Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Noticing/Recognizing Cues:

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

Assessment findings*:

- 97.3°F s/p bath
- Acrocyanosis
- Milia
- Newborn rash
- Caput succedaneum
- Sacral dimple
- Head molding

Lab findings/diagnostic tests*:

- Glucose: 59
- Total bilirubin: 2.8
- Direct bilirubin: 0.2
- Indirect bilirubin: 2.6

Infant had no abnormal lab/diagnostic tests

Risk factors*:

- Maternal thalassemia
- Maternal low hemoglobin
- Maternal gestational diabetes
- Maternal hx of 2 spontaneous abortions
- Decreased fetal movement episode toward end of gestation

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Risk for ineffective thermoregulation
- Risk for infection
- Knowledge deficit related to newborn care

Goal Statement: Infant is able to maintain adequate body temperature, 97.7°F to 99.3°F

(Doenges, 2022)

Potential complications for the top priority:

- Hypothermia
  - Cyanotic nail beds
  - Slow capillary refill
  - Slow breathing
- Hyperthermia
  - Flushing
  - Rapid breathing
  - Tachycardia
- Delayed wound healing
  - Increased inflammation to area
  - Increasing pain
  - Purulent discharge from area

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess vital signs (Q8H, PRN; 0800, 1600, etc.)
    a. To monitor for temperatures lower than 97.7°F that would require intervention.
2. Assess respiratory effort (Q8N, PRN; 0800, 1600, etc.)
    a. To detect signs of respiratory distress, such as decreased respiratory rate, nasal flaring, or retracting, that could indicate low body temperature.
3. Assess neurological status (Q8H, PRN; 0800, 1600, etc.)
    a. To monitor to signs such as lethargy that would indicate a low body temperature.
4. Assess skin (Q8H, PRN; 0800, 1600, etc.)
    a. To detect signs of acrocyanosis.
5. Place infant under baby warmer (NOW, PRN; 0800)
    a. To provide a warm environment to maintain body temperature above 97.7°F.
6. Swaddle infant (NOW, PRN; 0800)
    a. To aid the infant in maintaining an adequate body temperature above 97.7°F.
7. Cover infant's head (NOW, PRN; 0800)
    a. To prevent heat loss through infant's head to maintain adequate body temperature about 97.7°F.
8. Encourage mother-infant skin-to-skin contact (PRN)
    a. To provide the infant warmth from mother's body to aid in thermoregulation and maintaining a body temperature above 97.7°F.
9. Educate parents on signs and symptoms of decreased and elevated body temperature (NOW; 0800)
    a. To provide the infant's parents with the knowledge of when it is time to intervene with the infant's temperature.
10. Educate parents on dressing the infant in layers (NOW; 0800)
    a. Allows parents to aid the infant with thermoregulation by adding or taking clothes on/off infant.

(Doenges, 2022)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- 98.2°F after 10 minutes under the baby warmer
- Acrocyanosis still present on plantar side of feet.

    o Continue plan of care.

Reference: Doenges, M., Moorhouse, M., & Murr, A. (Eds.). (2022). *Nurses pocket guide: Diagnoses, prioritized interventions, and Rationales*. F. A. Davis.