

ATI REMEDIATION

- **Management of Care**
 - o Alzheimer's Disease: Interventions for a client who has dementia
 - Provide a safe environment
 - Frequent monitoring/visual checks
 - Keep client from stairs, elevators, exits
 - Remove or secure dangerous items in the client's environment
 - Provide frequent walks to reduce wandering
 - Maintain a sleeping schedule, and monitor for irregular sleeping patterns
 - o Multiple Sclerosis: Priority action for a client during an initial visit
 - Consider referral to occupational and physical therapy for home environment assessment to determine safety and ease of mobility. Use adaptive devices to assist with activities of daily living
 - Refer to speech language therapist for dysarthria and dysphagia
 - Emphasize need to avoid overexertion, stress, extremes of temperatures, humidity, and people who have infections.
- **Safety and Infection Control**
 - o Spinal Cord Injury: Care of a client who has a halo device
 - Maintain body alignment and ensure cervical tong weights hang freely
 - Monitor skin integrity by providing care and assessing the skin under the halo fixation vest as appropriate
 - Do not use the halo device to turn or move a client
 - o Spinal Cord Injury: Caring for a client who has a spinal cord injury
 - In clients who have undergone an anterior cervical fusion, monitor for possible airway compromise from swelling or hemorrhage. Observe for deviation of the trachea.
 - Assess neurologic status and vital signs every hour for the first 4 hr following spinal fusion
 - Occupational and physical therapy teach the client how to perform ADLs and reestablish mobility using a wheelchair, braces, or crutches. The client will also be fitted for splints to prevent contractures and provided wrist support for eating and manipulating the joystick on an electric wheelchair.
 - o Cancer Treatment Options: Caring for a client who has a sealed radiation implant
 - Place the client in a private room. Keep the door closed as much as possible.
 - Wear a dosimeter film badge that records personal amount of radiation exposure.
 - Limit visitors to 30min visits, and have visitors maintain a distance of 6 feet from the source.

- o Cancer Treatment Options: Caring for a client who is receiving brachytherapy
 - Keep a lead container in the client's room if the delivery method could allow spontaneous loss of radioactive material. Tongs are available for placing radioactive material into this container.
 - Wear a lead apron when providing care, keeping the front of the apron facing the source of radiation.
 - Follow protocol for proper removal dressings and bed linens from the room. In most cases, all linens and dressings are kept in the client's room until the radiation source is removed, to ensure it is not lost in the trash or laundry.
- **Psychosocial Integrity**
 - o Amputations: Providing support following an alteration in body image
 - The nurse should facilitate a supportive environment for the client and family so grief can be processed. Refer the client to a religious/spiritual adviser, social worker, or counselor.
 - Rehabilitation should include adaptation to a new body image and integration to prosthetic and adaptive devices into self-image.
 - The nurse should assess the psychosocial well-being of the client. Assess for the feelings of altered self-concept and self-esteem, and willingness and motivation for rehabilitation.
- **Basic Care and Comfort**
 - o Postoperative Nursing Care: Preventing complications
 - An artificial airway is left in place until a client can maintain an open airway without support. Assess for symmetry of breath sounds and chest wall movement.
 - Absent breath sounds on the left can indicate the endotracheal tube has migrated down the right mainstem bronchus or that there is a pneumothorax.
 - Observe for internal bleeding (abdominal distention, visible hematoma under/near the surgical site, tachycardia, hypotension, restlessness, increased pain) and external bleeding
 - Per agency protocol, obtain vital signs until stable (every 15 min) and assess for trends
 - o Stroke: Caring for a client who has left-sided hemiplegia
 - Monitor vital signs every 1 to 2 hr. Notify the provider immediately if blood pressure exceeds a systolic greater than 180 mmHg or a diastolic greater than 110 mm Hg. This can indicate the client is experiencing an ischemic stroke.
 - Monitor the client's temperature. A fever can cause an increase in intracranial pressure.
 - Provide oxygen therapy to maintain oxygen saturation level greater than 92%, or if the client's level of consciousness is decreased.
 - o Pain Management: Use of Nonpharmacological methods of pain relief

- Nonpharmacological pain strategies help to improve coping by relieving stress associated with pain.
 - These strategies assist clients in reducing the amount of pharmacological interventions for pain and are particularly helpful when clients cannot take pain medication.
 - Clients may choose nonpharmacological complementary and alternative measures to manage pain:
 - Mind-body practices (yoga, chiropractic manipulation)
 - Cognitive approaches (meditation, distraction)
 - Natural products (herbs, oils)
- o Disorders of the Eye: Priority action for eye irrigation
 - Flush the object out of the eyes with a gentle stream of clean, warm water. Use an eyecup or a small, clean drinking glass positioned with its rim resting on the bone at the base of the eye socket.
 - Do not try to remove an object that's embedded in the eye.
 - Do not rub the eye.
- o Benign Prostatic Hyperplasia, Erectile Dysfunction, and Prostatitis: Preventing complications following a transurethral resection of the prostate
 - Carefully assess cardiovascular, respiratory, and renal systems
 - Ensure that the client fully understands the procedure and what to expect postoperatively
 - Postoperative treatment for a TURP usually includes placement of an indwelling three-way catheter
 - The urinary catheter drains urine and allows for installation of a continuous bladder irrigation of normal saline or another prescribed irrigation solution to keep the catheter free from obstruction.
- **Reduction of Risk Potential**
 - o Polycystic Kidney Disease, Acute Kidney Injury, and Chronic Kidney Disease: Laboratory Findings
 - Blood creatinine gradually increases 1 to 2 mg/dL every 24 to 48 hr, or 1 to 6 mg/dL in 1 week or less
 - BUN can increase to 80 to 100 mg/dL within 1 week
 - Urine specific gravity varies in postrenal type; can be elevated up to 1.030 in prerenal type or diluted as low as 1.000 in intrarenal type.
 - o Postoperative Nursing Care: Assessment of postoperative dressing
 - Observe drainage tubes for patency and proper function
 - Check dressings for excessive drainage and reinforce as needed. Report excess drainage to the surgeon
 - Outline drainage spots with a pen, noting date and time. Report increasing drainage to the surgeon
 - o Gastrointestinal Therapeutic Procedures: Discharge teaching for a client who has an ileostomy

- Follow instructions regarding dietary changes, and use ostomy appliances that can help flatus and odor.
 - Foods that can cause odor include fish, eggs, asparagus, garlic, beans, and dark leafy vegetables. Buttermilk, cranberry juice, parsley, and yogurt help to decrease odor.
 - Discuss feelings about the ostomy and concerns about its effect on life. Look at and touch the stoma.
 - o Postoperative Nursing Care: Priority assessments following a coronary artery bypass grafting
 - Assess respiratory pattern, rate, and depth to determine adequacy of oxygen exchange
 - Assess and compare peripheral pulses for impaired circulation and DVT
 - Evaluate and treat the presence of hypertension and potential causes
- **Physiological Adaptation**
 - o Tuberculosis: Providing discharge teaching
 - Encourage fluid intake and a well-balanced diet for adequate caloric intake
 - Encourage foods that are rich in protein, iron, and vitamins C and B
 - Teach the client to cough and expectorate sputum into tissues that are disposed of by the client into provided plastic bags or no-touch receptacles.
 - o Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge instructions for syphilis
 - Do not have sex until treatment is complete
 - Use condoms and barrier methods for all types of sexual contact
 - Get tested for HIV
 - o Airway Management: Evaluating client understanding of tracheostomy care
 - Ensure adequate water in the humidification canister
 - Ensure that the aerosol mist leaves from the vents during inspiration and expiration
 - Make sure the tubing does not pull on the tracheostomy
 - o Respiratory Management and Mechanical Ventilation: Priority findings following extubating
 - Monitor for signs of respiratory distress or airway obstruction (ineffective cough, dyspnea, stridor)
 - Assess SpO₂ and vital signs every 5 min
 - Encourage coughing, deep breathing, and use of the incentive spirometer
 - o Pacemaker and Implantable Cardioverter/Defibrillators: Identifying postoperative complications
 - Assess breath sounds and chest movement

- Monitor oxygen saturation
 - Obtain a chest c-xray after the procedure
 - o Hemodynamic Shock: Client positioning
 - For hypotension, place the client flat with both legs elevated to increase venous return
 - Monitor central venous pressure, pulmonary artery pressures, cardiac output, and pulse pressure
 - Educate and reassure the client and family. Experiencing shock can be frightening
 - o Systemic Lupus Erythematosus: Client findings associated with Raynaud's Disease
 - Rubor, Pallor, Cyanosis of hands/feet
 - Arteriolar vasospasm in response to cold/stress
 - Narrowing vessels and temporarily limiting blood supply
 - o Emergency Nursing Principles and Management: Priority action for abdominal trauma
 - Hypothermia is a primary concern
 - Clothing is always removed during resuscitation situation to assess for additional injuries or those related to chemical and thermal burns involving the clothing
 - The nurse should preserve items of evidence (clothing, bullets, drugs, weapons)
 - o Intravenous Therapy: Priority action for central venous access device complication
 - Do not stop a continuous infusion or allow blood to back up into the catheter for any length of time. Clots can form at the tip of the needle or catheter and lodge against the vein's wall, blocking the flow of fluid.
 - Flush intermittent IV catheters with the appropriate solution after every medication administration or every 8 to 12 hr when not in use, according to the facility's policy.
 - Monitor the site and infusion rate at least every hour.
- **Pharmacological and Parenteral Therapies**
 - o Blood and Blood Product Transfusions: Steps to administer a blood transfusion
 - Remain with the client during the initial 15 to 30 min of the transfusion. Most severe reaction occur within this time frame.
 - Verify the prescription of a specific blood product.
 - Obtain blood products from the blood bank. Inspect the blood for discoloration, excessive bubbles, or cloudiness.
 - o Angina and Myocardial Infarction: Reinforcing teaching about nitroglycerin
 - Aspiring prevents vasoconstriction. Due to this and antiplatelet effects, it should be administered with nitroglycerin at the onset of chest pain.
 - Headache is a common adverse effect of this medication

- If pain is unrelieved in 5 min, call 911 or be driven to an emergency department
- o Gastrointestinal Therapeutic Procedures: Reporting abnormal findings during total parenteral nutrition administration
 - Never abruptly stop TPN. Speeding up/down the rate is contraindicated. An abrupt rate change can alter blood glucose levels significantly.
 - Follow sterile procedures to minimize the risk of sepsis
 - Assess vital signs every 4-8 hr and weights daily
- o Gastrointestinal Therapeutic Procedures: Shortage of TPN solution
 - Keep dextrose 10% in water at the bedside in case the solution is unexpectedly ruined or the next bag is not available.
 - The dextrose 10% in water will minimize the risk of hypoglycemia with abrupt changes in dextrose concentrations.
 - If bag is unavailable and administered late, do not attempt to catch up by increasing the infusion rate because the client can develop hyperglycemia