

N432 Maternal-Newborn Care
Proctored ATI Remediation Template

Student Name: Whisper Brown
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 Sick 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: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Medical Conditions: Priority Action for Implementing Seizure Precautions for a Client Who Has Preeclampsia

- The nurse would want to administer Magnesium sulfate if the client is expecting convulsions.
- The nurse would want to assess the client's level of consciousness.
- The nurse should make sure that there is working suction in the patient's room.

Topic: Nursing Care of Newborns: Identification of Newborns

- The newborn and the parents are identified by wear matching plastic wristbands.
- Each time the newborn is given to the parents, the identification band should be verified against the client's identification band.
- Identification bands that are on the infant should include the newborn's name, sex, date, and time of birth, and client's health record number.

Main Category: Health Promotion and Maintenance

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

Topic: Nursing Care During Stages of Labor: Identifying the Need for Reassessment

- The nurse needs to reassess the temperature of the patient every 4 hours.
- The nurse should reassess the blood pressure of the patient.
- The fetal heart rate will be reassessed if there are any issues with the first assessment.

Topic: Prenatal Care: Immunizations During Pregnancy

- Tdap (whooping cough) vaccines given at 27 to 35 weeks for client. Any family members caring for the newborn should also receive it.
- A covid vaccine can be given to a pregnant patient according to the CDC.
- A flu vaccine is needed annually even if the patient is pregnant.

Subcategory: Lifestyle Choices

Topic: Contraception: Instructions for Use of a Diaphragm

- A diaphragm needs to be properly fitted by the provider.
- The diaphragm needs to be replaced every 2 years and refitted for a 20% weight fluctuation, after abdominal or pelvic surgery, and after every pregnancy.
- The diaphragm should be washed with mild soap and warm water after each use.

Main Category: Psychosocial Integrity

Subcategory: Chemical and Other Dependencies/Substance Use Disorder

Topic: Assessment and Management of Newborn Complications: Manifestations of Neonatal Abstinence Syndrome

- An infant that is experiencing neonatal abstinence syndrome will have increased wakefulness.
- An infant who had neonatal abstinence syndrome will have a weak, shrill cry.
- The infant will experience nasal congestion with flaring, frequent yawning, skin mottling, retractions, apnea, tachypnea greater than 60/min, sweating, temperature greater than 37.2° C (99° F) with neonatal abstinence syndrome.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Pain Management: Evaluating Effectiveness of Pre-Anesthesia IV Bolus

- Evaluate the patient's blood pressure before the bolus was given versus after the bolus was given.
- The patient's blood pressure should level out if the patient was hypotensive before giving the bolus.
- The patient's vital signs should start to improve after the IV bolus is given.

Subcategory: Medication Administration

Topic: Medical Conditions: Client Teaching About Magnesium Sulfate

- The nurse should teach the patient that there could be initial feelings of flushing, heat, sedation, diaphoresis, and burning at IV site with the magnesium sulfate bolus.
- Magnesium sulfate is the medication of choice for prophylaxis or treatment to depress the CNS and prevent seizures in the client who has eclampsia and severe preeclampsia.
- Teach the patient about magnesium sulfate toxicity.

Main Category: Reduction of Risk Potential

Subcategory: Changes/Abnormalities in Vital Signs

Topic: Fetal Assessment During Labor: Actions to Take for Late Decelerations in Fetal Heart Rate

- The nurse can place the client in a side-lying position if they are experiencing late decelerations.
- If oxytocin is being infused, the nurse needs to stop the infusion.
- If the client is experiencing late decelerations the nurse could elevate the patient's legs.

Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures

Topic: Early Onset of Labor: Identifying Adverse Effects of Terbutaline

- The patient could experience chest discomfort, palpitations, dysrhythmia, tachycardia, tremors, nervousness, vomiting, hypokalemia, hyperglycemia, and hypotension while using terbutaline.
- The nurse needs to stop the terbutaline if the patient cannot tolerate the adverse effects.
- The patient could experience a heart rate greater than 130/min, chest pain, cardiac arrhythmias, myocardial infarction, blood pressure less than 90/60 mm Hg, or pulmonary edema.

Topic: Postpartum Disorders: Priority Nursing Action for Excessive Blood Loss

- The nurse should first try to firmly massage the patient's fundus.
- The nurse needs to weigh everything with blood on it if there is a suspected increase in blood loss.
- If the bladder is distended the nurse needs to have the patient try and use the bathroom to help the uterus return to the midline.

Subcategory: System-Specific Assessments

Topic: Assessment and Management of Newborn Complications: Identifying Indications of Forceps Injury

- The nurse should assess the infant's skull and the suture line of the baby's skull.
- The nurse should assess for any hematoma on the baby's head.
- The nurse should assess the infant's neck range of motion.

Topic: Medical Conditions: Recognizing Risk for Preterm Delivery

- The nurse should assess for premature rupture of membranes.
- The nurse needs to know that Hyperemesis gravidarum is a risk for preterm delivery.
- If the patient has gestational hypertension. They are at an increased risk for preterm delivery.

Subcategory: Therapeutic Procedures

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

- The nurse needs to educate the mother that bathing by immersion is not done until circumcision has healed.
- Cleaning after circumcision should be done with warm water and soaps should not be used until after the circumcision is healed.
- Educate the parent to contact their provider if there is excess bleeding around the circumcision.

Subcategory: Diagnostic Tests

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

- A nonreactive nonstress test is a test that does not demonstrate at least two qualifying accelerations in a 20-min window.
- The nonstress test 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.
- A nonstress test assesses for an intact fetal CNS during the third trimester.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Medical Conditions: Planning Care for a Client Who Has Preeclampsia Without Severe Features

- The nurse needs to obtain daily weights on the client.
- The nurse needs to monitor urine output.
- When monitoring vital signs, the nurse needs to pay close attention to the blood pressure.

Subcategory: Hemodynamics

Topic: Complications Related to the Labor Process: Nursing Actions for a Client Who Is Experiencing an Amniotic Fluid Embolism

- The nurse needs to position the client on one side with the pelvis tilted at a 30° angle to displace the uterus.
- The nurse needs to insert an indwelling catheter to monitor urine output.
- If the patient is short of breath nurse should administer oxygen via a mask at 8 to 10 L/min.

Subcategory: Medical Emergencies

Topic: Assessment and Management of Newborn Complications: Providing Emergency Interventions for Shoulder Dystocia

- The nurse needs to try to perform McRoberts maneuver and pull the patient's knees to their chest if the patient is experiencing shoulder dystocia.
- The nurse can try applying pressure to the patient's suprapubic area.
- The nurse should follow the instructions of the provider once the provider announces that shoulder dystocia is present.

Main Category: Clinical Judgment

Subcategory: Recognize Cues

Topic: Postpartum Physiological Adaptations: Identifying Client Findings That Require Immediate Follow-Up During a Postpartum Assessment

- The patient should come in for a follow-up if the vaginal bleeding increases.
- The patient should come in for a follow-up visit if they notice any changes in the breasts or breast tissue.
- If the patient experiences an increase of pain, they should come in for a follow up visit.

Subcategory: Take Actions

Topic: Assessment and Management of Newborn Complications: Caring for a Newborn Who Is Experiencing Complications

- Monitor vital signs to see if there is any improvement in the newborn.
- Take weight measurements often to see if the infant is gaining weight properly.
- Labs would be monitored to see if there is any improvement.

Topic: Postpartum Infections: Caring for a Client Who Is Experiencing a Complication Following a Cesarean Birth

- The nurse should administer pain medication as prescribed or when the client says they are in pain.
- Teach the patient how to properly clean the incision site.
- The nurse should monitor the patient's bleeding.

Subcategory: Analyze Cues

Topic: Assessment and Management of Newborn Complications: Identifying Findings in a Newborn to Report to the Provider

- The nurse should notify the provider if the newborn has flaccid arms and legs.
- The nurse should notify the provider if the newborn had decreased movement.
- The provider should be notified if the newborn has decreased oxygen saturation.

Topic: Assessment and Management of Newborn Complications: Interpreting Findings of a Newborn Who Has Maternal History of Opioid Use During Pregnancy

- The newborn would have a high pitch cry if the mother used opioids.
- The newborn might be a poor feeder if the mother used opioids.
- The nurse might notice the infants having nasal congestion with nasal flaring.

Topic: Bleeding During Pregnancy: Identifying Findings Requiring Immediate Follow-Up for a Client Who Has Placenta Previa

- The patient needs to come in for a follow-up if they have decreased urine output.
- The nurse needs to tell the patient to come in for a follow-up if they have an increase in vaginal bleeding.
- If the patient starts feeling contraction, they need to come in for a follow-up.