

N431 Adult Health II

ATI Med/Surg 2019 Proctored Exam Remediation Plan

Fall 2021 DAN

Chapter 41

Category: Management of Care

Subcategory: Case Management

Topic: Anemias: Discharge Teaching for a Client Who Is Recovering from a Sickle Cell Crisis

- Teach each the patient and family about how to conserve energy and avoid very strenuous activities
- Teach patients to take medications as prescribed for optimal absorption
- Monitor oxygen saturation to determine the patient's need for oxygen therapy

Chapter 16

Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Spinal Cord Injury: Care of a Client Who Has a Halo Device

- Make sure the patient maintains the correct body alignment and ensure that the cervical tong weights hang freely
- Monitor skin integrity by providing pin care and assessing the skin under the halo fixation vest
- Do not use the halo device to turn or move the patient

Chapter 75

Category: Safety and Infection Control

Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

Topic: Burns: Planning Care to Prevent Infection

- Restrict plants and flowers due to the risk of contact with *Pseudomonas aeruginosa*
- Limit visitors and do not allow any sick individuals or small children to visit
- Use strict asepsis with all wound care

Chapter 85

Category: Health Promotion and Maintenance

Subcategory: Health Promotion/Disease Prevention

Topic: Immunizations: Recommended Vaccinations for Older Adult Clients

- Adults 19 and older can receive tetanus and diphtheria boosters every ten years
- Older adult clients are recommended to get the influenza vaccine annually

- Adults 55 years and older should receive a single dose of the meningococcal conjugate polysaccharide vaccine (MPSV4) as long as they have not previously had the meningococcal conjugate polysaccharide vaccine (MCV4)

Chapter 69

Category: Psychosocial Integrity

Subcategory: Coping Mechanisms - (1)

Topic: Amputations: Providing Support Following an Alteration in Body Image

- Allow for the patient and family to grieve for the loss of the body part and change in the patient's body image
- Refer the patient to religious/spiritual advisors, social workers, or counselors to help the patient properly grieve and express his or her feelings such as depression, anger, withdrawal, and grief
- The patient should have rehabilitation that includes adaptation to his or her new body image and integration of prosthetic and adaptive devices into self-image

Chapter 15

Category: Basic Care and Comfort

Subcategory: Mobility/Immobility

Topic: Stroke: Caring for a Client Who Has Left-Sided Hemiplegia

- Teach the patient to protect and care for the affected extremities to avoid injuring it in the wheel of the wheelchair or hitting/smashing it against a doorway
- Encourage active range of motion exercises for the unaffected extremities and passive range of motion exercises for the affected extremities every 2 hours
- Elevate the affected extremities to promote venous return and reduce swelling

Chapter 4

Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Pain Management: Use of Nonpharmacological Methods of Pain Relief

- Patients can choose nonpharmacological complementary and alternative measures to manage pain such as mind-body practices like yoga and chiropractic manipulation, cognitive approaches like meditation and distraction, or natural products like herbs and oils
- Nonpharmacological pain strategies help to improve coping by relieving stress associated with pain and can assist in reducing the number of pharmacological interventions for pain and are particularly helpful when patients cannot take pain medications

- You can refer your patient to an accredited pain management center for holistic approaches to manage pain or to a palliative or hospice treatment center depending on the patient's case and severity of pain

Chapter 32

Category: Basic Care and Comfort

Subcategory: Nutrition and Oral Hydration

Topic: Heart Failure and Pulmonary Edema: Dietary Teaching About Sodium Restrictions

- Measure weight daily at the same time every day with the same amount of clothing and notify your provider if you gain more than 2 pounds in one day or 5 pounds in one week
- Report any swelling of the feet or ankles, shortness of breath, or angina
- Eat low sodium foods with no salt added such as fish, dried beans, and grilled chicken and follow a fluid requirement. Although most diet orders will have specific instructions and verify between individuals based on what the provider wants

Chapter 59

Category: Basic Care and Comfort

Subcategory: Nutrition and Oral Hydration

Topic: Polycystic Kidney Disease, Acute Kidney Injury, and chronic kidney disease: Dietary Recommendations for a Client Who Has Nephrotic Syndrome

- Drink at least 2 liters of water a day unless told otherwise by your provider
- Implement potassium, phosphate, sodium, and magnesium restrictions as needed depending on the stage of injury
- Monitor the daily intake of carbohydrates, proteins, sodium, and potassium and also avoid antacids containing magnesium

Chapter 44

Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Electrolyte Imbalances: Manifestations of Hypokalemia

- Vital signs will show a decrease in blood pressure, thread weak pulse, and orthostatic hypotension
- Neurological assessment will show an altered mental status, anxiety, and lethargy that progresses to acute confusion and coma
- Gastrointestinal assessment will show hypoactive bowel sounds, nausea, vomiting, constipation, abdominal distention, and paralytic ileus can develop

Chapter 20

Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Medications Affecting Blood Pressure: Client Teaching Regarding ACE Inhibitors

- Take captopril and moexipril at least one hour before meals
- Notify provider of any cough, rash, dysgeusia, or any indications of an infection
- Avoid activities that require alertness until the effects of the drug are known

Chapter 40

Category: Pharmacological and Parenteral Therapies

Subcategory: Blood and Blood Products

Topic: Blood and Blood Product Transfusions: Preparing to Administer a Blood Transfusion

- Explain the procedure to the patient, obtain consent, and assess the patient's vital signs and temperature before starting the infusion
- Remain with the patient during the initial 15 to 30 minutes of the transfusion to watch for any severe reactions that can occur within the time frame
- Verify the prescription with a second nurse before beginning the transfusion

Chapter 27

Category: Pharmacological and Parenteral Therapies

Subcategory: Central Venous Access Devices

Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Maintaining a Central Venous Access Device

- Flush with 10 mL 0.9% sodium chloride before, between, and after medications and flush with 20 mL 0.9% sodium chloride after drawing blood
- Flush with 5 mL heparin (10 units/mL) when not actively using a PICC
- Use transparent dressing to allow for visualization and follow dressing changes per protocol but usually change every 7 days or sooner if dressing is wet, loose, or soiled

Chapter 94

Category: Pharmacological and Parenteral Therapies

Subcategory: Expected Actions/Outcomes

Topic: Anesthesia and Moderate Sedation: Priority Finding in a Client Who Is Receiving Epidural Analgesia

- An epidural is an anesthetic injection into the epidural space in the thoracic or lumbar areas of the spine that will help block sensory pathways leaving motor function intact
- Headaches are a common complication seen in patients
- Epidural can cause serious complications that need to be watched for such as depressed respirations, respiratory arrest, and severe hypotension

Chapter 31

Category: Pharmacological and Parenteral Therapies

Subcategory: Medication Administration

Topic: Angina and Myocardial Infarction: Reinforcing Teaching About Nitroglycerin

- Nitroglycerin tablets are to be placed under the tongue to dissolve quickly

- Headache is a common adverse effects of this medication
- Nitroglycerin can be taken up t a total of 3 times with 5 minutes in between each dose but if pain is unresolved call 911 immediately

Chapter 48

Category: Pharmacological and Parenteral Therapies

Subcategory: Parenteral/Intravenous Therapies

Topic: Dosage Calculation: Calculating an Infusion Rate Using a Drop Factor

- The equation is as follows: volume (mL) x drop factor (gtt/mL) over time (min)
- If the number to the right is equal to or greater than 5 round up but if the number tp the right is less than 5 than round down
- Convert time from hours to minutes for the equation

Chapter 22

Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Chronic Obstructive Pulmonary Disease: Expected ABG Results

- Hypoxemia (decreased PaO₂ less than 80 mm Hg)
- Hypercarbia (increased PaCO₂ greater than 45 mm Hg)
- COPD patients can either have severe emphysema and characteristically are thin and free of signs of heart failure which will show a normal PaCO₂ and PaO₂ > 60 mm Hg or patients can have frequent episodes of right heart failure and produce copious sputum resulting in coughing and respiratory infections which will result in PaCo₂ > 45 mm Hg and PaO₂ < 60 mm Hg

Chapter 54

Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Pancreatitis: Expected Laboratory Findings

- Blood amylase increases within 24 hours and remains increased for 2 to 3 days whereas blood lipase increases slowly and remains increased for days longer than amylase
- WBC increased due to infection and inflammation, platelets decreased, and serum glucose increased due to a decrease in insulin production by the pancreas
- Erythrocyte sedimentation rate elevated, blood calcium and magnesium decreased due to fat necrosis and pancreatitis, and blood liver enzymes and bilirubin increased with associated biliary dysfunction

Chapter 14

Category: Reduction of Risk Potential

Subcategory: Potential for Alterations in Body Systems

Topic: Head Injury: Monitoring Neurological Status

- Frequently assess the patient's level of consciousness every 2 hours but usually more often depending on the state of the patient
- Maintain safety and seizure precautions
- Do neuro assessments at least every two hours including mental status, coordination, reflexes, sensory, motor function, balance, and evaluation of the nerves of the brain

Chapter 27

Category: Reduction of Risk Potential

Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures

Topic: Cardiovascular Diagnostic and Therapeutic Procedures: Cardiac Catheterization

- Coronary angiography also known as a cardiac catheterization is an invasive diagnostic procedure used to evaluate the presence and degree of coronary artery blockage
- A renal or liver angiogram, cerebral angiogram, or upper and lower extremity angiogram can be done to determine blood flow and areas of possible blockage of a vessel
- Coronary angiography involves the insertion of a catheter into a femoral, brachial, or radial vessel and threading it into the right or left side of the heart and coronary artery narrowing and/or occlusions are identified by the injection of contrast media under fluoroscopy

Chapter 82

Category: Reduction of Risk Potential

Subcategory: System Specific Assessments

Topic: Diabetes Mellitus Management: Clinical Findings of Hypoglycemia

- Manifestations include mild shakiness, mental confusion, sweating, palpitations, headache, lack of coordination, blurred vision, seizures, and coma
- When glucose declines slowly, manifestations relate to the central nervous system such as headache, confusion, fatigue, and drowsiness
- When glucose rapidly declines manifestations relate to the sympathetic nervous system resulting in tachycardia, diaphoresis, and nervousness

Chapter 57

Category: Reduction of Risk Potential

Subcategory: System Specific Assessments

Topic: Hemodialysis and Peritoneal Dialysis: Monitoring Patency of an Arteriovenous Graft

- Auscultate the vascular access with a stethoscope to detect a bruit or swishing sound that indicates patency
- Assess for patency at least every 8 hours

- Palpate the vascular access to feel for a thrill or vibration that indicates arterial and venous blood flow and patency

Chapter 3

Category: Reduction of Risk Potential

Subcategory: System Specific Assessments

Topic: Neurologic Diagnostic Procedures: Determining a Glasgow Coma Scale Score

- Eye opening is scored from 4 to 1
 - o 4 = eye opening occurs spontaneously
 - o 3 = eye opening occurs secondary to sound
 - o 2 = eye opening occurs secondary to pain
 - o 1 = eye opening does not occur
- Verbal is scored from 5 to 1
 - o 5 = conversation is coherent and oriented
 - o 4 = conversation is incoherent and disoriented
 - o 3 = words are spoken but inappropriately
 - o 2 = sounds are made but no words
 - o 1 = vocalization does not occur
- Motor is scored from 6 to 1
 - o 6 = commands are followed
 - o 5 = local reaction to pain occurs
 - o 4 = general withdrawal from pain
 - o 3 = decorticate posture is present
 - o 2 = decerebrate posture is present
 - o 1 = motor response does not occur
- $E + V + M = \text{total GCS}$

Chapter 47

Category: Reduction of Risk Potential

Subcategory: Therapeutic Procedures

Topic: Gastrointestinal Therapeutic Procedures: Discharge Teaching for a Client Who Has an Ileostomy

- Apply skin barriers and creams (adhesive paste) to peristomal skin and allow to dry before applying new appliance
- Empty the bag when it is one-third to one-half full of drainage
- The stoma should appear pink and moist if it does not then call your provider immediately

Chapter 96

Category: Reduction of Risk Potential

Subcategory: Therapeutic Procedures

Topic: Postoperative Nursing Care: Priority Assessments Following a Coronary Artery Bypass Grafting

- Monitor oxygen saturation using a pulse oximeter and assist with the use of an incentive spirometer at least every one to two hours when the patient is awake to encourage expansion of the lungs and to prevent atelectasis along with repositioning every 2 hours and ambulating the patient as soon as possible
- Assist with coughing and deep breathing techniques at least every hour and provide the patient with a pillow or folded blanket to splint as necessary for the abdomen or chest incision
- Provide continuous pain relief and assess the pain level frequently during the first 24 to 48 hours

Chapter 53

Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Airway Management: Evaluating Client Understanding of Tracheostomy Care

- Make sure the patient understands the importance of airway patency by removing mucous and encrusted secretions
- Encourage the patient to maintain cleanliness to prevent infections at the site
- Help patients understand how to facilitate healing and prevent any skin excoriations around the incision

Chapter 62

Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Diagnostic and Therapeutic Procedures for Female Reproductive Disorders: Discharge Instructions for Syphilis

- Tell everyone you had sex with in the last three months that they need to be checked for the infection and possibly treated
- Use condoms and barrier methods for all types of sexual contact
- Wait to resume sexual intercourse until all sores are healed

Chapter 78

Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Hyperthyroidism: Priority Finding Following Partial Thyroidectomy

- Patient may have temporary sore throat, neck pain, difficulty swallowing, or a weak voice
- Monitor vital signs every 15 minutes until stable, maintain semi-fowlers position, provide oral and tracheal suction as needed, and check surgical dressing for any excessive bleeding
- Always maintain patent airway, provide continuous cardiac monitoring, and provide pain relief measures as necessary

Chapter 96

Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Postoperative Nursing Care: Priority Findings Following General Anesthesia

- Monitor level of consciousness for any weakness, restlessness, agitation, somnolence, irritability, or change in orientation
- Monitor and maintain patent airway and cardiac rhythms
- Administer an antiemetic for any nausea or vomiting after checking bowel sounds

Chapter 78

Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Hyperthyroidism: Caring for Client Following a Thyroidectomy

- Maintain semi-fowlers position and support the head and neck with pillows or sandbags while avoiding neck extension
- Monitor vital signs every 15 minutes until stable and then every 30 minutes along with deep breathing exercises every 30 to 60 minutes
- Provide oral and tracheal suction as needed to help maintain a clear airway and prevent aspiration

Chapter 43

Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Fluid Imbalances: Clinical Manifestation of Hypervolemia

- Vital signs will show tachycardia, bounding pulse, hypertension, tachypnea, and increased central venous pressure
- Neuromuscular will show weakness, visual changes, paresthesias, altered level of consciousness, and seizures
- Gastrointestinal will show ascites, increased motility, and liver enlargement

Chapter 37

Category Physiological Adaptation

Subcategory: Hemodynamics

Topic: Hemodynamic Shock: Client Positioning

- Supine with legs elevated for cardiogenic or neurogenic shock
- Trendelenburg position for hypovolemic shock
- Correct positioning is essential in helping improve the status of the patient

Chapter 29

Category Physiological Adaptation

Subcategory: Hemodynamics

Topic: Pacemakers and Implantable Cardioverter/Defibrillators: Identifying Postoperative Complications

- Infection or hematoma at insertion site
- Pneumothorax or hemothorax
- Arrhythmias

Chapter 87

Category Physiological Adaptation

Subcategory: Hemodynamics

Topic: Systemic Lupus Erythematosus: Client Findings Associated with Raynaud's Disease

- Cold fingers or toes
- Color changes in your skin in response to cold or stress
- Numb prickly feeling or stinging pain upon warming or stress relief

Chapter 2

Category: Physiological Adaptation

Subcategory: Medical Emergencies

Topic: Emergency Nursing Principles and Management: Priority Action for Abdominal Trauma

- Maintain patient's airway and follow your ABCs (airway, breathing, circulation)
- Perform a rapid neurological assessment and assess head to toe quickly identifying obvious injuries
- Assess hemodynamic stability as soon as possible

Chapter 37

Category: Physiological Adaptation

Subcategory: Medical Emergencies

Topic: Hemodynamic Shock: Priority Intervention for Hypovolemic Shock

- Maximize oxygen delivery by ensuring adequacy of ventilation, increasing oxygen saturation of the blood, and restoring flow
- Control further blood loss
- Fluid resuscitation

Chapter 49

Category: Physiological Adaptation

Subcategory: Medical Emergencies

Topic: Intravenous Therapy: Priority Action for Central Venous Access Device Complication

- Maintaining the patency
- Discontinuing IV therapy
- Elevate extremity and encourage active range of motion

Chapter 24

Category: Physiological Adaptation

Subcategory: Medical Emergencies

Topic: Pulmonary Embolism: Planning Interventions

- Assess cardiac status such as comparing blood pressure in both arms, palpating pulse quality, checking for dysrhythmias, examining the neck for distended neck veins, and inspecting the thorax for petechiae
- Assess respiratory status at least every 30 minutes
- Initiate and maintain IV access

Chapter 32

Category: Physiological Adaptation

Subcategory: Pathophysiology

Topic: Heart Failure and Pulmonary Edema: Recognizing Manifestations of Left-Sided Heart Failure

- Hypertension
- Coronary artery disease, angina, MI
- Valvular disease (mitral and aortic)

Chapter 57

Category: Physiological Adaptation

Subcategory: Unexpected Response to Therapies

Topic: Hemodialysis and Peritoneal Dialysis: Assessment of an Arteriovenous Fistula

- Palpate from the arterial to the venous end
- Assess for patency at least once every 8 hours
- Use a stethoscope and place the bell flat on the fistula to listen for a bruit or any change in the pitch because that could indicate thrombolysis or a stenosis of the fistula