

## ATI Fundamentals Study Guide (PDF)

Master core nursing principles — from safety and comfort to pharmacology and patient management.

This 3–4 page study guide provides a focused review of high-yield ATI Fundamentals concepts. It includes 5 essay-style questions with 200–300 word rationales and evergreen strategies to strengthen critical thinking and clinical reasoning. Created by the PrepPool Content Team — verified nurse educators who simplify exam success for nursing students worldwide.

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### Essay Question 1 — Safety & Infection Control

**Question:** Describe nursing actions to reduce infection and fall risk for a 70-year-old pneumonia patient with a Foley catheter.

**Answer:** This case requires simultaneous attention to infection prevention and fall risk mitigation. Start with reassessing the catheter's necessity; if it's no longer needed, remove it immediately to prevent CAUTI. If continued, maintain a closed drainage system, avoid dependent loops, and keep the collection bag below bladder level. Perform perineal care using mild soap and water, not antiseptics, and ensure meticulous hand hygiene before and after contact. Regularly monitor for signs of infection, such as cloudy urine or fever. For fall prevention, complete a risk assessment, ensure non-skid footwear, secure assistive devices, and keep frequently used items within easy reach. Lower the bed, lock wheels, and use proper lighting. Encourage slow position changes to prevent orthostatic hypotension. Educate the patient about calling for help before ambulating. Combining vigilance with patient teaching supports safety and accelerates recovery.

### Essay Question 2 — Basic Care & Comfort

**Question:** A post-op patient reports severe pain and avoids coughing due to incision discomfort. How can you promote comfort and prevent complications?

**Answer:** Begin by administering analgesics as prescribed and reassessing effectiveness using a validated pain scale. Encourage the use of a pillow to splint the incision during coughing or movement — this reduces strain and promotes participation in respiratory exercises. Position the client in semi-Fowler's to enhance ventilation and comfort. Educate on using incentive spirometry every hour while awake to prevent atelectasis and pneumonia. Encourage slow, deep breathing followed by controlled coughing. Implement a turning schedule every two hours to maintain skin integrity and prevent pressure injury. Assess the sacral area for redness or breakdown and use support surfaces if needed. Encourage hydration and a protein-rich diet to promote healing. These interventions collectively relieve pain, preserve respiratory function, and promote faster postoperative recovery.

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### Essay Question 3 — Pharmacological & Parenteral Therapies

**Question:** A diabetic client is on mixed insulin (regular + NPH) and IV therapy. How should you ensure safe insulin administration?

**Answer:** Safety begins with the five rights: right patient, medication, dose, route, and time. Use the 'clear to cloudy' rule when mixing — draw up regular insulin first, then NPH to avoid contamination. Check blood glucose before administration and coordinate doses with meal timing to prevent hypoglycemia. Teach the patient site rotation (abdomen preferred for consistent absorption) and proper subcutaneous injection angles (45°–90°). Reinforce recognition of hypoglycemia symptoms — tremors, sweating, confusion — and treatment using fast glucose sources. Simultaneously, monitor the IV site for infiltration, ensure correct fluid rates, and document findings. Continuous assessment of hydration, electrolytes, and glucose ensures both insulin and IV therapy work synergistically without causing imbalance. Patient education is key to lifelong diabetes management.

## Essay Question 4 — Management of Care

**Question:** You and a new UAP have three patients: a thyroidectomy with stridor, a COPD patient, and a discharge-ready heart failure patient. Who is your first priority and why?

**Answer:** The post-thyroidectomy patient showing stridor is the top priority due to airway obstruction risk — a life-threatening emergency. Immediately assess the airway, elevate the head of bed, prepare emergency tracheostomy equipment, and notify the provider. Next, evaluate the COPD client; though SpO<sub>2</sub> 91% may be baseline, ensure no acute distress or CO<sub>2</sub> retention. Discharge teaching for the heart failure patient can follow once critical cases are stabilized. Delegate routine tasks (e.g., vital signs, bathing) to the UAP for stable patients while retaining assessments and education. Prioritizing via ABCs (Airway, Breathing, Circulation) ensures safe and effective workload management.

## Essay Question 5 — Psychosocial Integrity

**Question:** A client newly diagnosed with heart failure says, 'I'm scared about going home.' What is your best therapeutic response?

**Answer:** Acknowledge the patient's emotions with empathy: 'I understand this feels overwhelming. Can you share what worries you most?' This encourages expression and trust. Use active listening to identify knowledge gaps or fears, such as managing medication or fluid intake. Provide clear, written discharge instructions, teach symptom monitoring (daily weights, swelling, dyspnea), and involve family in education. Connect patients with community resources like cardiac rehab or support groups. Reinforce follow-up appointments and use teach-back to confirm understanding. This holistic approach strengthens coping skills, boosts adherence, and ensures emotional and physical readiness for discharge.

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