**“3 Critical Concepts - Remediation Document”**

Upon completion of the required Practice Assessment, conduct a focused review, by downloading the “**ATI Individual Performance Profile”** Report. Complete **the “3 Critical Concepts – Remediation Document” by using each NCLEX Client Need Category, listed under the “Topics to Review Section” in the report to identify 3 Critical Concepts learned and or understand better about the missed concept.** Use reliable evidence-based resources to remediate each topic (ATI Focused Review, ATI eBook, Course textbook per Syllabus). Cite your sources (APA formatting not required).

**8 NCLEX Client Need Categories**

1) Management of Care, 2) Safety and Infection Control, 3) Basic Care and comfort, 4) Health Promotion and Maintenance, 5) Psychosocial Integrity, 6) Pharmacological and Parenteral Therapies, 7) Reduction of Risk Potential, and 8) Physiological Adaptation

**Reflection Section – Include one of the 6 Cognitive Functions**

*Reflect on how the 3 critical concepts you learned, helped you gain a better understanding of the* ***6 Cognitive Functions of the National Council for State Boards of Nursing (NCSBN) - Clinical Judgement Measurement Model (NCJMM) - which follows the Nursing Process:***

* + ***Recognize Cues* (Assessment)** - Filter information from different sources (i.e., signs, symptoms, health history, environment).
  + **Analyze Cues (Analysis)** - Link recognized cues to a client’s clinical presentation and establishing probable client needs, concerns, or problems.
  + **Prioritize Hypotheses (Analysis)** - Establish priorities of care based on the client’s health problems (i.e. environmental factors, risk assessment, urgency, signs/ symptoms, diagnostic test, lab values, etc.)
  + **Generate Solutions (Planning)** - Identify expected outcomes and related nursing interventions to ensure clients’ needs are met.
  + **Take Actions (Implementation)** - Implement appropriate interventions based on nursing knowledge, priorities of care, and planned outcomes to promote, maintain, or restore a client’s health.
  + **Evaluate Outcomes (Evaluation)** - Evaluate a client’s response to nursing interventions and reach a nursing judgment regarding the extent to which outcomes have been met.

**Topics To Review -**

**Safety and Infection Control (1 item)**

**Reporting of Incident/Event/Irregular Occurrence/Variance (1 item)**

Safe Medication Administration and Error Reduction: Priority Action Following a Medication Error

**Pharmacological and Parenteral Therapies (7 items)**

**Adverse Effects/Contraindications/Side Effects/Interactions (5 items)**

Dermatitis and Acne: Required Tests for Isotretinoin Prescription Refill

Gastrointestinal Disorders: Monitoring for Adverse Effects of a Metoclopramide

Medications Affecting Coagulation: Adverse Effects of Heparin

Neurocognitive Disorders: Monitoring for Adverse Effects of Donepezil

Urinary Tract Infections: Contraindications to Ciprofloxacin

**Medication Administration (2 items)**

Miscellaneous Central Nervous System Medications: Teaching About Cyclobenzaprine

Opioid Agonists and Antagonists: Teaching About Hydrocodone

**Physiological Adaptation (2 items)**

**Fluid and Electrolyte Imbalances (2 items)**

Medications Affecting Urinary Output: Identifying ECG Manifestations of Hypokalemia for a Client Who Is Taking Furosemide

Vitamins and Minerals: Interventions for a Client Who Is Taking Sodium Polystyrene Sulfonate

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| **Date** | **12/13/2022** | | |
| **Student Name** | **JadaRose Johnson** | | |
| **Instructor Name** | **Dr. Candace James-Marrast** | | |
| **Assessment Name** | **RN Pharmacology Online Practice Assessment 2019 A** | | |
| **# of Topics to Review** | **10** |  |  |
| **NCLEX Client Need Category** |  | | |
| **Safety and Infection Control (1 item)** | | | |
| **Topic** | **Concept** | **3 Critical Concepts (I learned, and/or understand better about this topic)** | **Reflection – Address 1 of the 6 Cognitive Functions** |
| **Reporting of Incident/Event/Irregular Occurrence/Variance**  **(1 item)** | **Safe Medication Administration and Error Reduction: Priority Action Following a Medication Error** | 1. Giving a medication 1 hour the scheduled time is too late.  2. When this occurs, I must complete an incident report  3. Every facility have a different timeframe for when medication can be given with causing a medication error. | **Take Actions (Implementation)**  The answer choices had both 30 minutes and 1 hour after the scheduled time. In class, we learned that safe medication administered can be given either 30 minutes or 1 hour before or after the schedule. I will review the ATI book and my facility policy and procedure to determine the allowed timeframe of when I should give a medication without making a medication error. |
| **Pharmacological and Parenteral Therapies (7 items)** | | | |
| **Topic** | **Concept** | **3 Critical Concepts (I learned, and/or understand better about this topic)** | **Reflection – Address 1 of the 6 Cognitive Functions** |
| **Adverse Effects/Contraindications/Side Effects/Interactions (5 items)** | **Dermatitis and Acne: Required Tests for Isotretinoin Prescription Refill** | 1. Isotretinoin is used to treat nodulocystic acne vulgaris and is a category X medication, which causes teratogenic effects to the fetus.  2. A pregnancy test should be done and ruled out before the client can obtain a refill.  3. Client must provide two negative pregnancy tests for the initial prescription and one negative test before monthly refills. | **Prioritize Hypotheses (Analysis)**  I did not know much about this medication. I will review the section on dermatitis, the medications that can be used, and the nursing role when managing care for a client receiving isotretinoin. |
|  | **Gastrointestinal Disorders: Monitoring for Adverse Effects of a Metoclopramide** | 1. Multiple CNS adverse effects can occur with this medication  2. Some of the adverse effects include dizziness, fatigue, and sedation  3. I need to teach the client to report the adverse effect or conduct frequent hourly rounding to allow for appropriate intervention. | **Evaluate Outcomes (Evaluation)**  I did not know much about this medication. I will review the section on gastrointestinal disorders especially metoclopramide. Reviewing this medication will provide me with the information to report and my assessment for any of the related adverse effects. |
|  | **Medications Affecting Coagulation: Adverse Effects of Heparin** | 1. SQ heparin can be inject in the abdomen above the iliac crest and at least 5 cm (2 in) away from the umbilicus  2. When administering IV heparin, the platelet count should be closely monitored.  3. Platelet count less than 100,000/mm3 can indicate heparin-induced thrombocytopenia, a  potentially fatal condition that requires stopping the infusion.Bottom of Form  4. ADR of IV heparin includes blood in the urine, bruising, hematomas, hypotension, and tachycardia. The nurse should report these findings to the provider because these can indicate manifestations of heparin toxicity. | **Evaluate Outcomes (Evaluation)**  Client safety is very important and this medication is a high alert medication that causing bleeding and possible death of the client. I would be sure to review the chapter on heparin – especially the S/Es, ADR. So, when managing care for the client, I will monitor the client closely for any ADRs, monitor the platelet count, and report any concerns to the health care provider. |
|  | **Neurocognitive Disorders: Monitoring for Adverse Effects of Donepezil** | 1. Donepezil causes bronchoconstriction by the increase in acetylcholine levels, which is a primary effect of donepezil.  2. Some ADR of donepezil include dyspepsia, diarrhea, dyspnea, and dizziness.  3. Although all these are ADR, it is very most important to report dyspnea to the provider first – using the airway, breathing, circulation (ABC) approach to client care. | **Evaluate Outcomes (Evaluation)**  I understood what the question was asking but could decide on which ADR was the priority. I need more practice on prioritization. I will review the ATI Nurse Logic Tutorial on Priority Setting Frameworks. |
|  | **Urinary Tract Infections: Contraindications to Ciprofloxacin** | 1. ciprofloxin has not be given to a client with tendonitis. If ciprofloxin is given to a client with tendonitis, it can cause risk of tendon rupture.  2. ciprofloxin can cause photosensitivity resulting in severe sunburns even with sunscreen use.  3. ciprofloxin can cause a superinfection such as thrush and vaginal yeast infection. | **Evaluate Outcomes (Evaluation)**  I missed re-read the question. I thought the question was asking for complications of ciprofloxacin. Professor, I will pay closer attention when reading the questions and use my test-taking skill more often. |
| **Medication Administration**  **(2 items)** | **Miscellaneous Central Nervous System Medications: Teaching About Cyclobenzaprine** | 1. cyclobenzaprine can cause seizure, so it is important to monitor the client and report any seizure activity to the provider.  2. cyclobenzaprine can cause chronic dependence from chronic use  3. cyclobenzaprine can cause taper off before discontinuing to prevent abstinence syndrome or rebound insomnia. So, I must teach my client to not stop the drug abruptly. | **Take Actions (Implementation)**  I thought I knew a lot about this drug, such as - it causes anticholinergic effect such as constipation and urinary retention. However, I did not remember this drug needed to be tapered and should be included in my teaching plan. I will review this section on my ATI and textbook. |
|  | **Opioid Agonists and Antagonists: Teaching About Hydrocodone** | 1. Hydrocodone cause a few CNS effects such as dizziness, lightheadedness, drowsiness, and respiratory depression  2. Because of the CNS effects I must teach my client to change position slowly and avoid activities that requires alertness like driving and operating heavy machinery  3. Hydrocodone cause a few GI effects such as nausea, vomiting, and constipation, so I must teach my client to increase fluids and dietary fiber and take with food. | **Take Actions (Implementation)**  Although I understood the question was asking about teaching, I was not focusing on complications and the related teaching. I now understanding that teaching also includes teaching the client about the possible complications of taking the hydrocodone especially with acetaminophen. I will consider that in the future. |
| **Physiological Adaptation (2 items)** | | | |
| **Topic** | **Concept** | **3 Critical Concepts (I learned, and/or understand better about this topic)** | **Reflection – Address 1 of the 6 Cognitive Functions** |
| **Fluid and Electrolyte Imbalances (2 items)** | **Medications Affecting Urinary Output: Identifying ECG Manifestations of Hypokalemia for a Client Who Is Taking Furosemide** | 1. One diagnostic test to confirm hypokalemia from furosemide is to perform an EKG on the client.  2. With the hypokalemia, the EKG will show flatten or inverted T waves, prominent or elevated U waves, ST depression, and prolonged PR interval.  3. Other expected findings because of hypokalemia from furosemide use include:  **Vital signs changes** - decreased BP, thready pulse, orthostatic hypotension.  **Respiratory changes** - shallow breathing.  **Muscular involvement** - weakness, deep tendon reflexed could be reduced.  **GI involvement** – Hypoactive bowel sounds, nausea, vomiting, constipation.  **Neurologic changes** – altered mental status, anxiety, and lethargy that progresses to acute confusion and coma. | **Evaluate Outcomes (Evaluation)**  From this practice assessment, I learned additional information to what I learned in class. Having this knowledge, I now understanding hypokalemia is not just decreased potassium levels of less than 3.5. Hypokalemia can potentially cause serious complications. I know have more information to include in my plan of care when managing care for a client who may be experiencing hypokalemia. |
|  | **Vitamins and Minerals: Interventions for a Client Who Is Taking Sodium Polystyrene Sulfonate** | 1. Polystyrene sulfonate replaces sodium with potassium in the intestinal tract to promote potassium excretion.  2. Polystyrene sulfonate can cause the ADR of constipation, which can lead to fecal impaction.  3. I must monitor the client for constipation and report it to the provider. | **Take Actions (Implementation)**  I knew polystyrene sulfonate is used to treat hyperkalemia and can cause frequent diarrhea. I do not remember that polystyrene sulfonate could also cause the opposite effect of constipation. I would be sure to go over my notes and review that section in both my ATI and textbook. |

**References:**

McCuistion, L.E., DiMaggio, K., Winton, M.B., & Yeager (2023). Pharmacology: A Patient-Centered Nursing Process Approach. 11th. Ed. Publisher: Elsevier.

ATI Content Mastery Series Review Module: RN Pharmacology 11.0 ed.