

N432 Maternal-Newborn Care
Proctored ATI Remediation Template

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Assessment Name: RN Maternal Newborn 2023
Semester: 3

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: Management of Care

Subcategory: Client Rights

Topic: Infertility: Teaching about in vitro fertilization

- In vitro fertilization is a procedure where the collect the client's eggs from the ovaries, fertilizing the eggs in the laboratory with sperm, and then transfer the embryo to the uterus.
- In vitro fertilization is classified as an assistive reproductive therapy for clients who have been deemed infertile.
- Advise the client on the use of medications to treat female infertility and it can increase the risk of multiple births by more than 25%.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Medical conditions: Priority action for implementing seizure precautions for a client who have preeclampsia

- Have suction equipment readily available at the bedside.
- Have bedside rails padded during seizure precautions.
- Administer magnesium sulfate as a seizure precaution.

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

Topic: Bacterial, viral, fungal, and parasitic infections: Identifying isolation precautions

- Several diseases call for contact isolation and those include: Clostridium difficile, herpes simplex virus, methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant Staphylococcus aureus (VRSA), and SARS-CoV-2.
- The following diseases call for droplet isolation, Haemophilus influenza type B Hib, pertussis, mumps, rubella, plague, streptococcal, pneumonia, meningococcal pneumonia, and SARA-CoV02.
- The following diseases call for airborne isolation, measles, varicella, and tuberculosis.

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 should reassess the patient's blood pressure, pulse and respiration rate every 30 to 60 minutes if in the latent/early phase and every 15 to 30 minutes if in the active phase.
- The nurse should reassess the patient's temperature every 2 to 4 hours during the labor process.
- The nurse should reassess the patient's contraction rate and pattern every 30 to 60 minutes if in the latent/early phase and every 15 to 30 minutes if in the active phase.

Subcategory: Lifestyle Choices

Topic: Contraception: Instructions for use of a diaphragm

- The diaphragm can be inserted up to 6 hours before intercourse and must stay in place 6 hours after intercourse but for no more than 24 hours.
- The diaphragm should be washed with mild soap and warm water after each use.
- Spermicide must be reapplied with each act of coitus.

Main Category: Psychosocial Integrity

Subcategory: Chemical and Other Dependencies/Substance Use Disorder

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

- A manifestation of neonatal abstinence syndrome would be low birth weight or small for gestational age.
- A manifestation of neonatal abstinence syndrome would be an increased incidence of seizures.
- A manifestation of neonatal abstinence syndrome would be sleep pattern disturbances or even a stillbirth.

Main Category: Basic Care and Comfort

Subcategory: Nonpharmacological Comfort Interventions

Topic: Pain management: Teaching about hypnosis

- Educate the patient on the benefits of using hypnosis during labor.
- Hypnosis can improve the patient's breathing technique during the labor process.
- Hypnosis can improve/distract the patient from the severity of the pain.

Topic: Postpartum physiological adaptations: Planning care for a client who has a third-degree perineal laceration

- Apply ice/cold packs to the perineum for the first 24 hr to reduce edema and provide anesthetic effect. Do not apply directly to the perineum.
- Heat therapies (hot packs), moist heat, and sitz baths can be used to increase circulation and promote healing and comfort.
- Apply topical anesthetics (benzocaine spray) to the client's perineal area as needed or witch hazel compresses or hemorrhoidal creams to the rectal area for hemorrhoids.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Pain management: Evaluating effectiveness of pre-anesthesia IV bolus

- The nurse should monitor maternal blood pressure and pulse, and observe for hypotension, respiratory depression, and decreased oxygen saturation.
- The nurse should assess the fetal heart rate patterns continuously.
- The nurse should assess for orthostatic hypotension in the patient. Be prepared to administer IV vasopressor (such as ephedrine), position the client laterally, increase the rate of IV fluid administration, and initiate oxygen.

Main Category: Reduction of Risk Potential

Subcategory: Laboratory Values

Topic: Prenatal care: Providing teaching about the purpose of an indirect Coomb's test

- Indirect Coomb's test identifies clients who are sensitive to Rh-positive blood.
- The Coomb's test will help determine if the mother will need to receive Rho-GAM after the birth of her baby.
- For clients who are Rh-negative and not sensitized, the indirect Coomb's test is repeated between 24 and 28 weeks of gestation.

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

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

- Terbutaline may cause chest discomfort/pain, tachycardia, and dysrhythmias.
- Terbutaline may cause tremors and hypokalemia.
- Terbutaline may cause nervousness, vomiting, hyperglycemia, and hypotension.

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Postpartum physiological adaptations: Nursing action for vaginal bleeding following cesarean birth

- The nurse should perform a fundal assessment on the patient who experiencing vaginal bleeding.
- Administer oxytocics intramuscularly or IV after the placenta is delivered to promote uterine contractions and to prevent hemorrhage.
- Oxytocic medications include oxytocin, methylergonovine, and carboprost. Misoprostol, a prostaglandin, also can be administered.

Subcategory: System-Specific Assessments

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

- An indication of forceps injury can display as overlapping of the sutures.
- An indication of forceps injury can display as facial lacerations.
- An indication of forceps injury can display as bleeding in the skull.

Topic: Medical conditions: Recognizing risk for preterm delivery

- Having high blood pressure is a risk factor associated with preterm labor.
- Having multiple fetuses such as twins is a risk factor associated with preterm labor.
- Having diabetes mellitus or gestational diabetes is a risk factor associated with preterm labor.

Subcategory: Diagnostic Tests

Topic: Assessment of fetal well-being: Reviewing results of nonstress test

- The nonstress test is interpreted as reactive if the FHR accelerates at least 15/min (10/min prior to 32 weeks) for at least 15 seconds (10 seconds prior to 32 weeks) and occurs two or more times during a 20-min period.
- Nonreactive stress test is a test that does not demonstrate at least two qualifying accelerations in a 20-min window. If this is so, a further assessment, such as a contraction stress test or BPP, is indicated.
- Disadvantages of a nonstress test include high rates of false nonreactive results with the fetal movement response blunted by sleep cycles of the fetus, fetal immaturity, maternal medications, and nicotine use disorder.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Assessment and management of newborn complications: Caring for a newborn who has jaundice

- The nurse should continue to monitor the newborn's bilirubin levels closely until they are in a safe range for discharge.
- A newborn who is jaundice due to an elevated bilirubin level will benefit from phototherapy.
- The nurse should encourage the parents of the newborn to keep him/her well hydrated with breast milk or formula to promote frequent bowel movements which will excrete the excess bilirubin from the newborn's system.

Topic: Medical conditions: Planning care for a client who has preeclampsia without severe features

- The nurse can provide the patient with preeclampsia compression stockings to prevent edema from occurring.
- The nurse can provide a quiet environment with low lighting to prevent headaches from occurring or becoming worse.
- The nurse can encourage the use of the lateral position for the patient to prevent any extra weight being placed on the vena cava.

Subcategory: Hemodynamics

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

- The nurse should administer supplemental oxygen via mask at 8 to 10 L/minute to the patient experiencing an amniotic fluid embolism.
- Position the client on one side with the pelvis at a 30° angle to displace uterus.
- Administer blood products to correct coagulation failure.

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

- The nurse should assess for bleeding and contractions.
- The nurse should refrain from performing vaginal exams. The nurse should assess fundal height.
- The nurse should have oxygen equipment available in case of fetal distress.

Subcategory: Medical Emergencies

Topic: Assessment and management of newborn complications: Planning care for a newborn who has a myelomeningocele

- The newborn with a myelomeningocele needs to be laid in the prone positions while feeding.
- The newborn should not be dressed to prevent any injury to the lesion.
- Once the newborn has been delivered he/she must have the lesion be covered by a sterile dressing.

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

- The patient can experience a sudden onset of intense localized uterine pain with dark red vaginal bleeding.
- The patient can experience contractions with hypertonicity.
- The patient may experience manifestations of hypovolemic shock.

Main Category: Clinical Judgment

Subcategory: Take Actions

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

- The nurse should observe the color and amount of bleeding.
- The nurse should assist with an ultrasound.
- The nurse should determine the amount of tissue that has passed and save passed tissue for examination.

Subcategory: Analyze Cues

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

- A newborn who has a history of the mother using opioids during pregnancy can be interpreted of causing low birth weight or small for gestational age.
- A newborn who has a history of the mother using opioids during pregnancy can be interpreted of causing the newborn to have an increased incidence of seizures.
- A newborn who has a history of the mother using opioids during pregnancy can be interpreted of causing the newborn to have sleep pattern disturbances.

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

- The client may need an immediate follow up if the fetus is in the breech position.
- The client needs to follow-up immediately if she experiences painless, bright red vaginal bleeding during the 2nd or 3rd trimester.
- The client needs to follow-up immediately if she experiences a decrease in her urinary output, which could be an indicator of blood loss.

Topic: Client education and discharge teaching: Interpreting findings

- The client will experience a change in vaginal discharge color. First 3 days after birth she can expect the vaginal discharge to be dark red in color. Day 3 to 10 after birth the discharge will probably be a brownish red or pink drainage. Day 10 to 8 weeks her discharge is going to be a yellowish white color. Report anything different to the provider.
- The client should be able to interpret a normal temperature for herself. Anything over 100.4°F after 24 hours of birth is abnormal. Report anything different to the provider.
- The client should also know that pain or tenderness in the abdominal or pelvic area that does not subside with analgesics is abnormal and should be reported to the provider.

Topic: Medical conditions: Assessing a client who has hyperemesis gravidarum

- The client who is experiencing hyperemesis gravidarum is going to have a decreased blood pressure.
- The client who is experiencing hyperemesis gravidarum is going to have excessive vomiting for prolonged periods.
- The client who is experiencing hyperemesis gravidarum is going to have poor skin turgor and dry mucous membranes.