

# MedSurg ATI Remediation

## ♥ Safety & Infection: Hazardous materials, AIDs

- ⑥ not touch pills or liquids w/ hands.
- monitor for S/S of infection @ Site.
- administration of chemo meds is limited to certain individuals. monitor for AE main priority.
- avoid use of NSAIDs
- Schedule activities w/ rest periods
- management of bleeding

## ♥ Management of Care: Adrocacy & Case Management, glucose monitoring

- ⑥ Instruct client on findings that indicate potential complications.   
 • check BS 1-2 hrs after each meal
- Enforce neutropenic precautions
- Assign the client a private room
- prevent & tx pain as prescribed
- plan PT, RT & OT
- provide support

## ♥ Health Promotion & Maintenance: Disease prevention

- ③ active immunity: body produces antibodies in reponse to exposure to live pathogen.   
 recommended vaccines ~ influ- enza, Td or Tdap
- passive immunity: antibodies are passed from mother through placenta & breast milk.
- vaccine causes production of antibodies that prevent illness.

## ♥ Reduction of Risk Potential: Labs, test, procedures

- ⑮ Respiratory tx - oxygen therapy, breathing tx & ABG's.
- look @ pH, PaCO<sub>2</sub>, HCO<sub>3</sub>, PaO<sub>2</sub> & SaO<sub>2</sub>
- Determine uncomp, comp, partially comp, fully comp.
- monitor kidney labs
- Left-side cardiac cath & teaching
- monitor for electrolyte imbalances
- take meds as prescribed
- weigh pt daily
- persistent change in bowel movements
- Healthy diet
- Smoking cessation
- Maintain appropriate weight
- EKG monitoring
- If causes DKA, admin insulin
- Set up home O<sub>2</sub>
- implement seizure precaution if complications
- Rectal bleeding
- blood in stool
- Septicemia
- admin antibiotics, fluid replacement, IV fluids

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## ♥ Basic Care & Comfort: Elimination, immobility, nutrition

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- Assist to ambulate ASAP
- Monitor I & O
- Monitor for S/S of urinary retention
- Monitor for S/S of UTI
- Avoid bladder stimulant
- Avoid alcohol
- Drink fluids in large amounts
- Avoid OTC cold meds
- Insert cath if patient is unable to void.
- Monitor for bleeding (persistent & red)
- 2 or more 8-oz glasses H<sub>2</sub>O
- Urinate when urge is felt
- activity & rest periods
- avoid meds that cause decreased bladder tone.
- avoid tea, coffee, & spicy foods
- Pad bulky perineals
- Reposition every hour
- Stroke - alt. position supine
- Side-lying
- private room

## ♥ Pharmacological & Prenteral: AE, blood products, outcomes, CVA device

15

- AE menstrual disorders: Pms, DUB
  - x premenstrual depression, irritability, change in appetite, bloating, emotional lability
  - x characteristic of flow
  - x characteristic & location of pain
  - x pelvic tenderness
  - x metabolic disorders (thyroid disorders)
- Hgb, Hct, should be monitored
- Although perimenopause decreases fertility pregnancy is still possible
- menopausal hormone therapy
- Menopause AE:
  - x Hot Flashes
  - x breast tend.
  - x ↓ bone density
  - x ↓ REM
  - x ↓ HDL, ↑ LDL
  - x DUB ~ hysterectomy

## ♥ Psychosocial Integrity: Preop care

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- Verify informed consent
- ensure pt stays NPO for 6 hrs - solids, 2 hr - clear liquids
- cover client w/ lightweight cotton blanket heated in a warmer
- maintain a calm environment & minimize noise

Redone  
on pg 3  
w/ more  
specific  
points

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## ♥ Pharmacological • Pretermal: AE, blood products, Furosemide, CVA education

(15)

- Leuprolide
  - x can cause birth defects
  - x use reliable form of birth control
  - x Can decrease libido & ↑ risk of osteo.
- Blood Products Teaching
  - x patient should monitor for itching, flushing & urticaria.
  - x S/S of hypotension & tachycardia
  - x Informed consent is required.
- Fluid Overload
  - x slow or stop infusion
  - x position client upright
  - x admin. O<sub>2</sub>, diuretics, ↑ morphine
- Furosemide
  - x helps remove fluid
  - x prevents body from retaining too much salt
  - x Lessen S/S like dyspnea, edema & high BP
- CVA teaching
  - x Keep dry
  - x monitor S/S of infection
  - x hand hygiene prior to dressing change.

## ♥ Physiological Adaptations: Asthma, Genital Herp, ↓ LOC, Fluid imbalance, Cancer treatments, S/S peritonitis, equipment gastric lavage, S/S anemia, Shock positioning, pacemaker monitoring, unresponsive client, HTN crisis interv., monitor blood reaction, PRD care

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| <ul style="list-style-type: none"> <li>• Asthma           <ul style="list-style-type: none"> <li>x Stand straight</li> <li>x close lips tightly around mouthpiece</li> <li>x blow out as hard as possible</li> </ul> </li> <li>• Fluid Imbalance S/S           <ul style="list-style-type: none"> <li>x Thirst, dry oral mucous membrane</li> <li>x Confusion &amp; weakness</li> <li>x oliguria</li> </ul> </li> <li>• Gastric Lavage           <ul style="list-style-type: none"> <li>x Ewald tube</li> <li>x Levin tube</li> <li>x Salem sump</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Genital Herpes           <ul style="list-style-type: none"> <li>x lesion may occur</li> <li>x PCR test, culture &amp; Antibody test confirm</li> <li>x Can recur</li> </ul> </li> <li>• Cancer Tx           <ul style="list-style-type: none"> <li>x monitor hypersensitivity reactions</li> <li>x NIV can cause electrolyte imbalances</li> <li>x avoid crowds</li> </ul> </li> <li>• S/S anemia           <ul style="list-style-type: none"> <li>x Pallor</li> <li>x Irritability</li> <li>x Dyspnea</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• ↓ LOC           <ul style="list-style-type: none"> <li>x monitor fluid/electrolytes</li> <li>x provide fluids</li> <li>x Maintain safety &amp; seizure precautions.</li> </ul> </li> <li>• S/S peritonitis           <ul style="list-style-type: none"> <li>x AKI</li> <li>x Renal insufficiency</li> <li>x Persistent hypervolemia</li> </ul> </li> <li>• Shock positioning           <ul style="list-style-type: none"> <li>x keep flat on back</li> <li>x Trendelenberg</li> <li>x position: elevate legs at 20° w/ knees straight</li> </ul> </li> </ul> |
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# MedSurg ATI Remediation

## ♥ Physiological Adaptations continued

- Pacemaker
  - x monitor for pacer spike
  - x monitor for p wave
  - x monitor for QRS complex

- Unresponsive client
    - x Airway
    - x Breathing
    - x Circulatory
- } major assessments

- HTW crisis management
  - x admin IV antiHTW
  - x monitor BP every 5-15 min
  - x Assess neurological status.

- Blood Rx
  - x monitor for
    - urticaria
    - flushing
    - itching

- Hypotension
- Chills
- Fever

- PVD care
  - x encourage ambulation
  - x do not massage affected limb
  - x thigh-high compression