safety and Infection Control

### Subcategory: Accident/Error/Injury Prevention

#### Topic: Arthroplasty: Safety Considerations for Continuous Passive Motion Machine

- Arthroplasty refers to the surgical removal of a diseased joint due to osteoarthritis, osteonecrosis, rheumatoid arthritis, trauma, or congenital anomalies, and replacement with prosthetics or artificial components made of metal (stainless steel, titanium) and/or plastic.
- A continuous passive motion (CPM) machine can be prescribed to promote motion in the knee, promote circulation, and prevent scar tissue formation.
- CPM is usually placed and initiated immediately after surgery. CPM provides a passive range of motion from full extension to the prescribed amount of flexion. Follow the prescribed duration of use, but turn it off during meals.

#### Topic: Preoperative Nursing Care: Risk for Latex Allergy

- Allergies to bananas or kiwi can indicate the client is at risk for a reaction to latex.
- The nurse should obtain a complete detailed history from the patient prior to surgery.
- A latex allergy is a major risk factor for surgical complications.

## Main Category: Psychosocial Integrity

### **Subcategory: Mental Health Concepts**

#### **Topic: Delirium and Dementia: Identifying Findings of Impaired Cognition**

- Confusion Assessment Method (CAM) and Delirium Index (DI) are used as screening methods for delirium.
- Dementia is defined as multiple cognitive deficits that impair memory and can affect language, motor skills, and/or abstract thinking. Delirium is a medical emergency characterized by inattentiveness, disorganized thoughts, and an alteration in the client's level of consciousness resulting in emotional manifestations, including psychotic behavior.
- Findings for delirium include agitation, restlessness, aggressive behavior, lethargy, withdrawn behavior, subdued behavior, or a combination of all of these. Findings for dementia include memory lapses, misplacing/losing items, difficulty concentrating/organizing, difficulty/inability to perform ADLs, difficulty with complex mental arithmetic, personality/behavior changes, sleep pattern changes, wandering, incontinence, dysphagia, progressive difficulty/total loss with physical abilities, and death related to infection or choking.

### **Main Category: Basic Care and Comfort**

#### **Subcategory: Nonpharmacological Comfort Interventions**

#### **Topic: Inflammatory Disorders: Caring for a Client Who Has Pericarditis**

- Commonly follows a respiratory infection.
- Can be due to a myocardial infarction or acute exacerbation of systemic connective tissue disease.
- Findings include chest pressure/pain aggravated by breathing, coughing, swallowing, pericardial friction rub auscultated at left lower sternal border, shortness of breath, and relief of pain when sitting and leaning forward.

### **Main Category: Pharmacological and Parenteral Therapies**

#### **Subcategory: Medication Administration**

#### **Topic: Diabetes Mellitus: Mixing Two Insulins Into One Syringe**

- When mixing short-acting insulin with longer-acting insulin, draw the short-acting insulin up into the syringe first, then the longer-acting insulin.
- This prevents the possibility of accidentally injecting some of the longer-acting insulin into the shorter-acting insulin vial. (This can pose a risk for unexpected insulin effects with subsequent uses of the vial.)
- NPH and premixed insulins should appear cloudy. Do not administer other insulins if they are cloudy or any insulins that are discolored or if a precipitate is present.

#### **Subcategory: Total Parenteral Nutrition**

#### **Topic: Gastrointestinal Therapeutic Procedures: Caring for a Client Receiving Total Parental Nutrition**

- TPN is a hypertonic IV bolus solution. The purpose of TPN administration is to prevent or correct nutritional deficiencies and minimize the adverse effects of malnourishment.
- TPN administration is usually through a central line (a tunneled triple lumen catheter or a single- or double-lumen peripherally inserted central [PICC] line).
- Indications for TPN are any condition that affects the ability to absorb nutrition, has a prolonged recovery, creates hypermetabolic state, or creates a chronic malnutrition.

### **Main Category: Reduction of Risk Potential**

#### **Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures**

#### **Topic: Electrocardiography and Dysrhythmia Monitoring: Evaluating Therapeutic Response to**

## **Synchronized Cardioversion**

- Cardioversion is the delivery of a direct countershock to the heart synchronized to the QRS complex.
- Cardioversion is an elective treatment of atrial dysrhythmias, supraventricular tachycardia, and ventricular tachycardia with a pulse. Cardioversion is the treatment of choice for clients who are symptomatic.
- After cardioversion monitor vital signs, airway, for burns from electrodes, and LOC. Provide O2 and support for family and client. Administer medications and document postprocedure rhythm, number of cardioversion attempts, client's condition, and skin condition.

## **Subcategory: Potential for Alterations in Body Systems**

### **Topic: Amputations: Teaching Instructions to Prevent Complications**

- Care for and wrap the residual limb, and perform limb-strengthening exercises.
- Properly apply and care for the prosthesis.
- Safely transfer and use mobility devices and adaptive aids. Manage phantom limb pain.

## **Subcategory: Changes/Abnormalities in Vital Signs**

### **Topic: Head Injury: Early Manifestations of Increased Intracranial Pressure**

- Types of brain injury include concussion, contusion, diffuse axonal injury, and intracranial hemorrhage.
- Manifestations of increased intracranial pressure include severe headache, nausea, vomiting, decreased LOC, restlessness, irritability, dilated or pinpoint nonreactive pupils, cranial nerve dysfunction, breathing alterations, decreased motor function, seizures, and Cushing's Triad is a later finding.
- Risks for head injury include motor vehicle crash, illicit drug and alcohol use, sports injuries, assault, gunshot wounds, and falls.

## **Main Category: Physiological Adaptation**

## **Subcategory: Alterations in Body Systems**

### **Topic: Head Injury: Medications for Reducing Intracranial Pressure**

- Mannitol is an osmotic diuretic used to treat cerebral edema. When used for increased ICP, the medication draws fluid from the brain into the blood.
- Client can be placed in a coma (barbiturate coma) to decrease cellular metabolic demand until ICP can be decreased. Commonly used medications include pentobarbital and thiopental.
- Morphine sulfate or fentanyl are analgesics used to control pain and restlessness.

### **Topic: Inflammatory Disorders: Discharge Teaching for Ineffective Endocarditis**

- Prophylactic treatments (including antibiotics for clients who have cardiac defects) can reduce the risk of infective endocarditis
- Risks of ineffective endocarditis include congenital heart defects/anomalies, IV drug use, heart valve replacement, immunosuppression, rheumatic fever and other infections, school-age children with a long duration of streptococcus infection, malnutrition, overcrowding, and lower socioeconomic status.
- Rheumatic fever is a common cause of endocarditis that is preceded by group A beta-hemolytic streptococcal pharyngitis, produces lesions on the heart, and can include fever, chest pain, joint pain, tachycardia, SOB, rash on trunk and extremities, friction rub, murmur, and muscle spasms.

## **Subcategory: Hemodynamics**

### **Topic: Electrocardiography and Dysrhythmia Monitoring: Cardiac Rhythm Interpretation**

- Cardiac electrical activity can be monitored by using an electrocardiogram (ECG).
- Cardiac monitoring is used to diagnose dysrhythmias, chamber enlargement, myocardial ischemia, injury, or infarction and to monitor the effects of electrolyte imbalances or medication administration.

- Cardiac interpretation includes heart rate, is the rhythm regular/irregular, measuring the PR interval, QRS duration and consistency, assess the T wave, and measure the QT interval.

**Topic: Electrocardiography and Dysrhythmia Monitoring: Intervention for Third-Degree Heart Block**

- Rapid recognition and treatment of serious dysrhythmias is essential to preserve life. Treatment is based on the cardiac rhythm, which can require cardioversion, defibrillation or pacemaker insertion, and/or medications.
- Cardioversion is a treatment of atrial dysrhythmias, supraventricular tachycardia, and ventricular tachycardia with a pulse. Cardioversion is the treatment of choice for clients who are symptomatic.
- A permanent pacemaker is the most commonly used treatment for a third-degree heart block.

**Subcategory: Illness Management**

**Topic: Disorders of Reproductive Tissue: Client Teaching About Managing Fibrocystic Breast Changes**

- Fibrocystic breast condition is noncancerous. It is most common in young adult clients. It occurs less frequently in postmenopausal clients. The condition is thought to occur due to cyclic hormonal changes. Fibrosis (of connective tissue) and cysts (fluid-filled sacs) develop.
- Expected findings are breast pain, swelling, and palpable tender, firm, hard, rubberlike lumps, usually in the outer quadrant.
- The nurse should educate the client to reduce salt intake prior to menses, wear a supportive bra, heat/cold compresses, become familiar with breast to identify changes, and having fibrocystic breast tissue does not increase the risk of breast cancer.

**Topic: Hypothyroidism: Evaluating Treatment Outcomes**

- Hypothyroidism is a condition in which there is an inadequate amount of circulating thyroid hormones triiodothyronine (T<sub>3</sub>) and thyroxine (T<sub>4</sub>), causing a decrease in metabolic rate that affects all body systems. Thyroid function can decline slowly or rapidly (myxedema).
- Nurses should assess cardiovascular changes, client's weight, mental status, educate to increase activity gradually, apply anti-embolism stockings, assess respiratory status, consult a dietitian, administer cathartics and stool softeners, provide skin care and extra blankets/clothes, and use caution with medications due to altered metabolism.
- A home health nurse might need to visit the client and assess for adverse effects during the first few weeks of therapy.

**Subcategory: Medical Emergencies**

**Topic: Coagulation Disorders: Disseminated Intravascular Coagulation**

- Coagulation disorders occur secondary to an alteration in platelets, clotting factors, or both.
- Disseminated intravascular coagulation is a life-threatening coagulopathy in which clotting and anticlotting mechanisms occur at the same time.
- A client who has DIC is at risk for both internal and external bleeding, as well as damage to organs resulting from ischemia caused by microclots.

**Subcategory: Pathophysiology**

**Topic: Shock: Manifestations of Disseminated Intravascular Coagulation**

- DIC secondary to other complications include septicemia, cardiopulmonary arrest, trauma, obstetric complications, cancer, and allergic reaction.
- Manifestations of coagulation disorders include unusual spontaneous bleeding from the gums/nose, oozing/trickling/flow of blood from incisions/lacerations, petechiae, ecchymoses, hematuria, excessive bleeding from venipuncture/injection site/slight trauma, tachycardia, hypotension, diaphoresis, organ failure secondary to microemboli, respiratory distress, cyanosis, and redness/pain/warmth/swelling of the lower extremities.
- Nursing interventions for DIC initially focus on assessing for and correcting the underlying cause (sepsis, malignancy, hemorrhage). Focus then turns to preventing organ damage secondary to

microemboli and replacing the blood's clotting components.

## Main Category: Clinical Judgment

### Subcategory: Analyze Cues

#### Topic: Heart Failure and Pulmonary Edema: Anticipating Provider Prescriptions

- Pulmonary edema is a risk in clients receiving mannitol. Findings mimic acute pulmonary edema without cardiac involvement. This is a life-threatening emergency. Immediate, aggressive treatment is used. Survival is rare.
- Treatment varies depending on cause, location, and severity of the disease.
- A provider will likely order a BNP, hemodynamic monitoring, ultrasound, left ventricular ejection fraction, right ventricular ejection fraction, transesophageal echocardiography, chest x-ray, ECG, cardiac enzymes, electrolytes, and ABGs. Medications include diuretics, afterload-reducing agents, ACE inhibitors, angiotensin receptor 2 blockers, calcium channel blockers, and phosphodiesterase 3 inhibitors.

### Subcategory: Prioritize Hypothesis

#### Topic: Heart Failure and Pulmonary Edema: Identifying Potential Complications of Heart Failure

- Heart failure is the result of an acute or chronic cardiopulmonary problem, such as systemic hypertension, myocardial infarction (MI), pulmonary hypertension, dysrhythmias, valvular heart disease, pericarditis, or cardiomyopathy.
- Cardiogenic shock is a serious complication of pump failure that occurs commonly following an MI with injury to greater than 40% of the left ventricle.
- Cardiogenic factors are the most common cause of pulmonary edema. It is a complication of various heart and lung diseases and usually occurs from increased pulmonary vascular pressure secondary to severe cardiac dysfunction.

### Subcategory: Evaluate Outcomes

#### Topic: Hemodialysis and Peritoneal Dialysis: Evaluating Understanding of Teaching for a Client Who Has Kidney Disease

- For clients who are experiencing acute kidney injury or chronic kidney disease, dialysis can sustain life (although it does not replace the hormonal function of the kidney).
- Functions of dialysis include ridding the body of excess fluid and electrolytes, achieve acid-base balance, eliminate waste, and restore internal homeostasis by osmosis, diffusion, and ultrafiltration.
- Ensure the client understands the purpose, diet, medication regimen, site care, limitations of their disease, and signs and symptoms of complications associated with the disease and procedures.

#### Topic: Hepatitis and Cirrhosis: Caring for a Client Who Has Cirrhosis

- Understand risk factors like alcohol use, chronic viral hepatitis, autoimmune hepatitis, steatohepatitis, damage due to medications/substances/toxins/infections, chronic biliary cirrhosis, and cardiac cirrhosis.
- Expected findings of cirrhosis include fatigue, weight loss, abdominal distention/pain, pruritic, confusion, difficulty thinking, personality/mentation changes, emotional lability, euphoria, or depression.
- Physical assessment findings include cognitive changes, sleep/wake pattern changes, gastroesophageal bleeding, portal hypertensive gastropathy, splenomegaly, ascites, jaundice, petechiae, ecchymoses, nosebleeds, hematemesis, melena, palmar erythema, spider angiomas, edema, asterixis, and fetor hepaticus.

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

- Monitor respiratory status, skin integrity, fluid balance, vital signs, nutritional status, GI status, and pain status.

- Because the metabolism of most medications is dependent upon a functioning liver, general medications are administered sparingly, especially opioids, sedatives, and barbiturates.
- Following a paracentesis, monitor vital, maintain bed rest, measure the fluid, document color and amount, send specimen to laboratory, assess puncture site, and weight the client.

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

- Lupus varies in severity and progression. It is generally characterized by periods of exacerbations (flares) and remissions.
- Lupus can be difficult to diagnose because of the vague nature of early manifestations.
- Expected findings include fatigue, alopecia, blurred vision, pleuritic pain, anorexia, weight loss, depression, joint pain, swelling, tenderness, weakness, fever, anemia, lymphadenopathy, pericarditis, Raynaud’s phenomenon, erythematous “butterfly” rash, discoid, and oral lesions.

**Subcategory: Generate Solutions**

**Topic: Heart Failure and Pulmonary Edema: Planning Care for a Client Who Has Heart Failure**

- Older adults have an increased risk for heart failure and can have worse manifestations due to increased systolic blood pressure and some medications.
- Blood circulation to the lungs is impaired when the cardiac pump is compromised.
- Monitor vitals, labs, and diagnostics.

**Topic: Heart Failure and Pulmonary Edema: Providing Discharge Teaching**

- Take diuretics in the early morning or early afternoon.
- Restrict fluid and sodium and regulate potassium as instructed.
- Check weight daily and adhere to the medication regimen as prescribed.

**Topic: Hemodialysis and Peritoneal Dialysis: Identifying Prescriptions for a Client Who Has Kidney Disease**

- For clients who are experiencing acute kidney injury or chronic kidney disease, dialysis can sustain life (although it does not replace the hormonal function of the kidney)
- Hemodialysis will be needed three times per week, for 3- to 4-hr sessions. It involves insertion of two needles, one into an artery and the other into a vein.
- Some of the provider’s orders include coagulation studies, labs, AV fistula/graft placement, supplements PRN, diuretics, antihypertensive PRN, blood transfusion, fluid replacement therapy, and albumin infusions.

**Topic: Stroke: Managing Increased Intracranial Pressure**

- Medications include opioids, barbiturates, phenytoin, and mannitol.
- Elevate the bed at least 30 degrees to reduce ICP, avoid extreme flexion, extension, or rotation of the head, and maintain the body in a midline neutral position, maintain airway, administer O2 and stool softeners, provide a low stimuli environment, and hyperventilation for an intubated patient for the first 24 hrs after injury can decrease ICP.
- Assess respiratory status, cranial nerve function, pupils, and bilateral sensory, motor responses, and ICP levels.

**Subcategory: Take Actions**

**Topic: Bacterial, Viral, Fungal, and Parasitic Infections: Priority Actions for a Client Who Has Kidney Disease**

- Peritoneal dialysis can allow micro-organisms into the peritoneum and cause peritonitis. Cloudy or opaque effluent is the earliest indication of peritonitis.
- Blood transfusions and frequent blood access due to hemodialysis pose a risk for transmission of bloodborne infections such as HIV and hepatitis B and C  
Immunosuppressive disorders increase the risk for infection. Use strict aseptic technique when required.

**Topic: Heart Failure and Pulmonary Edema: Creating a Nutritional Plan for a Client Who Has Heart Failure**

- Consume a diet low in sodium, along with fluid restrictions, and consult with the provider regarding diet specifications.
- Maintain an exercise routine to remain physically active and consult with the provider before starting any new regimen.
- Food insecurity can lead to undernutrition and lack of access to fresh fruits and vegetables.

Proctored Assessment Results

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ati Proctored Assessment: RN Adult Medical Surgical 2023

### Individual Performance Profile

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ADJUSTED INDIVIDUAL TOTAL SCORE

76.8%

TIME SPENT

01:19:59

Individual Name: Ashley Shields

Student Number: ashields

Institution: Lakeview CON

Program Type: BSN

Test Completed Date: 12/2/2025 # of Points: 151

**Focused Review Progress**

View missed topics and launch study materials below.

Last accessed: 12/4/2025 Time spent: 04:50:07

[Review](#)
[Flashcards](#)

PROFICIENCY LEVEL	MEAN		PERCENTILE RANK	
Level 2	National 71.3%	Program 71.2%	National 75	Program 74

4

Rain/snow ahead 14°F

1:58 PM 12/4/2025