

ATI ADULT MEDICAL SURGICAL
2024 PROCTORED EXAM /ADULT
MEDICAL SURGICAL ATI
PROCTORED EXAM 2024 REAL
EXAM QUESTIONS AND CORRECT
ANSWERS/AGRADE

Terms in this set (90)

Original

Seizures and Epilepsy: Seizure precautions

During a seizure: Position client on the floor and provide a patent airway, turn client to side and loosen restrictive clothing

Cancer treatment options: Protective Isolation (999)

If WBC drops below 1,000, place the client in a private room and initiate neutropenic precautions.

- Have client remain in his room unless he needs to leave for a diagnostic procedure, in case of transport place a mask on him
- Protect from possible sources of infection (plants, change water in equipment daily)
- Have client, staff and visitors perform frequent hand hygiene, restrict ill visitors

- Avoid invasive procedures (rectal temps, injections)

- Administer (neupogen, neulasta) to stimulate WBC production

Infection control: Appropriate room assignment

Standard Precautions:

1. applies to all patients
2. Hand washing
 - a. alcohol based preferred unless hands visually soiled
3. Gloves - when touching anything that has the potential to contaminate.
4. Masks, eye protection & face shields when care may cause splashing or spraying of body fluids

Droplet:

1. private room or with someone with same illness
2. masks

Airborne:

1. private room
2. masks or respiratory protection devices
 - a. use an N95 respirator for tuberculosis
3. Negative pressure airflow
4. full face protection if splashing or spraying is possible

Contact:

1. private room or room with same illness
2. gloves & gowns
3. disposal of infectious dressing materials into a single, nonporous bag without touching the outside of the bag

TB: Priority action for a client in the emergency department (249)

- Wear an N95 or HEPA respirator
- Place client in negative airflow room and implement airborne precautions
- use barrier protection when the risk of hand or clothing contamination exists

Immunizations: Recommended vaccinations for older adult clients (943)

Adults age 50 or older:

- Pneumococcal Vaccine (PPSV)
- Influenza vaccine
- Herpes Zoster Vaccine
- Hepatitis A
- Hepatitis B
- Meningococcal Vaccine

Pulmonary Embolism: Risk factors for DVT (258)

- Long term immobility
- Oral contraceptives
- Pregnancy

- Tobacco use
- Hypercoagulability
- Obesity
- Surgery
- Heart failure or chronic A-Fib
- Autoimmune hemolytic anemia (sickle cell)
- Long bone fractures
- Advanced age

Disorders of the male reproductive system:
Complications of continuous irrigation following Trans-urethral Resection (743)

- Urethral trauma
- Urinary retention
- Bleeding
- Infection

Stroke: Caring for a client who has left sided hemiplegia (155)

- Observe extremities for injury
- Apply an arm sling if client is unable to care for the affected extremity
- Ensure foot rest is on wheel chair and ankle brace is on the affected foot
- Instruct client to dress the affected side first

Fractures and immobilization devices: Prevent complications (787)

-Assess neurovascular status of the affected body part for every hour for 24 hours and Q4 hours after that

- Maintain body alignment

- avoid lifting or removing weights

-Monitor pain level

- Monitor for signs of infection

- Support nutrition

Pain Management: use of non pharmacological methods of pain relief

- Cutaneous (skin) stimulation- TENS, heat, cold, therapeutic touch and massage

- Distraction (deep breathing, ambulation, visitors, TV and music)

- Relaxation (meditation, yoga and progressive muscle relaxation

-Imagery (focus on pleasant thoughts)

- Elevation of extremities to promote venous return

Acute Kidney injury and chronic kidney disease: Evaluating teaching about nutrition

-Restrict dietary intake of potassium, phosphate and magnesium during oliguric phase

-K and Na is regulated according to stage of kidney injury

- high protein diet to replace the high rate of protein breakdown due to the stress from the illness. Possible TPN

Heart failure and pulmonary edema: Dietary teaching about sodium restriction

Maintain fluid and sodium restriction

Increase dietary intake of potassium

Pulmonary Embolism: Planning care for a client who is receiving enoxaparin

-Assess for contraindications (active bleeding, peptic ulcer disease, history of stroke, recent trauma)

-Monitor bleeding times (PT, aPTT and INR)

-Monitor for side effects such as thrombocytopenia, anemia and hemorrhage

Rheumatoid Arthritis: Reviewing Laboratory Values

-Positive Anti- cyclic citrullinated peptide

-RF Antibody (Diagnostic level for RA is 1:40-1:60) expected reference range 1:20

- Elevated ESR

20-40 mild inflammation

40-70 moderate

70-150 severe

- Positive C-reactive protein

- Positive ANA titier

- Elevated WBC's

Medications affecting coagulation: Heparin
Contraindications

Avoid NSAIDS while on heparin

Antibiotics affecting protein synthesis: Adverse effects of gentamicin

-Ototoxicity: cochlear damage (hearing loss) and vestibular damage (loss of balance).

-Nephrotoxicity (proteinuria, elevated BUN, creatinine levels).

-Hypersensitivity (rash, pruritis, parathesia of hands and feet, and urticaria).

Electrolyte imbalance: manifestations of hypokalemia

Weak, irregular pulse, hypotension, respiratory distress

Premature ventricular contractions, bradycardia, inverted T waves, ST depression

Decreased GI motility, abdominal distension, constipation, n/v, anorexia, polyuria

Decreased K (<3.5)

ABG: Metabolic alkalosis (pH > 7.45)

Electrolyte imbalance: Priority assessment for hypokalemia

Assessing for a patent and open airway

Blood and blood product transfusions:
Administering Fresh Frozen Plasma

Initiate a large bore IV access: 20 gauge needle

Complete transfusion withing 2-4 hours time frame

If reaction occurs:

-Stop transfusion immediately

- Initiate 0.9% NaCl in a separate line

- Save blood bag and blood tubing

Cardiovascular Diagnostic and Therapeutic Procedures: Caring for a client who has a PICC

-Assessing site every 8 hours. Note redness, swelling, drainage, tenderness and condition of dressing

-Change tube and positive pressure cap per facility protocol

-Using 10mL or larger syringe to flush the line

-Cleanse with alcohol for 3 seconds before accessing it

-Use transparent dressing

Cardiovascular Diagnostic and Therapeutic Procedures: Teaching about a PICC

-Advise client not to immerse arm in water, to cover dressing site to avoid water exposure