N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 0800 9/23/2020	**Patient Initials GN**	**Date & Time of Birth 0541 9/21/2020**	**Age (in hours at the time of assessment) 51 hours since birth**
Gender Female	**Weight at Birth (gm) 2615 (lb.) 5 (oz.) 12.2**	**Weight at Time of Assessment (gm) 2665 (lb.) 5 (oz.) 14**	**Age (in hours) at the Time of Last Weight 51 hours since birth**
Race/Ethnicity Caucasian	**Length at Birth 47 Cm**	**Head Circumference at Birth 31.5 Cm**	**Chest Circumference at Birth**

	18.5 Inches	**12.4 Inches**	**30.5 Cm** **12.05 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: Prenatal care began on July 7, 2020. The mother had a total of four prenatal visits.

Abnormal prenatal labs/diagnostics: None

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: The mother admitted to smoking one pack of cigarettes per day during her entire pregnancy. She also admitted to meth use early in pregnancy. She drank wine occasionally early on during her pregnancy.

Labor History of Mother:

Gestation at onset of labor: The mother claims she was 38 weeks pregnant at the time of arrival. The Ballard score showed she was 34 weeks. The adjusted gestation period is 36 weeks.

Length of labor: Length of labor is unknown based on mother's statement "I started leaking a few days ago". She delivered within an hour of her arrival to the hospital.

ROM: Unsure due to the mother's statement on arrival

Medications in labor: None

Complications of labor and delivery: None

Family History:

Pertinent to infant: No family history available that is pertinent to the infant.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: The mother admitted to smoking one pack of cigarettes per day during her entire pregnancy. She also admitted to meth use early in pregnancy. She drank wine occasionally early on during her pregnancy. GN is withdrawing from nicotine and possibly other substances. A cord sample has been sent off to reveal any drug use by the mother within the last 20 weeks. The results are expected to arrive within the next few days.

Father/Co-Parent of Baby Involvement: Upon birth, the father wanted a paternity test to prove he was the father. The father has agreed that GN is his child and wants to be a part of her upbringing.

Living Situation: The mother and father of the infant do not live together. The living situation is in question for GN. DCFS has been involved and may determine that the parents are not fit to raise a child.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The parents both have a high school education. The mother shows resistance to nursing education. Follow up education has been required for several topics since her arrival.

Birth History (10 points)

Length of Second Stage of Labor: 40 min

Type of Delivery: The mother delivered via spontaneous vaginal delivery

Complications of Birth: none

APGAR Scores:

1 minute:

A: 1
P: 2
G:2
A:0
R:1 Total:6 → moderately depressed

5 minutes:

A: 2
P: 2
G: 1
A: 1
R: 2 Total:8 → excellent condition

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: NG feeding tube

If breastfeeding: ---

LATCH score: ---

If bottle feeding: ----

Positioning of bottle: ---

Suck strength: ---

Amount: ---

Percentage of weight loss at time of assessment: current weight= 2665 g - birth weight (2615 g) = 50g. 50g/2665g=0.0187x100= 1.88% gain since birth

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

What is normal weight loss for an infant of this age? Infants may lose up to 10% of their body weight within the first 3 days of life.

Is this neonate's weight loss within normal limits? Yes, GN gained weight.

Intake and Output (8 points)

Intake

If breastfeeding: N/A

Feeding frequency:

Length of feeding session:

One or both breasts:

If bottle feeding: N/A

Frequency:

Volume of formula per session:

If NG or OG feeding:

Frequency: Q 3 hours

Volume: 20mL of 22 cal/oz. Formula via NG tube

If IV:

Rate of flow: 6.5 mL/hour D12.5 + 0.22 normal saline solution

Volume in 24 hours: 156 mL

-

-

Output

Age (in hours) of first void: GN voided 70 mL at 10 hours of age.

Voiding patterns:

Number of times in 24 hours: GN voided twice within 24 hours for a total of 140 mL

Age (in hours) of first stool: The first stool was recorded within the first hour of birth.

Stool patterns:

Type: Normal newborn stool, post meconium.

Color: green/yellow

Consistency: moderately soft/ seedy

Number of times in 24 hours: GN's diaper has been changed every 4 hours since her birth. Stool has been noted in every diaper change, for a total of 8 stools in 24 hours.

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 even if these labs have not been completed*	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	Neonate's blood glucose should be above 45 mg/ dL after 24 hours of life (Cramner, 2020).	20-80 mg/dL (Van Leeuwen & Bladh, 2017).	55 mg/dL	This premature newborn's blood glucose is within normal range but should be monitored closely.
Blood Type and Rh Factor	Determines ABO blood type as well as antigens to avoid transfusion reactions (Ricci et al., 2017).	Dependent on the parent's blood type.	O+	Has neither A nor B antigens on red cells, but both A and B antibodies are in the plasma. Positive Rh factor
Coombs Test	The Coombs test looks for antibodies that may stick to	Negative	N/A due to blood type	N/A

	your red blood cells and them to die too early (Gersten, 2020).			
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Bilirubin levels are tested in newborns to assess for the risk of newborn jaundice (Kaneshiro & Zieve, 2020).	< 8.2 mg/dL (Van Leeuwen & Bladh, 2017).	8.3 mg/dL	Elevated bilirubin levels are more common in preterm newborns (Kaneshiro & Zieve, 2020).
Newborn Screen (At 24 hours)	A newborn screen is done to detect certain disorders and conditions that can hinder their normal development. This testing is required in every state and is typically performed before the baby leaves the hospital (National Institute of Health, 2015).	Negative	(If available—these may be not available until after discharge for some clients) N/A	N/A
Newborn **Hearing Screen**	Without newborn hearing screening, it is hard to know when there are hearing changes early in the child's life.	Passed	N/A until completion of antibiotic medication	Gentamicin is ototoxic. A hearing screen will be done prior to the newborns discharge.

Newborn Cardiac Screen (At 24 hours)	This test is done to detect congenital heart defects (American Academy of Pediatrics, 2019).	Passing requires the pedal and palmar pulse oximetry to be within 3% of each other and above 95% (American Academy of Pediatrics, 2019).	Passed.	Left pedal saO2: 99%. Right palmar saO2: 97%

Lab Data and Diagnostics Reference (APA):

American Academy of Pediatrics. (2019). *Newborn pulse oximetry screening to detect critical congenital heart disease.* https://www.healthychildren.org/English/ages-stages/baby/Pages/Newborn-Pulse-Oximetry-Screening-to-Detect-Critical-Congenital-Heart-Disease.aspx

Cranmer, H. (2020). Neonatal hypoglycemia. *Medscape.* https://emedicine.medscape.com/article/802334-overview

Gersten, T. (2020). Coombs test. *Medline Plus.* https://medlineplus.gov/ency/article/003344.htm

Kaneshiro, N., & Zieve, D. (2020). Newborn jaundice. *Medline Plus*. https://medlineplus.gov/ency/article/001559.htm#:~:text=Bilirubin%20is%20a%20yellow%20substance,This%20is%20called%20jaundice.

Ricci, S., Kyle, T. & Carmen, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Lippincott, Williams & Wilkins.

Van Leeuwen, A., & Bladh, M. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Newborn Medications (7 points)

Brand/Generic	**phytonadione (Vitamin K) / Aquamephyton** (Holland, 2020)	**erythromycin ointment/ Ilotycin** (Holland, 2020)	**hepatitis B (Vaccine) Engerix-B** (Holland, 2020)	**ampicillin/ Amcil** (Holland, 2020)	**gentamicin sulfate/ Garamycin** (Holland, 2020)
Dose	1 mg	1 ribbon/ eye	10 mcg	174 mg	10.4 mg
Frequency	1X at birth	1 X at birth	1 X at birth	Q 8 hours	Q 24 hours
Route	IM	Lower eyelid of each eye	IM	IV	IV
Classification	Hormones and synthetic substitutes; Vitamin; Antidote	Anti-Infective; Macrolide Antibiotic	Anti-Infective; Vaccine	Anti-Infective; Antibiotic; Aminopenicillin	Anti-Infective; Aminoglycoside Antibiotic
Mechanism of Action	Promotes formation of the following clotting factors in the live. Vitamin K does not counteract the anticoagulant action of heparin.	Macrolide antibiotic produced by a strain of *Streptomyces erythreus.* Bacteriostatic or bactericidal depending on the nature of organism and drug concentration used.	Suspension of inactivated and purified Hepatitis B surface antigen (HBsAg) derived from human plasma of screening asymptomati	A broad-spectrum semisynthetic, aminopenicillin is highly bactericidal even at low concentration.	Broad-spectrum aminoglycoside antibiotic derived from *Micromonospora purpurea*

			c HBsAg-positive carriers of Hepatitis B virus.		
Reason Client Taking	Prophylaxis and treatment of vitamin K deficiency bleeding in neonates.	External ocular infections, including neonatal chlamydial conjunctivitis and gonococcal ophthalmia.	Immunoprophylaxis against Hepatitis B.	Exposure to bacteria in the birth canal.	Exposure to bacteria in the birth canal.
Contraindications (2)	Cyanosis & Dyspnea	Liver Dysfunction & Hypersensitivity to erythromycins	Serious active infection or fever & Thrombocytopenia.	Hypersensitivity to penicillin derivatives & Infectious mononucleosis	Hypersensitivity to or toxic reaction with any aminoglycoside antibiotic & Impaired renal function.
Side Effects/Adverse Reactions (2)	Pain and swelling at the injection site & anaphylactic reaction	Diarrhea & Erythema	Soreness at injection site & Fever greater than 37.7 C	Severe pain & Rash	Ototoxicity & Neuromuscular blockade
Nursing Considerations (2)	Protect vial from light & Store at room temperature	Observe for S&S of superinfection by over growth on non susceptible bacteria or fungi & Monitor hepatotoxicity.	Shake well before withdrawal and use & Store refrigerated at 2 C to 8 C, do not freeze.	Give medications around the clock & Inspect patient's skin daily.	Check baseline weight and vital signs & Monitor I&O.
Key Nursing	Check	Periodic liver	Monitor	Baseline	Perform

Assessment(s)/ Lab(s) Prior to Administration	prothrombin time	function tests during prolonged therapy.	temperature after it is given for 1 to 2 days.	C&S tests prior to initiation of therapy. Baseline and periodic assessments of renal, hepatic, and hematologic functions, particularly during prolonged or high-does therapy.	C&S and renal function prior to first dose and periodically during therapy. Repeat C&S if improvement does not occur in 3 to 5 days. Draw blood specimens for peak and trough throughout treatment. Trough should be drawn 30 minutes before 3rd dose, with a range of 0.5-1 mcg/dL. Peak should be drawn 30 minutes after the completion of the 3rd dose with a range of 5-12 mcg/ dL
Client Teaching needs (2)	Maintain consistency in diet & Know	Do not breastfeed while taking this drug without	Learn potential adverse	Report diarrhea to physician &	Take medication as directed and

	sources rich in Vitamin K	consulting a physician. & Notify physician for S&S of superinfection.	reactions & Do not breastfeed while taking this drug without consulting a physician.	Report S&S of superinfection.	only for the length of time prescribed & Notify physician if conditions fail to improve within 1 week. **(Holland, 2020).**

Medications Reference (APA):

Holland, R. (2020). Drug guide. *Prentice Hall Health*. http://www.robholland.com/Nursing/Drug_Guide/

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	Skin appears smooth, flexible, intact, and warm.	Smooth, flexible, good skin turgor, well hydrated; warm	

Head	The head is symmetrical, sutures are well defined. Hair is distributed equally.	Varies with age, gender, ethnicity	
Fontanels	Fontanels are soft, open, and flat.	Fontanels should be soft, flat, and open. Skull should be smooth.	
Face	Face is symmetrical at rest. Cheeks are full, and no rash or redness noted.	Full cheeks, facial features symmetric	
Eyes	Eyes show a slightly yellow sclera and they are symmetrical. Eyes open spontaneously. The irises are dark blue.	Clear and symmetrically placed on face, online with ears	Sclera is slightly yellowed due to elevated bilirubin levels.
Nose	Nose is small, the placement is midline and narrow.	Small, placement in the midline and narrow, ability to smell	
Mouth	No redness, no swelling, no visible abnormalities.	aligned in midline, symmetric, Intex soft and hard palate	
Ears	Ears are symmetrical and respond well to stimuli. No drainage is noted, ear canal is visible.	Soft and pliable with quick recoil when folded and released	

Neck	Neck area is supple, with no extra folds.	Short, creased, moves freely, baby holds head in midline	
Chest	Chest circumference is 30.5 cm, symmetrical, and barrel shaped. The Xiphoid process is present and midline.	Round, symmetric, smaller than head	
Breath Sounds	Breath sounds are CTA bilaterally.	Breath sounds should be CTA bilaterally.	

Heart Sounds	Heart sounds are of normal rate and rhythm. (a murmur was noted in the chart, but I could not pick it out).	S1 and S2 should be heard. Murmurs are common in newborns and don't necessarily mean heart disease but should be monitored.	
Abdomen	Abdomen appears normal, soft, slightly rounded, and contours are symmetrical.	Protuberant contour, soft, three vessels in umbilical cord	
Bowel Sounds	Bowel sounds were auscultated in all 4 quadrants.	Bowel sounds should be auscultated in all 4 quadrants.	
Umbilical Cord	No drainage was noted from the umbilical cord. It	Umbilical cord should be midline with 2 arteries and 1	

	appears gooey and bluish/ white in color. 2 arteries and 1 vein present.	vein. No drainage or redness, swelling, or bleeding should be noted.	
Genitals	Labia majora is swollen and reddish pink in color.	Swollen female genitals as a result of maternal estrogen	
Anus	Opening of anus is patent and midline.	Opening of anus should be patent and midline relative to perineal area.	
Extremities	Extremities move freely within normal limits.	Extremities symmetric with free movement	
Spine	Spinal column intact with no dimples or abnormalities.	Spine is midline and allows for normal peripheral movement.	
Safety **·Matching bands with parents** **· Hugs tag** **· Sleep position**	Safety tags are in place. Contained in a “snuggle up” in a side lying position. Age appropriate position.	Per hospital guidelines, all newborns have a HUGS tag along with an identification tag matching the parents. Sleep position should be supine or a supported side lying position to prevent aspiration during tube feedings.	

			(Ricci et al., 2017)

Reference:

Ricci, S., Kyle, T. & Carmen, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Lippincott, Williams & Wilkins.

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

NEUROMUSCULAR MATURITY

NEUROMUSCULAR MATURITY SIGN	SCORE -1	0	1	2	3	4	5	RECORD SCORE HERE
POSTURE								4
SQUARE WINDOW (Wrist)								1
ARM RECOIL								2
POPLITEAL ANGLE								2
SCARF SIGN								1
HEEL TO EAR								3
							TOTAL NEUROMUSCULAR MATURITY SCORE	13

PHYSICAL MATURITY

PHYSICAL MATURITY SIGN	SCORE -1	0	1	2	3	4	5	RECORD SCORE HERE
SKIN	sticky, friable, transparent	gelatinous, red, translucent	smooth pink, visible veins	superficial peeling &/or rash, few veins	cracking, pale areas, rare veins	parchment, deep cracking, no vessels	leathery, cracked, wrinkled	1
LANUGO	none	sparse	abundant	thinning	bald areas	mostly bald		1
PLANTAR SURFACE	heel-toe 40-50 mm: -1 <40 mm: -2	>50 mm no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole		4
BREAST	imperceptable	barely perceptable	flat areola no bud	stippled areola 1-2 mm bud	raised areola 3-4 mm bud	full areola 5-10 mm bud		1
EYE / EAR	lids fused loosely: -1 tightly: -2	lids open pinna flat stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm instant recoil	thick cartilage ear stiff		3
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	prominent clitoris & small labia minora	prominent clitoris & enlarging minora	majora & minora equally prominent	majora large, minora small	majora cover clitoris & minora		4
							TOTAL PHYSICAL MATURITY SCORE	14

SCORE
Neuromuscular: 13
Physical: 14
Total: 27

MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
27	34.8
30	36
35	38
40	40
45	42
50	44

What was your determination?

The Ballard score is 27. A score of 27 equates to roughly 34.8 weeks. GN is SGA.

Are there any complications expected for a baby in this classification?

Expected complications include increased red blood cells, low blood glucose, and low body temperature (Jacobson, 2019).

Reference:

Jacobson, J. (2019) Small for gestational age (SGA). *Medline Plus.* https://medlineplus.gov/ency/article/002302.htm

Vital Signs, 3 sets (6 points)

Time	**Temperature (Axillary)**	**Pulse (Pedal)**	**Respirations (Supine)**
Birth	36.4 C	170 bpm	70/ min
4 Hours After Birth	36.5 C	156 bpm	62/ min
At the Time of Your Assessment	36.6 C	130 bpm	48/ min

Vital Sign Trends:

NG's temperature has remained stable with the assistance of a heat lamp above her bed. Both pulse and respiratory rate have decreased to stable levels within normal limits.

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0800	Neonatal	No localized	**2**	grimacing/	Oral sucrose and

	infant pain scale (NIPS)	pain	(Pain management interventions start at 3 and above)	whimpering	coordinated/ cluster care to minimize irritation

Summary of Assessment (4 points)

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

This neonate was delivered by standard spontaneous vaginal delivery on 9/21/2020 at 0542. The Apgar scores at one and five minutes were 6 and 8. The Ballard score of 27 revealed a gestational age of 34.8 weeks and SGA. Prenatal history is complicated by a lack of compliance by the mother making prenatal appointments and tobacco, drug, and alcohol use. Birth weight was 2615 grams (5 lb. 12.2 oz.), 47 cm long (18.5 in.). Upon assessment at 0800 on 9/23/2020, all systems are within normal limits aside from hypoglycemia, elevated bilirubin, and bands present in the last CBC. Last set of vitals: 36.6/130/48. GN is currently receiving feedings via NG tube q3 hours, 20mL, 22cal/oz. She is showing signs that she may be ready to take formula via bottle. The mother is struggling to produce milk. Per the physician, GN will be in the special care unit for the next seven days while continuing gentamicin treatment. Her glucose and bilirubin levels upon the last check were 55 and 8.3. Levels will be monitored closely throughout her admission. DCFS has been involved in this case. Home placement for GN after discharge is yet to be determined.

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.**
Non-Nutritional Sucking - **N**	Done when NG was crying or when performing we performed assessments on her.	Sucking on a pacifier was a non-pharmacological way to calm and soothe the patient.
Oral Sucrose - **N**	When NG was crying or when performing assessments on her.	Oral sucrose aided in the use of the non-nutritional sucking because she has a deficit of being able to continuously suck and breath at the same time.
D12.5 + 0.22 normal saline Solution - **T**	Given continuously via IV.	This IV solution is used to help increase her blood glucose level.
Ampicillin - **T**	Given q 8 hours.	This medication is given to fight the infectious agents that she was exposed to in the birth canal.

Discharge Planning (2 points)

Discharge location:

The discharge location is yet to be determined due to DCFS involvement. The neonate will need to remain in the special care unit for up to seven days to complete her gentamicin regiment and to be monitored for adverse effects from medication and withdrawal from substances transmitted by the mother.

Equipment needs (if applicable):

No equipment needs are anticipated for the time of discharge.

Follow up plan (include plan for newborn ONLY):

A follow up plan will be developed closer to the time of discharge. Too much is uncertain at this time to foresee a plan after discharge.

Education needs:

If GN will be allowed to go home with her mother, there will be a great deal of education required for her. Based on her lack of compliance to nursing education thus far, she will likely need professional home assistance to ensure proper care of the newborn.

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 breathing pattern related to preterm	Establishing a normal breathing	**1.** Assess respiratory rate and breathing pattern, noting changes in heart rate,	**Goal:** Newborn will maintain a normal breathing pattern and

birth as evidenced by fluctuating respiratory rate and the PRN use of supplemental oxygen (Cetinkaya & Kusdemir, 2018).	pattern is essential for proper gas exchange and basic physiological functioning.	muscle tone, and skin color. **Rationale:** This helps to distinguish normal patterns of breathing from abnormal stents of breathing. **2.** Maintain the desired body temperature by using a heat lamp. **Rationale:** Changes in body temperature can lead to apnea. (Cetinkaya & Kusdemir, 2018).	her vital signs will be within range. A heat lamp above GN's bed helped to raise her body temperature. After continual monitoring of her vital signs, her breathing pattern is stable.
2. Risk for ineffective thermoregulation related to immature CNS development as evidenced by fluctuation of body temperature and periods of tachypnea and apnea (Cetinkaya & Kusdemir, 2018).	Regulating body temperature is vital for basic physiological functioning and preventing issues in other body systems.	**1.** Assess temperature frequently. **Rationale:** By monitoring temperature frequently, one can prevent major changes in body temperature. **2.** Warm objects such as stethoscopes and linens coming in contact with the newborn. **Rationale:** Placing cold objects around the newborn can lower their body temperature. (Cetinkaya & Kusdemir, 2018).	**Goal:** GN will maintain a body temperature within normal limits. After intervention, GN's temperature remained between 36.5 and 37 degrees celsius.
3. Risk for infection related to exposure to bacteria during birth as evidenced by elevated WBC count and presence of bands from the CBC (Cetinkaya & Kusdemir, 2018).	Fighting an infection burns excess calories and needs to be managed to prevent further complications.	**1.** Practice aseptic technique when assessing the newborn **Rationale:** This will prevent the spread of microorganisms. **2.** Provide breast milk feeding, if available **Rationale:** Breast Milk contains IgA, macrophages, lymphocytes, and neutrophils which will assist in fighting an infection.	**Goal:** GN will Be free of signs of Infection. Aseptic technique is being used while caring for GN. The mother is currently unable to produce milk. She is currently working with the lactation specialist.

		(Cetinkaya & Kusdemir, 2018).	
4. Ineffective feeding pattern related to preterm birth as evidenced by NG tube feedings (Cetinkaya & Kusdemir, 2018).	GN is not currently feeding orally. She hasn't shown signs that she could suck from a nipple or bottle and swallow effectively.	**1.** Assess the newborn's succking pattern with a pacifier. **Rationale:** If the newborn sucks on a pacifier, implementation of a bottle or nipple may begin. **2.** Weigh the newborn on the same scale at the same time everyday to detect excess weight loss. **Rationale:** Newborns are expected to lose 10% of their birth weight in the first few days, it is important to monitor their weight to ensure they don't lose more than 10%. (Cetinkaya & Kusdemir, 2018).	**Goal**: GN will feed orally and not lose more than 10% of her birth weight. GN showed signs that she was ready to take a bottle. She took 15mL of the 20 mL bottle as I ended my shift. Her weight has gone up from birth as a result of NG tube feedings and IV fluids.

Other References (APA):

Cetinkaya, S., & Kusdemir, S. (2018). A premature baby's nursing care plan. *Open Journal of Obstetrics and Gynecology, 08(*05), 437–445. https://doi.org/10.4236/ojog.2018.85050