

Firelands Regional Medical Center School of Nursing  
Nursing Care Map

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Date 9/24/24

Noticing/Recognizing Cues:

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

Assessment findings\*:

- HR: 145
- RR: 40
- Temp: 98.5
- O2: 99%
- APGAR: 1 min: 4
- 5 min: 9
- NIPS: score of 6 on 9/22
- Mom positive for marijuana, Percocet, heroin, & fentanyl
- Moro reflex: hyperactive 9/22
- Sucking: Issues with suck/swallow
- Rooting Reflex: excessive
- Upper lip tie
- Elongated posterior sutures/fontanel
- Head molding
- Exposure to Hep C and mom GBS positive
- NAS score: 15 on 9/23
- jittery, tremor-like movements (hypertonic)
- spits up large amounts with feedings
- loose stool, yellow in color
- high pitched cry/fussy/inconsolable
- frequent yawning 9/22

Lab findings/diagnostic tests\*:

- TBil: 11.3
- Bilirubin: 6.4
- Glucose: 48

Risk factors\*:

- Maternal substance abuse during pregnancy
- Limited prenatal care starting at 32 weeks
- Mom GBS positive at birth: no antibiotics
- Hx of mom miscarriage x5
- Inability to thermoregulate

Interpreting/Analyzing Cues/  
Prioritizing Hypotheses/  
Generating Solutions:

Nursing priorities\*:

- Neonatal abstinence syndrome
- Risk for neonatal hypothermia
- Risk for impaired liver function (Hepatitis C mom)
- Risk for SIDS
- Risk for delayed child development

Goal Statement: Infant will withdrawal from substance free of adverse effects.

Potential complications for the top priority:

- Neurodevelopment changes
  - Hyperactive muscle tone
  - Moro reflex: hyperactive
  - Rooting reflex: excessive
- Jaundice
  - High bilirubin levels
  - Yellow sclera and skin
- Growth problems
  - Improper weight gain
  - Spitting up after feeds
  - Intolerance of suck/swallow

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. Note maternal risks for fetal well being including substance used, dose, duration, route, and presence of infections on admission
  - Rationale: maternal IV drug use is associated with risk of infection such as Hepatitis C requiring additional testing for infant
2. Review maternal urine/drug screen on admission
  - Rationale: individual is likely to use more than one substance, complicating treatment
3. Note fetal status on admission: full term or premature
  - Rationale: preterm infants have lower risk or less severe symptoms and tend to recover more quickly than full term infants
4. Obtain urine and/or meconium samples from infant at birth
  - Rationale: urine sample reflects last days of exposure; meconium is more sensitive with longer window of detection from 20 wk gestation
5. Monitor for S/S of NAS for 24-96 hours after birth
  - Rationale: symptoms reflecting dysregulation in central, autonomic and gi systems require supportive interventions
6. Screen infant at birth using standardized tool such as FNAST and repeat evaluation every 3-4 hours when infant is awake
  - Baseline is used for comparison of subsequent tests and dosing of pharmacological therapy
7. Provide comfort measures based on infants needs (swaddling, skin to skin, rocking, lower light and stimuli, pacifier) PRN
  - Rationale: to ensure the infant stays as comfortable as possible
8. Monitor vital signs, Is and Os, and weight Q4hr and PRN
  - Rationale: poor feeding efforts, vomiting, and excessive diarrhea may result in dehydration
9. Provide high calorie, small, frequent feedings PRN
  - Rationale: may be necessary to minimize weight loss and promote growth during significant withdrawal
10. Monitor S/S of neuro abnormalities at all times such as hyperactive tone, jittery, tremors, feeding difficulties, decreased alertness, and fussiness. According to skyscape "Neurobehavioral recovery is as evidenced by reaching full alert state, responding to social stimuli, and being consoled with appropriate measures." ( Doenges, 2022)
  - Rationale: to ensure infant makes a full recover
11. Administer morphine 0.35mL Q3HR as ordered
  - Rationale: to ensure infant goes through proper withdrawal with minimal symptoms
12. Educate parents on S/S of morphine intoxication; Rationale: to ensure that infant withdrawals safely while on morphine

## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

- NIPS: score of 0 on 9/24
- NAS score: 6 on 9/24
- No spit up after first and second feeding 9/24
- Sucking and swallowing milk with minimal issues
- Minimal yawning 9/24
- Responds well to comfort measures, content and sleeping after feeds and medication
- Babys reflexes have relaxed slightly after medication administration
- No additional bowel movements during my shift
- Continue plan of care

**Reference:** Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales*. F.A. Davis Company.