N432 Maternal- Newborn Care
Proctored ATI Remediation Template

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Assessment Name: RN maternal newborn 2023
Semester: Spring 2024

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 • 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: Client Rights

Topic: Infertility: Teaching about in vitro fertilization

- Educate the patient to what the procedure involves such as acquiring the patients eggs in order to fertilize the eggs with sperm in a lab setting followed by moving the embryo to the uterus following the procedure.
- Encourage the patient and family to attend support groups and genetic counseling.
- Educate on the complications of invitro including risk of ectopic pregnancy and multiple gestation.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Nursing care of Newborns: Identification of Newborns

- Each member involved (mother, father, baby) all have identification wristbands to ensure the baby is returned to the correct family
- Footprints of the newborn and thumb print of the mother is also collected to ensure proper identity
- The identification wristbands should be checked anytime the mother and baby are separated and returned

Main Category: Health Promotion and Maintenance

Subcategory: Ante-/Intra-/Postpartum and Newborn Care

Topic: Baby-friendly care: phases of maternal postpartum adjustment

- Taking-in phase occurs within the first 24-48 hours following delivery and focuses on needs of the mother while the patient is excited to share their experience with others
- Taking-hold phase occurs within 2-3 days following delivery and involves focusing on the care for the baby and improvement, the. Motivation to learn and practice.
- The letting-go phase occurs weeks after delivery involving the mother focusing on the entire family and everyone's contribution and role, as well as the patient continuing in their role.

Topic: Expected physiological changes during pregnancy: calculating the expected date of birth

- Nagele's rule involves taking the first day of the last known menstrual cycle and minus 3 months then add 7 days and 1 year to determine the estimated delivery time
- Measuring the fundal height is an indicator for the weeks of gestation (measuring in centimeters from the symphysis pubis)
- Educate the patient that this is an estimated due date and does not mean the newborn will be delivered on this date.

Topic: Nursing care during stages of labor: identifying the need for reassessment

- If the patient shows fluctuation in vitals, they need to be reassessed more frequently to ensure the patient and the baby is stable.
- Monitor the patient's temperature every 2 hours following rupture of membranes to ensure the patient is not spiking a fever. This reassessment is crucial.
- Monitor the patient for bleeding, urinary output, and uterine tone during the fourth stage. If any of these findings are increased bleeding, decreased urinary output or boggy uterine tone this requires immediate intervention and reassessment once controlled.

Subcategory: Lifestyle choices

Topic: Contraception: instructions for use of a diaphragm

- Educate when the insert the diaphragm before intercourse (up to 6 hours before)
- Educate the patient to apply spermicidal jelly to the cervical side of the dome and round the rim
- Educate the patient that the spermicide will need to be reapplied with each session of intercourse

Main Category: Basic Care and Comfort

Subcategory: Nonpharmacological comfort interventions

Topic: Pain management: teaching about hypnosis

- Educate the patient to the option of hypnosis as nonpharmacological comfort measures to reduce stress using techniques that promote breathing, meditation, and relaxation.
- Educate the patient that hypnosis may impact their reaction to delivery by reducing anxiety which is beneficial to the patient and the newborn.
- Educate the patient that hypnosis used during pregnancy may provide a more positive feeling towards delivery associated with fear and feelings of discouragement.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Medication administration

Topic: Medical conditions: client teaching about magnesium sulfate

- Educate the patient that they may experience initial burning at the IV site with administration
- Magnesium sulfate is an anticonvulsant medication
- Educate the patient on signs and symptoms of magnesium sulfate toxicity such as decreased urine output, decreased respirations (less than 12/min), cardiac dysrhythmias

Main Category: Reduction of Risk Potential

Subcategory: Laboratory values

Topic: Prenatal care: providing teaching about the purpose of an indirect coombs' test

- Indirect coombs' test is used to determine the patients sensitized to Rh-positive blood
- Rh-negative and not sensitized patients require a repeat indirect coombs' test within 24-48 weeks' gestation
- Coombs' test are done as a prenatal testing

Subcategory: Potential for complications of diagnostic tests/treatments/procedures

Topic: Early onset of labor: identifying adverse effects of Terbutaline

- Monitor for palpitations, dysrhythmias, tachycardia, tremors, and chest pain/discomfort
- Notify the PCP if the patients HR is greater than 130/min & if BP is less than 90/60
- Discontinue if the adverse effects do not improve

Topic: Postpartum disorders: priority nursing action for excessive blood loss

- Assess uterine tone immediately and provide fundal massage
- Nursing action for excessive blood loss would include Monitoring the vital signs and document EBL
- Nursing action for excessive blood loss would include Maintaining or initiate IV access

Subcategory: System-specific assessments

Topic: Assessment and management of newborn complications: expected findings of hypoglycemia

- Expected findings include poor feeding and jitteriness
- Expected findings include flaccid muscle tone and irregular respirations
- Expected findings includes a blood sugar reading less than 45 mg/dL

Topic: Assessment and management of newborn complications: identifying indications of forceps injury

- Identifying indications of forceps injury includes monitoring muscle weakness or bruising of the face
- Identifying indications of forceps injury includes monitoring for bleeding or facial cuts
- Identifying indications of forceps injury includes monitoring for brain damage

Main Category: Physiological Adaptation

Subcategory: Hemodynamics

Topic: Complications related to the labor process: nursing actions for a client who is experiencing an amniotic fluid embolism

- Administer oxygen with an oxygen mask at 8-10 L/min
- Assist in intubation or ventilation as needed
- Administer IV fluids/monitor fetal and maternal status

Topic: Postpartum disorders: nursing actions for a client who has placenta previa

- Monitor the patient's vitals to ensure stability if they are showing signs of placenta previa
- Assess the patients vaginal bleeding if they are showing signs of placenta previa
- Assess the patient's uterine activity if they are showing signs of placenta previa

Subcategory: Medical Emergencies

Topic: Assessment and management of newborn complications: planning care for a newborn who has a Myelomeningocele

- If the newborn has myelomeningocele it is crucial the newborn is kept in prone position.
- If the newborn has myelomeningocele the newborn should be handled gently to not damage exposed spinal cord and keep area covered with dressing moistened with saline.
- Due to the position required (prone) for a child with myelomeningocele the newborn should be monitored for skin integrity on the face, chest, abdomen, and knees.

Topic: Bleeding during pregnancy: expecting findings for a client who experiences abruptio placentae

- Abruptio placentae occurs when the placenta has detached from the wall of the womb.
- Abruptio placentae may have an expected finding of vaginal bleeding with abdominal pain, back pain, and potentially uterine rigidity.
- The patient needs to be monitored for hemorrhagic shock when experiencing abruptio placentae.

Main Category: Clinical Judgment

Subcategory: Recognize Cues

Topic: Postpartum physiological adaptations: identifying client findings that require immediate follow-up during a postpartum assessment

- If the patient experiences persistent perineal pain past the expected time frame this require immediate follow up.
- If the patient experiences a change in their lochia such as odor, color, or amount then this requires an immediate follow up.
- If the patient experiences any tenderness that is localized or redness/swelling in the lower extremities this requires immediate follow up.

Subcategory: Take actions

Topic: Assessment and management of newborn complications: caring for a newborn who is experiencing complications

- The newborn may experience hypoglycemia, so it is crucial to monitor the newborns blood sugar levels
- The newborn may experience respiratory distress syndrome, so it is crucial to maintain a patent airway for the newborn and assess the infants breathing and breath sounds while providing any additional breathing assistance such as oxygen.
- The newborn may experience an infection, potentially sepsis neonatorum, so all newborns should be assessed for infection. If an infection is present it is crucial to monitor I/O, isolate as needed, maintain IV access, maintain patent airway, and administer medications as ordered. Monitor the newborn for worsening of symptoms.

Topic: Bleeding during pregnancy: caring for a client who is at least 28 weeks of gestation

- The priority during bleeding and caring for a patient that is 28 weeks' gestation is to ensure the mother and the baby is stable.
- When there is bleeding it is crucial to determine the cause of bleeding based on symptoms (bright red vaginal bleeding without abdominal pain)
- Immediately provide action that will cease bleeding or decrease bleeding (do not perform vaginal exams), administer medications as ordered, assess the bleeding (amount, abnormalities). Ensure all of this information is accurately documented.

Topic: Postpartum infections: caring for a client who is experiencing a complication following a Cesarean birth

- Monitor the patient for signs and symptoms of infection at the incision site after a C-section, such as monitoring for warmth, tenderness, drainage, erythema, and fever.
- Assess the patient's incision for wound dehiscence or evisceration as this is an increased risk for an infection but is also an emergency for the safety and life of the patient.
- Assess the patient's vitals and assess the lochia color, odor, and amount to insure there is no internal infection.

Subcategory: Evaluate outcomes

Topic: Postpartum disorders: evaluating the effectiveness of Misoprostol

- Misoprostol is a uterine stimulant that is used in to assist in controlling postpartum bleeding.
- Evaluating the effectiveness of Misoprostol includes monitoring the patient's uterine tone and vaginal bleeding.
- When using Misoprostol monitor the patient for signs and symptoms of adverse effects such as fever, chills, headache, nausea, or hypertension.

Subcategory: Analyze Cues

Topic: Assessment and management of newborn complications: identifying findings in a newborn to report to the provider

- If the newborn is showing signs of jaundice such as extremely elevated levels of bilirubin or yellowing of the skin and sclera this should be reported to the provider.
- If the newborn shows signs of respiratory distress such as diminished breath sounds, decreased oxygen, or difficulty breathing this should immediately be reported to the provider.
- If the newborn shows signs of hypoglycemia such as blood glucose readings lower than 30 mg/dL then this should be reported to the provider.

Topic: Assessment and management of newborn complications: interpreting findings of a newborn who has maternal history of opioid use during pregnancy

- If the newborn has a maternal history of opioid use during pregnancy there is a potential expected finding of respiratory findings such as nasal congestion with flaring, tachypnea, and apnea.
- If the newborn has a maternal history of opioid use during pregnancy there is a potential expected finding of gastrointestinal complications such as poor feeding, projectile vomiting, and diarrhea.
- If the newborn has a maternal history of opioid use during pregnancy there is a potential expected finding of central nervous system findings such as high-pitched crying, increased moro reflex, convulsions, and tremors.

Topic: Bleeding during pregnancy: identifying findings requiring immediate follow up for a client who has placenta previa

- Notify the provider of the finding of painless vaginal bleeding indicating placenta previa and continue to monitor the amount of blood and findings associated.
- Notify the provider if the patient begins to feel contractions with placenta previa.
- Notify the provider if the patient has decreasing vitals or if the fetus does not have a reassuring heart rate.