N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment **8/31/20** **1400**	**Patient Initials** **JMR**	**Date & Time of Birth** **8/31/20** **1216**	**Age (in hours at the time of assessment)** **14 hours**
Gender **M**	**Weight at Birth** **(gm) _2980__** **(lb.) __6___** **(oz.) ___9.1__**	**Weight at Time of Assessment** **(gm) _2980** **(lb.) _6_ (oz.) __9.1__**	**Age (in hours) at the Time of Last Weight** **14 hours**
Race/Ethnicity **Caucasian**	**Length at Birth** **Cm ___48.3_____** **Inches __19_____**	**Head Circumference at Birth** **Cm __33_** **Inches _13____**	**Chest Circumference at Birth** **Cm __N/A_____** **Inches _____**

There are times when the weight at the time of your assessment will be the same as birth

Mother/Family Medical History (15 Points)

Prenatal History of the Mother:

When prenatal care started: 01/02/20 Included Prenatal Vitamins

Abnormal prenatal labs/diagnostics: Elevated Blood Pressure

Prenatal complications: Pre-Eclampsia

Smoking/alcohol/drug use in pregnancy: N/A

Labor History of Mother:

Gestation at onset of labor: 37 weeks pt. stated induced early by breaking water because of Pre-Eclampsia diagnosis

Length of labor: 1 hour 30 min stated by patient

ROM: Normal as expected

Medications in labor: Epidural tolerated with no complications and was tolerated

Complications of labor and delivery: Induced by breaking of water per Pre-Eclampsia diagnosis

Family History:

Pertinent to infant: N/A

Social History (tobacco/alcohol/drugs):

Pertinent to infant: N/A

Surgical History: N/A

Father/Co-Parent of Baby Involvement: Very Involved/at bedside helping with care when needed

Living Situation: House with spouse

Education Level of Parents (If applicable to parents' learning barriers or care of infant):

High School mother having blank stares and trouble listening to nurses

Birth History (10 points)

Length of Second Stage of Labor: 30 minutes stated by mother

Type of Delivery: Vaginal

Complications of Birth: N/A

APGAR Scores:

1 minute: 9

5 minutes: 8

Resuscitation methods beyond the normal needed: N/A

Feeding Techniques (10 points)

Feeding Technique Type: Cradle but declined wanting to keep breastfeeding

If breastfeeding: N/A

LATCH score: N/A

If bottle feeding:

Positioning of bottle: 90 degree angle semi-upright position

Suck strength: Strong

Amount: 3 oz.

Percentage of weight loss at time of assessment: ___N/A_____%

****Show your calculations; if today's weight is not available, please show how you would calculate weight loss (i.e. show the formula) ****

Birth Weight – Current Weight= gm that are lost

Gm that are lost divide by original birth weight=

Turn decimal into Percentile

What is normal weight loss for an infant of this age?

7-10% of normal weight loss for a newborn

Is this neonate's weight loss within normal limits?

This nurse would assume the weight loss is normal considering not being able to calculate the actual weight loss.

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding: N/A

Feeding frequency:

Length of feeding session:

One or both breasts:

If bottle feeding:

Frequency: Consistent to newborns needs

Volume of formula per session: 2 oz.

If NG or OG feeding: N/A

Frequency:

Volume:

If IV: N/A

Rate of flow:

Volume in 24 hours:

Output

Age (in hours) of first void: 11 hours

Voiding patterns: Inconsistent/delayed

Number of times in 24 hours: 2 times

Age (in hours) of first stool: 2 hours

Stool patterns:

Type: Meconium

Color: Dark green

Consistency: Sticky/Tarry

Number of times in 24 hours: 2 times

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why was this test ordered for THIS client? *Complete this	Expected Results	Client's Results	Interpretation of Results

	even if these labs have not been completed*			
Blood Glucose Levels	**N/A**	**1.5-6 mmol/l**	**N/A**	**N/A**
Blood Type and Rh Factor	**To make sure client wouldn't be a different blood type as the mother.**	**N/A**	**0 +**	**Mother and baby were both O+ so there was no need for RhoGam.**
Coombs Test	**Determine whether antibodies against baby's red blood cells (Pagana, 2014).**	**Negative**	**Negative**	**N/A**
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	**N/A**	**Under 5.2 mg/ dL**	**N/A**	**N/A**
Newborn Screen (At 24 hours)	**N/A Hasn't been living for 24 hours**	**Normal**	**(If available—these may be not available until after discharge for some clients)**	**N/A**
Newborn Hearing Screen	**To check if**	**Normal**	**100%**	**100%**

	there is hearing loss in newborn through electric waves and nerves in the brain.			
Newborn Cardiac Screen (At 24 hours)	**N/A**	**Normal**	**N/A**	**N/A**

NO abnormal labs noted.

Lab Data and Diagnostics Reference (APA):

Pagana, K. D., & Pagana, T. J. (2014). ***Mosby's manual of diagnostic and laboratory tests*****. St. Louis, MO: Elsevier Mosby.**

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**N/A**	**N/A**
Dose	**1 mg**	**Both eyes**	**0.5 ml**		
Frequency	**Once**	**Once**	**Vaccine**		
Route	**IM**	**Ophthalmic**	**IM**		
Classification	**Vitamin**	**Macrolide Antibiotics**	**Opportunistic Infections/Coinfections**		
Mechanism of Action	**Used to prevent bleeding**	**Stops bacteria from growing in eyes**	**Prevent Hep B infection**		

Reason Client Taking	**Prevent bleeding if there are low levels then it can be fatal.**	**Prevent eye infections**	**Prevent Hep B infection**		
Contraindications (2)	**Hypersensitivity Hypercoagulability causing thromboembolic therapy**	**Hypersensitivity history of erythromycin No disease contraindications**	**Hypersensitivity Clients with a fever**		
Side Effects/Adverse Reactions (2)	**High sensitivity Do not take during pregnancy it can cause jaundice for baby.**	**Hypersensitivy Ocular irritation**	**Vision difficulties Irritability**		
Nursing Considerations (2)	**Hepatic impairment Renal Impairment**	**Notice allergy history Know hepatic impairment**	**Determine date of exposure if passive immunity Assess newborn for anaphylaxis (Skidmore-Roth, 2017).**		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Aspirate carefully to avoid intravascular injection**	**Monitor for signs of infection Monitor liver functions**	**Monitor for pain cues Monitor for anaphylaxis**		
Client Teaching needs (2)	**Necessary for normal clotting Have mother eat vitamin k enriched foods to help supplement baby for vitamin k.**	**Wash hands before touching eyes or administering Start from inner canthus first**	**Explain use of the vaccine Discuss methods of transmission**		

Medications Reference (APA):

Skidmore-Roth, L. (2017). *Mosby's drug guide for nursing students*. St. Louis, MO: Elsevier.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 645*	If assessment finding different from expectation, what is the clinical significance?
Skin	**Normal temp at 97.9, normal pallor, no cyanosis, jaundice, rashes, or birthmarks. Lanugo present with slight vernix located on head and underarms, Muscle tone normal, reflexes present such as Moro, grasp, suck and rooting, no tenting, tone normal**	**Smooth skin texture, no peeling, plantar creases all over feet, no tenting, lanugo present all over body, vernix may be left over and present on body, normal tone**	**N/A**
Head	**Anterior fontanelle in correct place no overlapping with posterior. Skull shape and size normal with appearance of slight bruising and molding on side and top of head from birth, vernix present under arms and top of head**	**Fontanelle's present and normal, skull shape and size normal**	**Bruising and molding on head due to birth canal.**
Fontanels	**Normal, no overlapping, separation normal**	**Normal, no overlapping, separation present**	**N/A**
Face	**Normal set ears, inner epicanthic folds present, symmetrical face**	**Symmetrical face**	**N/A**

Eyes	**Red reflex normal, epicanthic folds present, eyes open, sclera white, no defects**	**Eyes open, sclera white, ear tissue normal**	**N/A**
Nose	**No deviation, nares patent, normal size**	**NO deviated septum, normal in appearance, nares patent**	**N/A**
Mouth	**Palate, tongue, and throat normal**	**Pink, palate, tongue, and throat normal**	**N/A**
Ears	**Normal set ears, normal cartilage**	**Normal set ears, normal cartilage**	**N/A**
Neck	**Clavicles in proper place, thyroid symmetrical**	**Clavicles in normal place, thyroid symmetrical**	**N/A**
Chest	**Diaphragmatic breathing normal, normal respirations 44, chest symmetrical with rise and fall**	**Symmetrical with rise and fall, diaphragmatic breathing present, respirations normal**	**N/A**
Breath Sounds	**Normal, no adventitious sounds**	**No adventitious sounds**	**N/A**

Heart Sounds	**No cyanosis, no tachypnea, no murmurs, apical pulse strong 120,**	**NO murmurs and strong pulses**	**N/A**
Abdomen	**Non distension, palpable kidneys, no defects noted, umbilical cord drying normally, and no abnormal color, no masses or hernias**	**No distension, no masses, bruits or hernias**	**N/A**
Bowel Sounds	**No bruits, normoactive**	**Normoactive**	**N/A**
Umbilical Cord	**Drying correctly, no abnormal color change**	**Dry and no sign of infection**	**N/A**
Genitals	**Penis intact no circumcision, descended testicles, anus intact, open passage of urine**	**Testes present, smooth appearance of scrotum**	**N/A**
Anus	**Intact, open passage of stool**	**Normal, intact**	**N/A**
Extremities	**no abnormalities, normal development of arms, legs, no contracture, normal lengths**	**Posture normal, square window, good arm recoil, popliteal angle intact, positive scarf sign, and heel to ear ability present**	**N/A**
Spine	**Midline spine, no deformities**	**No deformity**	**N/A**
Safety • **Matching bands with parents** • **Hugs tag** • **Sleep position**	**Normal bands mom and baby match, HUGS bands mom and baby match, Sleeping Supine and swaddled. No extra items in bed. Safety**	**Matching bands present, matching hugs tags present, sleep position is supine.**	**N/A**

	Mother risk assessment is minor, independent with ADL's.		

Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA—be sure to show your work

What was your determination? AGA

Are there any complications expected for a baby in this classification? No, baby is Appropriate for Gestational Age unless percentile ascends or descends as age continues.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	**99.5**	**164**	**44**
4 Hours After Birth	**97.8**	**132**	**48**
At the Time of Your Assessment	**97.9**	**120**	**44**

Vital Sign Trends: Normal/ Consistent with gestational age.

Pain Assessment, 1 set (2 points)

FLACC SCALE USED

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1600	**0**	**0**	**0**	**Sleeping**	**Beanie/Blanket swaddle**

Summary of Assessment (4 points)

Discuss the clinical significance of the findings from your physical assessment:

The neonate was delivered on 08/31/20 at 0016 by induction ruptured membrane with vaginal birth per Pre-eclampsia diagnosis. Nuchal cord normal and patent. Apgar scores 1 min at 9 and at 5 min 8. Dubowitz score revealed neonate is 37 weeks

and 1 day and AGA. Prenatal history followed religiously and diet controlled with frequent VS taken. Birth weight 6 lbs. 9.1 oz. (2980 gm) and 19 in (48.3 cm). Upon assessment all systems are within normal limits. Last set of vitals include: Temp 97.4, Pulse 120, and Resp 44. Neonate is formula fed and toleration well with 2 oz. every feed of 2-3 hours. Bilirubin normal for neonate, expected to be discharged pending positive Group Beta Strep discussion with mother and discussion of plan of care. Pediatrician will see neonate for first well baby check within 48 hours when plan of care for Group Beta Strep completed.

Nursing Interventions and Medical Treatments for the Newborn (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	**Frequency**	**Why was this intervention/ treatment provided to this patient? Please give a short rationale.**
N: Assess mothers knowledge of	**Before and After intervention**	**This intervention was given to obtain a baseline of mother's knowledge to be able to improve it.**
N: Monitor body temperature postpartum	**Before and After intervention**	**Thermoregulation is hard to maintain after birth for newborn because of immaturity so this intervention is important to maintain.**
N:Position infant on back(supine) when laid down	**Every time laid down**	**Maintaining the infant in a supine position minimizes the risk of SIDS.**
N:Minimize risk for infection by good hand hygiene	**Every time before and after providing care to infant**	**Minimizing the risk for infection is extremely important to make sure not to spread pathogens that could infect neonate.**

Discharge Planning (2 points)

Discharge location: Home with spouse

Equipment needs (if applicable): Formula/ pacifier

Follow up plan (include plan for newborn ONLY): Group Beta Strep protocol then follow up with first well baby check within 48 hours.

Education needs: Written instructions on baby care

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
Two of them must be education related i.e. the interventions must be education for the client."

2 points for correct priority

Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**Intervention/Rational (2 per dx) (1 pt each)** Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	**Evaluation (1 pt each)** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective Breastfeeding r/t limited maternal experience	**Knowledge of breastfeeding depends on maternal status, psychosocial status, and maturity.**	**1.Assess mothers knowledge** **Rationale: Helps direct interventions** **2.Determine mothers level of anxiety** **Rationale: May interfere with mother's ability to learn.**	**Mother has flat affect when discussing interventions and retains little information and does not plan to breastfeed.** **Outcome: Not met** **Mother will try to relieve anxiety within 2 weeks and**

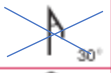
			keep trying to nurse even if it's difficult. **Outcome: Met**
2. Ineffective Thermoregulation r/t immaturity	**The temperature fluctuations in neonates is easily changed and can lead to hypothermia or hyperthermia.**	**1. Monitor body temperature after delivery** **Rationale: Obtain a baseline** **2. Maintain environmental temperature to a comfortable setting.** **Rationale: Maintaining this reduces the effects of heat loss.**	**Neonate will remain body temperature at normal levels.** **Outcome: Met due to vitals.** **Neonate will have warm, dry skin** **Outcome: Met**
3. Risk for SIDS r/t risk factor knowledge	**Knowledge of SIDS is pertinent for parents to be educated on and how to prevent it.**	**1. Position infant on back when placed in crib.** **Rationale: Incidence of SIDS is higher when placed prone (Lippincott, 2013).** **2. Teach parents of to avoid leaving loose objects or blankets in crib.** **Rationale: Decreases risk of newborn accidental suffocation (Lippincott, 2013).**	**Family was able to retain knowledge of SIDS and will decrease the incidences pf SIDS while at home for at least until age of 6 months.** **Outcome: unknown until 6 months** **Client was able to repeat back to nurse the risks associated with SIDS.** **Outcome: Met**
4. Risk for Infection r/t altered primary defenses during postpartum period	**Neonates have an increased risk of infection because they have an altered immune function**	**1. Minimize risk for infection by using proper hand hygiene** **Rationale: Best way to avoid spreading pathogens** **2. Assess patient for signs and symptoms of infection such as pallor, fatigue, chills, etc.** **Rationale: Early detection of infection to minimize complications.**	**Newborn was infection free for at least 2 days postpartum.** **Outcome: Met** **Patients had no signs of infection noted for 1 week.** **Outcome: Unknown**

Other References (APA):

Lippincott Williams & Wilkins. (2013). ***Spark & Taylors: Nursing diagnosis reference manual*****. London.**

Ballard Gestational Age Scale

Neuromuscular Maturity

Score	–1	0	1	2	3	4	5
Posture							
Square window (wrist)	 > 90°	 90°	 60°	 45°	 30°	 0°	
Arm recoil		 180°	 140–180°	 110–140°	 90–110°	 < 90°	
Popliteal angle	 180°	 160°	 140°	 120°	 100°	 90°	 < 90°
Scarf sign							
Heel to ear							

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	
Plantar surface	Heel-toe 40–50 mm: –1 < 40 mm: –2	> 50 mm, no crease	Faint red marks	Anterior transverse crease only	Creases anterior 2/3	Creases over entire sole	
Breast	Imperceptible	Barely perceptible	Flat areola, no bud	Stippled areola, 1–2 mm bud	Raised areola, 3–4 mm bud	Full areola, 5–10 mm bud	
Eye/Ear	Lids fused loosely: –1 tightly: –2	Lids open; pinna flat; stays folded	Slightly curved pinna; soft; slow recoil	Well curved pinna; soft but ready recoil	Formed and firm, instant recoil	Thick cartilage, ear stiff	
Genitals (male)	Scrotum flat, smooth	Scrotum empty, faint rugae	Testes in upper canal, rare rugae	Testes descending, few rugae	Testes down, good rugae	Testes pendulous, deep rugae	
Genitals (female)	Clitoris prominent, labia flat	Clitoris prominent, small labia minora	Clitoris prominent, enlarging minora	Majora and minora equally prominent	Majora large, minora small	Majora cover clitoris and minora	

Maturity Rating

Score	Weeks
–10	20
–5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

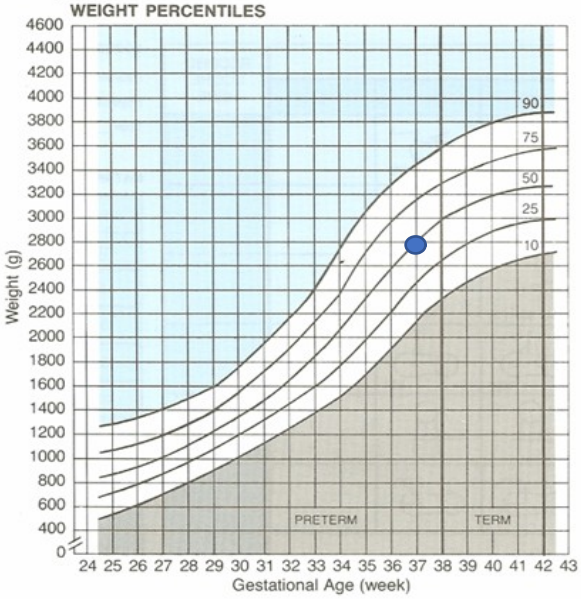
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

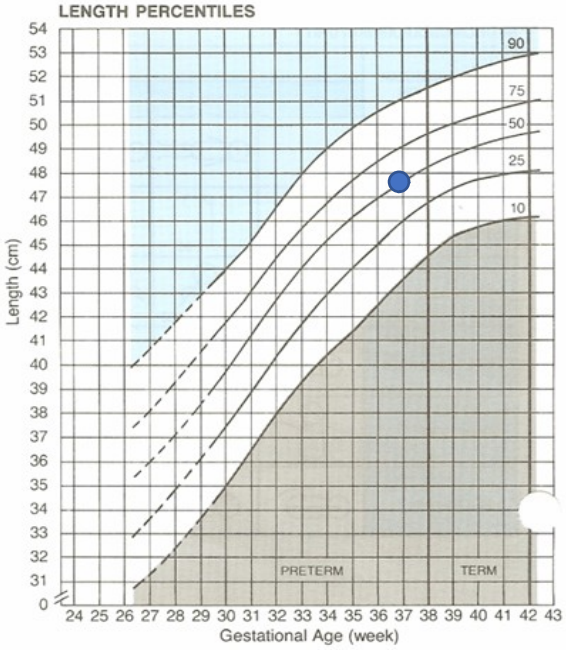
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

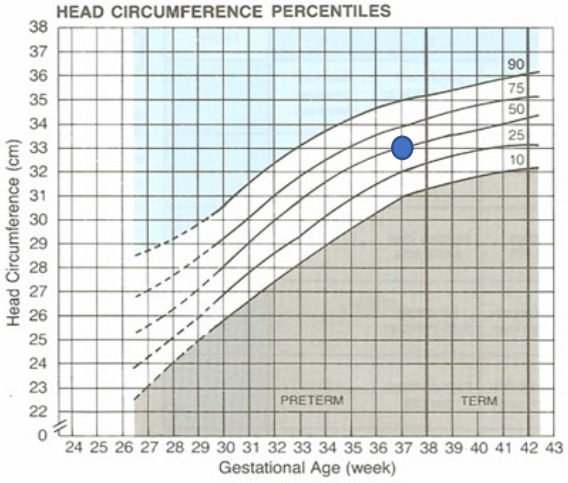
WEIGHT PERCENTILES



LENGTH PERCENTILES



HEAD CIRCUMFERENCE PERCENTILES



CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)	X	X	X
Small for Gestational Age (SGA) (<10th percentile)			

*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

References
1. Battaglia FC, Lubchenco LO: A practical classification of newborn infants by weight and gestational age. J Pediatr 1967; 71:159-163

All charts show 50 Percentile and is Appropriate for Gestational Age and score for IMR