

N432 Maternal Newborn Care
Proctored ATI Remediation Template

Student Name: Cindy Ho
Assessment Name: RN Maternal NB 2019
Semester: Fall 2022

Instructions:

1. Download the report from your ATI product for the assessment you are completing this remediation template for
2. The report will be broken down into three (3) aspects:
 - a. Categories
 - i. These categories mimic the NCLEX-RN categories and include the following:
 1. Management of Care
 2. Safety and Infection Control
 3. Health Promotion and Maintenance
 4. Psychosocial Integrity
 5. Basic Care and Comfort
 6. Pharmacological and Parenteral Therapies
 7. Reduction of Risk Potential
 8. Physiological Adaptation
 - b. Subcategories
 - c. Topics
3. Complete the template on the following page by doing the following:
 - a. Main Category
 - i. Subcategories for each main category
 1. Topics for each subcategory → these will be the content areas you will be remediating on
 - a. Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
 - b. **NOTE: You must remediate on all subcategories AND topics within the main categories listed under the “Topics to Review” section of the ATI report for this assessment.**
4. In the event you need additional space within the table, please add rows into the table to accommodate this
 - a. In the event, you need less space within the table than what is provided, you may delete those rows from the table to accommodate this OR put “N/A” → There may be main categories that you don’t have to remediate on and that is OK – you can either delete the table OR put “N/A”
5. An example is provided below:

SAMPLE Main Category: Management of Care
SAMPLE Subcategory: Case Management
SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis <ul style="list-style-type: none">• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.• SAMPLE Critical Point #2: When a patient is going through sickle crisis, the nurse should monitor oxygen saturation to determine a need for oxygen therapy.• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.

6. Once the template is completed **and** at least the minimum remediation time has been completed within the Focused Review module(s) in ATI, upload the template to the corresponding dropbox in E360.

Main Category: Management of Care

Subcategory: Establishing Priorities

Topic: Assessment and Management of Newborn Complications: Priority Newborn Assessment

- NB dehydration findings: 1 mL/kg/hr, urine specific gravity greater than 1.015, weight loss, dry mucous membranes, absent skin turgor, depressed fontanel.
- NB overhydration findings: Urine output greater than 3 mL/kg/hr, urine specific gravity less than 1.001, edema, increased weight gain, crackles in lungs, and intake greater than output.
- For a male NB, a surgical mask should be placed (like a bikini) over the genitalia to prevent possible testicular damage from heat and light waves.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Nursing Care of Newborns: Priority Action Following Delivery

- The baby's airway should be cleared and assessed for proper breathing, and any necessary interventions should be performed.
- Plastibell device will drop off after 5 to 7 days, leaving a clean, healed excision.
- In the first 6 to 8 hr of life as body systems stabilize and pass through periods of adjustment, observe for periods of reactivity.

Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis

Topic: Infections: Treatment for Gonorrhea

- Gonorrhea is a commonly reported condition. It is the responsibility of the provider to report cases of these diseases to the local health department.
- Repeat the culture within 3 to 4 weeks to assess for medication effectiveness.
- Left untreated, gonorrhea can cause tubal scarring and can lead to PID.

Main Category: Health Promotion and Maintenance

Subcategory: Ante/Intra/Postpartum and Newborn Care

Topic: Baby-Friendly Care: Preparing a Toddler for a Newborn Sibling

- Assess for positive responses from the sibling: interest and concern for the infant and increased independence.
- Assess for adverse responses from the sibling: indications of sibling rivalry and jealousy, regression in toileting and sleeping habits, aggression toward the infant, and increased attention-seeking behaviors and whining.
- Take the sibling on a tour of the obstetric unit. Let the sibling be one of the first to see the infant, provide a gift from the infant to the sibling, arrange for one parent to spend time with the sibling while the other cares for the infant. Allow older siblings to help in providing care for the infant. Provide preschool-aged siblings with a doll to care for.

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

- Mild analgesics or antiinflammatory medication can be taken for pain and discomfort of breast engorgement.
- It is important to sterilize the bottle and nipples before each use to prevent bacterial contamination.
- The mother should be encouraged to burp the baby frequently during and after feedings to prevent gas and discomfort.

Topic: Nursing Care and Discharge Teaching: Providing Discharge Teaching About Newborn Care

- The parents should be taught how to properly bathe and diaper the baby, as well as how to care for the umbilical cord and circumcision (if applicable).
- The parents should be taught how to recognize and respond to signs of illness or infection in the baby, such as fever, lethargy, or irritability.
- The parents should be provided with information about newborn feeding, including how to properly prepare and store formula or breastmilk.

Subcategory: Lifestyle Choices

Topic: Contraception: Teaching About Birth Control Methods

- Place spermicide 15 min before intercourse. Spermicide is only effective for 1 hr after insertion, but should not be removed until 6 hr after intercourse.
- Replace diaphragm every 2 years and refit for a 20% weight fluctuation, after abdominal or pelvic surgery, and after every pregnancy.
- Empty the bladder prior to insertion of the diaphragm, to decrease pressure on the urethra.

Subcategory: Health Promotion/Disease Prevention

Topic: Postpartum Disorders: Identifying a Risk Factor for Developing a Postpartum Infection

- Avoid taking aspirin or ibuprofen (increased bleeding tendencies).
- Expected findings include apprehension, pleuritic chest pain, dyspnea, elevated temperature, and syncope.
- Elevate the client's legs to a 20° to 30° angle to increase circulation to essential organs.

Main Category: Psychosocial Integrity

Subcategory: Grief and Loss

Topic: Grief, Loss, and Palliative Care: Caring for a Client After a Stillbirth

- Encourage the individual to share memories about the deceased.
- Palliative care interventions focus on the relief of physical manifestations (pain) as well as addressing spiritual, emotional, and psychosocial aspects of the client's life.
- Reposition the client to maintain airway patency and comfort.

Main Category: Basic Care and Comfort

Subcategory: Non-Pharmacological Comfort Interventions

Topic: Pain Management: Nursing Actions to Reduce Pain

- Using relaxation techniques, such as deep breathing or guided imagery, can help reduce pain.
- Providing physical comfort measures, such as a warm compress or a massage, can help reduce pain.
- Sacral counterpressure is applied by the support person using the heel of the hand or fist against the client's sacral area to counteract pain in the lower back.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Early Onset of Labor: Laboratory Values During Tocolytic Therapy

- During tocolytic therapy, the nurse should monitor the mother's blood pressure and pulse regularly to check for any adverse effects of the medication.
- The nurse should also monitor the baby's heart rate regularly to check for any changes or abnormalities.
- The nurse should check the mother's urine for protein and other signs of pre-eclampsia, as tocolytic therapy can mask some of the symptoms of this condition.

Topic: Postpartum Physiological Adaptations: Contraindications for Postpartum Medication Administration

- Contraindications for tocolytics include active vaginal bleeding, dilation of the cervix greater than 6 cm, chorioamnionitis, greater than 34 weeks gestation, and acute fetal distress.
- Monitor for adverse side effects (hot flashes, diaphoresis, burning at IV site, N/V, drowsiness, blurred vision).
- Teach nonpharmacological measures (distraction, imagery, heating pads, position changes, cold packs).

Subcategory: Expected Actions/Outcomes

Topic: Early Onset of Labor: Findings to Report to the Provider for a Client Who is Receiving Magnesium Sulfate

- Administer calcium gluconate or calcium chloride as an antidote for magnesium sulfate toxicity.
- Modified bed rest with bathroom privileges.
- Encourage the client to rest in the left lateral position to increase blood flow to the uterus and decrease

uterine activity.

Main Category: Reduction of Risk Potential

Subcategory: Diagnostic Tests

Topic: Assessment and Mgmt of Newborn Complications: Caring for a Newborn Whose Mother has DM2

- The nurse should monitor the baby's blood sugar levels regularly to ensure that they are within normal range.
- The nurse should provide the baby with appropriate nutrition, including frequent feedings of breastmilk or formula.
- The nurse should monitor the baby for any signs of hypoglycemia, such as tremors, sweating, or irritability, and take appropriate action if necessary.

Topic: Assessment of Fetal Well-Being: Reviewing Results of Nonstress Test

- Accelerations are defined as at least 15 BPM for at least 15 seconds and occurs two or more times during a 20-min period.
- Complication includes potential for preterm labor.
- Initiate IV oxytocin administration if nipple stimulation fails to elicit a sufficient uterine contraction pattern.

Subcategory: Therapeutic Procedures

Topic: Nursing Care and Discharge Teaching: Education for Plastibell Circumcision

- Keep the area clean and dry, and check for any signs of infection.
- Educate the parents to return for follow-up care, and how to recognize and manage any potential complications.
- The nurse should provide the parents with pain management strategies, such as giving the baby acetaminophen as prescribed by the healthcare provider.

Main Category: Physiological Adaptation

Subcategory: Medical Emergencies

Topic: Assessment and Management of Newborn Complications: Planning Care for a Newborn Who Has a Myelomeningocele

- Assess newborn for ICP.
- Handle the NB gently by positioning them prone to prevent trauma.
- Prevent infection by keeping the area free from contamination by urine and feces.

Topic: Oxygen and Inhalation Therapy: Need for Suctioning

- The nurse should suction the patient's airway as needed to remove secretions and maintain a clear airway.
- Decreased surfactant in the alveoli occurs, regardless of a newborn's birth weight.
- Provide suction to the NB prior to administration of medication.

Subcategory: Alterations in Body Systems

Topic: Infections: Planning Care for a Client Who Has HIV

- Use of internal fetal monitors, vacuum extraction, and forceps during labor should be avoided due to the risk of fetal bleeding.
- Obtain frequent viral load levels and CD4 cell counts throughout pregnancy.
- Encourage immunization against hep B, pneumococcal infection, *H. influenzae* type B, and viral influenza.