

ATI Remediation Maternal Newborn Care Summer 2024

1. Medical Conditions: Priority Action for Implementing Seizure Precautions for a Client Who Has Preeclampsia
 - a. Keep an eye on the following: blood pressure, pulse, respiration rate, deep tendon reflexes, consciousness level, urine output (use an indwelling urinary catheter for accuracy), headache, blurred vision, epigastric pain, contractions in the uterus, and fetal heart rate and activity.
 - b. For the prevention or treatment of eclampsia and severe preeclampsia, magnesium sulfate is the preferred drug as it depresses the central nervous system and prevents seizures.
 - c. If you see any signs of magnesium sulfate toxicity, keep an eye out for them and give calcium gluconate or calcium chloride as an antidote.
2. Nursing care of Newborns: Identification of Newborns
 - a. Plastic identifier bracelets with permanent locks that need to be cut to be removed are used to identify the newborn, the client, and the client's partner. Name, sex, birth date, time, and client's health record number should all be on the identification band. One band should be placed on the newborn's ankle and another on its wrist. Additionally, the thumbprints of the client and the newborn are recorded. The footprint sheet also includes the previously mentioned data.
 - b. The identification band should be compared to the client's identity band each time the newborn is handed to the parents.
 - c. Maternal-newborn units at many facilities are locked and require staff permission to enter or exit. A sensor device on the ID band or umbilical cord clamp at certain facilities sounds an alarm if the baby is taken out of the building.
3. Bacterial, Viral, Fungal, and Parasitic Infections: Identifying Isolation Precautions
 - a. Contact isolation for SARS-CoV-2, methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Staphylococcus aureus* (VRSA), impetigo, herpes simplex virus, and *Clostridium difficile*.
 - b. Droplet isolation for SARS-CoV-2, pertussis, mumps, rubella, plague, streptococcal pneumonia, meningococcal pneumonia, and *Haemophilus influenzae* type B (Hib).
 - c. Airborne isolation against tuberculosis, varicella, and measles.
4. Fetal Assessment During Labor: Actions to Take for Late Decelerations in Fetal Heart Rate
 - a. Place the patient in side-lying position.
 - b. If it hasn't already, insert an IV catheter and accelerate the flow of IV fluids.
 - c. Elevate the patient's legs.
5. Early Onset of Labor: Identifying Adverse Effects of Terbutaline

- a. One early sign of an adverse effect of terbutaline is a headache.
 - b. Another sign of an adverse effect of terbutaline is drowsiness.
 - c. Dizziness is also an adverse effect of terbutaline.
6. Postpartum Disorders: Priority Nursing Action for Excessive Blood Loss
 - a. Evaluate the lochia and attempt to identify the source of the bleeding.
 - b. Assist the physician with repair procedures.
 - c. Administer pain medication and monitor vital signs.
7. Postpartum Physiological Adaptations: Nursing Action for Vaginal Bleeding Following a Cesarean Birth
 - a. Assess the amount of vaginal blood loss.
 - b. Encourage an adequate amount of fluid intake.
 - c. Encourage the patient for early ambulation to prevent venous stasis and thrombosis.
8. Assessment and Management of Newborn Complications: Expected Findings of Hypoglycemia
 - a. Poor feeding is an expected finding for hypoglycemia.
 - b. Another expected finding for hypoglycemia is jitteriness/tremors.
 - c. Hypothermia is another expected finding for hypoglycemia.
9. Nursing Care and Discharge Teaching: Education for Plastibell Circumcision
 - a. Gently clean the newborn's penis with soap and water two to four times every day until the ring comes off and the penis is healed.
 - b. Place Vaseline over the head of the penis and on the front of the diaper.
 - c. Inspect for signs of infection such as redness, inflammation, and discharge.
10. Assessment of Fetal Well-Being: Reviewing Results of Nonstress Test
 - a. This noninvasive method tracks how the FHR reacts to fetal movement.
 - b. Every time the client feels a fetal movement, they press a button on the monitor, and the movement is recorded on the trace. This makes it possible for a nurse to evaluate the FHR in connection to fetal movement.
 - c. 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 happens two or more times in a 20-minute period, the NST is considered reactive.
11. Assessment and Management of Newborn Complications: Manifestations of Neonatal Abstinence Syndrome
 - a. A loud, high-pitched cry; constant weeping; agitation; trembling; hyperactivity accompanied by a heightened Moro reaction; heightened deep tendon reflexes; heightened muscular tone; disrupted sleep cycle; hypertonicity; convulsions.

- b. Apnea, tachypnea more than 60/min, yawning often, skin mottling, retractions, nasal congestion with flare, sweating, and a temperature higher than 37.2° C (99° F).
 - c. Inadequate nourishment; projectile vomiting, or regurgitation; diarrhea; and excessive, erratic, persistent sucking.
- 12. Postpartum Physiological Adaptations: Identifying Client Findings That Require Immediate Follow-Up During a Postpartum Assessment
 - a. Uterine involution, lochia flow, cervical involution, vaginal distention reduction, ovarian function and menstrual modifications, and changes to the cardiovascular, urinary tract, breast, and gastrointestinal tract are among the physiological changes.
 - b. During the postpartum phase, bleeding, shock, and infection are the main hazards.
 - c. Heavy lochia rubra that lasts past day 3 in the early postpartum phase, which may be an indication of retained placental pieces.
- 13. Postpartum Infections: Caring for a Client Who Is Experiencing a Complication Following a Cesarean Birth
 - a. Obtain frequent vital signs and assess pain.
 - b. Educate the patient to perform effective hand hygiene techniques.
 - c. Encourage the patient to increase their fluid intake to 3,000 mL/day to dilute the bacteria and flush the bladder.
- 14. Assessment and Management of Newborn Complications: Caring for a Newborn Who Is Experiencing Complications
 - a. Observe the baby's capacity for feeding and digestion. Provide little meals on a regular basis.
 - b. With the use of skin turgor, mucous membranes, fontanelles, daily weights, and I&O, keep an eye on the newborn's fluids and electrolytes.
 - c. Diminish the number of external stimuli (lights, volume of noise).
- 15. Postpartum Disorders: Evaluating the Effectiveness of Misoprostol
 - a. Controls postpartum hemorrhage.
 - b. Effective uterine stimulant.
 - c. Monitor vaginal bleeding.
- 16. Assessment and Management of Newborn Complications: Identifying Findings in a Newborn to Report to the Provider
 - a. If a newborn is experiencing respiratory distress and profuse oral secretions, do not feed them until you have spoken with a professional.
 - b. Due to increased bilirubin excretion, neonates receiving phototherapy are susceptible to dehydration from loose stools; therefore, it is important to report sunken fontanelles to the physician.

- c. Birth defects that would require specialized care and or surgery for the newborn.
- 17. Client Education and Discharge Teaching: Interpreting Findings
 - a. Find out what the client knows currently about taking care of themselves.
 - b. Examine the client's network of support at home and the people who will provide it. Include people who provide support in the learning process.
 - c. Assess the client's openness to learning as well as their capacity to explain orally or visually the knowledge that has been provided.
- 18. Bleeding During Pregnancy: Identifying Findings Requiring Immediate Follow-Up for a Client Who Has Placenta Previa
 - a. Excessive bleeding with a firm uterus.
 - b. Vaginal exam that exacerbated bleeding.
 - c. Do not insert anything into the vagina because that can worsen bleeding and adhere to bed rest.
- 19. Medical Conditions: Identifying Findings Indicating a Prenatal Complication
 - a. Increase in the pelvic pressure or the urge to push.
 - b. Flashes of lights or dots before the eyes and severe continuous headache.
 - c. Fruity breath, abdominal pain, flushed dry skin, polyuria, and nausea.
- 20. Assessment and Management of Newborn Complications: Interpreting Findings of a Newborn Who Has Maternal History of Opioid Use During Pregnancy
 - a. Small eyes, a flat midface, a smooth philtrum, a thin upper lip, eyes that appear widely separated, epicanthal folds, strabismus, ptosis, poor suction, small teeth, and cleft lip or palate are among the facial defects seen in newborns whose mothers have a history of opiate use.
 - b. Numerous serious abnormalities of the essential organs, including heart defects such patent ductus arteriosus, tetralogy of Fallot, and atrial and ventricular septal defects.
 - c. To keep their blood glucose levels consistent, newborns who are unsteady or unable to eat may need intravenous glucose infusions.
- 21. Medical Conditions: Assessing a Client Who Has Hyperemesis Gravidarum
 - a. Patient has excessive vomiting episodes for prolonged periods.
 - b. Dehydration with possible electrolyte imbalance and weight loss due to excessive vomiting.
 - c. Monitor I&O, vital signs, and weight.
- 22. Postpartum Disorders: Nursing Actions for a Client Who Has Placenta Previa

- a. Monitor vital signs and uterine activity.
 - b. Assess and manage vaginal bleeding of the patient.
 - c. Implement strict bed rest to reduce the risk of bleeding for the patient.
23. Assessment and Management of Newborn Complications:
Planning Care for a Newborn Who Has a Myelomeningocele
- a. Till surgical closure is possible, the spinal lesion's exposed meninges must be carefully protected.
 - b. To prevent damage to the lesion, the baby needs to be nursed prone and not clothed.
 - c. A sterile dressing needs to be applied to the lesion as soon as possible after delivery.
24. Assessment and Management of Newborn Complications:
Providing Emergency Interventions for Shoulder Dystocia
- a. Releasing the anterior shoulder from under the symphysis.
 - b. McRoberts maneuver with or without suprapubic pressure to deliver a newborn with shoulder dystocia.
 - c. Posterior arm delivery if the McRoberts maneuver is unsuccessful.
25. Pain management: Evaluating Effectiveness of Pre-Anesthesia IV Bolus
- a. Observe the mother's vital signs, the pattern of her uterine contractions, and the ongoing FHR monitoring.
 - b. Give a mother an IV fluid bolus to assist counteract her hypotension.
 - c. Regularly check the bladder for distention, and if required, catheterize it to avoid discomfort or interference with uterine contractions.