

ATI Fundamentals (MEDSURG1) 2019 Remediation

51.7%

Management of Care

8

- **Legal Responsibilities: Nursing role while observing client care**
 - maintain safety of client and nurse
 - knowing types of torts
 - making sure to provide the care needed and not be negligent
- **Info Tech: Commonly used abbreviations**
 - SOAP
 - PIE
 - DAR
- **Ethical Responsibilities: Recognizing an ethical delima**
 - Advocacy, responsibility, accountability, confidentiality
 - Autonomy, beneficence, fidelity, justice, nonmaleficence, veracity
 - review of scientific data is not enough to solve it, involves conflict b/w 2 moral imperatives, and answer will have a profound effect on the situation and the client
- **Legal Responsibilities: Responding to a client's inquiry about surgery**
 - nurse is only a witness to signing consent
 - advocate for clients right and autonomy
 - if client has questions they need to speak to surgeon directly
- **Cultural and Spiritual Nursing care: Communicating with a client who speaks a different language about informed consent**
 - Establish rapport with client and family
 - Facility-approved interpreters
 - do not interrupt interpeter
- **Legal Responsibilities: Identifying resources for info about procedure**
 - follow standards of care
 - give competent care
 - communicate with interprofessionals
- **Legal Responsibilities: Identifying Negligence**
 - unintentional tort(MALPRACTICE)
 - NEGLIGENCE: NURSE FAILS TO IMPLEMETN SAFETY MESURES FOR A CLIENT AT RISK FOR FALLS
 - prove element of liability (5 of them)
- **Admission, Transfers, and D/c: Dispossession of Valuables**
 - keep locked up at nurses station
 - stealing is not okay
 - record of everything kept in nurses station so there is no confusion

Safety and Infection Control

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- **Med Surg Asepsis: Planning Care for a client who has a latex allergy**
 - make sure to know allergy before coming into contact
 - use non latex gloves: nitrile gloves
 - use everything that is latex free
- **Nursing Process: Priority Action following a missed provider prescription**
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- **Home Safety: Home care of oxygen equipment**
 - no open fire near it
 - put signage up on front door indicating if they have it
 - no smoking
- **Infection Control: Isolation Precautions while caring for client with influenza**
 - Droplet precaution
 - require private room or with same infectious disease person
 - masks for providers and visitors, mask wearing for client outside room
- **Infection Control: Protocols for multidrug-resistant infections**
 - use current EBP guidelines to prevent HAI's
 - contact precaution
 - drug becomes resistant to multiple drugs making it hard to treat

Health Promotion and Maintenance

1

- **Older Adults (65 yrs and older) : Identify expected changes in development**
 - decreased skin elasticity
 - GI slows down
 - metabolism slows down, so meds may be affected

Basic Care and Comfort

5

- **Mobility and Immobility: Teaching about reducing adverse effects of immobility**
 - maintain ROM
 - prevent DVT by moving
 - prevent pressure ulcers by moving every 2 hours
- **Fluid Imbalances: Calculating a Clients net fluid intake**
 - moniotr repspiratory rate
 - measure O₂
 - check UA, CBC< electrolytes
- **Nutrition and Oral hydration: advancing to full liquid diet**
 - clear liquids plus liquid dairy products , all juices
 - maintain fluid balance

- ask beverage preferences
- **Pain Management: Suggesting nonpharmacological pain relief for client**
 - massage
 - guided imagery
 - distraction techniques like TV
- **Rest and Sleep: Interventions to Promote sleep**
 - no exercise before bed
 - no caffeine before bed
 - follow bedtime routines

Pharmacological and Parenteral Therapies

4

- **IV Therapy: Med Admin**
 - know signs/symptoms of infiltration
 - have equipment ready, aseptic technique
 - maintain patency of IV
- **Safe Med Admin and Error Reduction: Confirming Clients Identity**
 - 3 identity checks
 - last name, date of birth, and picture
 - Know 5 rights of administration
- **DM: Mixing Insulin**
 - cloudy then clear
 - Cloudy-NPH Clear-Regular
 - air into NPH, air into regular and pull up, last to pull med up is NPH
- **IV Therapy: Selection of an IV Site**
 - most Distal
 - most common-antecubital fossa
 - ensure IV patency

Reduction of Risk Potential

4

- **Airway Management: Collecting Sputum Specimen**
 - collect when suctioning during coughing
 - cough and deep breathe
 - put into sterile container
- **Complementary and Alternative Therapies: Evaluating Appropriate Use of Herbal Supplement**
 - always verify with provider
 - make sure no reactions with current medications
 - Saw Palmetto for BPH
- **NG tube and enteral feedings: Verifying Tube Placement**
 - check pH
 - measure contents
 - auscultate placement

- **Bowel Elimination:**D/c teaching about ostomy care
 - stoma care: use gloves, hand hygiene, inspect stoma is moist shiny, and pink
 - use mild soap and water to clean around
 - stop doing anything if heart rate or rhythm changes

Physiological Adaptation

2

- **Airway Management:**Suctioning a trach tube
 - only go up to colored line indicated by provider
 - don't suction too long, this can cause coughing and vomit
 - notice the amount of sputum and color/clarity
- **Client Safety: Priority Action when Caring for a client who is experiencing a seizure**
 - Safety first
 - Turn on side
 - monitor time, if goes past 5 min call 911