

N432 Maternal Newborn
Proctored ATI Remediation Template

Student Name: Ragin Baker
Assessment Name: ATI Remediation
Semester: 3rd

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.
Proctored ATI Grading Scale – RN Pediatric Health 2023

Level 3= 90 points

- **Remediation = 10 points:**
- Minimum 1-hour Focused Review
- For each topic missed, complete an active learning template and/ or identify three critical points to remember. **Must be a full sentence, not just bullet points.**

Level 2 = 80 points

- **Remediation = 10 points:**
- Minimum 2-hour Focused Review
- For each topic missed, complete an active learning template and/ or identify three critical points to remember. **Must be a full sentence, not just bullet points.**

Level 1 = 70 points

- **Remediation = 10 points:**
- Minimum 3-hour Focused Review
- For each topic missed, complete an active learning template and/ or identify three critical points to remember. **Must be a full sentence, not just bullet points.**

Below Level 1 = 60 points

- **Remediation = 10 points:**
- Minimum 4-hour Focused Review
- For each topic missed, complete an active learning template and/ or identify three critical points to remember. **Must be a full sentence, not just bullet points.**

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.
- 7.

Main Category: Management of Care

Subcategory: Infertility

Topic: Assessment

- The nurse should conduct a thorough history from both the mother and father.
- The nurse should ask the duration of subfertility.
- The nurse should ask about reproductive history.

Topic: Diagnostic procedures

- Pelvic examination is to assess for uterine or vaginal abnormalities.
- Hormone analysis is to evaluate hypothalamic-pituitary ovarian axis.
- Postcoital test is to evaluate coital technique and mucus secretions.

Topic: Patient centered care

- Nutritional and dietary changes.
- Exercise and stress management.
- Avoid high scrotal temperatures.

Subcategory: Nursing interventions

Topic: Genetic counseling

- Can be recommended by the provider if there is a family history of birth defects.
- Prenatal assessment of genetic disorders.
- Provide and clarify information pertaining to the risk of or the occurrence of genetic disorders within a family preceding, during, and following a genetic counseling session.

Topic: Nursing actions

- Assist in the construction of family medical histories of several generations.

- Provide emotional support.
- Make referrals to support groups and provide follow-up.

Topic: Interventions

- Encourage couples to express and discuss their feelings and recognize infertility as a major life stressor.
- Explain role of genetic counselor, reproductive specialist, geneticist, and pharmacist.
- Monitor for adverse effects associated with medications to treat infertility.

Subcategory: Complications

Topic: Ectopic pregnancy

- Ovum implants in the fallopian tubes or abdominal cavity due to the presence of endometrial tissue.
- As ovum increases in size, fallopian tube can rupture.
- Surgical removal of the products of conception may be performed.

Topic: Multiple gestation

- Assisted reproductive technology is associated with an increased incidence of multiple gestations.
- This poses a risk for the client and babies.
- Hemorrhaging can be a risk factor.

Topic: Gamete intrafallopian transfer

- Oocytes are retrieved and immediately placed with prepared motile sperm.
- Both are placed together into a thin flexible tube.
- The gametes are then injected into the fallopian tubes using a surgical procedure called laparoscopy.

Main Category: Safety and Infection Control

Subcategory: Nursing care of newborns

Topic: Physical assessment

- Vital signs should be monitored.
- Weight should be checked daily.
- Inspect umbilical cord.

Topic: Circumcision

- The newborns family makes the choice regarding a circumcise.
- Should not be performed immediately following birth.
- Usually performed with the first few days.

Topic: Health benefits of a circumcision

- It is easier hygiene.
- It decreases risk of STIs.
- It decreased risk of penile cancer and cervical cancer in female partners.

Subcategory: Intraprocedure

Topic: Equipment for performing circumcision

- The provider can use a Gomoc (Yellen).
- The provider can use a Mogen clamp.
- The provider can use a plastibell device.

Topic: Nursing assessment

- Assess for bleeding.

- Assess the first void.
- Assess for discomfort.

Topic: Nursing actions

- Remove the newborn from the restraining board, and swaddle to provide comfort.
- Monitor for bleeding and voiding.
- Provide discharge instructions, comfort measures, medications, and when to notify provider.

Subcategory: Thermoregulation

Topic: Interventions to maintain thermoregulation

- Monitor the infant's axillary temperature.
- The infant should be placed directly on the parent's chest and covered with a warm blanket, and a cap should be placed on the newborn's head.
- Keep the infant swaddled.

Topic: Bathing

- Bathing can begin when the newborn's temperature is at least 97.7F.
- A complete sponge bath should be done after 12 hours of life.
- Gloves should be worn until newborn's first bath to avoid exposure to body secretions.

Topic: Feeding

- Breastfeeding is initiated as soon as possible after birth
- Formula feeding is usually started about 2 to 4 hours of age.
- Monitor and document feedings.

Main Category: Health Promotion and Maintenance

Subcategory: Nursing care during stages of labor

Topic: Assessment

- The nurse should obtain lab reports.
- Monitor the baseline fetal heart tones and uterine contractions.
- Obtain maternal vital signs.

Topic: Nursing care during the active stage

- Encourage frequent position changes.
- Encourage voiding at least every 2 hours.
- Encourage relaxation techniques.

Topic: Nursing care during the second stage

- Monitor the fetus and mother.
- Promote rest between contractions.
- Cleanse the client's perineum as needed if fecal material is expelled during pushing.

Subcategory: Infections

Topic: HIV/AIDS

- Some complications are preterm birth, infants who are low-birth weight, perinatal transmission of HIV to newborn/infant, and breastfeeding.
- Some risk factors are IV drug use, multiple sexual partners, and history of multiple STIs.
- Some expected findings are flu- like symptoms.

Topic: Chlamydia

- Some complications are PID, prolabor rupture of membranes, preterm labor, postpartum endometritis.
- Some risk factors are multiple sexual partners and unprotected sex.
- Some expected findings are dysuria, urinary frequency, spotting or postcoital bleeding, and vulvar itching.

Topic: Gonorrhea

- Some risk factors are multiple sexual partners, unprotected sex, and age less than 25, if sexually active.
- Some expected findings are dysuria, pain in lower abdomen or pelvic area, and purulent drainage.
- Physical examination findings are yellowish-green vaginal discharge and easily induced endocervical bleeding.

Subcategory: Baby-friendly care

Topic: Phases of maternal role attainment

- The dependent phase is the taking in phase. The first 24 to 48 hours and focuses on meeting personal needs.
- Dependent -independent phase is the taking hold phase. Begins on day 2 or 3 and last 10 days to several weeks. Focuses on baby care and improving caregiving competency.
- Interdependent phase is the letting go phase. Focuses on the family as a unit.

Topic: Assessment

- Assess behaviors that facilitate and indicate parent-newborn bonding.
- Holds the newborn face-to-face maintaining eye contact.
- Names newborn, indicating bonding is occurring.

Topic: Nursing actions

- Promote rooming-in as a quiet and private environment that enhances the family bonding process.
- Teach the client about newborn care to facilitate bonding as the client's confidence improves.
- Encourage parents to bond with the newborn through cuddling, bathing, feeding, diapering, and watching the newborn.

Main Category: Clinical judgement

Subcategory: Postpartum infections

Topic: Uterine infection

- Risk factors are urinary tract infections, mastitis pneumonia and history of alcohol or substance use disorder.
- Infection of the uterine lining, also known as endometritis.
- Usually begins on the third to fourth postpartum day.

Topic: Mastitis

- Milk stasis, which can be caused by a blocked duct, engorgement, or a bra with an underwire.
- Nipple trauma and cracked or fissured nipples.
- Decrease in breastfeeding frequency due to supplementation with bottle feeding.

Topic: Nursing care

- Obtain frequent vital signs.
- Assess for pain.
- Inspect breast.

Subcategory: Bleeding during pregnancy

Topic: Spontaneous abortion

- Risk factors are chromosomal abnormalities, advanced maternal age, and premature cervical dilation.
- Expected findings are abdominal cramping, ROM, and fever.
- Nursing care is observed color and amount of bleeding, maintain client on bed rest, and avoid vaginal exams.

Topic: Ectopic pregnancy

- Expected findings are unilateral stabbing pain, menses that is delayed, and scant/ dark red/ or brown vaginal spotting.
- Some lab tests are progesterone and hCG.
- Nursing care is replaced fluids and maintain electrolyte balance, provide education and psychological support.

Topic: Gestational trophoblastic disease

- The proliferation and degeneration of trophoblastic villi in the placenta that becomes swollen, fluid-filled, and takes on the appearance of grape-like clusters.
- Some risk factors are prior molar pregnancy and clients in early teenage years or older than age 40.
- Expected findings are excessive vomiting due to elevated hCG levels.

Subcategory: Client education and discharge teaching**Topic: Perineal care**

- Cleanse the perineal area from the front to back with warm water after each voiding and bowel movement.
- Blot perineal area from front to back.
- Remove and apply perineal pads from front to back.

Topic: Breast care

- Wear a well-fitting, nonbinding bra if breast support is needed. Do not use an underwire bra, which can cause clogged milk ducts.
- Allow the newborn to breastfeed on demand, which would be about 8 to 12 times in 24-hour period.
- To relieve breast engorgement, take a warm shower or apply warm compresses before breastfeeding to promote letdown and milk flow.

Topic: Activity

- Discuss the client's usual activity level to determine what task might be strenuous for the client.
- Encourage the client to be willing to accept help from others.
- Teach the client how to perform pelvic tilt exercises to strengthen back muscles and relieve strain on the lower back.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: contraception

Topic: Abstinence

- Refrain from sexual intercourse.
- Most effect method of birth control.
- Can eliminate the risk of sexually transmitted infections.

Topic: Coitus interruptus (withdrawal)

- Withdrawal of penis from vagina during intercourse prior to ejaculation.
- Be aware that pre-ejaculatory fluid can leak from the penis prior to ejaculation.
- Possible choice for monogamous couples who do not have any other contraceptives available.

Topic: Calendar rhythm method

- Determining fertile days by tracking the menstrual cycle to estimate the time of ovulation, which occurs about 14 days before the onset of the menstrual cycle.
- Maintain a diary.
- The start of the fertile period is figured by subtracting 18 days from the number of days in the shortest menstrual cycle.

Subcategory: Medical conditions

Topic: Cervical insufficiency (premature cervical dilation)

- Risk factors are history of cervical trauma and congenital structural defects.
- Expected findings are pink-stained vaginal discharge, gush of fluid and uterine contractions.
- Diagnostic procedures are an ultrasound and prophylactic cervical cerclage.

Topic: Hyperemesis gravidarum

- Risk factors are maternal age younger than 30 years old and multifetal gestation.
- Expected findings are excessive vomiting and dehydration.
- Some medications are IV lactated Ringer's and pyridoxine.

Topic: Iron-deficiency anemia

- Risk factors are less than 2 years between pregnancies and heavy menses.
- Expected findings are fatigue and craving unusual food.
- Some labs are Hgb less than 11 and Hct less than 33.0%.

Subcategory: Dosage calculation

Topic: General rounding guidelines

- If the number to the right is equal to or greater than 5, round up by adding 1 to the number on the left.
- If the number to the right is less than 5, round down by dropping the number, leaving the number on the left.
- For dosages less than 1.0, round to the nearest hundredth.

Topic: Solid dosage

- Determine the unit of measurement the nurse should calculate.
- What is the does the nurse should administer.
- Should the nurse convert the units of measurement.

Topic: Dosage by weight

- Convert pounds to kilograms.
- What is the dose available?
- What is the quantity of the dose available.

Main Category: Reduction of Risk Potential

Subcategory: Early onset of labor

Topic: Preterm labor

- Risk factors are infections of the urinary tract or vagina, smoking, and substance use.
- Expected findings are uterine contractions, persistent low backache, and vaginal discharge.
- Physical assessment findings are increase change/odor/ or blood in vaginal discharge, change in cervical dilation, and prelabor rupture of membranes.

Topic: Prelabor rupture of membranes and preterm prelabor rupture of membranes

- Risk factors are infection, prior preterm birth, and shortening of the cervix.
- Expected findings are gush or leakage of clear fluid from vagina.
- Nursing care is obtained vaginal/rectal cultures, limit vaginal exams, and monitor FHR and uterine contractions.

Topic: Medications

- Ampicillin is an antibiotic is used to treat infection.
- Betamethasone is a glucocorticoid that requires 24 hours to be effective.
- Monitor for maternal hyperglycemia.

Subcategory: Postpartum Disorders

Topic: Postpartum hemorrhage

- Risk factors are uterine atony, overdistended uterus, and prolonged labor.
- Expected findings are increase or change in lochial pattern.
- Physical assessment findings are boggy uterus, blood clots larger than a quarter, and perineal pad saturation in 15 min or less.

Topic: Uterine atony

- Risk factors are retained placental fragments, prolonged labor, or oxytocin induction.
- Expected findings are increased vaginal bleeding.
- Nursing care is ensured that the urinary bladder is empty, monitor fundal height, and do fundal massages.

Topic: Inversion of the uterus

- Risk factors are retained placenta, tocolysis and fetal macrosomia.
- Expected findings is pain in lower abdomen.
- Therapeutic procedures is manual replacement of the uterus into the uterine cavity and repositioning of the uterus by the provider.

Subcategory: Postpartum physiological adaptations

Topic: Uterus

- Immediately following the birth, the fundus should be palpated firm at the midline and about 2 cm below the umbilicus.
- 1 hour following birth, the fundus should rise to the level of the umbilicus.
- After about 2 weeks, the uterus should lie within the true pelvis and should not be palpable.

Topic: Lochia

- Lochia rubra is a dark red color, bloody consistency, fleshy odor.
- Lochia serosa is pinkish brown color and serosanguineous consistency. Last approximately day 4 to day 10 afterbirth.
- Lochia alba is yellowish white creamy color, fleshy odor. Lasts from approximately 10 days to 6 weeks.

Topic: Client education about lochia

- Change pads frequently.
- Perform hand hygiene after perineal care and changing soiled pads.
- Do not use tampons due to increased risk for infection.

Main Category: Physiological Adaptation

Subcategory: Postpartum disorders

Topic: Deep-vein thrombosis

- Some risk factors are C-section, operative vaginal birth, immobility, and obesity.
- Expected findings are leg pain and tenderness.
- Educate the client to avoid prolonged periods of standing, sitting, or immobility. Elevate both legs when sitting.

Topic: Pulmonary embolus

- Expected findings are apprehension, pleuritic chest pain, dyspnea, and tachypnea.
- Diagnostic procedures include lung scan, MRI, and a pulmonary angiogram.
- Nursing care is to place the client in semi-Fowler's position and administer oxygen by mask.

Topic: Coagulopathies

- Some risk factors include abruptio placentae, amniotic fluid embolism, and missed abortion.
- Some expected findings are unusual spontaneous bleeding from the gums and nose, hematuria, and petechia and ecchymoses.
- Nursing care is to assess the skin, monitor vital signs, monitor urinary output, and transfuse platelets.

Subcategory: Assessment and management of newborn complications

Topic: Neonatal substance withdrawal

- Some long-term complications are feeding problems, attention deficit disorder and delayed growth and development.
- Expected findings are high pitch cry, irritability tremors, increased deep-tendon reflexes, increased muscle tone, and disturbed sleep pattern.
- Some labs are CBC, blood glucose, hair analysis, and drug screen of urine.

Topic: Hypoglycemia

- Some risk factors are maternal diabetes, preterm infant, and LGA/SGA.
- Some expected findings are poor feeding, jitteriness, hypothermia, weak cry, and lethargy.
- Nursing care is to perform glucose check on heel stick and initiate early feedings.

Topic: Respiratory distress syndrome, asphyxia, and meconium aspiration

- Some risk factors are preterm gestation, maternal diabetes, and prelabor rupture of membranes.
- Some expected findings are tachypnea, nasal flaring, and expiratory grunting.
- A diagnostic procedure would be a chest x-ray.

Subcategory: Subinvolution of the uterus

Topic: Risk factors

- A pelvic infection is a risk factor.
- An endometritis is a risk factor.
- Retained placental fragments not completely expelled from the uterus is a risk factor.

Topic: Nursing care

- Monitor fundal position and consistency.
- Monitor the clients' vital signs.
- Encourage the client to use activities that enhance uterine involution.

Topic: Physical assessment findings

- Uterus that is enlarged and higher than normal in the abdomen relative to the umbilicus.
- A boggy uterus.
- Prolonged lochia discharge with irregular or excessive bleeding.