

N432 Maternal-Newborn  
Proctored ATI Remediation Template

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Assessment Name: Maternal Newborn  
Semester: Summer 25

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

<b>SAMPLE Subcategory: Case Management</b>
<b>SAMPLE Subcategory: Case Management</b>
<p>SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis</p> <p>❑ SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.</p> <p>❑ 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.</p> <p>❑ SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.</p>

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 drop box

<b>Main Category: Safety and Infection Control</b>
<b>Subcategory: Accident/Error/Injury Prevention</b>
<p><b>Topic: Nursing Care and Discharge Teaching: Evaluating Understanding of Car Seat Safety</b></p> <ul style="list-style-type: none"> <li>* Use an approved rear-facing car seat in the back seat, preferably in the middle (away from air bags and side impact), to transport the newborn.</li> <li>* Keep infants in rear-facing car seats until age 2 or until the child reaches the maximum height and weight for the seat.</li> <li>* Providing a safe protective environment at home should be stressed to new parents and should include instruction about proper car seat usage.</li> </ul>

<b>Main Category: Health Promotion and Maintenance</b>
<b>Subcategory: Ante-/Intra-/Postpartum and Newborn Care</b>
<p><b>Topic: Postpartum Disorders: Identifying Risk Factors for Postpartum Hemorrhage</b></p> <ul style="list-style-type: none"> <li>* Uterine atony</li> <li>* Prolonged labor</li> <li>* inversion of uterus</li> </ul>
<b>Subcategory: Lifestyle Choices</b>
<p><b>Topic: Contraception: Instructions for Using a Diaphragm</b></p> <ul style="list-style-type: none"> <li>* The diaphragm can be inserted up to 6 hr before intercourse and must stay in place 6 hr after intercourse but for no more than 24 hr.</li> <li>* Empty the bladder prior to insertion of the diaphragm, to decrease pressure on the urethra.</li> <li>* The diaphragm should be washed with mild soap and warm water after each use.</li> </ul>


<b>Main Category: Basic Care and Comfort</b>
<b>Subcategory: Nonpharmacological Comfort Interventions</b>
<b>Topic: Pain Management: Nonpharmacological Methods</b>
* Sensory nerve pathways that pain sensations use to travel to the brain will allow only a limited number of sensations to travel at any given time.
* Cognitive strategies
* Sensory stimulation

<b>Main Category: Reduction of Risk Potential</b>
<b>Subcategory: Diagnostic Tests</b>
<b>Topic: Assessment of Fetal Well-Being: Interpreting the Results of a Biophysical Profile</b>
* BPP assesses fetal well-being by measuring five variables with a score of 2 for each normal finding, and 0 for each abnormal finding for each variable.
* FHR, breathing, movement, fetal tone, amniotic volume.
* 8-10 normal, 4-6 abnormal

<b>Main Category: Clinical Judgment</b>
<b>Subcategory: Analyze Cues</b>
<b>Topic: Assessment and Management of Newborn Complications: Analyzing Cues</b>
* Neonatal substance withdrawal
* Respiratory distress syndrome
* Hypoglycemia
<b>Topic: Assessment and Management of Newborn Complications: Identifying Findings to Report to Provider</b>
* Tachypnea

\* nasal flaring

\* retractions

**Topic: Early Onset of Labor: Analysis of Findings of Preterm Labor**

\* Uterine contractions

\* Persistent low back ache

\* urinary frequency

**Topic: Medical Conditions: Interpreting Findings for a Client Who Has HELLP Syndrome**

\* anemia and jaundice

\* elevated liver enzymes

\* low platelets

**Topic: Postpartum Infections: Caring for a Client Who Has Mastitis**

\* Breast hygiene can prevent and manage mastitis.

\* Thoroughly wash hands prior to breastfeeding.

\* Maintain cleanliness of breasts with frequent changes of breast pads.

**Subcategory: Prioritize Hypotheses**

**Topic: Early Onset of Labor: Prioritizing Care for a Client Who Is Experiencing Preterm Labor**

\* very preterm (less than 32 weeks of gestation)

\* moderately preterm (32 to 34 weeks of gestation)

\* late preterm (34 to 36 weeks of gestation)

**Subcategory: Generate Solutions**

**Topic: Early Onset of Labor: Interventions for Client Who Has a Preterm Labor**

\* activity restrictions

\* ensure hydration

\* fetal monitoring

**Subcategory: Take Actions**

**Topic: Assessment and Management of Newborn Complications: Interventions for a Newborn Who Has Neonatal Abstinence Syndrome**

\* Monitor the newborn's fluids and electrolytes with skin turgor, mucous membranes, fontanelles, daily weights, and I&O.

\* Reduce stimuli

\* Offer small frequent feedings

**Topic: Early Onset of Labor: Actions to Take for a Client Who Has Received Magnesium Sulfate**

\* Contraindications for tocolysis include active vaginal bleeding, intrauterine infection, greater than 34 weeks of gestation, and acute fetal distress.

\* Monitor the client closely.

\* Administer calcium gluconate or calcium chloride as an antidote for magnesium sulfate toxicity.

**Subcategory: Evaluate Outcomes**

**Topic: Early Onset of Labor: Evaluating Client Response to Magnesium Sulfate Therapy for Preterm Labor**

\* central nervous system depressant and relaxes smooth muscles, thus inhibiting uterine activity by suppressing contractions.

\* reduces the severity and risk of fetal neuroprotection in surviving infants if administered when birth is anticipated before 32 weeks' gestation.

\* Notify the nurse of blurred vision, headache, nausea, vomiting, or difficulty breathing.