# N432 Newborn Care Plan

Lakeview College of Nursing

Morgan Jo Phillips

**Demographics (10 points)**

| **Date & Time of Clinical Assessment** 01/20/21 @ 1600 | **Patient Initials** W.H. | **Date & Time of Birth** 01/16/21 1344 | **Age (in hours at the time of assessment)** 96 hours |
|---|---|---|---|
| **Gender** Male | **Weight at Birth** **(gm) ___2930_____** **(lb.) _6__ (oz.) _7.4__** | **Weight at Time of Assessment** **(gm) ____2770_____** **(lb.) __6_ (oz.) __1.7_** | **Age (in hours) at the Time of Last Weight** 82.5 hours |
| **Race/Ethnicity** White/ Christian | **Length at Birth** **Cm ___49.5_____** **Inches ___19.5_____** | **Head Circumference at Birth** **Cm _____35cm_____** **Inches ___13.78___** | **Chest Circumference at Birth** **Cm __32cm___** **Inches __12.59____** |

***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:**

**GTPAL:** 51132

**When prenatal care started:** 6 weeks

**Abnormal prenatal labs/diagnostics:** hypertension

**Prenatal complications:** pre-eclampsia

**Smoking/alcohol/drug use in pregnancy:** N/A Mother denies any use

**Labor History of Mother:**

**Gestation at onset of labor:** 34 weeks and 5 days

**Length of labor:** 12 hours

**ROM:** 0100 on 01/16/21

**Medications in labor:** Potassium and Epidural

**Complications of labor and delivery:** Cord Prolapse, Nuchal X2 with one true knot around the cord

**Family History:**

**Pertinent to infant:** N/A

**Social History (tobacco/alcohol/drugs):**

**Pertinent to infant:** N/A

**Father/Co-Parent of Baby Involvement:** Father is very involved and wants to be included in each step possible. Father is here to give mother support and provide for her and the baby's needs.

**Living Situation:** At home with mother and father and older sister

**Education Level of Parents (If applicable to parents' learning barriers or care of infant):** N/A parents are both educated and have great jobs. Mother is a teacher and will be able to provide a great learning environment for her child.

## Birth History (10 points)

**Length of Second Stage of Labor:** N/A the Mother had a C-Section

**Type of Delivery:** C-section

**Complications of Birth:** Cord Prolapse

**APGAR Scores:**

**1 minute:** 8

**5 minutes:** 9

**Resuscitation methods beyond the normal needed:** CPAP initiated for infant because the baby was premature and was in respiratory distress

## Feeding Techniques (10 points)

**Feeding Technique Type:** Baby is currently being fed breastmilk through an NG tube

**If breastfeeding:**

**LATCH score:** N/A

**Supplemental feeding system or nipple shield:** N/A

**If bottle feeding:**

**Positioning of bottle:** N/A

**Suck strength:** N/A

**Amount:** 35 mL

**Percentage of weight loss at time of assessment:____5.46_____%**

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

2930-2770=160 160 divided by 2930= 0.054607= 5.46%

**What is normal weight loss for an infant of this age?** Less than 10%

**Is this neonate's weight loss within normal limits?** yes

**Intake and Output (8 points)**

**Intake**

**If breastfeeding:**

**Feeding frequency:** N/A

**Length of feeding session:** N/A

**One or both breasts:** N/A

**If bottle feeding:**

**Formula type or Expressed breast milk (EBM):** N/A

**Frequency:** N/A

**Volume of formula/EBM per session:** N/A

**If EBM, is fortifier added/to bring it to which calorie content:** N/A

**If NG or OG feeding:**

**Frequency:** Every 3 hours

**Volume:** 35 mL

**If IV:**

**Rate of flow:** N/A

**Volume in 24 hours:** N/A

**Output**

**Age (in hours) of first void:** 8 hours

**Voiding patterns:**

**Number of times in 24 hours:** 12 times

**Age (in hours) of first stool:** 24 hours

**Stool patterns:**

**Type:** Small amount

**Color:** Meconium plug/ darker stool

**Consistency:** Soft

**Number of times in 24 hours:** 4 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** | This is ordered for this client because he is on IV fluids and it is routinely done for newborns to check for hyper or hypoglycemia (Vieira, 2016). | Above 60's (per OSF guidelines from nurse) | 72 | This client's results are above the range of 60 and not above 126 per ATI guidelines so this newborn's glucose levels are normal. |
| **Blood Type and Rh Factor** | This is a routine screening test done during the mothers first prenatal visit to identify the blood type of the baby and if the mother is carrying the Rh factor protein for the child | Figuring out the blood type of the baby and finding out if the mother is Rh positive or negative and if negative ensuring the correct precautions are taking care of. | A Positive and mother was Rh positive | This client was A positive which was normal, and mother was Rh positive, so no other precautions were taken for the mothers prenatal health. |

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| | (Mayoclinic, 2020). | | | |
| **Coombs Test** | This test is used to detect antibodies that act against the surface of your red blood cells (Coomcs' Test, 2021). | No presence of antibodies | N/A | **N/A** |
| **Bilirubin Level (All babies at 24 hours)**<br><br>***Utilize bilitool.org for bilirubin levels*** | This screening is done to test the bilirubin levels of a newborn and this baby showed signs of jaundice which indicated a bilirubin test needed to be checked (Ricci et al., 2021). | Below 14.4 | 12.7mg | This client's results were 12.7 due to the baby being in an ultraviolent crib which helped to decrease his bilirubin levels and bring them back to normal. |
| **Newborn Screen** | The screening is | Passes newborn | **(If available—these may be** | N/A not yet resulted |

| | | | | |
|---|---|---|---|---|
| **(At 24 hours)** | to identify newborns who appear healthy but could be a risk of developing conditions with severe complications if left untreated (Ricci et al., 20221). | screen | **not available until after discharge for some clients)**<br><br>Tests not yet resulted | |
| **Newborn Hearing Screen** | To ensure there is no missed hearing loss issues associated with the infant (Ricci et al., 2021). | Newborn passes the hearing screening test | This test is not yet resulted | N/A not yet resulted |
| **Newborn Cardiac Screen (At 24 hours)** | To ensure there is not any heart murmurs, abnormal blood | Newborn passes the hearing screening test. | This test is not yet resulted | N/A not yet resulted |

| | | | | |
|---|---|---|---|---|
| | flow, or deformities of the infants heart (Ricci et al., 2021). | | | |

**Lab Data and Diagnostics Reference (1) (APA):**

"Coombs' Test." *Johns Hopkins Lupus Center*, 2021, www.hopkinslupus.org/lupus-tests/clinical-tests/coombs-test/#:~:text=The%20Coombs. Accessed 25 Jan. 2021.

"Rh Factor Blood Test - Mayo Clinic." *Www.mayoclinic.org*, June 2020, www.mayoclinic.org/tests-procedures/rh-factor/about/pac-20394960#:~:text=Your%20health%20care%20provider%20will. Accessed 25 Jan. 2021.

Vieira, Ginger. "True or False? Demystifying Breastfeeding for Women with Type 1 Diabetes." *ASweetLife*, 18 Oct. 2016, asweetlife.org/true-or-false-demystifying-breastfeeding-for-women-with-type-1-diabetes/?gclid=CjwKCAiA9bmABhBbEiwASb35V6FaE0PafgCKisyiyq2pOvXjm7JbEWaRU27l6oAURQas8MI8sYcLTRoCKIgQAvD_BwE. Accessed 25 Jan. 2021.

**Newborn Medications (7 points)**

| **Brand/Generic** | **Aquamephyton (Vitamin K)** | **Illotycin (Erythromycin Ointment)** | **Hepatitis B Vaccine** | **Ampicillin** | **Gentamicin (Cidomycin)** |
|---|---|---|---|---|---|
| **Dose** | **1 mg** | **Entire** | **0.5 mL** | **19.5mg** | **13.2mg** |

| | | | | | |
|---|---|---|---|---|---|
| | | **Tube** | | | |
| **Frequency** | **Once** | **Once** | **Once PRN** | **Q 8hrs** | **Q 36 hrs** |
| **Route** | **IM** | **Both eyes** | **IM** | **IV** | **IV** |
| **Classification** | **Vitamin** | **Antibiotic** | **Vaccination** | **Antibiotic** | **Antibiotic** |
| **Mechanism of Action** | **A carbanion model that mimics the gamma position of protein-bound glutamate. When mimicking the gamma position, it compromises the oxygenation and therefore leading to carboxylation and activation of the blood clotting proteins.** | **Binds with the 50's ribosomal subunit of the 70s ribosome in many types of aerobic anaerobic, gram-negative, and gram-positive. This action inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die.** | **Hepatitis B vaccination works by causing your body to produce its own protection antibodies against the disease (Mayoclinic, 2020).** | **Inhibits bacterial cell wall synthesis. Ampicillin exerts its effects on susceptible bacteria in the final stage of the cross-linking process by binding with inactivating penicillin-binding proteins.** | **Binds to negatively charges sites on the outer cell membrane of bacteria, thereby disrupting the membranes integrity. This leads to cell death.** |
| **Reason Client Taking** | **Because every newborn gets an injection of vitamin K because although rare, children may suffer from a potentially fatal disorder called vitamin deficiency bleeding also known as** | **To treat this newborn respiratory and pneumonia in newborns** | **Routine shot for all newborns to prevent Hep B.** | **Because the client has a respirator tract infection** | **Because client has a respiratory tract infection** |

| | | | | | |
|---|---|---|---|---|---|
| | **hemorrhagic disease of the newborn. (Pregnancy birth and baby, 2019).** | | | | |
| **Contraindications (2)** | **Jaundice, hemolysis (Drugs.com, 2019).** | **Simvastatin, lovastatin** | **Mild illness, moderate or severe acute illness** | **Hypersensitivity to ampicillin, infection caused by penillinase-producing organism** | **Hypersensitivity to gentamicin** |
| **Side Effects/Adverse Reactions (2)** | **Dyspnea, Cyanosis (Drugs.com, 2019)** | **Prolonged OT interval, hepatotoxicity** | **Dizziness, fatigue** | **Laryngeal stridor, anaphylaxis** | **Neurotoxicity, hypotension** |
| **Nursing Considerations (2)** | **That infants are more sensitive to adverse effects of this and it is crucial to ensure the baby is not bleeding due to the hemorrhagic disease of the newborn risks.** | **Use cautiously in patients with impaired hepatic function because drug is metabolized by the liver, Monitor infants for vomiting or irritability with feeding because infantile hypertrophic pyloric stenosis has been reported** | **Most be administered first dose to all newborns before hospital discharge, Minimal interval between dose 1 and dose 2 is 4 weeks, between dose 2 and 3 in 8 weeks.** | **Avoid giving to patients with mononucleosis because of increased risk of rash. Notify provider if patient has evidence of superinfection.** | **Best absorbed when given IV route, don't give through the same IV as other drugs without contacting pharmacy first** |
| **Key Nursing Assessment(s)/L** | **Routinely given to all** | **Monitor liver labs** | **Do not give in** | **Monitor closely for** | **Be sure when giving** |

| | | | | | |
|---|---|---|---|---|---|
| **ab(s) Prior to Administration** | **infants IM 6 hours post-birth and following stabilization and maternal/ newborn interaction (Canadian Pediatric Society, 2018).** | **before administration** | **deltoid muscle if possible, give in thigh and do not give IV** | **anaphylactic reactions with this medication** | **to infants to watch for allergic reactions for this drug** |
| **Client Teaching needs (2)** | **Dosing is directed by doctor only and its important to not change dosage for the child, Intestinal problems may cause absorption problems for vitamin K (Drugs.com, 2019).** | **Ensure that the patient takes full dosage, Tell prescriber if diarrhea occurs and lasts longer than 3 days** | **If not vaccinated you need to be sure to watch sexual partners and body fluid exchange for others who may have Hep B, Watch for signs of anaphylactic reaction.** | **Explain the importance of taking the full dose, Shake suspension well beach each use** | **Emphasize importance of completing full course of gentamicin therapy, instruct patients to report signs of adverse effects** |

**Medications Reference (1) (APA):**

"Hepatitis B Vaccine (Intramuscular Route) Description and Brand Names - Mayo Clinic." *Www.mayoclinic.org*, 2021, www.mayoclinic.org/drugs-supplements/hepatitis-b-vaccine-intramuscular-route/description/drg-20068700#:~:text=Hepatitis%20B%20vaccine%20recombinant%20is. Accessed 26 Jan. 2021.

Jones & Bartlett Learning. *2020 Nurse's Drug Handbook.* 19th ed., Burlington, Ma, Jones & Bartlett Learning, 2020.

Society, Canadian Paediatric. “Guidelines for Vitamin K Prophylaxis in Newborns | Canadian Paediatric Society.” *Www.cps.ca*, 16 Aug. 2018, www.cps.ca/en/documents/position/vitamin-k-prophylaxis-in-newborns#:~:text=Administering%20one%20intramuscular%20(IM)%20dose. Accessed 25 Jan. 2021.

“Vitamin K at Birth.” *Www.pregnancybirthbaby.org.au*, 2019, www.pregnancybirthbaby.org.au/vitamin-k-at-birth#:~:text=Vitamin%20K%20helps%20the%20blood.

https://www.facebook.com/Drugscom. “Vitamin K1.” *Drugs.com*, Drugs.com, 2019, www.drugs.com/pro/vitamin-k1.html#:~:text=Hemolysis%2C%20jaundice%2C%20and%20hyperbilirubinemia%20in.

**Newborn Assessment (20 points)**

| Area | Your Assessment | Expected Variations and Findings<br><br>*This can be found in your book on page 645* | If assessment finding different from expectation, what is the clinical significance? |
|---|---|---|---|
| **Skin** | **Red, warm to touch, Ruddy looking color, smooth and intact, no abnormal lesions** | **Smooth, flexible, good skin turgor, well hydrated, warm** | **N/A** |
| **Head** | **Symmetrical, no concaves, no abnormal lesions or abnormal shape to the head** | **Varies with age, genders, and ethnicity** | **N/A** |
| **Fontanels** | **Soft & Flat** | **Soft & Flat** | **N/A** |
| **Face** | **Symmetrical @ rest and movement** | **Full cheeks, facial features symmetrical** | **N/A** |
| **Eyes** | **Sclera is clear, no tearing, redness, draining or lesions** | **Clear and symmetrical, placed on face in line with ears** | **N/A** |
| **Nose** | **No abnormal drainage or redness, no abnormal pullups, or lesions.** | **Small, placement in the midline and narrow, ability to smell** | **N/A** |
| **Mouth** | **Oral Mucosa is pink, moist and no abnormal lesions** | **Aligned in midline, symmetric, intact soft and hard palate** | **N/A** |
| **Ears** | **No abnormal drainage, redness, or lesions noted. Ears are symmetrical and ear lobes are detached** | **Soft and pliable with quick recoil when folded and released** | **N/A** |
| **Neck** | **Short, creased, and** | **Short, creased,** | **N/A** |

| | | | |
|---|---|---|---|
| | **moves freely** | **moves freely, baby holds head midline** | |
| **Chest** | **Round, symmetric, smaller than head** | **Round, symmetric, smaller than head** | **N/A** |
| **Breath Sounds** | **Clear, equal bilaterally, expansion and accessory muscles used** | **Clear and equal bilaterally, with some whistling gurgling, and snorting as a baby's nasal passages take in air** | **Newborn was preterm which caused the baby to be in respiratory distress and caused the baby to use accessory muscles to breath. Newborn was also put on CPAP to increase his breathing techniques.** |

| | | | |
|---|---|---|---|
| **Heart Sounds** | **S1 & S2 was noted, no S3 or S4 present, no murmur or gallops present** | **Murmur may be heard in the first few days with a regular heart rate of 200-160 bpm** | **N/A** |
| **Abdomen** | **No abdominal distension noted, soft, all three vessels in umbilical cord, protuberant contour** | **Protuberant contour, soft, three vessels in umbilical cord** | **N/A** |
| **Bowel Sounds** | **Active in all 4 quadrants** | **10-30 bowel sounds per minute is normal** | **N/A** |
| **Umbilical Cord** | **Pale yellow, dry around the outside** | **Pale yellow in appearance** | **N/A** |
| **Genitals** | **Smooth glands, meatus centered at tip of penis** | **Smooth glands meatus centered at tip of penis** | **N/A** |
| **Anus** | **Normal is appearance, pass stool easily** | **Normal in a appearance, passes stool with ease** | **N/A** |
| **Extremities** | **Symmetrical and free with movement** | **Symmetrical and free with movement** | **N/A** |
| **Spine** | **No curvature or scoliosis noted** | **Straight and in line spine and symmetrical with trunk of body** | **N/A** |
| **Safety**<br>• **Matching ID bands with parents**<br>• **Hugs tag**<br>• **Sleep position** | **Both parents and child had matching ID bands.**<br>Hugs tag was in place<br>Newborn was sleeping on right side | **Newborn and parents have matching ID bands, hug tag in place, and on back to prevents SIDS** | **Baby was placed on right side because baby would role himself over.** |

**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? The preterm newborn was determined to be LGA.**

**Are there any complications expected for a baby in this classification? None are expected. Everything looks as if it should be normal.**

**Vital Signs, 3 sets (6 points)**

| Time | Temperature | Pulse | Respirations |
|---|---|---|---|
| **Birth** | **36.7C** | **172** | **40** |
| **4 Hours After Birth** | **37.6** | **136** | **88** |
| **At the Time of Your Assessment** | **37.1** | **152** | **36** |

**Vital Sign Trends:**

**Pain Assessment, 1 set (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **1600** | **NIPS** | **All body systems were checked and it was determined the client was not suffering from any pain. (N/A)** | **N/A** | **Relaxed muscles, not facial grimacing, no crying** | **N/A** |

**Summary of Assessment (4 points)**

**Discuss the clinical significance of the findings from your physical assessment:**
****See the example below****

**This neonate was delivered on 01/16/2021 at 12344 by emergency c-section because of cord prolapse. Nuchal Cord X2 with one true knot around the cord. Apgar scores are 8 for 1**

**minute and 9 for 5 minutes. EDD 01/16/2021 reviled that neonate is 34 weeks and 5 days and LGA. Prenatal hx complicated by pre-eclampsia and hypertension. Birth weight of neonate is 6lbs and 7.4 Oz. (2930 grams), 19.5 inches long (49.5cm). Upon assessment all systems were within normal limits aside from the neonate's breath sounds. This neonate used accessory muscles and was placed on CPAP to help with respiratory distress. Last set of vitals: 37.1/152/36. BS after delivery was 72 which was within normal limits per OSF guidelines. Neonate is on NG tube being fed 35mL of mother's breastmilk every 4hrs. Neonate is tolerating feedings well. Bilirubin level at 24 hours was 12.7 which was below the rage of 14.4 per OSF guidelines. Neonate is expected to be discharged with mother and father if all tests result within normal limits and baby does well with feedings and nutrition.**

*This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). Nuchal cord x1. Apgar scores 1/3/9. EDD 5.10.14 by US. Dubowitz revealed neonate is 39 2/7 weeks and LGA. Prenatal hx complicated by PIH and GDM (diet controlled). Birth weight 9 lbs 4 ozs (4440 grams), 21" long (53.34 cms). Upon assessment all systems are within normal limits. Last set of vitals: 38.4/155/48. BS x3 after delivery WNL with lowest being 52. Neonate is breastfeeding and nursing well with most feedings 20"/20" q2-3 hrs. Bilirubin level at 24 hours per scan was 4.9. Neonate expected to be discharged with mother later today and to see pediatrician in the office for 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.** |
|---|---|---|
| Baby was placed in a neonatal incubator to improve bilirubin levels and maintain body temperature for baby (T). Nursing intervention would be demonstrating means of assessing infant for increasing or worsening bilirubin levels and ensure that the baby's levels do not worsen (N). | Baby was kept under bilirubin lights for 1 day until his bilirubin level dropped to 12.7. | This treatment was provided for this client because the client struggled with keeping bilirubin levels at a normal range, so he was placed under the light to breakdown the high levels of bilirubin. The nursing intervention chosen was for the caregivers to recognize signs and symptoms of increasing bilirubin levels. |
| Baby was placed on CPAP due to respiratory failure because baby was premature (T). Nursing intervention would be maintaining skin care and preventing skin breakdown (N). | Baby was kept on CPAP for 3 and a half days. Baby was pulled off CPAP the morning of our clinical rotation. | This medical treatment was provided for this client because this baby was in respiratory failure and this was the last step before ventilation in hopes to improve his oxygen saturation. This nursing intervention chosen is good for maintain good integrity of the infant's |

| | | |
|---|---|---|
| | | skin and ensure no injury is done to the infant. |
| Baby was placed on 3L of oxygen instead of CPAP machine (T). Nursing intervention is placing baby on continuous pulse ox (N). | Baby was placed on 3L of oxygen from the time we were in clinicals until the time we left. The doctor wanted to monitor the client's oxygen rate and see if the client could hold his own until oxygen was decreased even more. | This medical treatment provided is important because the baby was doing well with CPAP and it was time to decrease the need for CPAP and use regular oxygen to try and wean the child off oxygen eventually. This nursing intervention was great for this scenario because it allows the nurse to watch the oxygen levels of baby. |
| Baby was placed on tube feeding orders (T). Nursing interventions for this client would be maintaining good skin integrity and maintaining good oral mucosa (N). | Baby was placed on tube feedings due to low muscle coordination and not being able to suck or latch to the mother and his weight and nutritional goals weren't being met so NG tube was placed on day of birth and is currently still on the NG tube. | This medical treatment was provided for this infant because the infant was not getting the needed nutrients from the feedings. These nursing interventions allow the baby to get the nutrients without damaging his skin and oral mucosa. |

## Discharge Planning (2 points)

**Discharge location:** Home with parents and sister

**Equipment needs (if applicable):** N/A

**Follow up plan (include plan for newborn ONLY):** Routine checkups for baby but initial plan is to meet with provider to establish a pediatric provider

**Education needs:** Education for breastfeeding for both the mother and the baby, teach the mother about proper latching and sucking for the child, educate the mother on finding a provider is she doesn't already have one, educate the mother or proper diapers and ointments for diaper rashes if such a problem, education on the best nutritional needs for increases breastfeeding milk production, educate mother and father on proper swaddling of the child, bathing of the child, and educating on elimination needs of the baby.

**Nursing Diagnosis (30 points)**
***Must be NANDA approved nursing diagnosis and listed in order of priority***
**Two of the Nursing Diagnoses 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. Deficient knowledge of hyperbilirubinemia related to lack of exposure of information about child as evidenced by the mother asking multiple questions about her child and the steps we are taking.** | **This nursing diagnosis was chosen because the mother was in constant confusion about each step we took so we took time out of the day to explain each step we were taking.** | **1.Providing information about maintaining the milk supply for the child through breast milk because it helps the mother maintain adequate milk supply while also giving her child all the needed nutrients Rationale 2.Demonstating the assessment of infant when assessing for high levels of bilirubin such** | **The family reacted very well to these changes. The mother and father were both intrigued in the educational process. The client will benefit from this because now the parents will know what sings to look for and the type of risks it entails.** |

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| | | **as blanching the skin, behavioral changes, and weight monitoring. This helps the parents to recognize signs and symptoms of increasing bilirubin levels for the future.**<br>**Rationale** | |
| **2. Ineffective airway clearance related to premature birth as evidenced by baby's SpO2 levels dropping.** | **This nursing diagnosis was chosen because the baby was premature and could not maintain his oxygen stats and used accessory muscles to breath which indicated respiratory distress** | **1. Assess infants lungs for areas of decreased ventilation and auscultate for abnormal sounds. If any irregulars are noted sounds may cause impaired gas exchange and poor ventilation.**<br>**Rationale**<br>**2.Monitor patient's Oxygen level and behavior status to ensure client isn't showing signs of worsening. Changes may indicate early signs of impaired gas exchange.**<br>**Rationale** | **The family was very compliant to the nursing diagnosis and interventions. The client's oxygenation level decreased but after the provider ordered a CPAP and Oxygen the baby was better to maintain levels.** |
| **3. Eating disorder related to insufficient sucking and swallowing reflexes as evidenced by infant not being able to latch to mother or bottle and baby losing weight from not getting the needed nutrients.** | **This nursing diagnosis was chosen because the client was not getting the needed nutrients and was losing the needed weight.** | **1. Monitor patient's labs and weight to ensure no needed supplements are being withheld from the client and the client is getting his needed nutrients.**<br>**Rationale**<br>**2. Monitor respiratory rate, depth, and effort and be sure to note any signs of aspiration because aspiration needs to be stopped to prevent further aspiration and initiate treatment that can be** | **The family was very compliant to this decision. Mother was king of discouraged because she wanted to be able to provide for her child with no complications, however we talked through the reasonings as to why this is the best step for her child. The baby responded better to NG tube feedings.** |

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| | | **life saving.**<br>**Rationale** | |
| **4. Disturbance of body temperature related to immaturity as evidenced by baby not able to maintain body temperature.** | **This nursing diagnosis was chosen because the baby could not maintain a stable body temperature after birth which is why he was put in the incubator.** | **1. Placing baby is warming blankets to bring up body temperature. This will allow the baby to be able to maintain a body temperature but still have an open crib**<br>**Rationale**<br>**2. Skin to skin contact with the mother or father also help with temperature regulation by providing comfort for the baby but also warming up by temperature.**<br>**Rationale** | **The parents were compliant to the nursing interventions and were very happy to help with the skin to skin contact. The babies temperature was regulated greatly and was improved.** |

**Other References (APA):**

## 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 |

**** Did not assess but was told to look up these two questions instead because we were not directed on how to use this scale.**

**What and why is this used for?**

This is used to determine gestational age of infant in number of weeks and used to see if baby is smaller or larger than expected (Stanford, 2020). Scores of 6 physical, 6 nerve and muscle development are given and are added together to determine the baby's gestational afe from -10 to 50 (Stanford, 2020).

"Default - Stanford Children's Health." *Stanfordchildrens.org*, 2020,

www.stanfordchildrens.org/en/topic/default?id=gestational-age-assessment-90-P02671.

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

NAME w.h

DATE OF EXAM 01/20/21

LENGTH 19.5 INCHEES

HOSPITAL NO. N/A

SEX Maid

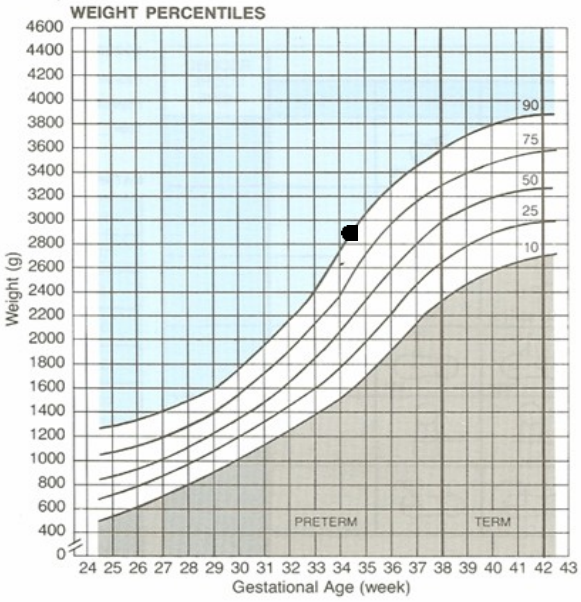
HEAD CIRC. 35CM

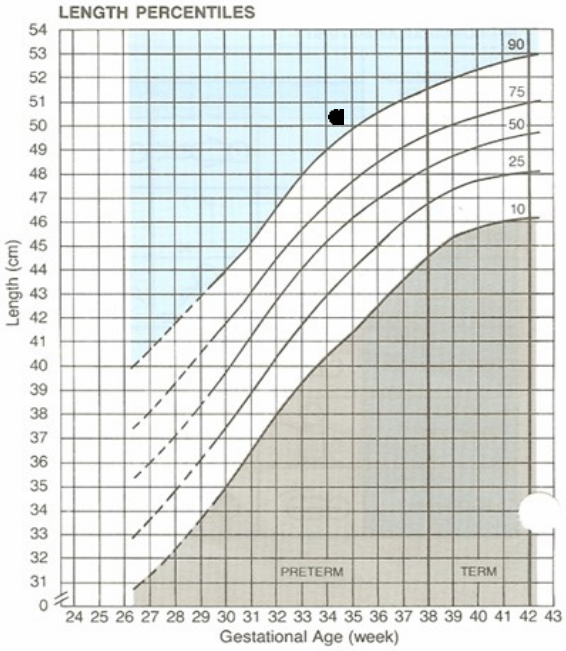
RACE White

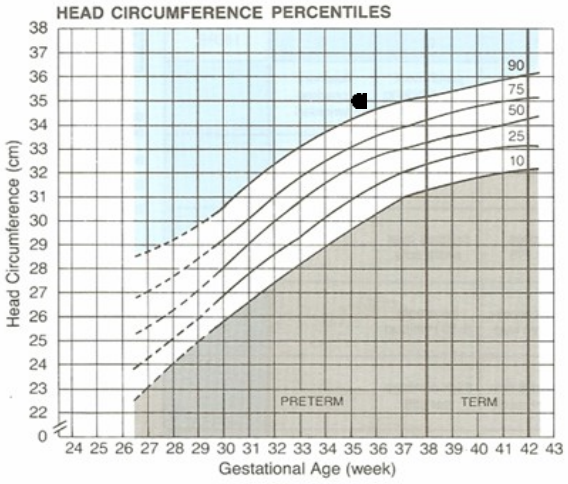
BIRTH WEIGHT 6lb. 1.7oz

GESTATIONAL AGE 96 HOURS

DATE OF BIRTH




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