

N432 Newborn Care Plan
Lakeview College of Nursing
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Demographics (10 points)

Date & Time of Clinical Assessment 2-24-2021 / 1805	Patient Initials BD	Date & Time of Birth 2-23-2021 / 1713	Age (in hours at the time of assessment) 24 hours
Gender Male	Weight at Birth 3205 g 7 lb, 1.1 oz	Weight at Time of Assessment 3185 g 7 lb, 0.4 oz	Age (in hours) at the Time of Last Weight 10 hours
Race/Ethnicity Asian-American	Length at Birth 49.5 cm 19.5"	Head Circumference at Birth 33 cm 12.99"	Chest Circumference at Birth 33 cm 12.99"

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: G1, T1, P0, A0, L1

When prenatal care started: 9-10-2020

Abnormal prenatal labs/diagnostics: None

Prenatal complications: Genital Herpes

Smoking/alcohol/drug use in pregnancy: Pt denies use of tobacco products, alcohol, or recreational drugs.

Labor History of Mother:

Gestation at onset of labor: 38 weeks, 6 days

Length of labor: 16 hours, 47 minutes

ROM: Artificial rupture on 2/23/2021 at 1105

Medications in labor: Oxytocin, Misoprostol, Epidural

Complications of labor and delivery: None

Family History:

Pertinent to infant: Infant's maternal grandmother has hx of cancer; infant's maternal grandfather has HTN

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Infant's mother denies ever using tobacco products or recreational drugs. She is not currently drinking alcohol.

Father/Co-Parent of Baby Involvement: Father is at bedside.

Living Situation: Pt will be living in father's apartment with his mother. They are not married at this time.

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

Parents are currently students at Parkland college. They are ready to learn how to adequately care for their new baby.

Birth History (10 points)

Length of Second Stage of Labor: 37 minutes

Type of Delivery: Vaginal

Complications of Birth: None

APGAR Scores:

1 minute: 5

5 minutes: 9

Resuscitation methods beyond the normal needed: None.

Feeding Techniques (10 points)

Feeding Technique Type: Pt's mother will be breastfeeding him on demand.

If breastfeeding:

LATCH score: 10

Supplemental feeding system or nipple shield: Not currently in use.

If bottle feeding:

Positioning of bottle: NA

Suck strength: NA

Amount: NA

Percentage of weight loss at time of assessment: 0.62%

Weight is calculated by first determining the difference between the assessment weight and birth weight. This value is then divided by the birth weight. The result is the percentage of birth weight that the infant lost up until the time of the assessment. In this case, that is: $3205 \text{ g} - 3185 \text{ g} = 20 \text{ g}$ $20 \text{ g} / 3205 \text{ g} = 0.00624 = 0.62\%$

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

Normal weight loss is <10% over the first week of life (Ricci et al, 2021).

Is this neonate's weight loss within normal limits?

Yes. Weight loss has not even reached 1% yet. So far, so good.

Weight Loss Resource

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and pediatric nursing (4th ed.)*. Wolters Kluwer.

Intake and Output (8 points)**Intake****If breastfeeding:**

Feeding frequency: On demand

Length of feeding session: ~20 minutes

One or both breasts: Both

If bottle feeding: NA

Formula type or Expressed breast milk (EBM): NA

Frequency: NA

Volume of formula/EBM per session: NA

If EBM, is fortifier added/to bring it to which calorie content: NA

If NG or OG feeding: NA

Frequency: NA

Volume: NA

If IV: NA

Rate of flow: NA

Volume in 24 hours: NA

Output

Age (in hours) of first void: 8 hours

Voiding patterns:

Number of times in 24 hours: ~ 6 times

Age (in hours) of first stool: 10 hours

Stool patterns:

Type: Meconium

Color: Meconium green

Consistency: Soft, tarry

Number of times in 24 hours: 3 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 even if these labs have not been completed*	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels				
Blood Type and Rh Factor				
Coombs Test				
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	This tests the ability of the newborn's liver to conjugate bilirubin appropriately. <small>(Ricci et al, 2021)</small>	It is best if the total serum bilirubin level is <5. <small>(Ricci et al, 2021)</small>	5.7	Low/intermediate risk (According to bilitool.org)
Newborn Screen (At 24 hours)	NA	NA	Newborn screen was conducted and sent off to the lab. However, results had not been returned at time of assessment.	NA
Newborn Hearing Screen	It is mandated by law in all states as early detection of hearing loss improves outcomes.	Pass/Fail	Pass	Pt passed hearing screen

	(Ricci et al, 2021)			
Newborn Cardiac Screen (At 24 hours)	To check the bloodstream's effectiveness of Oxygen transport. <small>(Ricci et al, 2021)</small>	Pass/Fail	Pass	Pt passed Cardiac Screen.

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

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and pediatric nursing (4th ed.)*. Wolters Kluwer.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Ilotycin (erythromycin ointment)	Hepatitis B Vaccine
Dose	1 mg	2.5 mg per eye	0.5 mL
Frequency	Once	Once	Once
Route	IM	Eye Ointment	IM
Classification	Vitamin	Antibiotic	Vaccine
Mechanism of Action		Inhibits RNA-dependent protein synthesis in bacterial cells.	Stimulates the body's immune system to make antibodies to fight Hepatitis B.
Reason Client Taking	To prevent hemorrhagic disease	To prevent conjunctivitis	To prevent Hep B.
Contraindications (2)	Sensitivity to vitamin K Full moon	Sensitivity to erythromycin Simvastatin therapy	Patient wants Hep B. Patient is unable to take shots.
Side Effects/Adverse Reactions (2)	Anaphylaxis Respiratory arrest	Prolonged QT therapy hepatotoxicity	Hypotension Seizures
Nursing Considerations (2)	Do not exceed rate of 1mg/min. Don't administer Vitamin K containing benzyl alcohol to neonates.	Use caution in pts with impaired hepatic function. Do not use diluent with benzyl alcohol for a neonate.	Ensure pt is well hydrated. Do not shake vial
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Is child born? Is he less than 1 hour old?	There isn't one really. If the baby has eyes, this stuff needs to go on them.	If the baby was born, it needs the shot.
Client Teaching needs (2)	Don't let solution be exposed to light. Let professionals do the injecting... needles and syringes are not safe for babies.	Teach the parents not to wipe off until the cream has been on for the prescribed amount of time. Teach client not to lick erythromycin cream.	Teach baby about Hepatitis B. Tell the baby how important vaccines are to his health.

Medications Reference (1) (APA):

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

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 622*	If assessment finding different from expectation, what is the clinical significance?
Skin	Mongolian Spots	Smooth, flexible, good skin turgor, well-hydrated, warm <small>(Ricci et al, 2021)</small>	These are blue or purple splotches sometimes found on the lower back, buttocks, legs or shoulders. They tend to occur in a few different dark-skinned races and Asian (like our patient) is one of those races. <small>(Ricci et al, 2021)</small>
Head	Molding	Varies with age, gender, and ethnicity <small>(Ricci et al, 2021)</small>	A common occurrence, molding is the shaping of the fetal head during passage through the birth canal. If the head holds this shape after birth, it will generally return to normal within the baby's first week. <small>(Ricci et al, 2021)</small>
Fontanel	WNL	Presence of two fontanel, anterior diamond shaped and 4-6 cm, posterior is triangular and 0.5-1 cm. <small>(Ricci et al, 2021)</small>	
Face	WNL	Full cheeks, facial features symmetrical <small>(Ricci et al, 2021)</small>	
Eyes	WNL	Clear and symmetrical to face,	

		in line with ears <small>(Ricci et al, 2021)</small>	
Nose	WNL	Small, placement in midline and narrow, ability to smell <small>(Ricci et al, 2021)</small>	
Mouth	WNL	Aligned at midline, symmetrical, intact soft and hard palate <small>(Ricci et al, 2021)</small>	
Ears	WNL	Soft and pliable with quick recoil when folded and released <small>(Ricci et al, 2021)</small>	
Neck	WNL	Short, creased, moves freely, baby holds head at midline <small>(Ricci et al, 2021)</small>	
Chest	WNL	Round, symmetrical, smaller than head. <small>(Ricci et al, 2021)</small>	
Breath Sounds	All fields clear and equal bilaterally	Normal rise and fall of chest, symmetrical sounds, slightly irregular is acceptable, shallow and unlabored, 30-60 respirations/min <small>(Ricci et al, 2021)</small>	

Heart Sounds	Murmur Detected	Normal rate and rhythm, note murmurs or abnormal sounds, sinus arrhythmia is normal in newborns, 120-160 bpm <small>(Ricci et al, 2021)</small>	Patient was taken for an echocardiogram where it was determined he had a patent ductus arteriosum. Will continue to monitor but expect it to heal on its own in the coming days.
Abdomen	WNL	Protuberant, movement synchronous with respirations <small>(Ricci et al, 2021)</small>	
Bowel Sounds	WNL	Detection in all four quadrants, no masses or tenderness <small>(Ricci et al, 2021)</small>	
Umbilical Cord	WNL	Presence of two arteries and one vein, no signs of bleeding or infection <small>(Ricci et al, 2021)</small>	
Genitals	WNL	Glans is smooth with centered meatus, scrotum is midline, darker in color, presence of rugae, testicles present and of equal size. <small>(Ricci et al, 2021)</small>	
Anus	WNL	Patent (pt has had a BM), no fissures or fistulas <small>(Ricci et al, 2021)</small>	
Extremities	WNL	Appropriate number of digits, arms and legs symmetrical with opposing side, full ROM, MAEW, palmar creases <small>(Ricci et al, 2021)</small>	
Spine	WNL	Midline, straight line	

		from base of skull to the buttocks, flexible, free moving <small>(Ricci et al, 2021)</small>	
Safety	ID bands match parents'. Hugs tag is in place. Pt sleeping on back.	ID bands are matching, hugs tag is in place, baby is sleeping on back	

Resource

Ricci, S., Kyle, T., Carman, S. (2021). *Maternity and pediatric nursing (4th ed.)*. Wolters Kluwer.

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?

I determined that the baby scored a 39 on the Ballard scale which appears to round up to 40. 40 translates to 40 weeks gestation. Also, when calculating the pt’s height, weight, and head circumference measurements, he is also appropriate for his actual gestational age of 39 weeks. Therefore, it is determined that this infant is very AGA.

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

There are no complications expected for a baby that is AGA and at 39 weeks of gestation. This baby is considered to be full term.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth (2-23-2021 / 1713)	100.3 (A)	168	40
4 Hours After Birth (2-23-2021 / 2115)	98.4 (A)	140	42
At the Time of Your Assessment (2-24-2021/1800)	99.3 (A)	134	46

Vital Sign Trends: Temperature and pulse were understandably on the higher end immediately following the pt’s birth. They have now normalized and are stable within normal range.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	NIPS	NA	0/10	NA	NA

Summary of Assessment (4 points)

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

This tiny patient was delivered on 2-23-2014 at 1713 by induced vaginal delivery. Apgar scores were 5 at one minute and 9 at five minutes. Gestational age was 38 weeks, 6 days and infant presented as AGA. Birth weight was 7 lb, 1.1 oz (3205 g), 19.5” long (49.5 cm). Upon assessment, heart murmur was detected but after echo was determined that infant had a patent ductus arteriosus. Infant also presented some Mongolian spots on lower back and buttocks. Molding of the neonate skull was also present. All other systems were within normal limits. Last set of vitals showed axillary temp of 99.3, pulse of 134, and respirations of 46. Bilirubin level is currently at 5.7. Infant is breastfeeding well with most feedings between 15 and 20 minutes on each side Q2 hrs. Infant is expected to be discharged later this evening and will follow up with pediatrician 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.
Gave baby a sponge bath to remove vernix caseosa. (N)	Once	Though the baby isn’t super “dirty” it isn’t necessary to leave all the dried birth juice all over the baby. Clean him up!

Assisted mother with breastfeeding. To include helping the baby latch and ensuring the pt fed on each side an equal amount. (N)	Q2H or whenever mother requested assistance.	If a mother is going to successfully breastfeed, she needs all the techniques, tools, tips, and tricks at her disposal.
Monitoring I&O regularly. (N)	Q2-3H	Monitoring the baby's output tells us that the baby is getting enough to eat. Less output means baby needs more input.
Monitoring temperature regularly. (N)	Hourly	It takes some time for baby to be able to maintain their body heat well enough. Before we stop using warmers and hats, we need to make sure that baby can hold a steady temperature independently.

Discharge Planning (2 points)

Discharge location:

Pt will be discharged along with his mother to his mother and father's apartment.

Equipment needs (if applicable):

No equipment needs at this time.

Follow up plan (include plan for newborn ONLY):

Newborn pt will follow up with his pediatrician within 24-48 hours of discharge.

Education needs:

Pt's mother will be provided with educational materials about breastfeeding, caring for the newborn, and maintaining a healthy and safe environment for the baby within the home.

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

<p>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</p>	<p>Rationale (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rationale (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.</p>	<p>Evaluation (1 pt each)</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>Knowledge deficit related to breastfeeding as evidenced by this being the mother’s first child and first experience with breastfeeding.</p>	<p>The mother will inevitably have plenty of questions about breastfeeding as this is her first child.</p>	<p>1. Contact lactation specialist for a consult. Rationale – lactation consults are experts in this field. There are very few questions that they don’t have solutions for.</p> <p>2. Provide as much education materials as possible for the patient. Rationale – When the patient is discharged, they won’t have a lactation specialist or nurse they can ask questions to. Reading materials will help her have a type of troubleshooting info packet to refer to.</p>	<p>Patient is very eager to learn all she can about breastfeeding and the benefits it will have for her new infant.</p>
<p>Readiness for enhanced knowledge related to infant safety as evidenced by the mother’s concern for providing a safe environment for her baby.</p>	<p>A first-time mother will understandably have a knowledge deficit about all things baby simply due to her lack of maternal experience.</p>	<p>1. Provide teaching and informational packets on how to make the home safe for baby’s arrival. Rationale- Even providing basic, common-sense information could teach a mother something she didn’t think of.</p> <p>2. Inspect car seat prior to discharge to ensure that it is in good, working order and not beyond its expiration date. Provide teaching on the proper way to install car</p>	<p>Parents were grateful for the new information and stated that they learned things they never thought of.</p>

		<p>seat and how to secure the infant in it. Rationale- Car seat safety has changed rapidly over the last few years. It is something that is rarely done 100% properly simply because every parent and grandparent did something differently when they had their first kid or when they were kids themselves. Safety in the car is paramount for new parents.</p>	
<p>Risk for caregiver role strain related to lack of experience in caregiving as evidenced by this child being their first.</p>	<p>Caring for a new infant is hard. There are many short nights and poopy diapers ahead. Welcoming a baby into the household is not just a happy, special time. It is one filled with stress, worry, and exhaustion. This would cause a strain on anyone.</p>	<p>1. Provide tips and information to the parents on how to make the stress more bearable. Things like taking turns getting up with the baby so that you get more continuous sleep. Rationale- The first baby is always at least a little overwhelming. Any assistance could be immensely helpful.</p> <p>2. Teach about keeping baby on a schedule. Rationale- Scheduling baby’s day can be difficult to implement if it’s not done right away. Teaching the parents about how to schedule in plenty of play/awake time with feeding and sleep times is essential. The appropriate schedule could lead to baby sleeping through the night earlier.</p>	<p>The parents were very receptive to the advice and had many good questions. They were eager to learn more about proper scheduling and how to manage stress at home.</p>
<p>Risk for sudden infant death syndrome (SIDS) related to insufficient safety measures as</p>	<p>SIDS is an important concern for any parent to consider. Since</p>	<p>1. Explain importance of swaddling and back sleeping. Rationale- Swaddling helps the infant to feel warmer</p>	<p>Parents were eager to learn more about SIDS and how they could ensure baby was safe.</p>

<p>evidenced by parents' immaturity and lack of experience in raising children.</p>	<p>there are so many risk factors that could contribute to SIDS and we don't fully understand it, it is best to always inform new parents on what they can do to reduce the risks for their child.</p>	<p>and more secure while sleeping on his back will reduce the likelihood of suffocation.</p> <p>2. Teach on environmental practices to reduce the risk of SIDS.</p> <p>Rationale- No one wants to have to comfort a mother who is distraught after losing her newborn to SIDS. Especially because of something simple that they "just never would have thought would be harmful." In addition to how baby sleeps, eliminating exposure to second or third hand cigarette smoke, not sleeping with baby, or not leaving them unattended while in arms reach of a choking hazard are all important preventative measures parents can take.</p>	
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Other References (APA):

Carpenito, L. (2016). *Nursing diagnosis: application to clinical practice (14th ed.)*. Wolters Kluwer.

Ballard Gestational Age Scale

Neuromuscular Maturity

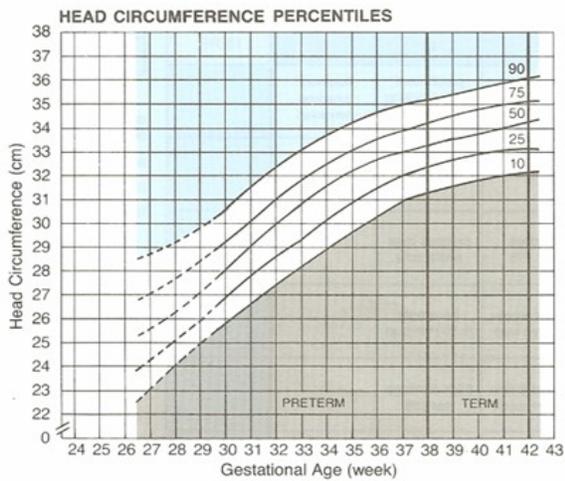
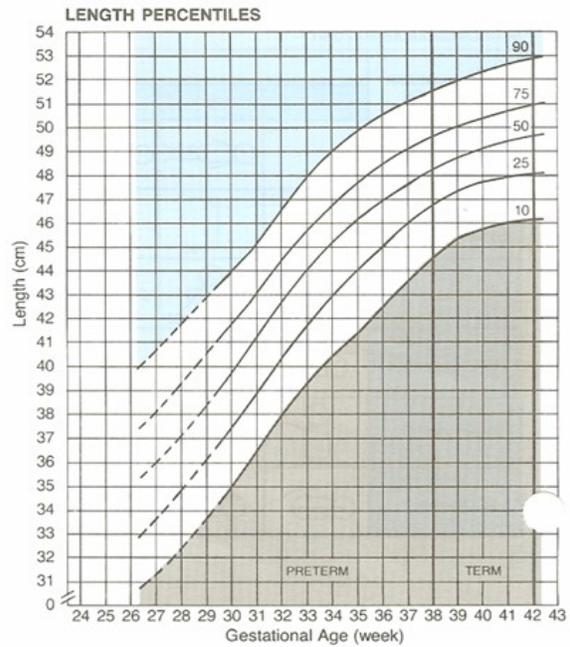
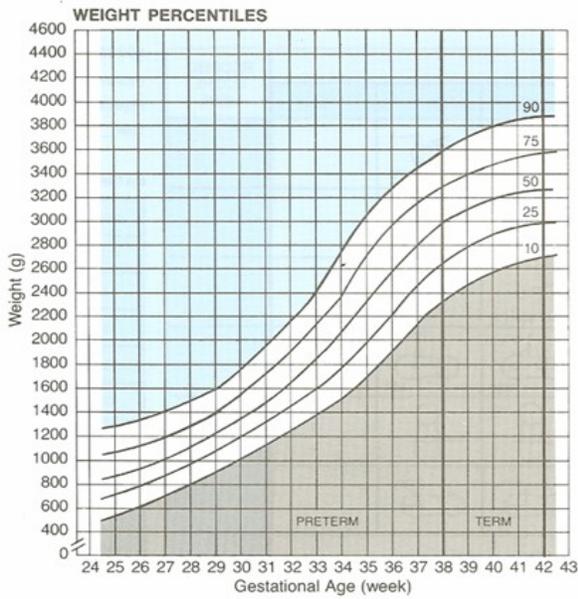
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140-180°	110-140°	90-110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

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	Maturity Rating
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	-10 20
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	-5 22
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	0 24
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	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 _____



CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
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; 71:1-10-123