

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name _____

Date _____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Large for gestational age
- Jaundice
- Cephalohematoma
- Caput succedaneum
- Barrel chest
- Tongue tie
- Acrocyanosis

Lab findings/diagnostic tests*:

- Bilirubin direct- 0.6
- Bilirubin indirect- 12.9
- Reticulocytes- 9.1

Risk factors*:

- Mom type O- baby type A
- Mom blood positive- baby blood negative
- Moms first baby
- Prolonged rupture of membranes
- Prolonged labor

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Neonatal hyperbilirubinemia
- Risk for infection
- Risk for thermoregulation

Goal Statement: bilirubin will be within normal limits

Potential complications for the top priority:

- Kernicterus
 - o High pitched/ shrill crying
 - o Fever
 - o Trouble feeding
 - o Limp or stiff body
 - o Muscle spasms
 - o Unusual eye movements
- Oculogyric crisis
 - o Involuntary eye movements
 - o Increased blinking
 - o Neck dystonia
 - o Pupillary dilation
- Malnourishment
 - o Not gaining weight as expected
 - o Irritability
 - o Lethargy
 - o Difficulty feeding
 - o low body temperature
 - o low HR and BP

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess baby's temperature q2h to ensure it is keeping its warmth under the lights
2. Assess baby's effort of breathing and vitals q2h to be sure they are within normal limits
3. Evaluate color of baby's skin q2h to ensure yellowing is not worsening
4. Assess every feed to be sure that baby is taking in enough nourishment
5. Monitor output q30 minutes and PRN to ensure bilirubin is being expelled
6. Monitor for dehydration upon every interaction to ensure the baby is breaking down bilirubin
7. Continuous fiber optic blanket until repeat labs are drawn and within normal limits
8. Reposition baby q2h to ensure all areas of the body are exposed to the lights
9. Draw bilirubin labs at 8pm to be sure the bilirubin count is going back to normal levels
10. Teach parents the importance of the fiber optic blanket upon initiation and PRN to ensure they understand how we are helping their baby
11. Teach parents signs and symptoms of hyperbilirubinemia at discharge and inform them when to call the doctor
12. Teach parents formula preparation and storage at discharge to prevent illness in the baby
13. Teach parents feeding techniques q6h and PRN to encourage feeding in the baby
14. Discuss long term effects of hyperbilirubinemia and the need for continuous assessment at discharge to ensure baby is safe at home (Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Jaundice- yellowing skin tone worsening throughout shift
- Cephalohematoma- healing appropriately- bruise decreasing in size
- Bilirubin direct- 1.1- worsening
- Bilirubin indirect- 14.5- worsening
- Reticulocytes- 8- improving

Continue plan of care

Reference: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses,*

prioritized interventions, and rationales (16th ed). F. A. Davis Company: Skyscape

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