

## **ATI Remediation- Paiton Frerichs (Level one)**

### **Medical Conditions: Priority Antepartum Client for Assessment**

- Risk factors could include history of cervical trauma, in utero exposure to diethylstilbestrol ingested by the client during pregnancy, and congenital structural defects of the uterus or cervix.
- Diagnostic and therapeutic procedures you could do are an ultrasound and prophylactic cervical cerclage.
- Expected findings are an increase in pelvic pressure or urge to push.

### **Infections: Treatment for Gonorrhea**

- Gonorrhea is a bacterial infection that is primarily spread by genital to genital contact.
- Pregnant treatment would be ceftriaxone IM and azithromycin PO.
- Repeat culture within 3 to 4 weeks to assess for medication effectiveness.

### **Client Education and Discharge Teaching: Teaching a New Mother to Bottle Feed**

- Wear a well-fitting, supportive bra continuously for 72 hours.
- Avoid breast stimulation.
- Apply cold compress for engorgement for 15 min on and 45 min off. Mild analgesics or anti-inflammatory medication can be taken for pain and discomfort of breast engorgement.

### **Nursing Care of Newborns: Performing a Heel Stick**

- 24 hours following birth.
- To be more accurate, a newborn must have received formula or breast milk for at least 24 hours.
- If a newborn is discharged before 24 hours of age they must be tested again in 1 to 2 weeks.

### **Prenatal Care: Managing Nausea and Vomiting During Pregnancy**

- Eat crackers or dry toast before rising in the morning to relieve discomfort.
- Drink fluids between meals.
- Avoid having an empty stomach and ingesting spicy, greasy, or gas-forming foods.

### **Pain Management: Teaching About Counterpressure**

- Pushing hard on the sacrum, the one in labor pushes back against the baby's head lessening the pain they're feeling.
- Counterpressure can help a baby navigate the pelvis easier.
- Oftentimes they have the significant other in the room help with doing the counter pressure technique so they are involved in the labor process as well.

### **Sources of Nutrition: High-Calcium Food**

- Dairy
- Broccoli and kale
- Fortified grains

### **Contraception: Evaluating Teaching About Medroxyprogesterone**

- Medroxyprogesterone is an intramuscular or subcutaneous injection given to a female client every 11 to 13 weeks.
- It inhibits ovulation and thickens cervical mucus.
- Avoid massaging injection sites following administration to avoid accelerating medication absorption, which will shorten the duration of its effectiveness.

### **Medical Conditions: Client Teaching About Magnesium Sulfate**

- To depress the CNS and prevent seizures in the client who has eclampsia and severe preeclampsia.
- There can be initial feelings of flushing, heat, sedation, diaphoresis, and burning at the IV site with magnesium sulfate bolus.
- Remain on bed rest and in the side-lying position.

### **Postpartum Physiological Adaptations**

- Main goal is to prevent postpartum hemorrhage.
- Assess for medication adverse effects.
- Use the acronym BUBBLE to do a focused physical assessment.

### **Priority Nursing Action for Umbilical Cord Prolapse**

- Call for assistance immediately.
- Do not leave the client and notify the provider.
- Insert two fingers with a sterile gloved hand and apply finger pressure on either side of the cord to the fetal presenting part to elevate it off the cord. Stay in this position until the delivery of the baby.

### **Infections: Planning Care for a Client Who Has HIV**

- Goal is to keep CD4 cell counts greater than 500 cells/mm<sup>3</sup>
- Use standard precautions.
- Administer antiretroviral prophylaxis, triple-medication antiretroviral as prescribed.

### **Oxygen and Inhalation Therapy: Need for Suctioning**

- To remove mucus plugs and excessive secretions
- Early manifestations of hypoxemia.
- Don the required personal protective equipment. Assist if a child, to a high-fowler or fowler's position for suctioning if possible.

### **Postpartum Disorders: Performing Fundal Massage for a Client Who Has Uterine Atony**

- If the uterus becomes firm, continue assessing hemodynamic status.
- If uterine atony persists after fundal massage, anticipate surgical intervention, such as a hysterectomy.
- Urinate before the massage and lie down in a comfortable position, press and rub the abdomen.

### **Education for Plastibell Circumcision**

- The foreskin is separated from the penis head with a probe.
- A plastic ring is inserted underneath the foreskin to stop blood flow.
- The plastic ring remains on the penis until foreskin falls off naturally in 7-10 days. During this time the foreskin may darken around the ring.

### **Lab Testing for Client Who Is at 24 weeks Gestation**

- Coombs test
- One-hour glucose tolerance.
- Blood type, Rh factor, and presence of irregular antibodies.

### **Caring for a Newborn Whose Mother has Type 2 Diabetes Mellitus**

- Have the mother eating a nutritious diet.
- Continuously have mothers testing their blood sugar.
- Make sure the mother is taking an appropriate amount of insulin.

### **Reviewing Results of Nonstress Test**

- The NST is interpreted as reactive if the FHR accelerates at least 15/min for at least 15 seconds and occurs two or more times during a 20-min period.
- Nonreactive NST is a test that does not demonstrate at least two qualifying accelerations in a 20-min window.
- If nonreactive a further assessment is done, such as a contraction stress test or BPP, is indicated.