N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment **12-07-2020** **1405**	**Patient Initials** **K.B.**	**Date & Time of Birth** **12-06-2020** **0605**	**Age** **(in hours at the time of assessment)** **32 hours**
Gender **Female**	**Weight at Birth** **(gm) 3220** **(lb.) 7 (oz.) 1.6**	**Weight at Time of Assessment** **(gm) 3140** **(lb.) 6 (oz.) 14.8**	**Age (in hours) at the Time of Last Weight** **17 hours**
Race/Ethnicity **White**	**Length at Birth** **Cm 50.2** **Inches 19.75**	**Head Circumference at Birth** **Cm 32** **Inches 12.6**	**Chest Circumference at Birth** **Cm 33.5** **Inches 13.18**

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: Mother took daily prenatal vitamins. Mother complied with all prenatal instructions and attended all appointments.

When prenatal care started: April 07, 2020

Abnormal prenatal labs/diagnostics: GBS positive. 05-19-2020

Prenatal complications: None.

Smoking/alcohol/drug use in pregnancy: Client denies the use of alcohol, drugs and smoking during pregnancy.

Labor History of Mother: G3 T3 P0 A0 L3

Gestation at onset of labor: 38 weeks 1 day

Length of labor: 6 hours and 2 minutes.

ROM: 0003 spontaneous

Medications in labor: Fentanyl 2 microg/mL Ropivacaine 0.075% Epidural.

Complications of labor and delivery: None

Family History:

Pertinent to infants: No previous complications in their families..

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Mother denies use of alcohol, drugs and tobacco during pregnancy.

Father/Co-Parent of Baby Involvement: Father is involved.

Living Situation: The child will live at home with mother, father and two sisters.

Education Level of Parents (If applicable to parents' learning barriers or care of infants): Mother is a college graduate with an associate degree. Father has a high school diploma.

Birth History (10 points)

Length of Second Stage of Labor: 1 hour 15 minutes

Type of Delivery: Vaginal, Spontaneous

Complications of Birth: none

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Breast

If breastfeeding:

LATCH score: 9

If bottle feeding: N/A

Positioning of bottle:

Suck strength:

Amount:

Percentage of weight loss at time of assessment: ____-2____%

******Current weight - Birth weight ÷ Birth weight******

What is normal weight loss for an infant of this age? 2-4.2%

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

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: on-demand or every 2 hours

Length of feeding session: 10-20 minutes on both sides.

One or both breasts: Both

If bottle feeding: n/a

Frequency:

Volume of formula per session:

If NG or OG feeding: n/a

Frequency:

Volume:

If IV: n/a

Rate of flow: n/a

Volume in 24 hours: n/a

-

-

<u>Output</u>

Age (in hours) of first void: 4 hours

Voiding patterns:

Number of times in 24 hours: 4 voids.

Age (in hours) of first stool: 8 hours

Stool patterns:

Type: Medium

Color: Brown - slight yellow tint.

Consistency: liquid/watery

Number of times in 24 hours: 5 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	Expected	Client's Results	Interpretation of

	ordered for THIS client? ***Complete this even if these labs have not been completed***	**Results**		**Results**
Blood Glucose Levels	This is making sure the baby's blood glucose level was in normal range. When the baby's glucose levels are low, she also has trouble keeping her own temperature maintained.	40-99 is the range for those infants not born to a diabetic mother,	61	Within normal limits
Blood Type and Rh Factor	To see if the baby is at risk of anemia due to foriegn antibodies from the mothers blood.	Both mother and father have the same blood type. The infant has a high chance of being A positive.	A positive	Both the infant and mother have the same blood type. A positive.
Coombs Test	A coombs test is done to find certain antibodies that attack red blood cells. Antibodies then bind to	A negative test results means the baby's	**Not completed**	**N/a**

	foreign substances, such as viruses and bacteria, and cause them to be eliminated.	blood does not have this.		
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	A bilirubin level is looked at on a baby to determine if they have hyperbilirubinemia	Normal indirect bilirubin would be under 5.2 mg/dL within the first 24 hours of birth	4.2mg/dL	Within normal range
Newborn Screen **(At 24 hours)**	This is mandatory in the state of Illinois. This test is done to look for conditions or any disorders this baby may have.	A negative test tells us the infant does not have any disorders or conditions.	N/a	N/a
Newborn Hearing Screen	This is completed on the baby to see if they can hear properly or not.	A pass in both ears indicates this infant can hear.	Passed. 12-07-2020	The infant can hear within normal limits

Newborn Cardiac Screen **(At 24 hours)**	A pulse ox is used in this testing to see if the infant has any heart conditions before they are discharged.	For a pass, it needs to be 95% in the right hand or in food with a difference of no more than 3% between the right hand and the infant's foot .	In the chart it said the infant passed. No further information found.	Within normal limits.

Lab Data and Diagnostics Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). Mosby's Diagnostic and Laboratory Test Reference (14th ed.). Mosby.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton** **(Vitamin K)**	**Ilotycin** **(Erythromycin Ointment)**	**Hepatitis B Vaccine**

Dose	**1mg**	**1 application in each eye**	**0.5ml**
Frequency	**Once**	**Once**	**Once**
Route	**IM**	Ophthalmic ointment	**IM**
Classification	Therapeutic: antidotes, vitamins Pharmacologic: fat-soluble vitamins	Macrolide Antibiotic	**Vaccine**
Mechanism of Action	Provides the infant with Vitamin K for production of proper clotting factors by the liver. It also prevents Vitamin K deficiency bleeding of the newborn.	Action is to prevent gonorrhea and chlamydia trachomatis conjunctivitis.	Prevent Hep B
Reason Client Taking	To prevent hemorrhagic disease.	To prevent ophthalmia neonatorum due to Neisseria gonorrhoeae or Chlamydia trachomatis	Prevent Hep B
Contraindications (2)	Hypersensitivity or intolerance to benzyl	Hypersensitivity and Hepatic impairment	Hypersensitivity And Fever

	alcohol (injection only)		
Side Effects/Adverse Reactions (2)	**Redness or swelling at the injection site.**	**Abnormal thick discharge or pus.**	**Runny nose & Crying**
Nursing Considerations (2)	**The nurse needs to be at the appropriate location for the injection.** **The nurse needs to prep and clean the skin prior to injection.**	Hepatic impairment. The nurse needs to look for lesions around the eyes.	**The nurse needs to be at the appropriate location for the injection.** **The nurse needs to prep and clean the skin prior to injection.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor for frank and occult bleeding. Monitor the PT prior to and also throughout Vit. K therapy to determine response to and record for further therapy	The nurse needs to evaluate the eyes before applying the ointment. Listen to bowel sounds and do a liver evaluation.	Need to know if there is an active case of Hep B prior to giving the vaccine. If there is a bleeding or blood clotting disorder the vaccine needs to be postponed.
Client Teaching needs (2)	Inform the parents that the injection site may swell. Educate why Vitamin K is needed for their child.	Provide teaching to the mother, if breastfeeding, to avoid all herbal products for 24-48 hours after the baby has received this med. Provide education to the parents to monitor the baby's eyes for drainage or pus and report if so.	Provide teaching to the parents on the importance of Hep B vaccine and that they must give consent prior to admission of vaccine. Educate the parents that Hep B vaccine does not protect against hepatitis caused by other agents and viruses

Medications Reference (APA):

Jones & Bartlett Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Jones & Bartlett Learning

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings ***This can be found in your book on page 645***	If assessment finding is different from expectation, what is the clinical significance?
Skin	Skin is warm, dry, smooth, hydrated and flexible.	Warm, dry, smooth, hydrated, good skin turgor, flexible	**Within normal limit** **(WNL)**
Head	Fontanels palpable; head circumference is 32 cm.	Normal head circumference ranges from 12-15in (32-37cm).	**WNL**
Fontanels	Fontanels and sutures are palpable.	Fontanelles and sutures should be palpable	**WNL**
Face	Symmetrical features; full cheeks	Full cheeks, symmetrical facial features	**WNL**

Eyes	Symmetrical & with no drainage.	Symmetrically placed on face, clear and in line with the ears	**WNL**
Nose	Midline; nares open.	Small, placement in the midline, ability to smell	**WNL**
Mouth	Pink, moist & intact; Midline	Aligned in midline, symmetric, intact soft and hard palate	**WNL**
Ears	Soft; appropriate for size; Return to previous position when folded.	Soft and pliable with quick recoil when folded and released	**WNL**
Neck	Midline & intact	Creased, short, moves freely, baby holds head in midline	**WNL**
Chest	Symmetrical and round; appropriate for size; 33.5 cm.	Round, symmetric, smaller than head	**WNL**
Breath Sounds	Clear lung sounds; No oxygen requirements	Clear lung sounds bilaterally.	**WNL**

Heart Sounds	**S1,S2 clear**	**Normal and clear S1,S2 noted.**	**WNL**
Abdomen	Soft; Umbilical cord clamped.	Protuberant contour, three vessels in umbilical cord, soft	**WNL**

Bowel Sounds	**Bowel sounds present and normoactive.**	**Normoactive bowel sounds in all quadrants.**	**WNL**
Umbilical Cord	Clean, no drainage; Clamp in place. Three vessels noted.	Three vessels present, two arteries and one vein.	**WNL**
Genitals	**Dry, Slight redness.**	**Clear, dry and intact. Slight redness is normal following birth.**	**WNL**
Anus	Patent; 5 stools in 24 hours.	Passage of meconium indicates patency.	**WNL**
Extremities	All the extremities moved freely. Symmetrical	Symmetric with free movement	**WNL**
Spine	Spine palpable; no bruises or rashes on back.	Spine should be palpable all along its length	**WNL**
Safety · **Matching bands with parents** · **Hugs tag** · **Sleep position**	**Client and the mother both have matching bands. Hugs tag is on the infant's ankle. The infant sleeps on her back in a bedside crib.**	**Infant should sleep on her back. Hugs tags are important and help to prevent incidents. As the nurse, always check the matching bands.**	**WNL**

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? Ballard score is 36 & AGA

Are there any complications expected for a baby in this classification? None

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	99.3	154	43
4 Hours After Birth	98.2	128	41
At the Time of Your Assessment	97.9	130	38

Vital Sign Trends: Within normal limits

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	FLACC	None	0	None	None

Summary of Assessment (4 points)

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

The infant was delivered on 12/06/2020 at 0605 by normal spontaneous vaginal delivery. Nuchal cord x1. Apgar scores 1/5/8. EDD 12/18/2020 by the US. Dubowitz revealed neonate is 38 1/7 weeks and AGA. Prenatal hx complicated by positive GBS. Birth weight 7 lbs 1.6 ozs (3220 grams), 19.75" long (50.24 cms). Upon assessment all systems are within normal limits. Last set of vitals: 97.9/130HR/38RR. . BS after delivery WNL. Neonate is breastfeeding and nursing well with most feedings q2-3 hrs. Bilirubin level at 24 hours per scan was 4.2. Neonate is expected to be discharged with mother later this evening and to see a pediatrician in the office for the first well baby check within 48 hours.

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.**
Full Assessment of the newborn. (N)	**Once or as needed per situation.**	**It is done to look for any abnormalities or findings that need to be reported to physician.**
Swaddle the infant to help regulate temperature. (N)	**As appropriate or per hospital policy**	**Thermoregulation is important for infants.**
Education to the mother on her positive GBS test. (N)	**As needed and appropriate.**	**The test result revealed the mother is GBS positive. The nurse would explain more about this infection caused by a common bacterium (group B**

		streptococcus).
Changing the infant's diaper. (N)	**As needed or by hospital policy**	**The infant needs to have their diaper monitored and change as needed. Leaving a soiled diaper on the infant could cause skin break down or infection.**

Discharge Planning (2 points)

Discharge location: Home with mom and dad.

Equipment needs (if applicable): Mother is to receive a breastfeeding pump.

Follow up plan (include plan for newborn ONLY): Follow up with pediatrician within two days.

Education needs: Education on infection prevention, feeding techniques and breastfeeding techniques.

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.
Risk for infection related to neonatal immune system as evidenced by the clients age.	**The client is a newborn. The risk of infection is high and we are currently in a pandemic.**	**1. Proper hand hygiene** **Rationale - help to prevent the spread of germs.** **2. Education for the parents on proper hygiene** **Rationale - Help the parents learn the best ways to keep their baby safe.**	**Hand hygiene is always completed prior to becoming incontact with the infant.** **Parents received education from the nurse and asked questions. Goal met.**
Risk for impaired skin integrity related to external conditions as evidenced by a wet diaper.	**A wet diaper can cause skin breakdown if not changed at appropriate times.**	**1. Instructions on how to check the skin for breakdown** **Rationale - help the parents learn what to look for to let them know when to seek care for skin breakdown.** **2. Education on how to change a diaper and how often it is needed.**	**Goal met - The parents have received a teaching on how to check the for s/s of skin breakdown. The parents have demonstrated for the nurse how to properly change the diaper and noted how often it is appropriate.**

		Rationale - The parents need to know how to change a diaper and prevent skin breakdown.	
Knowledge deficit related to newborn care as evidenced by mother needing additional teaching.	**The mother is requiring more teaching than normal.**	**1. Provide pamphlets and paperwork on topics.** **Rationale - The mother will be able to read them and take them with her home.** **2. The nurse will allow the mother to practice skills in front of her to receive feedback.** **Rationale - The mother wants the nurses approval on the skills necessary for caring for the child.**	**Goal met - The nurse provides teaching and left the client with pamphlets and papers. The client now practices skills in front of the nurse to receive feedback.**
Risk for imbalanced nutrition less than body requirements related to expected weight loss as evidenced by infants current - 2% weight loss.	**The infant will be losing weight and it needs to be monitored and teached about.**	**1. Education on the amount of feedings needed.** **Rationale - The infant will require constant around the clock feedings.** **2. Proper breastfeeding technique.** **Rationale - The mother only wants to breastfeed so, she needs to make sure she is doing it properly so the infant is well fed.**	**Goal met - Parents received the necessary education and were able to teach it back to the nurse.** **Goal met- The couple understand the importance of constant feedings and the mother has been visited by the lactation consultant for tips and tricks.**

Other References (APA):