N432 Newborn Care Plan

Lakeview College of Nursing

Cidney Hinchman

Demographics (10 points)

Date & Time of Clinical Assessment 03/08/2021 1600	**Patient Initials** C.D	**Date & Time of Birth** 03/06/2021 0245	**Age** **(in hours at the time of assessment)** 61 hours
Gender Male	**Weight at Birth** **(gm)** ___3370_____ **(lb.)** _7_ **(oz.)** _6.9_	**Weight at Time of Assessment** **(gm)** ___3158___ **(lb.)** _6_ **(oz.)** _15.4_	**Age (in hours) at the Time of Last Weight** 45 hours
Race/Ethnicity Caucasian	**Length at Birth** **Cm** _____50.8____ **Inches** ___20_____	**Head Circumference at Birth** **Cm** ____14.37___ **Inches** ____5.7____	**Chest Circumference at Birth** **Cm** ____35____ **Inches** ___13.78____

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: Gravida: 1. Term: 1. Preterm: 0. Abortions: 0. Living: 1.

When prenatal care started: 8 weeks and 6 days.

Abnormal prenatal labs/diagnostics: The client's prenatal labs showed slightly decreased red blood cells, hemoglobin, and hematocrit levels.

Prenatal complications: The client had spotting and cramping during the early first trimester. The client said they told her she had subchorionic hemorrhaging. The client had a genital herpes outbreak during her first trimester. The client also had a urinary tract infection during her third trimester.

Smoking/alcohol/drug use in pregnancy: The client did not smoke, drink alcohol, or do any kind of illicit drugs during her pregnancy.

Labor History of Mother: This was the client's first pregnancy.

Gestation at onset of labor: 41 weeks and 1 day.

Length of labor: The client was in stage one for 3 hours and 52 minutes, stage two for 2 hours and 53 minutes, and stage three for 1 minute. The client had a cesarean delivery.

ROM: 03/06/2021 0049

Medications in labor: The client was given lactated ringers, fentanyl, lidocaine, midazolam, morphine, ondansetron, oxytocin, and ropivacaine.

Complications of labor and delivery: The client ruptured her membranes at 0049, and that is when the client-initiated pushing. The client was successfully pushing but had some variable decelerations and moderate variability with pushing. Then, at 0103, the client had prolonged decelerations after pushing. The client was repositioned to her left side with no improvement. Then, at 0203, the client had another prolonged deceleration after pushing. Afterward the obstetrics hospitalist was called in to access the client and access the use of a vacuum. The vacuum was explained and discussed with the client, including the risks and the benefits of the vacuum. The client had agreed, and the vacuum was put in place. After the vacuum was put into place, the client pushed, but no further descents of the fetal head were seen. The client was noted to have a failed vacuum delivery and was a category two tracing. Therefore, the decision was made with the client to have a cesarean delivery.

Family History: The client has hypertension and depression. The infant's father has hypertension. The maternal grandma also has bipolar disorder.

Pertinent to infant: The family history is not pertinent to the infant.

Social History (tobacco/alcohol/drugs): The client denies any use of tobacco, alcohol, or illicit drug use.

Pertinent to infant: The social history of the mother is not pertinent to the infant.

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

Living Situation: The client lives at home with her mom, sister, a dog, and two cats. The baby will go live with the client, grandma, and aunt.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The parents graduated high school and are in college. There are no learning barriers. The parents are first-time parents and may need education on the basic care of an infant, such as bathing, feeding, and consistent scheduling.

Birth History (10 points)

Length of Second Stage of Labor: 2 hours and 53 minutes

Type of Delivery: Cesarean delivery.

Complications of Birth: There were no complications during birth.

APGAR Scores:

1 minute: 2

5 minutes: 7

Resuscitation methods beyond the normal needed: Not applicable.

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding and bottle feeding.

If breastfeeding:

LATCH score: not applicable.

Supplemental feeding system or nipple shield: A supplemental feeding system is being used.

If bottle feeding:

Positioning of bottle: The infant is placed in an upright position.

Suck strength: The infant's suck strength is strong.

Amount: The client is feeding the infant Similac advance bottles through a slow flow nipple. The infant is receiving 15-30cc once a day in the mornings.

Percentage of weight loss at time of assessment: 6.71**%**

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

3370 grams – 3158 grams = 212 grams

212 grams divided by 3158 grams = 0.06713.

What is normal weight loss for an infant of this age? The infant will usually lose seven to ten percent of the birth weight within the first few days of being born but should regain that weight within the first two weeks after birth (Ricci et al., 2020).

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

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: The infant is being breastfed roughly every two hours.

Length of feeding session: The infant is being held in a cradle position and lasting 15-30 minutes each feeding.

One or both breasts: The client is alternating between the right and left breast with the infant.

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similac advance

Frequency: The infant is receiving Similac advance roughly twice a day at different times of each day.

Volume of formula/EBM per session: 15 – 30 cc

If EBM, is fortifier added/to bring it to which calorie content: Not applicable.

If NG or OG feeding: The infant is not feeding with an OG and does not have an NG tube.

Frequency: Not applicable.

Volume: Not applicable.

If IV: The infant did not have an intravenous line.

Rate of flow: Not appliable.

Volume in 24 hours: Not applicable.

Output

Age (in hours) of first void: 0 hours. The infant had their first void within minutes of birth.

Voiding patterns: The infant voided seven times in a 48-hour time frame. This infant met the requirements of one void within 24-hours.

Number of times in 24 hours: The infant voided four times in a 24-hour period.

Age (in hours) of first stool: 0 hours. The infant voided within minutes of birth.

Stool patterns: The infant had five stools in a 48-hour period. This infant met the requirements of one stool within 24-hours.

Type: Meconium

Color: Meconium

Consistency: Meconium

Number of times in 24 hours: The infant had four stools in a 24-hour period.

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	A blood glucose level is checked in infants who are at risk for hypoglycemia (Ricci et al., 2021).	60 – 69 mg/dL	63 mg/dL	The infant was within the expected range of the glucose level.

Blood Type and Rh Factor	Incompatibility can be fatal to the infant and can cause harmful effects in the mother (Ricci et al., 2021). Therefore, it is important to determine the infant's blood type and Rh factor to make sure the infant and mother are compatible with each other (Ricci et al., 2021).	A-, A+, B-, B+, AB-, AB+, O-, O+, and either Rh- or Rh+	The infant was O+ and Rh+.	The infant was Rh-positive. Therefore, the mother received a RhoGAM within 72 hours after delivery.
Coombs Test	This test is used to detect antibodies that act against the	Negative.	Negative.	The infant's test was negative. Therefore, he does not have any antibodies that act

	surface of your RBCs (Ricci et al., 2021). If the infant has these antibodies present, it means that the infant does not contain enough RBCs (Ricci et al., 2021).			against the surface of his RBCs (Ricci et al., 2021). This also indicates that the infant does not have hemolytic anemia (Ricci et al., 2021).
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	A bilirubin test measures the amount of bilirubin in your blood (Ricci et al., 2021). The bilirubin test will check the health of your liver and make sure that your liver cells	0.2 – 1.0 mg/dL	10.6 mg/dL	The infant's bilirubin levels were extremely high, indicating that his liver was not quite mature enough to properly break down and excrete the bilirubin. The infant was considered jaundice and placed under blue light

	are breaking down and excreting bilirubin properly (Ricci et al., 2021). If the infant's bilirubin comes back high, they are considered jaundice and may need to have some blue light therapy to help decrease their bilirubin levels (Ricci et al., 2021).			therapy to help decrease his bilirubin levels.
Newborn Screen (At 24 hours)	A newborn will have a screen done at 24-hours to test for a	Negative.	**(If available—these may be not available until after discharge for some clients)** The infant had	The infant's results were pending.

	group of health disorders that might not be found at the time of birth (Ricci et al., 2021). With this screening, doctors can check for rare genetic, hormone-related, and metabolic conditions that can cause the infant to have serious health problems (Ricci et al., 2021).		their newborn screen, but the results were pending.	
Newborn Hearing Screen	A newborn hearing screen is completed soon after birth to	Passed.	The infant passed his right ear but not the left. Therefore,	The infant has two tries to pass the hearing test, and he was going to have his

	determine how well the infant can hear (Ricci et al., 2021). They want infants who are deaf or hard of hearing to be identified as soon as possible (Ricci et al., 2021). Early detection allows for the infant to receive early interventions that can make a huge difference in their communication and language development (Ricci et al.,		the infant did not pass the hearing test.	second attempt later that day after I left. If the infant does not pass his second attempt, he will have an appointment to see the physician to get his hearing further examined.

	2021).			
Newborn Cardiac Screen (At 24 hours)	The newborn cardiac screening is used to estimate the amount of oxygen in the infant's blood (Ricci et al., 2021). Low levels of oxygen in the infant's blood can be a sign of a critical CHD (Ricci et al., 2021).	The infant needs to be at or above 95%. The infant can only have a 3% difference in the wrist and foot.	The infant was 98% for the wrist and foot.	The infant passed the cardiac screen at the 24-hour period.

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

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing* (4th ed.). LWW.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**Sucrose (sweet ease)**	**Lidocaine hydrochloride (Xylocaine)**

Dose	1mg	0.5 inch in both eyes	0.5 mL	1mL	1mL
Frequency	One time dose	One time dose	One time dose	PRN	One time dose
Route	Intramuscular	Ointment that goes in the left and right eye	Intramuscular	Oral	Subcutaneo us
Classification	Anticoagulant	Antibacteri al agent	Orthohepadna virus; vaccine inactivated d	Mild analgesic	Local anesthetic
Mechanism of Action	Aquamephyto n helps the blood clot and prevents serious bleeding.	This ointment binds with many types of aerobic, anaerobic, gram-negative, and gram-positive. This action will inhibit RNA-dependent protein synthesis in bacterial cells, causing them to die.	It stimulates the immune system to produce anti-HBs without exposing the patient to the risks of active infection.	It provides taste stimulation to the cellular membrane receptors in the brain, in which the endogenou s opioid system is located, the sweet solution may be effective in pain reduction.	Combines with fast sodium channels in myocardial cell membranes, which inhibits sodium influx into cells and decreases ventricular depolarizati on, as well as automaticity and excitability during diastole. Lidocaine also blocks nerve impulses by decreasing the permeability of neuronal membranes to sodium, which produces local

					anesthesia.
Reason Client Taking	This medication is given to prevent potentially fatal vitamin k-deficiencies in neonates.	To prevent and treat bacteria from getting into the eyes after birth.	To prevent the infant from becoming infected with Hepatitis B.	This medication was given to help distract the infant from pain and discomfort during his circumcision procedure.	This medication was given to the infant to numb the area and provide a reduction of pain and discomfort during his circumcision.
Contraindications (2)	Hypersensitivity to phytonadione or other components of this medication; hyperbilirubinemia	Lovastatin, hypersensitivity to erythromycin	Hypersensitivity to yeast; hypersensitivity to neomycin	Fructose intolerance, glucose-galactose malabsorption	Hypersensitivity to lidocaine; Adams-stokes syndrome
Side Effects/Adverse Reactions (2)	Tachycardia; swelling and tenderness at the injection site	Hepatotoxicity; ventricular arrhythmias	Swelling or tenderness at the injection site; dark urine or itching	Choking or coughing; vomiting.	Bradycardia, hypotension
Nursing Considerations (2)	Take precautions to protect vitamin K solution from exposure to light because it is sensitive. Be aware that some vitamin K solutions contain benzyl alcohol. Do not administer these solutions to neonates or	Monitor infants for vomiting or irritability with feeding because infantile hypertrophic pyloric stenosis has been reported. Watch closely for signs and symptoms	Administer the first dose before 12-hours of age regardless of birth weight. Make sure to administer the injection in the opposite leg of the vitamin K injection.	Infants with hypoglycemia or hyperglycemia require medical approval before administration. Watch the infant for any signs of choking or altered gag or	Observe the infant for any adverse effects or respiratory depression. Monitor the infant's vital signs during and after the procedure.

	immature infants because of a risk of a fatal toxic syndrome, which may include circulatory, CNS, renal, and respiratory impairment and metabolic acidosis.	of superinfection. If they occur, call the provider immediately and expect to stop the drug and provide appropriate therapy.		swallow reflux.	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the baby's vital signs. Assess the baby's weight.	Assess the infant's vital signs. Assess for hepatotoxicity. Assess the infant's eyes.	Assess the infant's vital signs. Assess the mother for hepatitis because if the mother is infected, she can transfer it to her baby. Assess what leg the vitamin K injection was given so you can make sure to use the oppositive leg.	Assess the infant's vital signs. Assess the infants gag and swallowing reflux.	Assess the infant's vital signs. Monitor the infant's electrolyte levels, serum creatinine, and BUN. Assess the baby's weight.
Client Teaching needs (2)	Teach the parents of the infant to watch for any signs of anaphylaxis, cardiac and respiratory arrest, hypersensitivity, or shock. Teach the	Teach the parents of the infant to monitor for any signs and symptoms and notify the nurse right away if the infant starts to experience	Teach the parents to monitor the injection site for any signs of infection or allergic reaction. Teach the parents that the hepatitis B	Teach the parents of the infant the purpose for the sucrose. Teach the parents of the infants to recognize signs and	Teach the parents of the infant the purpose of the medication. Teach the parents of the infant to report any adverse effects right

	parents of the infant the reasoning for why the baby is receiving the vitamin K injection.	any. Teach the parents of the infant the reasoning for why the baby is receiving the erythromycin ointment.	vaccine is given in a series so the infant will need a follow up appointment to receive the next injection of the series.	symptoms of hypoglycemia or hyperglycemia.	away.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook.*

RxList. (2018a, June 5). *AquaMEPHYTON (Phytonadione Injection): Uses, Dosage, Side Effects, Interactions, Warning*. https://www.rxlist.com/aquamephyton-drug.htm#clinpharm

The Royal Children's Hospital Melbourne. (2021, February). *Clinical Guidelines (Nursing) : Sucrose (oral) for procedural pain management in infants*. https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Sucrose_oral_for_procedural_pain_management_in_infants/

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	Smooth, flexible, warm to the touch, and intact; well-hydrated; no rashes or lesions noted; skin color was slightly yellow.	Smooth, flexible, warm to the touch, and intact; well-hydrated; no rashes or lesions noted (Ricci et al., 2021).	The infant's findings differed slightly. The infant had slightly yellow tinged skin that is consistent with his increased bilirubin levels. The infant was receiving light therapy to help decrease the bilirubin levels and get the skin to return back to its normal pink hydrated color.
Head	Normal size for age, soft; symmetrical, and round to the infant's body.	Head size varies depending on the infant's age, gender, and ethnicity (Ricci et al., 2021). The head should appear round and symmetrical to the infant's body (Ricci et al., 2021).	If the head size was abnormal for the infant it could indicate some abnormalities such as microcephaly or macrocephaly (Ricci et al., 2021). This infant had no abnormalities noted.
Fontanels	Posterior and anterior fontanels palpated and appeared soft and flat; sutures felt; skull is smooth and fused	The anterior fontanel is diamond shaped and the posterior fontanel is triangular shaped (Ricci et al., 2021). Palpate both fontanels to ensure that they are soft and flat (Ricci et al., 2021). The infant's skull should be smooth and fused	If the infant's fontanels were too large, it could indicate that the infant has some abnormalities such as malnutrition, hydrocephaly, congenital hypothyroidism, or various bone disorders (Ricci et al.,

		besides the areas of the fontanels, molding, and sutures (Ricci et al., 2021).	2021). If the infant's fontanels were too small, it could indicate some abnormalities such as abnormal brain development, microcephaly, or craniosynostosis (Ricci et al., 2021). This infant had no abnormalities noted.

Face	The infant's facial features appear symmetrical when resting, sucking, and crying. The infant's face also appears full.	Full cheeks; symmetrical face when resting, sucking, and crying (Ricci et al., 2021).	If the infant had facial abnormalities it could indicate facial nerve paralysis (Ricci et al., 2021). This infant had no facial abnormalities noted.
Eyes	The infant's eyes were symmetrically aligned to the face and ears; and the pupils were round, equal, and reactive to light bilaterally.	Eyes were symmetrically aligned on the face; eyes were symmetrical with the infant's ears; pupils are equal, round, and reactive to light bilaterally (Ricci et al., 2021).	If the infant had any abnormalities relating to the eyes it could be edema or subconjunctival hemorrhage relating to the pressure during birth (Ricci et al., 2021). This infant had no eye abnormalities noted.
Nose	The infant's nose was small and narrow; septum was midline; no drainage or bleeding noted; no deviation or abnormalities noted, and nostrils were patent and of equal size.	The nose should appear small and narrow; have a midline placement, nostrils appear patent and of equal size, and have no drainage or bleeding noted (Ricci et al., 2021). The infant should also have the ability to smell (Ricci et al., 2021).	If the infant had any abnormalities to the nose it could indicate a blockage or malformation (Ricci et al., 2021). This infant had no abnormalities to his nose noted.
Mouth	The infant's lips appear symmetrical; midline; pink; moist; no lesions were noted; no cracking was noted, and the soft and hard palate appear intact. The infant's tongue is free moving, has a working gag, swallow, and sucking reflux.	The infant's lips are intact with symmetrical movement; midline to the face; no lesions noted; lips should appear pink in color, moisturized, and no cracking noted (Ricci et al., 2021). The soft and hard palate should also appear intact (Ricci et al.,	If the infant's mouth appeared to have abnormalities it could indicate a cleft upper lip, thin upper lip, or thrush (Ricci et al., 2021). This infant had no mouth abnormalities noted.

		2021). The infant's tongue is free moving, has a working gag, swallow, and sucking reflux (Ricci et al., 2021).	

Ears	Soft; pliable; recoil quickly and easily when folded and released; and aligned with the outer canthi of the eye. The infant did not pass the first hearing test and was set for the second one later the same day.	The ears should be soft; pliable; recoil quickly and easily when folded and released; and aligned with the outer canthi of the eyes (Ricci et al., 2021). Infants also undergo a hearing screen, and they get two chances to pass it before they have to be sent to a specialist for a follow-up.	If the infant had any abnormalities noted to the ears it could indicate hearing loss and you would want to notify the provider (Ricci et al., 2021). This infant did not pass his hearing test the first try and was set to have his second one later that day. It is not uncommon for an infant to not pass a hearing test, so you would want to inform the parents and help assure them.
Neck	Short, creased, moves freely in all directions, capable of holding head in a midline position, and the clavicles appeared straight and intact.	The infant's neck should appear short, creased, able to move freely in all directions, capable of holding head in a midline position, and the clavicles should be straight and intact (Ricci et al., 2021).	If the infant's neck has any abnormalities noted it could indicate that the client has restrictive head movement or absence of head control (Ricci et al., 2021). It is also important to check the infant's clavicle because it can easily be broken during birth especially if it was a difficult birth or a vacuum was used (Ricci et al., 2021). The infant did not have any abnormalities noted.
Chest	The infant's chest appeared round, symmetrical, and smaller than his head.	The chest should appear round, symmetrical, and two or three centimeters smaller than the infant's head (Ricci et al., 2021).	If the infant has any chest abnormalities noted it could indicate nipple engorgement or an infection if whitish discharge is present

			(Ricci et al., 2021). This infant had no chest abnormalities present.
Breath Sounds	The infant’s breath sounds were normal with no tachypnea, bradypnea, grunting, gasping, or inspiration and expiration differences noted.	Normal breath sounds should be heard with little inspiration and expiration differences noted; and no tachypnea, bradypnea, grunting, or gasping should be noted (Ricci et al., 2021).	If the infant has abnormal breath sounds it could indicate atelectasis or pneumonia (Ricci et al., 2021). This infant had no abnormalities noted.

Heart Sounds	The infant appeared to have a normal sinus arrythmia with a normal heart rate of 138 at the time of my assessment.	The infant should have a normal sinus arrythmia with a heart rate of 120 to 160 beats per minute (Ricci et al., 2021).	If the infant had any heart abnormalities such as a murmur or abnormal heart rhythms it could indicate heart disease or other serious problems and requires an evaluation with a provider (Ricci et al., 2021). This infant had no abnormalities present.
Abdomen	Normal; protuberant contour; soft; three vessels in umbilical cord; umbilical cord present	Normal; protuberant contour; soft; three vessels in umbilical cord (Ricci et al., 2021).	If the client had any abnormalities relating to the abdomen it could indicate an umbilical infection, ascites, an obstruction, a mass, or hydronephrosis (Ricci et al., 2021). This infant had no abdominal abnormalities noted.
Bowel Sounds	Bowel sounds were heard and active in all four quadrants with no tenderness noted.	Bowel sounds audible and active in all four quadrants with no tenderness noted (Ricci et al., 2021).	If an infant does not have any active or audible bowel sounds it could indicate a blockage within the GI tract (Ricci et al., 2021). This infant had no abnormalities present.
Umbilical Cord	No bleeding, infection, swelling, redness, inflammation, or purulent drainage noted; umbilical cord had two arteries and one vein present.	The umbilical cord should have two arteries and one vein present; the vein should appear larger than the two arteries; and there should be no signs of bleeding, redness, swelling, purulent drainage,	If the umbilical cord only had one artery it could indicate renal and gastrointestinal abnormalities (Ricci et al., 2021). The umbilical can also get an infection due to embryologic remnant or poor hygiene

		infection, or inflammation in or around the umbilicus (Ricci et al., 2021).	(Ricci et al., 2021). This infant had no umbilical cord abnormalities.

Genitals	Smooth glands, meatus centered at tip of penis, scrotum appears relatively large with well-formed rugae; palpate testes to confirm location; testicles should be firm, smooth, and equal bilaterally; penis appeared swollen and reddened.	Smooth glands, meatus centered at tip of penis; scrotum appears relatively large with well-formed rugae; palpate testes to confirm that they are in the scrotal sac; testicles should be firm, smooth, and equal bilaterally (Ricci et al., 2021).	The infant's penis appeared red and swollen which is consistent findings related to the infant's circumcision procedure.
Anus	Anal patent, meconium passed at the time of birth and three more times within the first 24-hours following birth.	Patency, meconium passed within the first 24-hours of birth (Ricci et al., 2021).	If the infant had any anal abnormalities it could indicate anal fissures or fistulas (Ricci et al., 2021). This infant had no anal abnormalities noted.
Extremities	Extremities symmetric with free movement bilaterally	Extremities symmetric with free movement bilaterally (Ricci et al., 2021).	If the infant appeared to have an abnormality with an extremity it could indicate a congenital hip dislocation (Ricci et al., 2021). This infant had no abnormalities present.
Spine	Symmetric with free movement	Symmetrical with free movement (Ricci et al., 2021).	If the infant had a spine abnormality it could indicate a tuft or dimple on the spine (Ricci et al., 2021). This infant had no spinal abnormalities noted.
Safety • **Matching ID bands with parents** • **Hugs tag**	The infant's ID band was identical to the band on the mom and dad; hugs tag was present on the infant;	The infant's ID band was identical to the band on the mom and dad; hugs tag was present on the infant;	The ID band needs to match the parents. The hugs tag needs to be present for the safety of the baby.

• **Sleep position**	and baby sleeps supine.	and baby sleeps supine.	The baby should not sleep prone because there is an increased risk of SIDS when infants sleep in the prone position (Ricci et al., 2021). This infant had no safety issues noted.

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

The Ballard score is used to determine gestational age in an infant (Ricci et al., 2021). The Ballard score works by scoring the infant's physical and neuromuscular maturity (Ricci et al., 2021). This infant was 41 weeks and 1 day gestation. This infant was 61 hours old at the time of assessment. The infant weighs 3158 grams, is 50.8 centimeters long, has a head circumference of 14.37 centimeters, and a chest circumference of 35 centimeters.

What was your determination?

The infant's weight was between 10th and 90th percentiles and was appropriate for gestational age. The infant's head circumference and length were also within the appropriate gestational age.

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

There are no complications expected for this infant.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	98.5°F axillary	128 bpm	50 bpm
4 Hours After Birth	97.0°F axillary	128 bpm	46 bpm
At the Time of Your Assessment	98.6°F axillary	138 bpm	62 bpm

Vital Sign Trends: The infant's vital signs have been pretty consistent since birth. The infant's vital signs were slightly elevated at the time of my assessment because the infant had his circumcision procedure and hearing test performed.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1600	0-10	N/A	0	N/A	The infant was not in any pain and appeared comfortable.

Summary of Assessment (4 points)

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

This infant was delivered on 03/06/2021 at 0042 by emergency cesarean delivery. The mother had multiple prolonged decelerations and no progress was seen with repositioning. The OB hospitalist and mother decided on the use of a vacuum. After the vacuum was put into place the client pushed but no further descents of the fetal head were seen. The client was noted to have a failed vacuum delivery and was a category two tracing. Therefore, the decision was made with the client to have a cesarean delivery. The mother had prenatal complications of spotting and cramping during the early first trimester. The client said they told her she had subchorionic hemorrhaging. The client had a genital herpes outbreak during her first trimester. The client also had a urinary tract infection during her third trimester. The infant's Apgar scores were two at one minute and seven at five minutes. The baby was born at 41 weeks and 1 day gestation. The infant's birth weight was 7lbs 6.9oz. (3370 grams), 20 inches long (50.8 centimeters). Upon assessment of the infant all of the systems besides the infant's genitals, skin, and ears were within normal limits. The infant's skin was slightly yellow tinged due to increased bilirubin levels. The infant was receiving blue light therapy. The infant did not pass his first hearing test but had one more try to pass it later on that night after I left. The infant also had swelling and redness around his genitals that were normal and consistent with his circumcision procedure that he had on the day of my assessment. Last set of vitals: 98.6˚F axillary/138/62. The infant is breastfeeding and bottle feeding. The infant is nursing every two hours with no complications. The mother is alternating between breast and only using the bottle about twice a day when needed. The infant is lasting 15 to 30 minutes each feeding. Bilirubin levels at 24 hours per scan was 10.6. The infant is expected to be discharged with the mother and father tomorrow on 03/09/2021. The infant will have a follow up with his pediatrician for a 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	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

with "N" after you list them, identify medical treatments with "T" after you list them.)		
Administering pain medications (T)	PRN for pain	The newborn had a circumcision procedure that may cause some pain and discomfort. If the newborn seems to be experiencing pain, acetaminophen will be administered.
Ensuring proper newborn identification and registration (N)	Anytime the baby is being taken out or brought back into the mother's room.	Checking to make sure the mother's and infant's identification bands match is important to make sure you are matching the correct infant with the correct mother and to avoid kidnapping within the healthcare facility.
Skin to skin contact of the newborn and mother (N)	As frequently as possible	The baby was protected inside of the womb for a long time so after birth it is important to educate the mother about importance of skin-to-skin contact because now they are the infant's protection and safe place (Ricci et all., 2021). Skin to skin contact also helps the baby's body self-regulate which stabilizes the heartbeat and breathing patterns of the infant (Ricci et al., 2021).
Administering Hepatitis B injection (T)	One time dose	The hepatitis B vaccine was given to the infant to prevent the infant from becoming infected with Hepatitis B.

Discharge Planning (2 points)

Discharge location: The newborn is going home with mom and dad.

Equipment needs (if applicable): No equipment is needed.

Follow up plan (include plan for newborn ONLY): The newborn is to see the pediatrician within 48 hours for a well-baby check.

Education needs: The mom and dad are first time parents and will need education on the basic needs of a child such as bathing, feeding, and how important it is to keep an infant on a consistent schedule.

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. Acute pain related to circumcision procedure as evidenced by crying.	The infant had a circumcision procedure today, causing him some pain and discomfort.	1. Assess the infant's vital signs and pain level by using the FACES rating scale. Assess the degree of discomfort through nonverbal cues. **Rationale** Infants are unable to tell you if they are in pain. By using the FACES pain scale, it may help you to determine if they are in pain, along with any cues they may show, such as crying or irritability. You also want to monitor the infant's vital signs and compare them with their baseline vital signs. 2. Administer pain medication as ordered. **Rationale** The infant has	The infant and parents were cooperative and willing to listen. The parents were educated on ways you can tell if an infant is in pain. The parents were educated on why acetaminophen and sucrose (sweet ease) may be administered. Pain was kept under control, and modifications do not need to be made because the goals were met.

		acetaminophen and sucrose (sweet ease) as prn to help with any pain or discomfort.	
2. Risk for ineffective thermoregulation related to immaturity as evidenced by the neonate.	Neonates are at risk for hypothermia or hyperthermia because their bodies are not quite matured enough to regulate their own temperature.	1. Check the neonate's temperature every two hours. **Rationale** You want to check the neonate's temperature every two hours to make sure that they are not getting too cold or too warm. 2. Adjust and monitor environmental factors like room temperature and bed linens as indicated. You can also adjust layers of clothing as needed. **Rationale** You can adjust environmental factors and layers of clothing depending on the neonate's temperature to either keep heat in and warm up the neonate or take head out and cool down the neonate.	The infant and parents were cooperative and willing to listen. The parents were educated about how infants are unable to regulate body temperature as quickly or as well as adults. The mother assisted with skin-to-skin contact to warm and regulate the neonate's body temperature. The infant's body temperature was kept under control and modifications do not need to be made because goals were met.
3. Lack of knowledge related to breastfeeding as evidenced by neonate.	The neonate will need help adjusting to breastfeeding. When the neonate first starts to breastfeed, you will need to help guide him and help him correctly latch on. He will quickly learn and need less help	1. Assist the mother by helping the infant grasp the nipple correctly and advise the mother to expose the nipple to air between feedings. **Rationale** The infant is unfamiliar with breastfeeding and will need some guidance until he gets the hang of it. The mother also has never breastfed before, so it is important to educate and assist the client	The infant and parents were cooperative and willing to listen. The mother understood the information that was being presented to her. The infant was latching on properly with no complications. The mother was alternating breast with the infant. The infant was lasting 15-30 minutes each feeding and being fed roughly every two hours. The infant and mother were educated and doing well with breastfeeding. No modifications need to be

	over time. The parents are also first-time parents and will need some education.	until she gets comfortable doing it on her own. 2. Advise the mother to expose the nipple to air between feedings and to apply aloe vera or vitamin E to help heal the tissue. By helping the tissue stay healthy and healed it will help the infant be able to correctly grasp the nipple every time. **Rationale** The mother needs to be educated on this because if the client keeps her nipples wet after breastfeeding it will cause soreness and the infant will not be able correctly grip the entire areola.	made to the plan because the goals were met.
3. Inadequate information related to risk of infection as evidenced by neonate.	Neonates are at risk for infections because their immune systems are not fully developed causing them to be more suspectable to bacteria, viruses, and parasites. Therefore, it is important to educate the parents on how they can keep their neonate from developing	1. Educate the parents on the importance of keeping the infant up to date on immunizations. **Rationale** Immunizations are important because they help prevent the spread of disease. If an infant is up to date on their immunizations, they have a decreased risk of developing those diseases. 2. Educate the parents on the importance of keeping the infant away from anyone that is sick. They will also want to keep the infant away from large crowds. **Rationale**	The parents were cooperative and willing to listen. The parents understood the importance of limiting the infant's visitors. The parents also understood the importance of vaccines and said that the nurse already discussed the timeline of vaccines for the infant. No modifications need to be made because the goals were met.

	infections.	You can help reduce the infant's risk of developing an infection by minimizing the amount of people around the infant. The smaller the crowd the smaller the chance of an infection being spread.	

Other References (APA):

Belleza, R. M. N. (2017, January 18). *Breastfeeding 101*. Nurseslabs. https://nurseslabs.com/breastfeeding-101/

Vera, M. B. (2020, September 6). *Risk for Infection Nursing Care Plan*. Nurseslabs. https://nurseslabs.com/risk-for-infection/

Wayne, G. B. (2017, September 23). *Hyperthermia Nursing Care Plan*. Nurseslabs. https://nurseslabs.com/hyperthermia/

Wayne, G. B. (2018, May 20). *Hypothermia Nursing Care Plan*. Nurseslabs. https://nurseslabs.com/hypothermia/

Ballard Gestational Age Scale

Neuromuscular Maturity

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

Physical Maturity

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

Maturity Rating

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

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

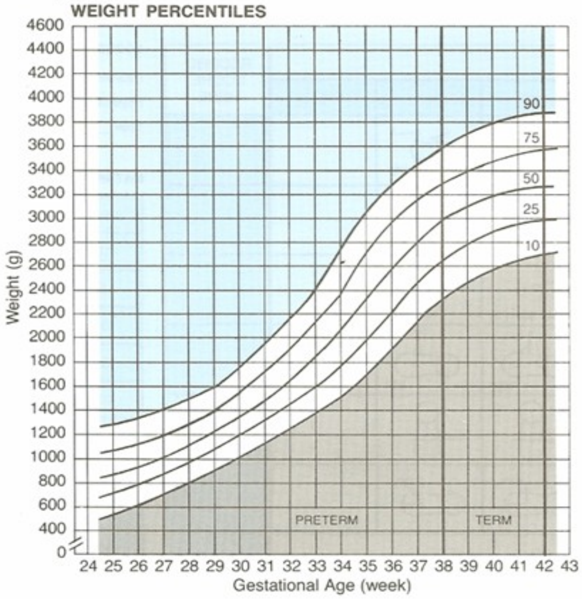
NAME ____________________ DATE OF EXAM ____________________ LENGTH ____________________

HOSPITAL NO. ____________________ SEX ____________________ HEAD CIRC. ____________________

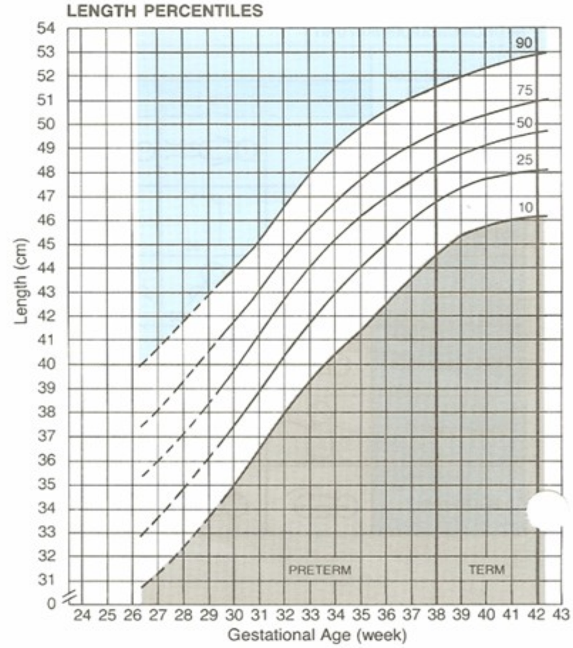
RACE ____________________ BIRTH WEIGHT ____________________ GESTATIONAL AGE ____________________

DATE OF BIRTH ____________________

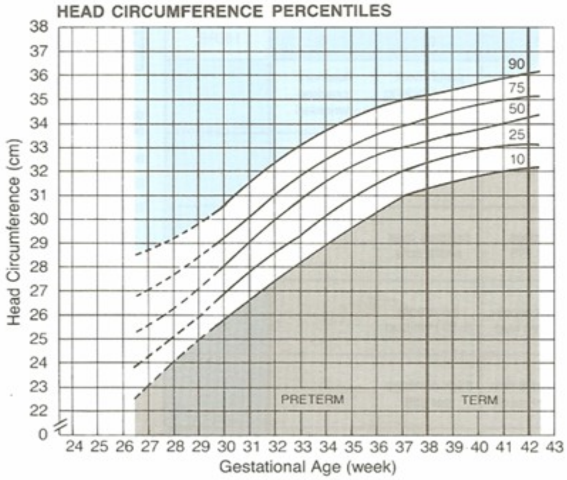
WEIGHT PERCENTILES



LENGTH PERCENTILES



HEAD CIRCUMFERENCE PERCENTILES



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