N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 3/4/21 at 2300	**Patient Initials** S.D.	**Date & Time of Birth** 3/4/21 at 1158	**Age (in hours at the time of Assessment)** 11 hours
Gender Female	**Weight at Birth** 4090 gms 9 (lbs.) and 0 (oz.)	**Weight at Time of Assessment** 4090 gms 9 (lbs.) and 0 (oz.)	**Age (in hours) at the Time of Last Weight** 4090 gms 9 (lbs.) and 0 (oz.)
Race/Ethnicity Caucasian	**Length at Birth** 54 cm 21.3” inches	**Head Circumference at Birth** 36 cm 14.1” Inches	**Chest Circumference at Birth** 34 cm 13.4 inches

There are times when the weight at the time of your Assessment will be the same as birth

Mother/Family Medical History (15 Points)

Prenatal History of the Mother: 22 years old female.

GTPAL: G1 P0 T0 A0 L0

When prenatal care started: Prenatal care started at 13 weeks.

Abnormal prenatal labs/diagnostics: Glucose tolerance test completed on 1/29/2021.

Prenatal complications: The mother was diagnosed with gestational diabetes on 1/29/2021 at 28 weeks gestation and managed this with Glyburide. She presented to the unit with premature rupture of membranes

Smoking/alcohol/drug use in pregnancy: The mother denies using alcohol, smoking, or any other drug use.

Past Surgical History: The mother had a laparoscopy in 2018 for an ovarian cyst, and wisdom teeth removed in 2017.

Labor History of Mother:

Gestation at the onset of labor: 36 weeks.

Length of labor: 22 hours.

ROM: The client had a premature membrane caused by the client's gestational diabetes.

Medications in labor: Oxytocin

Complications of labor and delivery: Gestational diabetes, and LGA.

Family History: Mother - The mother has a history of obesity.

Pertinent to infant: Obesity.

Social History (tobacco/alcohol/drugs): The mother denies and reports no alcohol, smoking, or other drug use.

Pertinent to infants: None noted.

Father/Co-Parent of Baby Involvement: The father of the baby is not involved in the infant's life, and M.D. does not want him to have any information about the baby.

Living Situation: The mother MD lives at home with her parents, who are very supportive and available in St. Joseph, Illinois. MD is a single female who attends the local community college and works part-time in a local retailing clothing store.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The mother is attending the local community college.

Birth History (10 points)

Length of the Second Stage of Labor: 2 hours

Type of Delivery: Cesarean section warranted by the premature rupture of membranes at 36 weeks gestation.

Complications of Birth: No reported complications of birth or throughout the birth.

APGAR Scores:

1 minute: 8

5 minutes: 9

10 minutes: 9

Resuscitation methods beyond the regular needed: None warranted.

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: Score not assessed, nor is it available.

Supplemental feeding system or nipple shield: None noted or warranted.

If bottle-feeding: Not warranted; however, the mother asked about bottle feeding since she was not creating milk yet.

Positioning of the bottle: Not warranted

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: 0%

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

BW-Current weight=Weight Loss

4090 gm - 4090 gm = 0 gm

Weight loss/Birth Weight= Percentage of weight loss

0 gm/4090 gm = 0

0x100=0%

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

The normal weight loss for an infant of this age is less than 10% of their birth weight.

Is this Neonate's weight loss within normal limits?

Yes, the infant's weight loss is within normal limits.

Intake and Output (8 points)

Intake

If breastfeeding: Yes.

Feeding frequency: Every 3-4 hours.

Length of feeding session: 7 minutes, 19 minutes, and 30 minutes.

One or both breasts: Both breasts.

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

Frequency: N/A

The volume of formula/EBM per session: N/A

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

If N.G. or O.G. feeding: Not warranted

Frequency: N/A

Volume: N/A

If IV: Not warranted

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Age (in hours) of the first void: 1 hour and 7 minutes.

Voiding patterns: The infant voided once within the first 11 hours of life at 1305.

Number of times in 24 hours: At the time of my Assessment, 2300 hours, the infant voided once, at 1305 on 3/4/21 1 hour and 7 minutes after birth.

Age (in hours) of first stool: The infant stooled at 1255, 1 hour after delivery.

Stool patterns:

Type: The infant stooled meconium stool at 1255 and 1800 hours.

Color: Meconium colored.

Consistency: The infant voided a large stool at 1255 and 1800 hours.

Number of times in 24 hours: The infant voided twice within 12 hours at 1255 and again 1800 hours after delivery. At the time of my Assessment, the infant was only 11 hours old, and I did not get the chance to assess the infant after 24 hours of delivery.

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	The mother was diagnosed with gestational diabetes at 28 weeks gestation. Furthermore, this test is for infants who have congenital abnormalities (Ricci et al., 2020, pp. 846)	45-99 mg/dL (Ricci et al., 2020, pp. 846).	56 mg/dL at 1215.	Despite the mother having gestational diabetes, the infant blood glucose of 56 mg/dL. The infant is within normal ranges of 45-99 mg/dL (Ricci et al., 2020, pp. 846). At 1500 hours, the infant's blood glucose was 40, which is hypoglycemic. A serum blood sugar was completed and resulted at 42 and a hematocrit of 48% at 1500 hours. At 1700 hours, the infants' Accu-chek resulted in 48 mg/dL, which is in normal ranges

				of 45-99 mg/dL.
Blood Type and Rh Factor	Blood type and Rh factor are both completed to determine the Rh status incompatibility with the mother (Ricci et al., 2020, pp. 903).	A+, A- B+, B- AB+, AB- O+, O-	A+	The infant could have Rh-positive or Rh-negative blood.
Coombs Test	This test is warranted to identify any hemolytic disease that the newborn might have (Ricci et al., 2020, pp. 903). Not assessed at the time of my assesment.	Negative	Not assessed.	A positive COOMBS test would be Indicative. The newborn is at a higher risk for hyperbilirubinemia (Ricci et al., 2020, pp. 903). Jaundice and anemia are the clinical manifestations of a positive Coombs test (Ricci et al., 2020,

				pp. 903).
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	At 2300 hours, the infant had a slight yellow discoloration of the torso, which could indicate.	0.3-8 mg/dl.	At 2300 hours, the infant's transcutaneous bilirubin level was 6.1 mg/dl.	At 2300 hours, the infant appeared to have a slight yellow discoloration of the torso. Per the bilitool website, S.D. has a high intermediate risk for developing hyperbilirubinemia (Turner S., n.d.).
Newborn Screen (At 24 hours)	This test is done for metabolic or hematologic disorders that are undetectable at birth (Pagani et al., 2020).	Negative	(If available—these maybe not available until after discharge for some clients)	At the time of my Assessment, the infant had not undergone this test. The infant appeared to have slight yellow discoloration of the torso.
Newborn Hearing Screen	The indication for this test is to check for hearing loss	Passing	Pass	The infant had not undergone this test at the time of my Assessment.

	(Ricci et al., 2020, pp. 1089).			
Newborn Cardiac Screen (At 24 hours)	This test will check for congenital heart defects such as murmurs, deformities, irregular blood flow (Ricci et al., 2020, pp. 903).	Passing	Not assessed. The infant was 13 hours old, and this Assessment is completed 24 hours following birth.	A positive result would indicate a congenital heart defect or abnormal Blood flow (Ricci et al., 2020, pp. 903).

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

Paul, I. M., Schaefer, E. W., Miller, J. R., Kuzniewicz, M. W., Li, S. X., Walsh, E. M., & Flaherman, V. J. (2016). Weight change nomograms for the first month after birth. *PEDIATRICS, 138*(6), e20162625-e20162625. https://doi.org/10.1542/peds.2016-2625

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

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Ilotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine/Nabi-HB**	**dextrose /glucose**	**No other medications were given.**

Dose	1 mg	½ tube administered in each eye	0.5 mL	0.25 mg/ kg	N/A
Frequency	Once	Once	Once	PRN	N/A
Route	IM	Both eyes	I.M.	PO	N/A
Classification	Vitamin	Antibiotic	Vaccine	Carbohydrates	N/A
Mechanism of Action	Helps promote the hepatic synthesis of blood coagulation factors II (prothrombin), VII, IX, and X (Drugguide.com, 2021).	Protein suppression at the level of the 50s bacterial ribosome, promoting bacteriostasis against susceptible bacteria (drugguide.com, 2021).	It contains high titers of antibodies to the hepatitis B surface antigen, therefore preventing infection (drugguides.com, 2021).	Absorbed directly into the bloodstream from the intestines and is distributed, stored, or used in the liver (Learning, 2019, p. 323)	N/A
Reason Client Taking	Newborns are deficient in vitamin K, which poses the risk of bleeding in newborns (DrugGuide.com, 2021).	Helps with the prevention of various ocular diseases that affect the cornea, conjunctiva, and ophthalmia (drugguide.com, 2021).	Provides passive immunity to the Neonate (drugguides.com, 2021).	The infant experienced hypoglycemia.	N/A
Contraindications (2)	They are contraindicated in clients with hepatic impairment. It is contraindicated in clients with hypersensitivity (Drugguide.com, 2021).	Contraindicated in clients with hypokalemia, heart rate less than 50 bpm, and hypomagnesemia(drugguide.com, 2021).	Hypersensitivity to immune globulins, glycine, and or thimerosal (drugguides.com, 2021). Use cautiously in clients who have	Diabetic coma and hypersensitivity to corn or corn products (Learning, 2019, p. 323).	N/A

			thrombocytopenia, IgA deficiency, and lactation (drugguides.com, 2021).		
Side Effects/Adverse Reactions (2)	Hemolytic Anemia and hyperbilirubinemia (Drugguide.com, 2021).	Anaphylaxis and Ototoxicity (drugguide.com, 2021).	Hypersensitivity reactions, anaphylaxis, angioedema (drugguides.com, 2021).	Electrolyte deficits and hyperglycemic hyperosmolar coma (Learning, 2019, p. 323).	N/A
Nursing Considerations (2)	Monitor for respiratory depression, hypersensitivity, and allergic reactions signs and symptoms (Drugguide.com, 2021).	Do not flush the eye, and one tube for both eyes (drugguide.com, 2021).	Do not give intravenous or intradermal, and inject into the anterolateral thigh (rxlist.com, 2021).	Know that excessive or rapid delivery of dextrose in a very-low-birth-weight infant may increase serum osmolality and cause intracerebral hemorrhage (Learning, 2019, p. 323). Assess	N/A

				the infant's blood glucose level frequently to determine medication effectiveness (Learning, 2019, p. 323)	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor for side effects and adverse reactions, and monitor the infants INR (drugguide.com, 2021)	Allow five minutes between eye drops (drugguides.com, 2021).	Keep the injection refrigerated and do not administer IV (drugguides.com, 2021).	Blood glucose before administration and Assessment for renal impairment (Learning, 2019, p. 323).	N/A
Client Teaching needs (2)	Inform the parents they should monitor for bleeding and bruising and that follow-up lab work is expected (drugguides.com, 2021).	Inform the parents they should monitor for manifestations of infantile hypertrophic pyloric stenosis and inform the parents the solution might appear cloudy (drugguides.com, 2021)	Instruct the parents to monitor for anaphylaxis and inform the client that the infant's arm might appear swollen and tender (Drugguides.com, 2021).	Instruct the parents to monitor for glucose in the buccal cavity and the importance of follow up appoint	N/A

				ment visits (Learning, 2019, p. 323).	

Medications Reference (1) (APA):

Learning, J. &. (2019). *2020 nurse's drug handbook*. Jones & Bartlett Learning.
Up-to-Date Drug Information. (2021). Retrieved from https://www.drugguide.com/ddo?svar=c|rc

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 expectations, what is the clinical significance?
Skin	The infant's skin appeared pink with acrocyanosis.	Normal skin findings entail smooth, flexible, good skin turgor, well hydrated and warm (Ricci et al., 2017, pp. 645).	Acrocyanosis is a red discoloration and coldness commonly found in the fingers, hands, toes, and feet (Ricci et al., 2017, pp. 636). It can be seen in newborns for the first few weeks of life due to exposure to cold and seen for several days of age and results from immature circulatory system completing the switch from fetal to extrauterine life (Ricci et al., 2017, pp. 636, 1176).
Head	The infant appeared to have cephalohematoma to the right posterior aspect of the head.	Within normal limits of the female sex, because head sizes and ethnicity and has a general correlation with body size (Ricci et al., 2017 pp. 645).	The infant had cephalohematoma on the right posterior aspect of the head. Cephalohematomas are due to pressure on the head and blood vessels' disruption during birth (Ricci et al., 2017, pp. 638). Cephalohematomas originate from prolonged labor and the use of obstetric interventions such as low forceps or vacuum extraction (Ricci et al., 2017,

			pp. 638).

Fontanels	Posterior and anterior fontanels present, soft, flat, and open. Swelling from the cephalohematoma does not cross the suture lines.	Flat and soft fontanelles.	No abnormal findings to report.
Face	The infant's face appeared symmetrical, and her ears aligned with her eyes—however, facial jaundice present at the time of Assessment (TOA).	The infant's face is normal; full cheeks and symmetrical facial features (Ricci et al., 2017 pp. 645).	Facial jaundice present at the time of assessment which is indicative of complications with hyperbilirubinemia.
Eyes	The infant appeared to have facial jaundice, which is the yellowing of the face and skin, and eyes.	Within normal limits, clear and symmetrically placed on the face; online with ears (Ricci et al., 2017, pp. 645).	The infant appeared to have facial jaundice, which is indicative of the risk for hyperbilirubinemia.
Nose	The infant appeared to have patency, with no grunting or retracting and flaring of her nostrils.	Within normal limits entailing small, placement in the midline and narrow, ability to smell (Ricci et al., 2017, pp. 645).	No abnormal findings to report.
Mouth	The infant’s mouth was intact; the lips were pink, moist, and showed no cracking signs.	Within normal limits of the mouth, it is midline, symmetric, intact soft and hard palate (Ricci et al., 2017, pp. 645).	No abnormal findings to report.
Ears	Upon Assessment, the infant’s ears were soft, pliable, and showed recoil.	Within the normal limits, soft, pliable, quick recoil, and in line with the eyes (Ricci et al., 2017, pp. 645).	No abnormal findings to report.
Neck	The infant’s neck was	Within normal limits	No abnormal findings

	midline and showed no signs of musculoskeletal deformities.	of short, creased, moves freely, and the infant holds it midline (Ricci et al., 2017, pp. 645).	to report.
Chest	The infant had a chest size within normal limits; round, symmetrical, smaller than the head.	Within the normal limits, round symmetric, and smaller than the Head (Ricci et al., 2017, pp. 645).	No abnormal findings to report.
Breath Sounds	The infant breath sounds were clear, unlabored, no grunting or retracting.	The newborn's breath sounds are normal, clear, and equal, and bilateral (Ricci et al., 2017, pp. 645)	No abnormal findings to report.

Heart Sounds	The infant had regular heart sounds, with S1/S2 present. However, a moderate systolic murmur present over the apex.	The newborn's heart sounds are normal by having S1/S2 and without a heart murmur or gallop (Ricci et al., 2017, pp. 1188).	The infant had a moderate systolic murmur present over the apex. As stated by the researchers, if the heart murmur persists, it warrants an exam from the pediatrician (Haas et al., 2017).
Abdomen	The infant’s abdomen had a protuberant contour, soft, three vessels in the umbilical cord.	The infant's abdomen appears round and protuberant and shows no signs of distension. (Ricci et al., 2017, pp. 1188).	No abnormal findings to report.
Bowel Sounds	The infant’s bowel sounds are active in all four quadrants.	Bowel sounds should be present in all four quadrants for five whole minutes. (Ricci et al., 2017, pp. 1188).	No abnormal findings to report.
Umbilical Cord	The infant's umbilical cord presented with three vessels.	The infant's umbilical cord should be dry, black, and complicated by the end of the second week of life. (Ricci et al., 2017, pp. 1189).	No abnormal findings to report.
Genitals	The infants genital appeared swollen, which is normal for the female gender	The infant’s genitals appear slightly swollen due to maternal estrogen (Ricci et al., 2017, pp. 645).	No abnormal findings to report.
Anus	The infant’s anus was intact, and she stooled twice within the first eleven hours of life.	The anus should appear moist and hairless and elicit the anal reflex when stroked (Ricci et al., 2017, pp. 1191).	No abnormal findings to report.
Extremities	The infant moves all	Within normal limits	No abnormal findings

	extremities well and has ten toes and ten fingers.	of extremities symmetric with free movement (Ricci et al., 2017, pp. 645).	to report.
Spine	The infant's spine is inline and shows no signs of scoliosis, lordosis, or kyphosis.	The infant's spine is symmetrical and has a free range of motion (Ricci et al., 2017, pp. 645).	No abnormal findings to report.
Safety ● **Matching ID bands with parents** ● **Hugs tag** ● **Sleep position**	The mother had a matching band with the infant. The infant had the hugs tag on her left ankle. The infant has been difficult to wake for feedings and does not stay awake when feeding.	The newborn and the parents are all wearing wristbands. The infant's hugs tag is in place. The patient is sleeping Supine to prevent SIDS (Ricci et al., 2017, pp. 645).	Infants who suffer from hyperbilirubinemia are likely to experience more prolonged bouts of sleep and appear sleepy (Zhang et al., 2017).

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

Ballard Scale was completed in the printed care plan.

What was your determination? The infant was LGA.

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

The complications this infant is susceptible to are hypoglycemia, hyperbilirubinemia, birth trauma, and polycythemia (Ricci et al., 2017, pp. 878-888).

Vital Signs, three sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**	**Oxygen Saturation**
Birth	98.8 F (37.1 C)	140 bpm	42	97%
4 Hours After Birth	97.6 F (36.4 C)	146 bpm	46	97%
At the Time of Your	98.3 F (36.8 C)	138 bpm	54	98%

Assessment				

Vital Sign Trends: The infant's vital signs are within normal ranges, temperature range of 36.4 C to 37.1 C, a pulse rate of 138 bpm to 146 bpm, and a respiratory rate range of 42 to 54 bpm, and an oxygen saturation range of 97%-98%. There are no abnormalities found in the infant's vital signs.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
2300	**NIPS**	**Generalized**	**None**	**The breathing pattern is relaxed, the legs are relaxed, the infant is sleeping, and the facial expression is relaxed.**	**None warranted**

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 3/4/21 at 1158 by cesarean from a rupture of membranes. Nuchal cord x1. Apgar scores 8/9/9. EDD 5.10.14 by U.S. Dubowitz revealed Neonate is 36 weeks and LGA. Prenatal history is complicated by PIH and GDM (diet controlled). Birth weight 9 lbs 0 ozs (4090 grams), 21.3" long (54 cms). The infant had slight discoloration that is yellow on the torso; the infant also had a period of hypoglycemia. Last set of vitals: 36.8/138/54/98%. B.S. x3 after delivery, with the first being 56, and the following two being 40 and 42 mg/dL. Neonate is breastfeeding and nursing well with most feedings 20"/20" q3-4 hrs. Bilirubin level at 11 hours per scan was 6.1 mg/dl. We could expect the Neonate to be monitored for signs and symptoms of hyperbilirubinemia while on the unit.

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.
Initiate phototherapy (T).	12 hours on and 12 hours off.	This intervention was chosen to aid in the reduction of hyperbilirubinemia in neonates (Ricci et al., 2017, pp. 939).
Skin-to-skin (N)	PRN, whenever.	Newborns have a decreased ability to regulate their body temperature, which is why the mother and nurse need to implement skin-to-skin contact to help with the infant's thermoregulation (Ricci et al., 2017 pp. 608).
Bathing (N)	Immediately following the cesarean delivery.	The infant was delivered by cesarean section, which has the potential to be bloody and has bodily fluids on the infant. Bathing the infant will help remove bodily fluid from the infant to help in the implementation of skin-to-skin.
Breastfeeding (N)	Every 3-4 hours.	Breastfeeding promotes maternal-infant bonding; this offers the infant protein, fats, water, minerals, vitamins, enzymes (Ricci et al., 2017, pp. 664).

Discharge Planning (2 points)

Discharge location: At home with the mother and the grandparents.

Equipment needs (if applicable): Breastfeeding pumps if the infant latch is not the best for proper nutrition.

Follow up plan (include a plan for newborn ONLY):

Education needs: Education about hyperbilirubinemia, education about premature ruptures of membrane complications, infantile jaundice, breastfeeding education and techniques.

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, the status of goals and outcomes, modifications to plan.
1. Risk for injury (CNS involvement) ("4 Hyperbilirubinemia nursing care plans," 2019).	This nursing diagnosis was chosen because of the slightly yellow coloring of the torso and the increased bilirubin levels.	**1. Initiate early oral feedings within 4-6 hours following birth, especially if the infant is to be breastfed ("4 Hyperbilirubinemia nursing care plans," 2019).** **Rationale :** **2. Initiate phototherapy per-protocol ("4 Hyperbilirubinemia nursing care plans," 2019).** **Rationale:** Causes photo-oxidation of bilirubin in subcutaneous tissue, thereby increased water solubility of bilirubin, which allows rapid excretion of bilirubin in stool and urine ("4 Hyperbilirubinemia nursing care plans," 2019).	The mother was okay with breastfeeding; however, she showed a bit of hesitancy as to why the infant is staying awake while feeding. The infant experienced some sleepiness while trying to feed, which is a complication of infantile jaundice she could be experiencing. The mother questioned the reasoning for the light therapy, and the nurse informed her that this light would help her baby with discoloration and symptoms she is experiencing.

3. Risk for unstable glucose level (Ricci et al., 2017).	This nursing diagnosis was chosen because the infant appears to be large-for-gestational-age and the mother experienced gestational diabetes which places the infant at a greater risk for hypoglycemic periods.	**1. Blood glucose monitoring within the first 4 hours of life (Stavis R., 2019).** **Rationale:** This nursing diagnosis was chosen because the infant has a sudden termination of maternal glucose when the umbilical cord is cut (Stavis R., 2019). **2. Oral glucose treatment (Stavis R., 2019).** **Rationale:** This intervention is implemented first, but if hypoglycemia persists, parenteral IV glucose is given (Stavis R., 2019).	The mother questioned the nurse why her infant is getting blood glucose so often. The nurse informed the mother that she had gestational diabetes, which puts the infant at risk for developing hypoglycemia within the first 24 hours of life (Stavis R., 2019). The infant was given oral glucose, which helped with the hypoglycemia the infant experienced.
4. Knowledge deficit **(Cephalohematoma).**	This nursing diagnosis was chosen because the infant presented with a cephalohematoma to the right posterior aspect of the head, and the mother does not know much about this condition.	**1. Assess the mother's willingness to learn (Ricci et al., pp. 1428)** **Rationale** This intervention will assess the mother's willingness to learn about this condition. This will help the nurse gauge where the mother is at with the infant (Ricci et al., 2017 pp. 2017) **2. Teach in short sessions (Ricci et al., 2017, pp. 1428)** **Rationale** Many short sessions are found to be more helpful than one long session (Ricci et al., 2017, 1428)	The mother displayed some hesitancy, anxiety, and nervousness about the cephalohematoma on the infant's head. The nurse concluded the mother was not really paying attention or interested in learning about the cephalohematoma. The mother was very receptive to the shorter sessions of information regarding the cephalohematoma and the potential complications.
5. Deficient knowledge (breastfeeding).	This nursing diagnosis was chosen because the mother was anxious about feeding and suggested	**1. Encourage skin-to-skin.** **Rationale** The mother was anxious and displayed some hesitancy because she did not have any milk yet. **2. Reassure mother she can be successful at**	**The mother was okay with implementing the skin-to-skin, and it helped with her confidence level to promote proper breastfeeding. The**

	bottle-feeding.	**breastfeeding (Ricci et al., 2017, pp. 675).** **Rationale:** This intervention was chosen because the mother might be experiencing some disappointment and lack of confidence (Ricci et al., 2017, pp. 675).	**goal was met with this intervention.** **Frequent reassurance by the nursing staff helped the mother with her confidence level and understanding the infant will not latch every time.**

Other References & References (APA):

4 Hyperbilirubinemia nursing care plans. (2019, June 1). Nurseslabs. https://nurseslabs.com/hyperbilirubinemia-nursing-care-plans/#risk_for_injury_cns_involvement

(n.d.). Davis's Drug Guide Online + App | DrugGuide.com. https://www.drugguide.com

Guidelines for the management of congenital heart diseases in childhood and adolescence. (2017). *Cardiology in the Young*, *27*(S3), S1-S105. https://doi.org/10.1017/s1047951116001955

Learning, J. &. (2019). *2020 nurse's drug handbook*. Jones & Bartlett Learning.

Ricci, S. S., Ricci, S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. LWW.

Zhang, L., Zhou, Y., Li, X., & Cheng, T. (2017). Hyperbilirubinemia influences sleep-wake cycles of term newborns in a non-linear manner. *PLOS ONE*, *12*(1), e0169783. https://doi.org/10.1371/journal.pone.0169783

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

<u>Neuromuscular Activity</u>

Posture:3

Wrist:0

Arm:3

Popliteal: 3

Scarf:2

Heel to ear: 3

<u>Physical Maturity:</u>

Skin:1

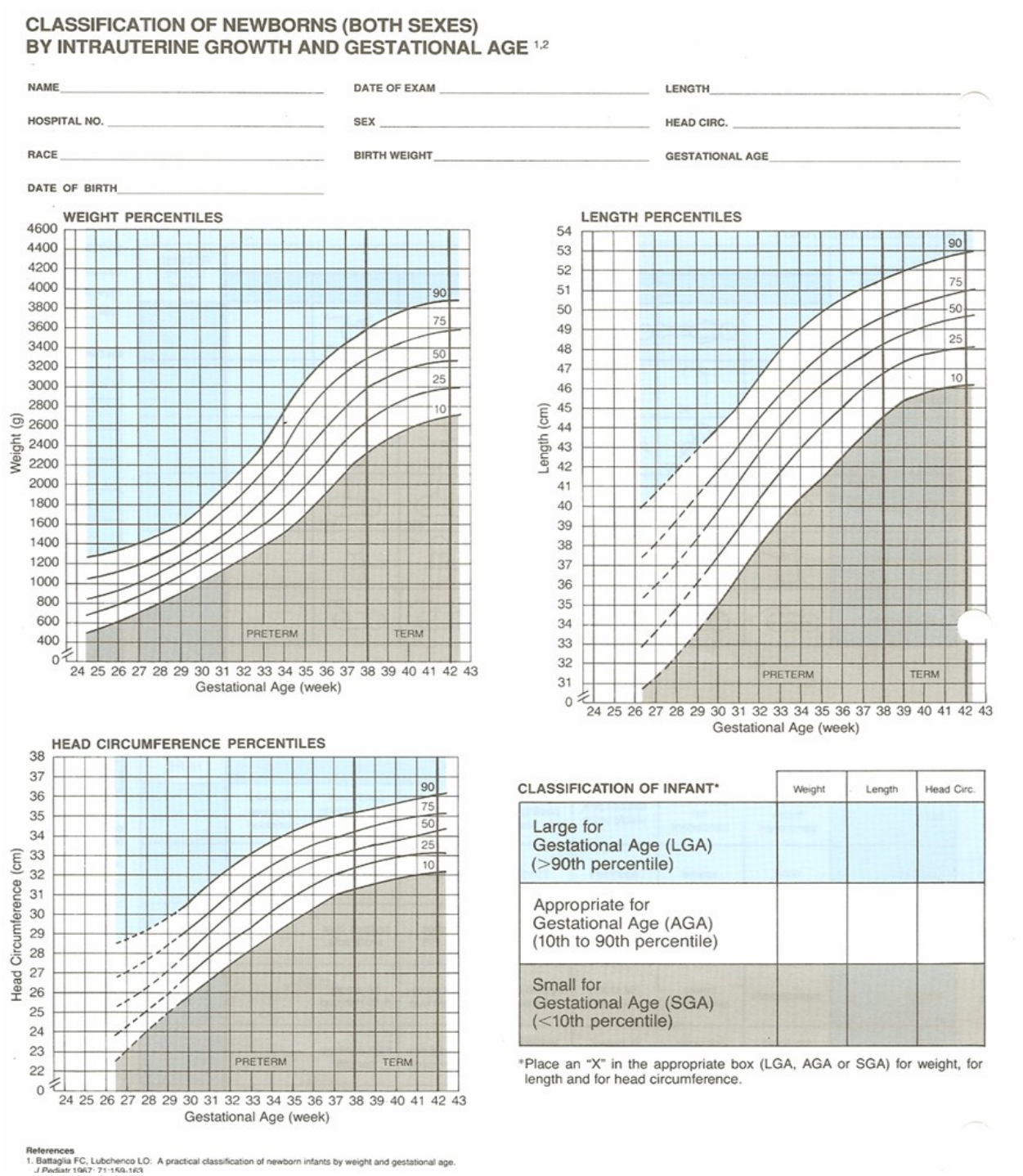
Lanugo:2

Plantar surface: 4

Breast:3

Eye/Ear:3

Genitals(F):3
Score = 30
Gestation = 36 weeks



References