

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Date 9/18/24 MCN

Noticing/Recognizing Cues:

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

Assessment findings*:

- 2200 g
- Hard bottle feed
- APGAR 5/8
- Hypoglycemia
- UBAG for urination
- Born at 36 weeks gestation
- Tremors
- 97.2 F-120 hr-44
- Startle reflex present
- Plantar present
- Babinski reflex present
- Overlapping suture lines
- Panda warmer

Lab findings/diagnostic tests*:

- Positive toxicology for cocaine and THC

Baby <24 hrs old, and only had a toxicology lab drawn in results

Risk factors*:

- <12 hrs old
- Positive toxicology for cocaine and THC for mother
- Low birth weight 2200g
- Late preterm 36 weeks
- C section
- Mom : HTN

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Hypothermia, Neonatal
- Imbalanced nutrition: Less than body requirements
- Risk for withdrawal

Goal Statement: "Be free of s/s of hypothermia such as pale, cool skin; bradycardia, tachypnea, restlessness, hypoglycemia." (Doenges, 2022)

Potential complications for the top priority:

- Hypoglycemia
 - o Tremors
 - o Irritable
 - o restless
- Respiratory distress
 - o Fast shallow breathing
 - o Bluish tone of baby's skin and lips
 - o Pulling inward of muscles between ribs when breathing
- Metabolic acidosis
 - o Lethargy
 - o Poor feeding
 - o Dehydration

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Monitor newborns vital signs q4h and PRN
 - a. To monitor fetal well being
2. Assess newborn weight every day and PRN
 - a. To ensure weight gain
3. Assess newborn blood sugar q4h while asymptomatic
 - a. To ensure blood sugar >40
4. Administer dose of 40% Glucose gel, based of kg
 - a. Based off FRMC newborn hypoglycemia protocol; and fetal well being
5. Insert NG tube for feedings per Dr orders
 - a. Due to inadequate consumption of formula
6. Assess neuro/MS for abnormal signs q8h and PRN
 - a. To monitor fetal well being
7. Obtain toxicology labs as ordered per Dr
 - a. To monitor lab results
8. Feed baby q 2 to 3 hr and PRN
 - a. For fetal wellbeing and for weight gain, and improve BS
9. Place baby underneath panda warmer as temperature <97.7 F
 - a. To keep body temperate up, prevent hypothermia
10. Educate mom on support groups, feeding times, skin to skin, diaper changes, assess baby temperature q8h and PRN
 - a. To gain knowledge of newborn

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Vital signs 98.0 F
- Pulse 120
- 48 rr
- Blood sugar 41 at last check
- NG placed per Dr order
- Baby voiding clear yellow urine
- 2200 g
- CXR to confirm NG placement
- Toxicology labs will be completed based off DR orders
- baby bottle feeding
- glucose gel 1% 1mL administered twice
- Baby placed under panda warmer <97.7 F

- Continue plan of care

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