

N323 Mental and Behavioral Health
Proctored ATI Remediation Template

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Assessment Name: RN Mental Health 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 Sick 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.
- 7.

Main Category: Management of Care

Subcategory: Advocacy

Topic: Legal and Ethical Issues: Caring for a Client who is Declining Treatment

- Due to the clients having various specific rights, informed consent and the right to refuse treatment are allowed even in a mental health facility.
- Clients who voluntarily admit themselves are considered competent and have the right to refuse medication and decline treatment.
- Clients who are involuntarily admitted are still considered competent and have the right to refuse treatment along with medication.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Neurocognitive Disorders: Safety Considerations for a Client Who Has Alzheimer's Disease

- Always assess the client for potential injury, such as falls or wandering.
- The nurse should provide a room with a low level of visual and auditory stimuli.
- For a client with Alzheimer's, the nurse should cover or remove mirrors to decrease fear and agitation that could result from that client.

Main Category: Health Promotion and Maintenance

Subcategory: Aging Process

Topic: Depressive Disorders: Evaluating an Older Adult Client for Depression

- Depression is very common among older adult clients over the age of 65, but the disorder is more

difficult to recognize in these clients and can go untreated.

- When evaluating an older adult client for depression, it is important to differentiate between early dementia and depression.
- Some findings of depression that can mimic dementia could be memory loss, confusion, and behavioral problems.

Main Category: Psychosocial Integrity

Subcategory: Behavioral Interventions

Topic: Personality Disorders: Identifying Findings of Effective Treatment

- Psychotherapy, group therapy, and cognitive and behavior therapy are effective treatment options for clients who have personality disorders.
- Dialectical behavior therapy is a cognitive-behavioral therapy used for clients who exhibit self-injurious behavior, being an effective treatment option to better the client's behavior changes.
- Effective medication treatment can include prescribing the client psychotropic agents for relief, along with antidepressants, antipsychotics, or mood stabilizers to better the effectiveness.

Topic: Psychotic Disorders: Adverse Effects of Antipsychotic Medications

- Some important adverse effects of antipsychotic medications can be put into an "EPS" category, which include symptoms like acute dystonia, shuffling gait, tremor, restlessness, etc.
- Tardive dyskinesia is an adverse effect that has the risk to remain permanent.
- Agranulocytosis is highly referred to from clozapine, and if the indications of infection appear, obtain a CBC.

Subcategory: Chemical and Other Dependencies/Substance Use Disorder

Topic: Substance Use and Addictive Disorders: Manifestations of Alcohol Withdrawal

- Clients can experience tremors, anxiety, irritability, increased respiratory rate, etc., when following an alcohol withdrawal.
- Clients can also experience visual hallucinations, along with severe confusion and disorientation.
- Client's vital signs will consist of a high blood pressure, tachycardia, fever, and diaphoresis.

Topic: Substance Use and Addictive Disorders: Medication to Administer for Alcohol Withdrawal

- Medications commonly used for alcohol withdrawal consist of benzodiazepines.
- Diazepam, lorazepam, and oxazepam are a few medications that can be administered to decrease the intensity of the withdrawal manifestations.
- Due to alcohol withdrawal increasing the risk for seizure, carbamazepine can be administered to decrease that risk. The nurse should implement seizure precautions as well.

Subcategory: Crisis Intervention

Topic: Crisis and Anger Management: Priority Intervention

- Always ensure safety to the client and others around, this can include removing other clients from the area but also maintaining a safe distance as the nurse from that client.
- The nurse should assess the client's potential for suicide or homicide.
- The nurse should never turn their back to the client, and make sure enough staffing is available in case the situation escalates even more.

Subcategory: Mental Health Concepts

Topic: Anxiety Disorders: Expected Findings of Posttraumatic Stress Disorder

- The client will be expected to experience flashbacks, nightmares, and reoccurring memories of the trauma they endured.
- The client can show findings of an increased heart rate, sweating, and a panic-like behavior.
- The client can experience negative beliefs about themselves or the world, and can experience avoidance where they avoid the place, people, or idea of talking about it.

Topic: Neurocognitive Disorders: Identifying Manifestations of a Neurocognitive Disorder

- Manifestations of delirium can include impairments in memory, judgment, ability to focus and calculate, and this can fluctuate throughout the day. It is said that disorientation and confusion are often worse at night in early morning.

- The client's level of consciousness is usually altered and can rapidly fluctuate as well.
- Restlessness, anxiety, motor agitation, and a personality change are all very common. The client can also experience disturbances such as hallucinations and illusions.

Subcategory: Coping Mechanisms

Topic: Depressive Disorders Prioritizing Care for a Client Who Reports Feelings of Hopelessness

- When a client reports a feeling of hopelessness, the nurse's main priority is to assess for self-harm and suicide risk.
- The nurse should ask direct and safe questions that involve if the client has a plan, and if they are thinking about harming themselves. When this is occurring, the nurse should use a calm nonjudgmental tone and encourage the client to express their feelings honestly.
- If hopelessness is reported, the nurse should stay with the client if there is any indication of a self-harm risk and remove objects that could be used to follow through with this idea. The nurse should then notify a health care provider immediately or place the client on a one-on-one sitter.

Topic: Stress and Defense Mechanisms: Recognizing Defense Mechanisms

- Altruism is the defense mechanism that is known to deal with anxiety by reaching out to others.
- Sublimation is the defense mechanism that is known to deal with unacceptable feelings or impulses by unconsciously substituting acceptable forms of expression.
- Repression, regression, displacement, reaction formation, undoing, etc., are a few other defense mechanisms that the nurse should recognize to promote an effective care to the client.

Subcategory: Support Systems

Topic: Neurocognitive Disorders: Management of Wandering Behavior

- You must ensure safety for the client by keeping the environment safe and clean, adequate lighting should be provided.
- It is allowed to lock the doors and provide a clock, calendar, and simple signs that show where the bathroom is, kitchen, etc.
- The client should avoid daytime napping, as this can alter their sleep throughout the night. Provide a calming routine to the client and place a nightlight in the room for minimal lighting.

Subcategory: Therapeutic Environment

Topic: Creating and Maintaining a Therapeutic and Safe Environment: Action to Take During the Orientation Phase of the Nurse-Client Relationship

- During the orientation phase of the nurse-client relationship, the nurse should introduce themselves to the client and state the purpose.
- The nurse should discuss confidentiality and build trust by establishing expectations and boundaries.
- It is important to set goals with the client, but also exploring the client's ideas, issues, and needs to help them feel included and to build a stronger trust.

Subcategory: Stress Management

Topic: Neurocognitive Disorders: Identifying Environmental Stressors that Increase Confusion

- Environmental stressors that can increase confusion can be a lot of noise, like TV's or alarms period
- Poor lighting that is dim can also cause stress to increase confusion by increasing their fear.
- A change in caregivers and too many visitors can be a stressor that increases confusion to the patient. The nurse must do their job of providing a clean, well lit, and calm environment to reduce the risk for confusion which can later lead to injury.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Medication Administration

Topic: Medications for Bipolar Disorders: Medications for a Client Who is Experiencing Mania

- Mood stabilizers are very commonly used for a client who's experiencing mania. Lithium is one of these medications that can be used long-term, with caution.
- Carbamazepine can help reduce manic symptoms that the client is exhibiting.
- More fast acting for severe mania includes choices like risperidone, haloperidol, or olanzapine. These are for the more highly agitated clients that can be considered unsafe to themselves or others.

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Psychotic Disorders: Identifying an Adverse Effect of Clozapine

- Clozapine has a high incidence of anticholinergic effects. Those can include dry mouth, blurred vision, constipation, and tachycardia.
- Clozapine can have adverse effects like sedation, orthostatic hypotension, or hypersalivation.
- There is a high risk of weight gain, diabetes, and dyslipidemia when taking this antipsychotic.

Main Category: Reduction of Risk Potential

Subcategory: Changes/Abnormalities in Vital Signs

Topic: Vital Signs: Factors Influencing False Blood Pressure Readings

- To ensure an accurate blood pressure, the client should not use nicotine or drink any caffeine for 30 minutes prior to the measurement.
- The client should sit in a chair, with the feet flat on the floor, and the back and arm are supported at the level of the heart.
- Cuffs that are too large give a falsely low reading, and cuffs that are too small give a falsely high reading. The nurse must ensure the cuff is the correct size to fit the client's arm.

Main Category: Clinical Judgement

Subcategory: Analyze Cues

Topic: Depressive Disorders: Caring for a Client Who Has Depression

- Milieu therapy is considered to be a part of patient-centered care when the client is experiencing depression. It is very important that the nurse is respectful, nonjudgmental, and caring.
- The nurse should assess the client's risk for suicide and implement appropriate safety precautions to their environment.
- The nurse should make time to be with the client, even if they do not speak and approached them with a therapeutic behavior to build a trust which can later help the client openly express their feelings to the nurse.

Topic: Personality Disorders: Identifying Manifestations

- Manifestations of a personality disorder can consist of rigid behaviors, impulsivity, and negative self-image.
- These clients can also have trouble managing work, school, or responsibilities in their daily lives. They typically have the inability to follow rules.
- These clients have a fear of abandonment, along with difficulty of trusting others.

Topic: Psychotic Disorders: Contraindications for Medication Administration

- Contraindications for medication administration can be in clients who are in a coma or have Parkinson's disease, liver damage, or severe hypotension.
- Antipsychotic medications are contraindicated in older adult clients who have dementia.
- These medications should be used cautiously in clients who have heart disorders, liver disease, kidney disease, or seizure disorders.

Topic: Substance Use and Addictive Disorders: Identifying Manifestations of Intoxication

- Manifestations of intoxication can consist of abstinence syndrome evidence by irritability, craving, or nervousness.
- Restlessness, anxiety, and insomnia can also be withdrawal manifestations and are common.
- The client may experience an increase in appetite, difficulty concentrating, and behavioral changes like anger or a depressed mood.

Subcategory: Recognize Cues

Topic: Substance Use and Addictive Disorders: Caring for a Client Who Is Experiencing Intoxication

- Safety is the primary focus of nursing care during acute intoxication or withdrawal.
- The nurse should maintain a safe environment to prevent falls and injury. If seizure precautions are necessary, implement them immediately.
- Maintain adequate nutrition and fluid balance, and administer medications as prescribed to treat the

effects of the intoxication or to prevent or manage the withdrawal symptoms.

Subcategory: Generate Solutions

Topic: Substance Use and Addictive Disorders: Caring for a Client Who Is Experiencing Manifestations of Withdrawal

- The nurse should make sure that the client's manifestations are under control, to reduce harm to themselves and others. The nurse can administer medications to help.
- The nurse should orient the client to time, place, and person, since they will lack neurocognitive function.
- If withdrawal manifestations are critical, possible one-on-one supervision is allowed. Physical restraints are the last resort.

Subcategory: Prioritize Hypotheses

Topic: Substance Use and Addictive Disorders: Manifestations of Opioid and Stimulant Withdrawal

- Manifestations of opioid withdrawal can include anxiety, sweating, and rhinorrhea.
- Manifestations of stimulant withdrawal can include depression, suicidal ideation, fatigue, or insomnia.
- Pupils become dilated with opioid withdrawal but are usually normal with a stimulant withdrawal. Appetite is decreased with opioid withdrawal but increased with stimulant withdrawal.

Subcategory: Evaluate Outcomes

Topic: Substance Use and Addictive Disorders: Evaluating a Client's Progress

- Assess the client's vital signs and make sure they are stable, and their nutrition and hydration has improved.
- Assess if the client has a better sleep schedule or pattern, and decreased anxiety, depression, etc.
- Assess if the client is attending therapy or group meetings, keeping up with appointments, or participating in counseling as these all show signs of progression.

Topic: Trauma- and Stressor-Related Disorders: Providing Care for a Client Who Has Posttraumatic Stress Disorder

- Assess the client for suicidal ideation, risk for self-harm, or if they are a harm to others around them.
- Provide a calm and low stimulant environment using consistent caregivers when possible and a non-judgmental supportive approach when the client is explaining their feelings.
- If possible, stay with the client during their episodes of flashbacks or anxiety attacks.