

N321 Adult Health I
Proctored ATI Remediation Template

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Assessment Name: Maternal Newborn Care
Semester: Summer 2025

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 E36

Main Category: Safety and Infection Control

Subcategory: Security Plan

Topic: Nursing Care and Discharge Teaching: Teaching to Promote Newborn Safety in the Hospital

- Always verify newborn identity with matching ID bands on baby, mother, and support person.
- Educate parents to only release the newborn to authorized staff wearing proper hospital ID.
- Instruct caregivers to never leave the newborn unattended, including during sleep or bathroom use.

Subcategory: Accident/Error/Injury Prevention

Topic: Nursing Care and Discharge Teaching: Evaluating Understanding of Car Seat Safety

- Teach that newborns must ride rear-facing in the back seat, in an approved, properly installed car seat.
- Ensure the car seat harness is snug, with the chest clip at armpit level.
- Remind parents to avoid bulky clothing in the car seat and never leave the baby unattended in the car.

Main Category: Health Promotion and Maintenance

Subcategory: Ante/Intra-/Postpartum & Newborn Care

Topic: Newborn Nutrition: Teaching About Early Indications of Hunger

- Early hunger cues include rooting, sucking motions, and hand-to-mouth movements.
- Crying is a late hunger sign; feed the infant before crying begins for easier feeding.
- Respond promptly to hunger cues to support bonding and prevent feeding difficulties.

Topic: Nursing Care and Discharge Teaching: Complications to Report

- Instruct parents to report signs of infection, such as fever or poor feeding.
- Teach to seek care for signs of dehydration like decreased wet diapers or sunken fontanel.
- Advise to report respiratory distress signs, including grunting, flaring, or retractions.

Subcategory: Lifestyle Choices

Topic: Contraception: Instructions for Using a Diaphragm

- Insert the diaphragm up to 6 hours before intercourse and leave it in for at least 6 hours after.
- Apply spermicide before each use; do not remove for repeated intercourse.
- Avoid oil-based lubricants and inspect for holes or damage before use.

Subcategory: High-Risk Behaviors

Topic: Infections: Teaching About Sexually Transmitted Infections

- Emphasize condom use to reduce STI transmission risk.
- Encourage routine STI testing, especially with new or multiple partners.
- Educate on symptoms like genital sores or discharge and the need for prompt treatment.

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

- Signs include high-pitched cry, tremors, feeding difficulties, and irritability.
- Monitor for poor weight gain and sleep disturbances.
- Prioritize nonpharmacological care: swaddling, low-stimuli environment, and frequent feedings.

Main Category: Basic Care and Comfort

Subcategory: Nonpharmacological Comfort Interventions

Topic: Pain Management: Nonpharmacological Methods

- Techniques include massage, repositioning, breathing exercises, and imagery.
- Offer comfort measures like cold/heat application and distraction.
- Encourage patient participation in pain management planning.

Subcategory: Elimination

Topic: Postpartum Physiological Adaptations: Findings Indicating the Need for Straight Catheterization

- Indications include inability to void 6–8 hours post-delivery or bladder distension.
- Assess for urinary retention with a palpable bladder or small frequent voids.
- Monitor for signs of infection post-catheterization, such as burning or urgency.

Subcategory: Nutrition and Oral Hydration

Topic: Medical Conditions: Clinical Manifestations of Hyperemesis Gravidarum

- Persistent vomiting with weight loss and dehydration is a key sign.
- Monitor for electrolyte imbalance, especially hypokalemia and ketonuria.
- Assess for poor skin turgor, tachycardia, and decreased urine output.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Contraception: Contraindications for Oral Contraceptives

- Contraindicated in smokers over age 35 and those with hypertension.
- Avoid in clients with history of thromboembolic disorders or stroke.
- Liver disease and certain cancers are also contraindications.

Subcategory: Medication Administration

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

- Recommend Tdap between 27–36 weeks to protect newborn from pertussis.
- Inactivated flu vaccine is safe and encouraged during any trimester.
- Live vaccines, like MMR or varicella, are contraindicated during pregnancy.

Main Category: Reduction of Risk Potential

Subcategory: Diagnostic Tests

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

- Score of 8–10 is normal; less than 6 may indicate fetal compromise.
- Assesses fetal breathing, movement, tone, amniotic fluid, and NST.
- Low scores may necessitate further monitoring or early delivery.

Subcategory: System-Specific Assessments

Topic: Assessment and Management of Newborn Complications: Expected Findings of Erb-Duchenne Palsy

- Affected arm is flaccid, extended, and internally rotated; grasp reflex present.
- Often caused by shoulder dystocia during birth.
- Support affected arm and refer to physical therapy.

Subcategory: Therapeutic Procedures

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

- Preoperative care includes NPO status and consent verification.
- Administer prophylactic antibiotics and prepare for anesthesia.
- Monitor fetal heart tones before and after procedure.

Subcategory: Potential for Complications from Surgical Procedures and Health Alterations

Topic: Assessment of Fetal Well-Being: Complications Associated With an Amniocentesis

- Risks include miscarriage, infection, or fetal injury.
- Monitor for contractions, leakage, or bleeding post-procedure.
- Rh-negative mothers need Rho(D) immune globulin after procedure

Main Category: Physiological Adaptation

Subcategory: Alterations in Body Systems

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

- Assess fetal heart tones immediately to rule out cord prolapse.
- Document time, color, and odor of fluid.
- Monitor for signs of infection (chorioamnionitis).

Subcategory: Medical Emergencies

Topic: Bleeding During Pregnancy: Findings Associated with Placental Abruption

- Sudden abdominal pain with dark red vaginal bleeding.
- Uterine tenderness and increased tone are common.
- Monitor fetal status and prepare for urgent delivery.

Topic: Newborn Assessment: Findings to Report to the Provider

- Report central cyanosis, poor feeding, or lethargy.
- Abnormal respiratory rate (>60 or <30 breaths/min) needs attention.
- Hypothermia or hyperthermia may indicate infection.

Subcategory: Unexpected Response to Therapies

Topic: Nursing Care During Stages of Labor: Nursing Interventions for Umbilical Cord Prolapse

- Elevate presenting part and position mother in Trendelenburg or knee-chest.
- Administer oxygen and prepare for emergency C-section.
- Do not attempt to replace the cord.

Subcategory: Hemodynamics

Topic: Complications Related to the Labor Process: Nursing Actions for a Client Who Is Experiencing an Amniotic Fluid Embolism

- Initiate oxygen via non-rebreather and prepare for intubation.
- Administer IV fluids and vasopressors to support blood pressure.
- Notify provider immediately and initiate emergency protocols.

Main Category: Clinical Judgement

Subcategory: Prioritize Hypotheses

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

- Monitor uterine contractions and fetal status closely.
- Administer tocolytics and corticosteroids as prescribed.
- Promote bed rest and hydration to reduce uterine activity.

Subcategory: Analyze Cues

Topic: Assessment and Management of Newborn Complications: Analyzing Cues

- Interpret cues such as jitteriness, poor feeding, or temperature instability.
- Assess vital signs and behavior trends for complications.
- Prompt reporting of abnormal findings is essential.

Topic: Assessment and Management of Newborn Complications: Identifying Findings to Report to Provider

- Report respiratory distress, abnormal tone, or poor feeding.
- Abnormal labs (e.g., glucose, bilirubin) need prompt action.
- Seizures or lethargy are critical findings.

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

- Look for cervical changes with regular contractions.
- Assess fetal fibronectin and cervical length if ordered.
- Evaluate risk factors like infection or multiple gestation.

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

- Monitor for epigastric pain, elevated liver enzymes, and low platelets.
- Assess for bleeding and hypertension.
- Prepare for delivery if condition worsens.

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

- Symptoms include unilateral breast pain, swelling, and fever.
- Encourage continued breastfeeding and antibiotic use.
- Apply warm compresses and ensure effective milk drainage.

Topic: Postpartum Physiological Adaptations: Rh Factor Administration

- Administer Rho(D) immune globulin at 28 weeks and postpartum if needed.
- Required if mother is Rh-negative and baby is Rh-positive.
- Confirm mother's blood type and antibody screen.

Subcategory: Generate Solutions

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

- Administer tocolytics and steroids to delay labor and mature lungs.
- Encourage hydration and rest.
- Monitor for signs of infection or labor progression.

Subcategory: Evaluate Outcomes

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

- Monitor for toxicity: decreased reflexes, respiratory depression.
- Assess urine output and serum magnesium levels.
- Evaluate uterine activity and fetal well-being.

Subcategory: Take Actions

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

- Swaddle the infant and provide a quiet, low-stimulus environment.
- Feed small, frequent meals and monitor weight gain.
- Administer medications like morphine per protocol if needed.

Topic: Labor: Actions to Take for a Client Who Has Received Magnesium Sulfate

- Monitor deep tendon reflexes and respiratory rate.
- Maintain IV calcium gluconate at bedside as antidote.
- Assess fetal heart rate and maternal vital signs regularly.