

Name: Williams, Baby Boy	Room: NNB
DOB: Today	0 d/ 0 M
MR # 547683199	
Dr. Baby Dear	

## Situation

**Chief Complaint / Diagnosis:** Male infant estimated 38 3/7 - weeks delivered @ 1045;  
Weight 9 lbs. 8 oz. with inability to stabilize temperature following delivery

**Allergy:** NKDA

**Code status:** Full

## Background

**Pertinent Medical History:** 38 3/7-week pregnancy with prenatal care; mom diagnosed with gestational diabetes; placed on bedrest due to elevated B/P last three weeks; previous large infant weighing 10 lbs., 8 oz; and last pregnancy stillbirth.

**Medications:** Newborn meds were not given in L & D.

**Pertinent RECENT History** Apgar 8/9, Temp. at delivery was 97.8° F.

## Assessment

**Current Vital Signs:** T 96.6°, HR 148, R 48, BP 68/48, O2Sat 96% on RA

**Safety Concerns:** Risk for infant abduction.

**Pertinent Assessment:** Following delivery, the infant was placed skin to skin for breast-feeding and bonding. The infant's temperature was reassessed at 30 minutes of age and found to be 96.8. The infant was then double wrapped, and a beanie placed on the infant's head; Temp reassessed at one hour of age and found to be 96.6° F. Infant is now jittery, grunting, with increase respirations, and the has become mottled in color.

## Recommendation

Enter room; prioritize care according to subjective and objective data

- Implement and maintain universal competencies.
- Perform neonatal assessment.
- Prioritize and implement nursing interventions.
- Provide patient teaching related to assessments, interventions, and health promotion.

Name: Williams, Baby Boy Room: NNB  
DOB: Today 0 d/ 0 M  
MR # 547683199  
Dr. Baby Dear

**Pertinent Lab / Dx test results:**

**Cord Blood Sent to Lab**

<b>CBC</b>		
<b>Lab</b>	<b>Patient</b>	<b>Ref. Range</b>
WBC	10.5 <b>H</b>	9.0 - 30.0
RBC	10.6 <b>H</b>	4.1 - 6.1
Hgb	26.5 <b>H</b>	14.5 - 24.5
HCT	65.4 <b>H</b>	44 - 64
Platelet	270	150 - 450

Name: Williams, Baby Boy	Room: NNB
DOB: Today	0 d/ 0 M
MR # 547683199	
Dr. Baby Dear	

## Orders

Allergies: NKDA

1. Infant to be placed skin to skin as soon as possible after delivery.
2. Medications:
  - a. Phytonadione 1 mg IM on admission
  - b. Erythromycin Ophthalmic Ointment 0.5 % 1 application to both eyes on admission
  - c. Obtain informed consent for Hepatitis B and give:
  - d. Infant born to HbsAg negative, positive, or unknown mom give Hepatitis B Vaccine (Engerix B) 10 mcg IM
  - e. Sucrose Solution 24% 1 to 2 mL PO as needed for comfort prior to procedures
3. Lab work: Cord Blood Screen for infants born to mothers of Type O or RH negative mothers.
4. Heel-stick Blood Glucose Algorithm:
  - a. If infant is SYMPTOMATIC obtain glucose immediately
    - 1) For glucose less than 45 mg/dL - Treat with breast milk, formula or 5% glucose water
    - 2) Obtain glucose 30 minutes after initial feeding for at risk infants
5. O2 Protocol: For signs and symptoms of respiratory distress, or O2 saturation less than 90%,
  - a. Place infant on pulse oximeter
  - b. Place infant on FiO2 30% blender 2 L nasal cannula and notify physician
6. Nutrition:
  - a. Breast-feeding: as soon as possible after delivery, q 2 - 3 hrs. during day, q 3 to 4 hours at night
  - b. Bottle-feeding: q 3 - 4 hours with physician/parent choice of formula
7. Notify pediatrician for:
  - a. Signs of distress
  - d. Unstable temperature
  - e. Maternal temp of 101 or greater / Prolonged Rupture of Membranes (PROM) > 18 hrs
  - e. Infant born to HbsAg unknown or positive mother.

Physician Signature: Baby Dear, MD

Date & Time: Today @ 0600