

ATI REMEDIATION

Management of Care

Advocacy:

1. Cancer disorders: Advocating for a client (Ch. 92)
 - encourage the client to take rest periods as needed.
 - encourage the client to consume high calorie foods to promote energy.
 - provide information for psychosocial support.

Case Management

2. Alzheimer's Disease: Interventions for a client who has dementia (Ch.8)
 - Installing door locks that can not be easily opened, and placing alarms on doors.
 - Keeping a lock on the water heater and thermostat, and keeping the water temperature at a safe level.
 - keeping cleaning supplies in a locked cupboard

Establishing Priorities

3. Multiple sclerosis: Priority action for a client during an initial visit (Ch. 10)
 - MS is a potentially debilitating condition. Discuss coping mechanisms and sources of support (family, friends, spiritual figures, support groups)
 - Promote and maintain safe home and hospital environment to reduce the risk of injury (walking with wide base of support, assistive devices, skin precautions)
 - Promote energy conservation by grouping care and planning rest periods.

Safety and Infection Control

Accident/Error/Injury Prevention

4. Spinal cord injury: Care of a client whg who has a Halo device (Ch. 16)
 - Maintain body alignment and ensure cervical tong weights hang freely.
 - Monitor skin integrity by providing pin care and assessing the skin under the halo fixation vest as appropriate.
 - Do not use the halo device to turn or move a client.

Handling Hazardous and infectious Materials

5. Cancer treatment options: Caring for a client who has a sealed radiation implant (Ch. 91)
 - Place the client in a private room away from other clients when possible. Keep door closed as much as possible.
 - Wear a dosimeter film badge that records personal amount of radiation exposure.
 - Follow protocol for proper removal of dressing and bed linens from the room.

6. Cancer treatment options: Caring for a client who is receiving Brachytherapy (Ch. 91)
 - Place a sign on the door warning of the radiation source.

- Wear lead apron while providing care keeping the front of the apron facing the source of radiation.
- Limit visitors to 30-minute visits, and have visitors maintain a distance of 6 feet for the source.

Psychosocial Integrity

Coping mechanism

7. Amputations: Providing support following an alteration in body image (Ch. 69)

- Allow the client and family to grieve for the loss of the body part and change in body image.
- The nurse should assess the psychosocial well-being of the client. Assess for feeling of altered self-concept and self-esteem, and willingness and motivation for rehabilitation.
- Rehabilitation should include adaptation to a new body image and integration of prosthetic and adaptive devices into self-image.

Mental Concepts

8. Alzheimer's Disease: Assessing a client's abstract thinking (Ch. 8)

- Provide cognitive stimulation. Offer varied environmental stimulations, such as walks, music, or craft activities.
- Promote consistency by placing commonly used objects in the same location and using a routine schedule.
- Speak directly to the client in short, concise sentences.

Basic Care and Comfort

Mobility/Immobility

9. Postoperative Nursing Care: Preventing complications (Ch. 96)

- Assist with coughing and deep breathing at least every 1 hour while awake, and provide a pillow or folded blanket so the client can splint as necessary for abdominal incision.
- Monitor bowel sounds in all four quadrants as well as ability to pass flatus.
- Monitor the incision site. Expected findings include pink wound edges, slight swelling under sutures/staples, and slight crusting of drainage. Report and evidence of infection, including redness, excessive tenderness, and purulent drainage.

Pharmacological and Parenteral Therapies

Adverse Effects/Contraindications/Side Effects/Interactions

10. Electrolyte Imbalance: Manifestations of hypokalemia (Ch. 44)

- Vital signs: decreased blood pressure, thready weak pulse, orthostatic hypotension.
- Neurologic: altered mental status, anxiety, and lethargy that progresses to acute confusion and coma.
- ECG: flattened T wave, prominent U waves, ST depression, prolonged PR interval.

Blood and Blood Products

11. Blood and blood products transfusion: Preparing to administer a blood transfusion (Ch. 40)

- Assess vital signs and client temperature prior to transfusion

- Remain with the client during the initial 15 to 30 min of the transfusion. Most severe reactions occur within this time frame.
- Prior to transfusion, two RNs must identify the correct blood product and client by looking at the hospital identification number (noted on the blood product) and the number identified on the client's identification band to make sure the numbers match.

Expected Actions/Outcomes

12. Anesthesia and Moderate Sedation: Priority finding in a client who is receiving epidural analgesia (Ch. 94)

- Assess motor function to ensure paralysis does not ensue (sense of touch returns first followed by pain, warmth, cold, and finally the ability to move).
- With epidural and spinal anesthesia, monitor for autonomic nervous system blockage (hypotension, bradycardia, nausea, vomiting). Lower the head of the bed, increase IV fluid infusion rate if no restrictions, and monitor vital signs.
- CSF leakage (spinal and epidural) manifests with a severe headache when the head of the bed is elevated.

Pharmacological Pain Management

13. Osteoarthritis and Low-back pain: Planning pain relief for a client who has osteoarthritis (Ch. 72)

- Analgesics and anti-inflammatories (celecoxib, naproxen, ibuprofen) are used to relieve pain and synovitis if present.
- Cyclobenzaprine hydrochloride may be given for muscle spasms due to LBP.
- Topical analgesics can be helpful for nerve pain and OA of the knees for short-term use.

Total Parenteral Nutrition

14. Gastrointestinal Therapeutic Procedures: Reporting abnormal findings during total parenteral nutrition administration (Ch. 47)

- Metabolic complications include hyperglycemia, hypoglycemia, vitamin deficiencies. Daily laboratory tests are prescribed and results obtained before a new solution is prepared.
- Concentrated glucose is a medium for bacteria. Observe the central line insertion site for local infection (erythema, tenderness, exudate).
- TPN is a hyperosmotic solution (3-6 times the osmolarity of blood), which poses a risk for fluid shifts, placing client at increased risk of fluid volume excess. Assess lungs for crackles and monitor for respiratory distress.

Reduction of Risk Potential

Diagnostic test

15. Neurologic Diagnostic Procedures: Preparing a client for a lumbar puncture (Ch. 3)

- Ensure that the client's jewelry is removed and ensure that the client is wearing only a hospital gown.

- Instruct the client to void prior to the procedure.
- Clients should be positioned to stretch the spinal canal. This can be done by having the client assume a “cannonball” position while on one side.

Laboratory Values

16. Chronic Obstructive Pulmonary Disease: Expected ABG results (Ch. 22)

- Arterial blood gases (ABGs)
 - *Hypoxemia (decreased PaO₂, less than 80 mm Hg)
 - *Hypercarbia (increased PaO₂, greater than 45 mm Hg)
- Increased hematocrit level is due to low oxygenation levels.
- Serum electrolytes.

System Specific Assessment

17. Gastrointestinal Therapeutic Procedures: Identifying placement of transverse colostomy (Ch. 47)

- Assess peristomal skin integrity and appearance of the stoma. The stoma should appear pink and moist.
- Apply skin barriers and creams (adhesive paste) to peristomal skin and allow to dry before applying a new appliance.
- Evaluate the ability of the client or support person to perform ostomy care.

18. Neurologic Diagnostic Procedures: Determining a Glasgow Coma Scale score (Ch. 3)

- GCS scores are calculated by using appropriate stimuli (a painful stimulus can be necessary) and then assessing the client's response in three areas.
- Intubation limits the ability to use GCS summed scores.
- The best possible GCS score is 15. In general, total scores of the GCS correlate with the degree or level of coma.

Therapeutic Procedures

19. Postoperative Nursing Care: Priority assessments following a coronary artery bypass grafting (Ch. 96)

- Assess respiratory pattern, rate, and depth to determine adequacy of oxygen exchange.
- Assess skin color, temperature, sensations and capillary refill.
- Assess for hypovolemia and hypervolemia.

Physiological Adaptation

Alterations in Body Systems

20. Diagnostic and Therapeutic Procedures for female reproductive disorders: Discharge instructions for Syphilis (Ch. 62)

- False positive can occur secondary to infection, pregnancy, malignancies, and autoimmune disorders.
- There are two serologic (blood) studies used to screen for syphilis.

-If either test is reactive, diagnosis should be confirmed using one of the following test, fluorescent treponemal antibody or microhemagglutination essay.

21. Hyperthyroidism: Priority finding following complete thyroidectomy (Ch. 78)

-Keep the client in a semi-Fowler's position. Support head and neck with pillow. Avoid neck Extension.

-Provide oral and tracheal suction as needed.

-Check the surgical dressing and back of the neck for excessive bleeding. Respiratory distress can occur from compression of the trachea due to hemorrhage, which is most likely to occur in the first 24 hours.

Fluid and Electrolyte Imbalances

22. Pituitary Disorders: Findings of Diabetes Insipidus (Ch. 77)

-Polyuria(abrupt onset of excessive urination, urinary output of 4 to 30 L/day of diluted urine); failure of the renal tubules to collect and reabsorb water.

-Polydipsia (excessive thirst, consumption of 2-20 L/day)

-Dehydration, as evidenced by extreme thirst, weight loss, muscle weakness, headache, constipation, and dizziness.

Illness Management

23. Hyperthyroidism: Teaching about the manifestations of thyroid storm (Ch. 78)

-Precipitating factors occurring most often with Graves' disease, infection, trauma, emotional stress, diabetic ketoacidosis, and digitalis toxicity, all of which increased demands on body metabolism. It also can occur following a surgical procedure or a thyroidectomy as a result of manipulation of the gland during surgery.

-Findings are hyperthermia, hypertension, delirium, vomiting, abdominal pain, tachydysrhythmias, chest pain, dyspnea, and palpitations.

-Advise the client to notify the provider of fever, increased restlessness, palpitations, and chest pain.

Hemodynamics

24. Hemodynamic Shock: Client positioning (Ch. 37)

-Fore hypotension, place the client flat with his legs elevated to increase venous return.

-Be prepared to intubate client. Have emergency resuscitation equipment ready.

-If change in status occurs, notify the rapid response team and provider of the findings.

25. Systemic Lupus Erythematosus: Client findings associated with Raynaud's Disease (Ch. 87)

-Raynaud's phenomenon (arteriolar vasospasm in response to cold/stress)

-Assess for rubor, pallor, and cyanosis of hands/feet (vasculitis/vasospasm, Raynaud's

phenomenon.

-Refer clients to support groups as appropriate.