

N432 Maternal Newborn Care
Proctored ATI Remediation Template

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Assessment Name: Proctored Assessment: RN Maternal Newborn 2023

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 Subcategory: Case Management
<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

Main Category: Safety and Infection Control
Subcategory: Accident/Error/Injury Prevention
<p>Topic: Nursing Care and Discharge Teaching: Evaluating Understanding of Car Seat Safety</p> <ul style="list-style-type: none"> * 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. * Keep infants in rear-facing car seats until age 2 or until the child reaches the maximum height and weight for the seat. * Ensure the parents review the provided education materials over car seat safety.

Main Category: Health Promotion and Maintenance
Subcategory: Ante-/Intra-/Postpartum and Newborn Care
<p>Topic: Postpartum Disorders: Identifying Risk Factors for Postpartum Hemorrhage</p> <ul style="list-style-type: none"> * Uterine atony or history of uterine atony. * Complications during pregnancy, including placenta previa and abruptio placentae. * Administration of magnesium sulfate therapy during labor.
Subcategory: High-Risk Behaviors
<p>Topic: Infections: Teaching About Sexually Transmitted Infections</p> <ul style="list-style-type: none"> * Chlamydia is a bacterial infection caused by chlamydia trachomatis and is the most commonly reported STI in American women. The infection can be difficult to diagnose because the client rarely has manifestations. * HIV can be transmitted by the birth parent during pregnancy to the fetus by the placenta and postnatally to the newborn/infant through breast milk. * Gonorrhea is a bacterial infection that is primarily spread by genital-to-genital contact. However, it also can be spread by anal-to-genital or oral-to-genital contact. It can also be transmitted to a newborn during birth.
Subcategory: Lifestyle Choices
<p>Topic: Contraception: Contraindications for Use of Oral Contraceptives</p> <ul style="list-style-type: none"> * Clients who have a history of thromboembolic disorders, stroke, heart attack, coronary artery disease, and gallbladder disease. * Clients who have a history of cirrhosis or liver tumor, headache with focal neurologic findings, uncontrolled hypertension, diabetes mellitus with vascular involvement, and breast or estrogen-related cancers. * Oral contraceptive effectiveness decreases when taking medications that affect liver enzymes,

including anticonvulsants, antifungals, and some antibiotics.

Topic: Contraception: Instructions for Using a Diaphragm

* The diaphragm requires proper insertion and removal. Prior to coitus, the diaphragm is inserted vaginally over the cervix with spermicidal jelly or cream that is applied to the cervical side of the dome and around the rim. 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.

* Empty the bladder prior to insertion of the diaphragm, to decrease pressure on the urethra.

* 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: Identifying Indications of Neonatal Abstinence Syndrome

* **CNS:** High-pitched cry, incessant crying, irritability, tremors, and hyperactivity with an increased Moro reflex.

* **Metabolic, vasomotor, and respiratory findings:** Nasal congestion with flaring, frequent yawning, skin mottling, and retractions.

* **Gastrointestinal:** Poor feeding, regurgitation (projectile vomiting), diarrhea, and excessive constant sucking.

Main Category: Basic Care and Comfort

Subcategory: Nonpharmacological Comfort Interventions

Topic: Pain Management: Nonpharmacological Methods

* A nonpharmacological pain management method is Aromatherapy.

* A nonpharmacological pain management method is Breathing techniques.

* A nonpharmacological pain management method is Guided Imagery.

Subcategory: Nutrition and Oral Hydration

Topic: Medical Conditions: Clinical Manifestations of Hyperemesis Gravidarum

* Excessive vomiting for prolonged periods.

* Dehydration with possible electrolyte imbalance.

* Poor skin turgor and dry mucous membranes.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Contraception: Contraindications for Oral Contraceptives

* Clients who have a history of thromboembolic disorders, stroke, heart attack, coronary artery disease, and gallbladder disease.

* Clients who have a history of cirrhosis or liver tumor, headache with focal neurologic findings, uncontrolled hypertension, diabetes mellitus with vascular involvement, and breast or estrogen-related cancers.

* Oral contraceptive effectiveness decreases when taking medications that affect liver enzymes, including anticonvulsants, antifungals, and some antibiotics.

Topic: Postpartum Disorders: Assessing for Adverse Effects of Methylergonovine

* Assess for fever, hypertension, and chills.

* Assess for headache, nausea, vomiting, and diarrhea.

* Assess uterine tone and vaginal bleeding.

Subcategory: Medication Administration

Topic: Prenatal Care: Immunizations for a Client Who Is at 30 Weeks of Gestation

- * Tdap (whooping cough) vaccines given at 27 to 35 weeks for client. Any family members caring for newborn should also receive it.
- * Covid vaccine should be given according to CDC recommendations.
- * Flu immunization can be completed during pregnancy.

Main Category: Reduction of Risk Potential

Subcategory: Diagnostic Tests

Topic: Assessment of Fetal Well-Being: Interpreting the Results of a Biophysical Profile

- * 8 to 10: normal, low risk of chronic fetal asphyxia
- * 4 to 6: abnormal, suspect chronic fetal asphyxia
- * Less than 4: abnormal, strongly suspect chronic fetal asphyxia

Subcategory: Therapeutic Procedures

Topic: Therapeutic Procedures to Assist With Labor and Delivery: Planning Interventions for a Cesarean Birth

- * Monitor for evidence of infection and excessive bleeding at the incision site.
- * Assess the uterine fundus for firmness or tenderness.
- * Apply sequential compression device (SCD) as a prophylactic treatment for deep vein thrombosis and hypotension following epidural placement.

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

Topic: Assessment of Fetal Well-Being: Planning Care for a Client Who Is Having an Amniocentesis

* Empty the bladder prior to the procedure to reduce its size and reduce the risk of inadvertent puncture.

* Obtain and document baseline vital signs and FHR prior to the procedure.

* Explain the procedure to the client and witness informed consent.

Topic: Labor and Delivery Processes: Priority Action To Take Following Rupture of Membranes

* Use nitrazine paper to confirm that amniotic fluid is present. Amniotic fluid is alkaline: Nitrazine paper is deep blue, indicating pH of 6.5 to 7.5. Urine is slightly acidic: Nitrazine paper remains yellow.

* Amniotic fluid should be watery, clear, and have a slightly yellow tinge.

* A nurse should assess the FHR for abrupt decelerations, which are indicative of fetal distress to rule out umbilical cord prolapse.

Main Category: Clinical Judgement

Subcategory: Recognize Cues

Topic: Early Onset of Labor: Manifestations of Preterm Labor

- * Pressure in the pelvis and menstrual-like cramping.
- * Gastrointestinal cramping, and sometimes with diarrhea.
- * Uterine contractions and persistent low backache.

Subcategory: Generate Solutions

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

* Usually modified bed rest with bathroom privileges. Encourage the client to engage in activities that can be completed in bed or on the couch. Strict bed rest can have adverse effects.

* Dehydration stimulates the pituitary gland to secrete an antidiuretic hormone and oxytocin. Preventing dehydration prevents the release of oxytocin, which stimulates uterine contractions.

* Encourage the client to rest in the left lateral position to increase blood flow to the uterus and decrease uterine activity.

Subcategory: Take Action

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

* Monitor the newborn's ability to feed and digest intake. Offer small frequent feedings.

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

* Swaddle the newborn with legs flexed.