## ATI Fundamentals - ATI

Foundations of Nursing Practice (Emory University)

## **ATI Fundamentals Proctored Exam**

1. The nurse is assessing a patient who reports a previous fall and is
using the SPLATT acronym. Which questions will the nurse ask the patient? (Select all that apply.)  a. Where did you fall?
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<ul><li>b. What time did the fall occur?</li><li>c. What were you doing when you fell?</li></ul>
d. What types of injuries occurred after the fall?
e. Did you obtain an electronic safety alert device after the fall?
f. What are your medical problems that may have caused the fall?
ANS: A, B, C, D  Assess previous feller using the assessment SDL ATT.
Assess <u>previous falls</u> ; using the acronym SPLATT:
Symptoms at time of fall
Previous fall Location of fall Activity at time of fall Time of fall
Trauma after fall
Medical diagnoses and an alert device are not components of SPLATT.
2. The nurse is caring for a group of medical-surgical patients. The unit has been notified of a fire on an adjacent wing of the hospital. The nurse quickly
formulates a plan to keep the patients safe. Which actions will the nurse take? (Select all that apply.)  a. Close all doors.
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<ul><li>b. Note evacuation routes.</li><li>c. Note oxygen shut-offs.</li></ul>

d. Move bedridden patients in their bed.

- e. Wait until the fire department arrives to act.
- f. Use type B fire extinguishers for electrical fires.

## ANS: A, B, C, D

Closing all doors helps to contain smoke and fire. Noting the evacuation routes and oxygen shut-offs is important in case evacuation is needed. You will move bedridden patients from the scene of a fire by a stretcher, bed, or wheelchair. The nurse cannot wait until the fire department arrives to act. Type C fire extinguishers are used for electrical fires; type B is used for flammable liquids.

3. The nurse is caring for a patient in restraints. Which **essential** 

information will the nurse document in the patient's medical record to provide safe care? (Select all that apply.)

- a. One family member has gone to lunch.
- b. Patient is placed in bilateral wrist restraints at 0815.
- c. Bilateral radial pulses present, 2+, hands warm to touch
- d. Straps with quick-release buckle attached to bed side rails
- e. Attempts to distract the patient with television are unsuccessful.
- f. Released from restraints, active range-of-motion exercises completed

ANS: B, C, E, F

Proper documentation, including the behaviors that necessitated the application of restraints, the procedure used in restraining, the condition of the body part restrained (e.g., circulation to hand), and the evaluation of the patient response, is essential. Record nursing interventions, including restraint alternatives tried, in nurses' notes. Record purpose for restraint, type and location of restraint used, time applied and discontinued, times restraint was released, and routine observations (e.g., skin color, pulses, sensation, vital signs, and behavior) in nurses' notes and flow sheets. Straps are not attached to side rails. Comments about the activities of one family member are not necessarily required in nursing documentation of restraints.