

N431 Adult Health II
Proctored ATI Remediation Template

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Assessment Name: ATI Remediations
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.

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

- The priority is to begin IV fluid resuscitation to correct dehydration and improve perfusion.
- Regular insulin infusion is initiated to lower blood glucose and stop ketone production.
- Electrolytes, especially potassium, must be monitored closely because insulin therapy can cause potassium levels to fall.

Subcategory: Referrals

Topic: Musculoskeletal Trauma – Identifying Need for a Referral for a Client With Osteomyelitis

- Clients may require referral to a wound care specialist for long-term infection management.
- A nutritionist may be needed if poor nutrition is contributing to delayed healing.
- Physical therapy may be necessary to maintain mobility and prevent muscle wasting.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Arthroplasty – Safety Considerations for Continuous Passive Motion Machine

- The limb must be properly aligned in the machine to prevent injury or dislocation.
- The machine settings should match the provider's orders, including speed and degree of flexion.
- The nurse should assess the skin and circulation frequently to prevent pressure injuries.

Subcategory: Handling Hazardous and Infectious Materials

Topic: Cancer Disorders – Security and Disaster Plans

- Staff must know procedures for handling hazardous chemotherapy materials to reduce exposure risks.
- Emergency plans should outline evacuation routes and strategies for protecting immunocompromised clients.
- Safe storage and disposal of biohazardous waste must follow organizational policy and regulatory standards.

Main Category: Health Promotion and Maintenance

Subcategory: Aging Process

Topic: Middle and Inner Ear Disorders – Risk Factors for Hearing Loss

- Long-term exposure to loud noise increases the risk for sensorineural hearing loss.
- Certain medications, such as ototoxic antibiotics or diuretics, can impair hearing.
- Chronic infections or aging-related degeneration of the inner ear contribute to gradual hearing loss.

Main Category: Psychosocial Integrity

Subcategory: Mental Health Concepts

Topic: Delirium and Dementia – Identifying Findings of Impaired Cognition

- Impaired cognition may present as confusion, memory loss, or inability to follow instructions.
- Sudden onset of symptoms is more typical of delirium and requires immediate evaluation.
- Clients with dementia often show progressive decline in orientation, judgment, and daily functioning.

Main Category: Basic Care and Comfort

Subcategory: Mobility and Immobility

Topic: Musculoskeletal Trauma – Care of a Client in Skeletal Traction

- The nurse must ensure weights hang freely and are never supported by the floor or bed.
- Pin sites require regular cleaning and monitoring for signs of infection.
- Proper body alignment must be maintained to promote healing and prevent complications.

Topic: Rheumatoid Arthritis – Expected Findings for a Client With Arthritis and Muscle Atrophy

- Clients often experience joint stiffness, especially in the morning.
- Muscle atrophy can develop from decreased activity due to pain.
- Joints may appear swollen, warm, and tender because of chronic inflammation.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects and Interactions

Topic: Hypertension – Documenting Adverse Effects of Lisinopril

- Clients may develop a persistent dry cough, which is a common ACE inhibitor side effect.
- Hyperkalemia can occur and requires monitoring of potassium levels.
- Angioedema is a rare but serious reaction that requires immediate discontinuation.

Topic: Tuberculosis – Adverse Effects of Antimicrobial Therapy

- Isoniazid may cause peripheral neuropathy and requires vitamin B6 supplementation.
- Rifampin can cause orange discoloration of body fluids, which is harmless but important to explain.
- Hepatotoxicity is a risk with TB medications and requires routine liver function monitoring.

Subcategory: Medication Administration

Topic: Diabetes Mellitus – Mixing Two Insulins Into One Syringe

- The nurse draws up clear (regular) insulin before cloudy (NPH) insulin to prevent contamination.
- Air is injected into both vials before withdrawing any insulin.
- Insulin doses must be verified to ensure accurate and safe administration.

Topic: Stroke – Administration of Tissue Plasminogen Activator (tPA)

- tPA must be administered within a narrow time window from symptom onset.
- Clients require close monitoring for bleeding due to the medication's clot-dissolving action.
- Neurological status must be assessed frequently to evaluate effectiveness and detect complications.

Subcategory: Expected Actions and Outcomes

Topic: Substance Use Disorders – Evaluating Client's Use of Methadone

- Methadone reduces withdrawal symptoms and cravings in opioid dependence.
- Clients on methadone should have decreased illicit opioid use.
- The nurse evaluates for improved functioning and reduced drug-seeking behaviors.

Subcategory: Pharmacological Pain Management

Topic: Pain Management – Identifying Medication for Neuropathic Pain

- Neuropathic pain often responds to anticonvulsants such as gabapentin.
- Antidepressants like amitriptyline may also relieve neuropathic pain symptoms.
- Traditional analgesics are often less effective for neuropathic pain.

Main Category: Reduction of Risk Potential

Subcategory: Potential for Complications of Diagnostic Tests or Procedures

Topic: Arthroplasty – Postoperative Care for Total Hip Arthroplasty

- The nurse should prevent hip dislocation by avoiding flexion over 90 degrees.
- An abduction pillow helps maintain proper hip alignment.
- Early ambulation with assistance reduces the risk of deep vein thrombosis.

Topic: Neurologic Diagnostic Procedures – Care Following Lumbar Puncture

- The client should lie flat for several hours to prevent headache.
- Fluid intake should be increased to replace cerebrospinal fluid loss.
- The nurse must monitor puncture site for leakage or signs of infection.

Topic: Postoperative Nursing Care – Findings to Report to the Provider

- Increasing pain unrelieved by medication may indicate a complication.
- Fever or abnormal drainage can indicate infection.
- Sudden changes in vital signs may signal internal bleeding or shock.

Subcategory: Potential for Alterations in Body Systems

Topic: Amputations – Teaching Instructions to Prevent Complications

- Clients should perform daily inspection of the residual limb for skin breakdown.
- Proper wrapping or shaping of the limb helps prepare for prosthesis use.
- Avoiding prolonged sitting prevents hip contractures.

Subcategory: Changes in Vital Signs

Topic: Head Injury – Early Manifestations of Increased Intracranial Pressure

- Early signs include headache, nausea, and behavioral changes.
- Restlessness or confusion may develop as pressure increases.
- Pupillary changes or slowing of responses may occur as a warning sign.

Subcategory: Diagnostic Tests

Topic: Tuberculosis – Instructions for PPD Skin Testing

- The client must return within 48 to 72 hours for test reading.
- A raised, firm area (induration) is measured, not redness.
- Immunocompromised clients may have a lower threshold for a positive reading.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Cardiovascular Procedures – Assisting With Placement of a Central Venous Catheter

- Sterile technique is essential to prevent bloodstream infection.
- The nurse monitors for complications such as pneumothorax during placement.
- Catheter tip placement should be confirmed by chest x-ray before use.

Topic: Head Injury – Medications for Reducing Intracranial Pressure

- Mannitol is commonly used to reduce cerebral edema.
- Hypertonic saline may be used to pull fluid from brain tissue.
- Sedatives may be given to reduce metabolic demand and agitation.

Topic: Inflammatory Disorders – Discharge Teaching for Infective Endocarditis

- Clients require long-term antibiotic therapy, often through a central line.
- Good oral hygiene helps prevent future infections.
- Clients must report fever or new cardiac symptoms promptly.

Topic: Obesity Management – Interventions for Dumping Syndrome

- Clients should eat small, frequent meals that are low in simple carbohydrates.
- Fluids should be taken between meals, not with food, to slow gastric emptying.
- Lying down after eating may help reduce symptoms.

Subcategory: Hemodynamics

Topic: Dysrhythmia Monitoring – Cardiac Rhythm Interpretation

- The nurse should identify normal versus abnormal waveforms, intervals, and rhythms.
- Recognizing life-threatening rhythms requires immediate intervention.
- Artifact must be distinguished from true dysrhythmias.

Topic: Dysrhythmia Monitoring – Intervention for Third-Degree Heart Block

- Third-degree heart block often requires temporary or permanent pacing.
- The nurse monitors for bradycardia and decreased cardiac output.
- Continuous ECG monitoring is essential for safety.

Subcategory: Illness Management

Topic: Disorders of Reproductive Tissue – Teaching to Manage Fibrocystic Breast Changes

- Clients may reduce discomfort by limiting caffeine and applying warm compresses.
- Supportive bras help reduce pain.
- Symptoms often worsen before menstruation and improve afterward.

Subcategory: Unexpected Response to Therapies

Topic: Pain Management – Treating Respiratory Depression Due to Opioid Overdose

- Naloxone is administered to reverse respiratory depression.
- The nurse must monitor for recurrence of symptoms as naloxone wears off.

- Airway support may be needed until breathing stabilizes.

Subcategory: Pathophysiology

Topic: Shock – Manifestations of Disseminated Intravascular Coagulation

- DIC may present with unexpected bleeding from multiple sites.
- Clients may show signs of organ ischemia due to micro clotting.
- Laboratory findings include low platelets and prolonged clotting times.

Main Category: Clinical Judgment

Subcategory: Recognize Cues

Topic: Heart Failure and Pulmonary Edema – Findings to Report

- New or worsening shortness of breath indicates fluid overload.
- Sudden weight gain may reflect worsening heart failure.
- Pink, frothy sputum indicates pulmonary edema and requires immediate care

Subcategory: Analyze Cues

Topic: Heart Failure and Pulmonary Edema – Anticipating Provider Prescriptions

- Diuretics may be prescribed to reduce fluid overload.
- Oxygen therapy may be required for hypoxia.
- ACE inhibitors or beta blockers may be adjusted to improve cardiac function.

Topic: Hemodialysis and Peritoneal Dialysis – Assessing a Client With Kidney Disease

- The nurse monitors for fluid overload signs such as edema or shortness of breath.
- Laboratory values, including electrolytes and BUN/creatinine, indicate effectiveness of treatment.
- Access sites must be assessed for patency and signs of infection.

Subcategory: Prioritize Hypotheses

Topic: Heart Failure and Pulmonary Edema – Identifying Potential Complications

- Pulmonary edema is a life-threatening complication requiring rapid response.
- Kidney injury may occur due to reduced perfusion.
- Dysrhythmias may develop from electrolyte imbalances.

Topic: Hemodialysis and Peritoneal Dialysis – Identifying Highest Risk

- Clients with poorly controlled diabetes are at high risk for worsening kidney disease.
- Older adults have increased risk for complications during dialysis.
- Clients with cardiovascular disease may experience unstable blood pressure during treatment.

Subcategory: Evaluate Outcomes

Topic: Hepatitis and Cirrhosis – Caring for a Client With Cirrhosis

- Improved mental status indicates decreasing ammonia levels.
- Reduction in ascites suggests effective fluid management.
- Stable lab values show treatment is working.

Topic: Hepatitis and Cirrhosis – Evaluating Response to Treatment

- Decreased jaundice indicates improved liver function.
- Clients should report increased energy levels and reduced abdominal discomfort.
- Laboratory values such as bilirubin and liver enzymes should trend toward normal.

Topic: Lupus, Gout, and Fibromyalgia – Identifying Manifestations of Systemic Lupus

- Clients may experience fatigue and joint pain from inflammation.
- A butterfly-shaped rash on the face is a classic manifestation.
- Photosensitivity and worsening symptoms with sun exposure are common.

Subcategory: Generate Solutions

Topic: Hemodialysis and Peritoneal Dialysis – Identifying Prescriptions

- Expected prescriptions include fluid restrictions and electrolyte-specific dietary changes.
- Medications such as erythropoietin may be prescribed to treat anemia.
- Heparin may be ordered during dialysis to prevent clotting in the circuit.

Topic: Stroke – Managing Increased Intracranial Pressure

- Elevating the head of the bed helps reduce pressure.
- Avoiding stimuli that increase ICP, such as suctioning, is important.
- Maintaining adequate oxygenation and ventilation supports cerebral perfusion.

Subcategory: Take Actions

Topic: Kidney Disease – Priority Actions for Infections

- The nurse should obtain cultures before starting antibiotics.
- Monitoring vital signs and urine output helps detect worsening infection.
- Early antibiotic therapy is critical to prevent sepsis in immunocompromised clients.

Topic: Heart Failure and Pulmonary Edema – Creating a Nutritional Plan

- Clients should follow a low-sodium diet to reduce fluid retention.
- Fluid restrictions may be needed depending on symptoms.
- Small, frequent meals may reduce fatigue during eating.