

**Firelands Regional Medical Center School of Nursing
Nursing Care Map**

Student Name Destiny Hamman

Date 9/28/23

Noticing/Recognizing Cues:

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

Assessment findings*:

- 98.9 degrees Fahrenheit as temp
- 140 HR
- 48 RR
- 39 weeks gestation
- Vaginal delivery
- Nasal flaring
- Normal skin tempature
- Acrocyanosis
- Respiratory distress
- Less than 24 hrs old
- Weight loss was 0.7%
- Weight was 7 lbs and 12 oz

Lab findings/diagnostic tests*:

- Glucose was 66
- Bilirubin was 5.5
- Hearing passed
- Heart monitoring passed

Risk factors*:

- Age - less than 24 hrs old
- Immature thermoregulation
- Mom and dad age 22
- First time mom
- Non-rubella immune mom
- GBS +
- Refused erythromycin for infant
- Refused hep. B vaccine for infant

**Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:**

Nursing priorities*: ***Highlight the top nursing priority problem***

- Body temperature management
- Ineffective breast feeding
- Knowledge deficit: knowledge of newborn care

Potential complications for the top priority:

- Infection
 - Fever
 - Increased WBC
 - Increased HR
- COLD STRESS
 - Hypoglycemia
 - Shakey or jittery
 - Low temperature
 - Increased HR
- Hypothermia
 - Shivering
 - Cyanosis
 - Temperature below 96.8
- Dehydration
 - poor skin turgor
 - increased BUN
 - Ketones in urine
- Hyperthermia
 - confusion
 - diaphoresis
 - temp over 100.4

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess temperature of infant q4hrs.
 - a. Helps ensure infant has a normal temp and is not experiencing hypo/hyperthermia.
2. Assess vital signs q4hrs.
 - a. assessing vitals ensures that the infant is in normal range for all signs and means there is no distress or heat loss occurring.
3. Assess for signs of cold stress q4hrs.
 - a. Look for signs of hypoglycemia, shakiness, low temperature, and increased heart rate. Assessing for signs and symptoms of this stress can help prevent and treat it sooner.
4. Assess fetal skin for cyanosis, acrocyanosis, and skin temperature q4hrs.
 - a. Ensure the temperature of the skin is normal as well as good blood flow to the limbs.
5. Assess for signs of hypoglycemia 8hrs.
 - a. With hypoglycemia can lead to cold stress and a decrease in infant temperature.
6. Place baby under warmer in instances where baby will need to be unswaddled or unclothed as needed. Also when baby's temperature falls below 97.7.
 - a. during baths or assessments of infant want to make sure the infant stays a good temperature and ensure no heat loss is occurring =.
7. Educate mother infant keeps hat on head and swaddle is maintained when mother is which infant.
 - a. The head is the biggest place for head loss. Keeping a hat on the baby is important to ensure heat loss is not occurring
8. Educate mother on heat loss of an infant before discharge.
 - a. Educating mother is important due to her being a first time mom. Infants have a hard time regulating their body temperature.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Baby's temperature above 97.7.
 - Baby has good temperature of skin.
 - Weight loss stays below 1%
 - Weight should increase due to feedings and growth.
 - Glucose in normal range 70 - 150 mg/dL
 - Acrocyanosis resolved
 - Nasal flaring absent.
 - No signs of respiratory distress are present.
- Continue plan of care.