

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name Ashley Huntley

Date 9/26/23 Firelands OB

Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

- **Tongue Tie**
- Positive suck, grasp, Moro reflex
- Anterior Fontanel- open, soft, flat
- 3 vessel cord
- molting
- caput
- **Frequent Spit up**

Lab findings/diagnostic tests*:

- Glucose 74
- Total Bilirubin 6.1
- Hearing- Pass
- Heart screen 97% Foot, 95% R Hand
- GBS Negative

Risk factors*:

- **Turnec**
- Primamother
- weight loss 1.54%
- circumcision
- young maternal age
- **difficultly latching**

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- **Risk For Aspiration**
- Risk for Abnormal Temp
- Ineffective Breastfeeding
- Risk for Infection

Potential complications for the top priority:

- Aspiration Pneumonia (Fever, cough, labored breathing, wheezing, crackles)
- Acute Respiratory Distress Syndrome (Rapid Breathing, Decreased SpO2, Increased HR)
- Bacteremia (Chills, hypotension, Gastro symptoms- diarrhea, n/v, abd. pain)

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Asses Vitals Q4 (temp, HR, Respiration, SpO2)- Rationale- to monitor for any manifestations of complications due to priority problem.
2. Assess sucking reflex and mucous membranes Q4- to monitor hydration and ability to feed appropriately.
3. Auscultate lung and bowel sounds Q4- Rationale- monitoring advantageous lung sounds and ensuring gastric motility moving forward.
4. Bulb suction secretions PRN- Rationale- remove excess fluids if baby is having trouble clearing them on their own.
5. Monitor BM and Voids PRN- Rationale- to monitor hydration status, ensure breastfeeding is effective, and evaluate need for supplementation.
6. Breastfeed Q2 and PRN Burping in between switching breasts or after stopping- Rationale- Nutrition and to help release gasses trapped during feeds.
7. Give Human Breast milk supplementation PRN- Rationale- to ensure proper intake and nutrition.
8. Elevate baby's HOB AAT (at all times)- Rationale- decrease risk of aspiration to help facilitate proper clearing of secretions.
9. Administer Acetaminophen 58mg PRN Rationale- For pain or fever.
10. Educate on sounds of aspiration Q12- Rationale- Parents being able to identify inappropriate sounds such as gurgling, excessive burping, or crackling will aid in early identification of a problem.
11. Educate on identifying baby swallowing Q24- Rationale making sure parents know that sucking and swallowing are two different actions can help identify time needed to breast feed effectively and ensure baby is swallowing appropriately.
12. Educate on S/S of infection- Rationale- Knowing when baby is exhibiting signs can lead to improved outcomes if identified early.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Tongue tie- Baby is able to latch and breast feed adequately.
- Frequent Spit up- Baby stopped spitting up and became more calm and quiet.
- Latching- Breast feeding became more successful with assistance from lactation consultant. Baby feed for longer periods.
- Turmec- Baby does not exhibit s/s of infection or difficulty breathing at this time.

Continue to plan of care despite improvements today with interventions to ensure continued success with mom and baby.