

N322 Pharmacology

Proctored ATI Remediation Template

Student Name: Samjhana Rai

Assessment Name: RN Pharmacology 2023

Semester: Fall 2025

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 <ul style="list-style-type: none">• 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: Management of Care**Subcategory: Information technology****Topic: Electronic Health Records (EHR)**

- Nurses must protect confidentiality by logging off computers and not sharing passwords.
- EHR improves communication and continuity of care among the health care team.
- Documentation must be accurate and completed in a timely manner to ensure patient safety.

Topic: HIPAA and Patient Privacy

- Nurses should only access patient information that is necessary for providing care.
- Patient information must not be discussed in public areas or on social media.
- Written consent is required before sharing a patient's medical records.

Topic: Barcode Medication Administration (BCMA)

- Nurses scan the patient and the medication to verify correct medication administration.
- If there is a mismatch alert, the nurse must stop and verify the order before giving the medication.
- The nurse must ensure barcode scanning equipment is functioning properly to reduce errors.

Main Category: Clinical judgement

subcategory: Prioritize hypothesis

Topic: Identifying Urgent Patient Needs

- Life-threatening issues are addressed before routine concerns.
- The nurse uses the ABCs (airway, breathing, circulation) to decide priorities.
- Sudden changes in a patient's condition require immediate attention.

Topic: Recognizing Clinical Cues

- The nurse collects data from vital signs, assessments, and patient reports.
- Abnormal findings are compared to expected baseline or trends.
- The nurse determines which cues are most relevant to the current problem.

Topic: Safety Considerations in Prioritization

- Safety risks, such as fall risk or oxygen decline, must be addressed quickly.
- Patients who are unstable are seen before stable patients.
- Infection prevention is prioritized when patients have contamination risks.

Subcategory: Generate solutions

Topic: Selecting Appropriate Nursing Interventions

- Interventions are chosen based on evidenced-based practice and patient needs.
- The nurse ensures interventions match the patient's current stability.
- Collaboration with the healthcare team may be needed to carry out care.

Topic: Planning Care for Expected Outcomes

- Goals must be realistic, measurable, and individualized to the patient.
- Short-term goals address the most urgent issues first.
- The nurse plans interventions that promote patient independence when possible.

Topic: Adjusting Interventions When Needed

- When the patient response changes, the plan must be updated.
- The nurse may increase monitoring frequency for unstable patients.
- New or worsening symptoms require provider notification.

Subcategory: evaluate outcomes

Topic: Assessing Patient Response to Interventions

- The nurse reassesses the patient to see if the goals are being met.
- Improvement shows interventions are effective.

- Lack of change indicates the plan may need revision.

Topic: Determining Effectiveness of Care Plan

- The nurse compares current patient status to expected outcomes.
- Documentation must reflect progress toward goals.
- Ineffective interventions must be changed to better support recovery.

Topic: Ongoing Quality and Safety Monitoring

- The nurse continually checks for complications or new safety concerns.
- Evaluation helps prevent errors and supports high-quality care.
- Patient feedback is used to improve comfort and satisfaction.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse effects/Contraindications/side effects/interactions

Topic: Opioids (e.g., Morphine, Hydromorphone)

- Respiratory depression is the most serious adverse effect and requires monitoring.
- Opioids can cause constipation, so stool softeners or increased fluids may be needed.
- Combining opioids with alcohol, benzodiazepines, or CNS depressants increases sedation risk.

Topic: Antibiotics (e.g., Penicillins, Cephalosporins)

- Allergic reactions such as rash or anaphylaxis require stopping the medication immediately.
- Antibiotics may cause GI upset or diarrhea; probiotics may help maintain gut health.
- Patients must complete the full course to prevent resistance.

Topic: Anticoagulants (e.g., Warfarin, Heparin)

- Increased bleeding risk requires regular monitoring of coagulation labs (INR or aPTT).
- Patients should avoid NSAIDs and use soft toothbrushes to prevent bleeding.
- Vitamin K reverses warfarin toxicity; protamine sulfate reverses heparin.

Subcategory: Expected actions/outcomes

Topic: Insulin Therapy

- Insulin lowers blood glucose by allowing glucose to move into body cells.
- Patients should have improved blood sugar control and decreased hyperglycemia symptoms.
- Monitoring blood glucose helps adjust dosing safely.

Topic: Diuretics (e.g., Furosemide, Hydrochlorothiazide)

- Diuretics remove excess fluid from the body by increasing urine output.
- Edema and blood pressure should improve.

- Monitoring electrolytes helps prevent complications like hypokalemia.

Topic: Proton Pump Inhibitors (e.g., Omeprazole)

- PPIs reduce stomach acid to relieve GERD and ulcer symptoms.
- Patients should report reduced heartburn and improved swallowing.
- Long-term use may increase osteoporosis risk and should be monitored.

Subcategory: Pharmacological pain management

Topic: Acetaminophen (Tylenol)

- Acetaminophen reduces pain and fever without affecting inflammation.
- Total daily dose must not exceed 4 g to prevent liver toxicity.
- It is often used for patients who cannot take NSAIDs.

Topic: NSAIDs (e.g., Ibuprofen, Ketorolac)

- NSAIDs reduce pain and inflammation by blocking prostaglandins.
- They may cause GI irritation and increase risk for ulcers or bleeding.
- They should be avoided in patients with kidney disease.

Topic: Patient-Controlled Analgesia (PCA)

- PCA allows the patient to self-administer pain medication safely within limits.
- Only the patient, not family members, should press the PCA button.
- Continuous monitoring of respiratory rate is essential to prevent oversedation.

Main Category: Reduction of Risk Potential

Subcategory: changes/abnormalities in vital signs

Topic: Hypotension

- The nurse should assess for dizziness, weakness, and decreased perfusion.
- Hypotension may indicate dehydration, bleeding, or medication effects.
- Safety precautions such as slow position changes help prevent falls.

Topic: Tachycardia

- An increased heart rate may signal pain, fever, anxiety, or fluid loss.
- The nurse should assess oxygenation, temperature, and hydration status.
- Persistent tachycardia must be reported because it increases cardiac workload.

Topic: Fever (Hyperthermia)

- A fever suggests possible infection or inflammation requiring further assessment.
- Increased temperature raises fluid needs, so hydration must be encouraged.
- Antipyretics may be given, and temperature trends must be monitored.

Subcategory: therapeutic procedure

Topic: Oxygen Therapy

- Oxygen improves tissue oxygenation in patients with respiratory distress.
- The nurse checks oxygen saturation and adjusts flow per provider orders.
- Safety precautions include avoiding open flames and checking equipment.

Topic: IV Therapy

- IV therapy is used for fluids, medications, or electrolytes when oral intake is insufficient.
- The IV site must be assessed regularly for infiltration, infection, or phlebitis.

- The nurse must ensure that the correct fluid and rate are programmed on the pump.

Topic: Wound Care Procedures

- Wound care removes bacteria, supports tissue healing, and prevents infection.
- The nurse maintains sterile technique when required to prevent contamination.
- Drainage, odor, and color changes must be documented and reported.

Main Category: Physiological Adaptation

Subcategory: fluid and electrolyte imbalances

Topic: Dehydration / Hypovolemia

- Signs include dry mucous membranes, hypotension, tachycardia, and decreased urine output.
- The nurse should encourage oral fluids or administer IV fluids as prescribed.
- Daily weight is the most accurate indicator of fluid status changes.

Topic: Hyperkalemia

- Signs include muscle weakness, cardiac dysrhythmias, and peaked T waves on ECG.
- The nurse may administer medications like insulin with glucose to shift potassium into cells.
- The patient should avoid high-potassium foods such as bananas and oranges.

Topic: Hyponatremia

- Signs include confusion, headache, and seizures due to brain swelling.
- The nurse restricts fluid intake or administers hypertonic saline per orders.
- Frequent neurological assessments help detect worsening symptoms.