

# Normal Newborn SKINNY Reasoning



Baby Boy Jones, 1 hour old

Primary Concept		
Reproduction		
Interrelated Concepts (In order of emphasis)		
<ul style="list-style-type: none"> <li>• Thermoregulation</li> <li>• Nutrition</li> <li>• Perfusion</li> <li>• Pain</li> <li>• Clinical Judgment</li> <li>• Patient Education</li> <li>• Communication</li> <li>• Collaboration</li> </ul>		
NCLEX Client Need Categories	Percentage of Items from Each Category/Subcategory	Covered in Case Study
Safe and Effective Care Environment		
<ul style="list-style-type: none"> <li>• Management of Care</li> </ul>	17-23%	✓
<ul style="list-style-type: none"> <li>• Safety and Infection Control</li> </ul>	9-15%	
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	✓
Physiological Integrity		
<ul style="list-style-type: none"> <li>• Basic Care and Comfort</li> </ul>	6-12%	✓
<ul style="list-style-type: none"> <li>• Pharmacological and Parenteral Therapies</li> </ul>	12-18%	✓
<ul style="list-style-type: none"> <li>• Reduction of Risk Potential</li> </ul>	9-15%	✓
<ul style="list-style-type: none"> <li>• Physiological Adaptation</li> </ul>	11-17%	✓

## SKINNY Reasoning

# Part I: Recognizing RELEVANT Clinical Data

## History of Present Problem

### One hour after Delivery:

Anne is a 17-year-old, gravida 1 para 1 who is 39 weeks gestation. She recently experienced a normal spontaneous vaginal delivery without the use of pain medications or an epidural. She delivered a baby boy who was placed skin to skin following delivery. You assign Apgars of 8 and 9. Baby voided right after delivery. Weight: 7 lbs. 0 oz. (3.2 kg), 20 inches (50.8 cm) long. After he had his first feeding, erythromycin ointment was applied to his eyes. Vitamin K and hepatitis B vaccine (after consent given) were administered in right and left thigh in the outer aspect of the left thigh. Ann is Group Beta Strep (GBS) positive and received antibiotics at 36 weeks and 3 doses before delivery, blood type is B-, and rubella positive. Cord blood was sent.

### Personal/Social History:

Anne has her mother with her for support. She seems to be tired but is holding and interacting with the baby appropriately. The father of the baby is not involved. Anne plans on breastfeeding for “awhile.” Anne still lives at home, and her mother plans to help with the new baby and appears supportive.

*What data from the histories are RELEVANT and must be interpreted as clinically significant by the nurse?*

*(Reduction of Risk Potential)*

RELEVANT Data from Report:	Clinical Significance:
RELEVANT Data from Social History:	Clinical Significance:

**Patient Care Begins:** You complete your assessment:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 97.0 F/36.1 C (axillary)	Provoking/Palliative:	
P: 130 (regular)	Quality:	
R: 50 (irregular)	Region/Radiation:	
BP: none taken	Severity:	NIPS score 0
O <sub>2</sub> sat: pink in color/no central cyanosis noted	Timing:	

*What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?*

*(Reduction of Risk Potential/Health Promotion and Maintenance)*

RELEVANT VS Data:	Clinical Significance:

<b>Current Assessment:</b>	
<b>GENERAL APPEARANCE:</b>	Calm, quiet, and in a crib next to the bed.
<b>RESP:</b>	Lusty cry, breath sounds clear, irregular, non-labored respiratory effort, no nasal flaring, no grunting noted.
<b>CARDIAC:</b>	Pink, warm & dry, heart sounds regular with no abnormal beats, pulses strong, acrocyanosis present in hands and feet, no central cyanosis noted.
<b>NEURO:</b>	Fontanelles flat and soft, good tone, slight flexion of arms and legs

*What assessment data are RELEVANT and must be interpreted as clinically significant by the nurse?  
(Reduction of Risk Potential/Health Promotion and Maintenance)*

<b>RELEVANT Assessment Data:</b>	<b>Clinical Significance:</b>

## **Part II: Put it All Together to THINK Like a Nurse!**

*1. Interpreting relevant clinical data, what is the primary concern? What primary health-related concepts does this primary problem represent? (Management of Care/Physiologic Adaptation)*

<b>Problem:</b>	<b>Pathophysiology of Problem in OWN Words:</b>	<b>Primary Concept:</b>

### **Collaborative Care (Newborn Orders): Medical Management**

*2. State the rationale and expected outcomes for the medical plan of care. (Pharm. and Parenteral Therapies)*

<b>Care Provider Orders:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>
Vital signs q 30 mins until stable for 2 hours, then every 4-6 hrs  May place skin to skin if vital signs stable  May bathe after 6-8 hours, then bathe prn  Recommend and encourage exclusive breastfeeding.  Breastfeed PRN, minimum of 8-10 times in 24 hours. No more than four-hour gap in feedings. Feed infant based on feeding cues.  Similac/Enfamil 6-10 mL every 3-4 hours based on infant's feeding cues		

<p>Frequent skin to skin contact with mother or partner</p> <p>Weight at birth and then every evening</p> <p>Input and Output every shift</p> <p>Newborn work up (blood type, Coombs) if the mother is Rh negative</p> <p>The newborn screen at greater than 24 hours</p> <p>Transcutaneous bilirubin level prior to discharge</p> <p>Newborn hearing screen before discharge</p> <p>Congenital heart screening</p>		
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### Collaborative Care: Nursing

3. *What nursing priority (ies) will guide your plan of care? (Management of Care)*

Nursing PRIORITY:		
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:

**4. What psychosocial/holistic care PRIORITIES need to be addressed for this patient?**

*(Psychosocial Integrity/Basic Care and Comfort)*

<b>Psychosocial PRIORITIES:</b>		
<b>PRIORITY Nursing Interventions:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>
<b>CARE/COMFORT:</b>		
<b>EMOTIONAL (How to develop a therapeutic relationship):</b> <i>Discuss the following principles needed as conditions essential for a therapeutic relationship:</i> <ul style="list-style-type: none"> <li>• Rapport</li> <li>• Trust</li> <li>• Respect</li> <li>• Genuineness</li> <li>• Empathy</li> </ul> <i>Adaption to the role of mother</i>		
<b>SPIRITUAL:</b> <ul style="list-style-type: none"> <li>• F-Faith or beliefs:</li> <li>• I-Importance and influence</li> <li>• C-Community:</li> <li>• A-Address:</li> </ul>		

**Education Priorities**

*What educational priorities will be needed to develop a teaching plan for this patient and/or family?*

*(Health Promotion and Maintenance)*

<b>Education PRIORITY:</b>		
<b>PRIORITY Topics to Teach:</b>	<b>Rationale:</b>	