

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*:

- Jaundice
- Barrell chest
- Broad nipples
- Cephalohematoma
- LGA
- Asymmetrical chest
- Caput succedaneum
- Acrocyanosis



Lab findings/diagnostic tests*:

- Bilirubin direct - 0.6mg
- Bilirubin indirect - 12.9 mg
- React lymph Man - 4.0%



Risk factors*:

- Mom has O- blood type
- Moms fist pregnancy
- Prolonged rupture of membranes
- Baby has A- blood type
- 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:

Infant will have bilirubin levels that are within normal limits.

Potential complications for the top priority:

- Seizures
 - Rapid eye movement
 - Pauses in breathing
 - Thrashing of arms and legs
- Brain damage
 - Excessive drooling
 - High pitched crying
 - Abnormally large or small forehead
- Poor feeding
 - not gaining weight
 - Taking a long time to eat
 - Stiffening when feeding

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Place infant under continuous fiber optic lighting → the UV rays from the light will help to break down the bilirubin
2. Place cover over infant's eyes upon starting light therapy → due to the amount of UV ray the infant is undergoing, he needs to wear eye protection to avoid damage
3. Assess temperature q 2 hours → due to light therapy, infant is fully exposed to light, so you need to make sure they do not get overheated
4. Assess skin q2 hours → making sure to check for any jaundice, and also because the baby will be undergoing light therapy which can cause the skin to get hot and irritated
5. Assess vital signs q4 hours → monitor for any changes in vital signs especially temperature
6. Assess infant for hypoglycemia daily → "Hypoglycemia necessitates the use of fat stores for energy releasing fatty acids, which compete with bilirubin for binding sites on albumin" (Myers, 2023).
7. Monitor Is & Os continuously throughout the day → you want to see how much output the infant has because bilirubin is excreted through the stool
8. Monitor infant for dehydration continuously → dehydration can enhance the bilirubin levels
9. Evaluate feeding patterns of the newborn daily → increasing frequency of breast feeding many decreases hyperbilirubinemia
10. Receive a blood draw at 8pm → needed to check bilirubin levels
11. Educate parents on hyperbilirubinemia daily then prn if they have questions → allows parents to understand why their child is jaundice and is receiving light therapy
12. Educate parents on importance of infant wearing eye covers while in light therapy before starting therapy then prn → without eye covers, infant's eyes can be permanently damaged
13. Educate parents on light therapy before starting then prn → allows parents to understand how the light therapy helps the infant and signs and symptoms to look for while he is in light therapy

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

Bilirubin levels are worsening

- - direct- 1.1mg
- - indirect- 14.5mg
- No change in jaundice
- Caput Succedaneum has subsided, head is flat and rounded with no swelling
- Barrel chest has improved since initial assessment
- Acrocyanosis has subsided
- React Lymph Man levels improved to 0.0%
- Continue POC

Reference:

Myers, E. (2023). *RNotes: Nurse's clinical pocket guide* (6th ed). F.A. Davis Company: Skyscape Medpresso, Inc.