

N432 Newborn Care Plan
Lakeview College of Nursing
Jerry Williams

Demographics (10 points)

Date & Time of Clinical Assessment 1445 hours – 6/17/21	Patient Initials B. B. P.	Date & Time of Birth 0936 hours – 6/16/21	Age (in hours at the time of assessment) 29 hours
Gender male	Weight at Birth (gm) __3400__ (lb.) _7_ (oz.) _5_	Weight at Time of Assessment (gm) _____3379_____ (lb.) _7_ (oz.) _7.2__	Age (in hours) at the Time of Last Weight 11 hours
Race/Ethnicity Caucasian	Length at Birth Cm __53.01_____ Inches ____20.87_____	Head Circumference at Birth Cm __36_____ Inches __14.173__	Chest Circumference at Birth Cm ____32.5_____ Inches __12.80_____

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: G3 T3 P0 A0 L3

When prenatal care started: 10w 5d

Abnormal prenatal labs/diagnostics: n/a

Prenatal complications: hypertension (HTN), obesity, gestational diabetes (GDM)

Smoking/alcohol/drug use in pregnancy: She stopped smoking and drinking beer; no drug use

Labor History of Mother:

Gestation at onset of labor: 38 w; 0 d

Length of labor: unknown

ROM: Bag of waters ruptured during client’s cesarean

Medications in labor: oxytocin, fumarate-folic acid, prenatal vitamin, enoxaparin, labetalol, buspirone

Complications of labor and delivery: Delivery type: repeat low transverse C-section; GBS⁺; preeclampsia; chronic hypertension; gestational diabetes

Family History:

Pertinent to infant: Gestational diabetes (GDM)

Social History (tobacco/alcohol/drugs): Mother drinks beer and smokes cigarettes.

Pertinent to infant:

Father/Co-Parent of Baby Involvement: He was present in room with the mother.

Living Situation: Married

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

Unable to ascertain. Parents were asleep when I returned to room to ask questions.

Birth History (10 points)

Length of Second Stage of Labor: unknown

Type of Delivery: repeat low transverse C-section

Complications of Birth: none

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: No extra needs

Feeding Techniques (10 points)

Feeding Technique Type: Breast feeding with supplementation

If breastfeeding:

LATCH score: n/a

Supplemental feeding system or nipple shield: unknown

If bottle feeding:

Positioning of bottle: unknown

Suck strength: unknown

Amount: unknown

Percentage of weight loss at time of assessment: _____0.62_____ %

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

One hundred percent times the difference between grams at birth weight minus grams at current weight divided by birth weight equals percentage

$$100\% \times [(3400 - 3379) / 3400] = 0.62\%$$

What is normal weight loss for an infant of this age? Normally, term newborns lose 5% to 10% of their birth weight as a result of insufficient caloric intake within the first week after birth, shifting of intracellular water to extracellular space, and insensible water loss (VitalSource Bookshelf Online, n.d.). This was only day one but within this week, this neonate should lose between 170 grams (0.37 lb) to 340 grams (0.75 lb). That is, this neonate should weigh between 3,230 grams (7 lb 2 oz) and 3060 (6 lb 12 oz)

Is this neonate's weight loss within normal limits? Since it is only day one, I cannot answer.

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: every two to three hours

Length of feeding session: twenty to thirty minutes

One or both breasts: alternating breast

If bottle feeding:

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

Frequency: twice

Volume of formula/EBM per session: 15 ml

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

If NG or OG feeding: n/a

Frequency: n/a

Volume: n/a

If IV: n/a

Rate of flow: n/a

Volume in 24 hours: n/a

Output

Age (in hours) of first void: twelve hours

Voiding patterns:

Number of times in 24 hours: twice

Age (in hours) of first stool: unknown

Stool patterns:

Type: meconium

Color: black

Consistency: soft

Number of times in 24 hours: two

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	Mother had GDM. Since maternal glucose is removed, the neonate's blood sugar can drop.	>45	20	Hypoglycemic
Blood Type and Rh Factor	This is to determine the woman's blood type and Rh status.		O ⁺	
Coombs Test	This test detects unexpected circulating antibodies in a woman's serum that could be harmful to the fetus.		negative	No antibodies are present.

<p>Bilirubin Level (All babies at 24 hours)</p> <p>*Utilize bilitool.org for bilirubin levels*</p>	<p>Failure of the liver cells to break down and excrete bilirubin can cause an increased amount of bilirubin in the bloodstream, leading to jaundice</p>			
<p>Newborn Screen (At 24 hours)</p>	<p>This test identifies neonates with certain genetic, metabolic, and congenital disorders.</p>		<p>(If available—these may be not available until after discharge for some clients)</p> <p>Lab not received</p>	
<p>Newborn Hearing Screen</p>	<p>This is to determine neonates who are likely to have a hearing loss and who will require further evaluation.</p>		<p>passed</p>	
<p>Newborn Cardiac Screen (At 24 hours)</p>	<p>This test identifies neonates with a heart defect or</p>		<p>passed</p>	

	critical congenital heart defect.			
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Lab Data and Diagnostics Reference (1) (APA):

Centers for Disease Control and Prevention. (2020, November 17). *Critical Congenital Heart Defects*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html>

Newborn screening. Newborn Screening | IDPH. (n.d.). <https://www.dph.illinois.gov/topics-services/life-stages-populations/newborn-screening>

VitalSource Bookshelf Online. (n.d.).

<https://coursepoint.vitalsource.com/#/books/9781975156688/cfi/6/40!/4/2/150/2@0:0>

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K) phytonadione	Illotycin (erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1 mg	0.5 mg	10 mcg / 0.5ml		
Frequency	once	once	once		
Route	IM	instillation	IM or SubQ		
Classification	vitamin	antibiotic	interferon alpha		
Mechanism of Action	Provides the newborn with vitamin K during the first week of birth until newborn	Binds with the 50S ribosomal subunit of 70B ribosome in many types of aerobic,	Exact mechanism of action unknown; binds to type 1 interferon receptor receptors and activates tyrosine		

	can manufacture it.	anerobic, G ⁺ and G ⁻ . This action inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die.	kinase, producing antiviral, antiproliferative, and immunomodulatory effects.		
Reason Client Taking	Vitamin K promotes blood clotting. It is necessary for production of adequate clotting factors II, VII, IX, and X by the liver.	To prevent <i>Neisseria gonorrhoeae</i> , <i>Chlamydia trachomatis</i> , and ophthalmia neonatorum			
Contraindications (2)		1) Hypersensitivity to erythromycin; 2)			
Side Effects/Adverse Reactions (2)					
Nursing Considerations (2)	1) Administer the vitamin K within 1 to 2 hours after birth; 2) Assess for bleeding at injection site after administration.	1) Be alert for chemical conjunctivitis for 1 to 2 days; 2) Close the eye to make sure the medication permeates.	1) Administer acetaminophen, as prescribed, to prevent or treat fever or headache; 2)		
Key Nursing Assessment(s)/Lab(s) Prior to Administration					
Client Teaching needs (2)			1) Parents need to know the risk and benefits; 2) Parents need to know the adverse effects.		

Medications Reference (1) (APA):

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

VitalSource Bookshelf Online. (n.d.).

<https://coursepoint.vitalsource.com/#/books/9781975156688/cfi/6/40!/4/2/150/2@0:0>

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	Even tone and color; no bruises; no acrocyanosis	Normal: smooth, flexible, good skin turgor, well hydrated, warm	
Head	Symmetrically roundish, short blond hair	Normal: varies with age, gender, and ethnicity	
Fontanel	Soft, non-bulging	Normal: soft, non-bulging	
Face	Symmetrical; full cheeks	Normal: full cheeks, facial features symmetric	
Eyes	Round; symmetrical	Normal: clear and symmetrically placed on face; online with ears	
Nose	Centered on face; symmetrical appearance; nose breathing	Normal: small, placement I the midline and narrow, ability to smell	
Mouth	Symmetrical movement; no lesions noted	Normal: aligned in midline, symmetric, intact soft and hard palate	
Ears	Soft, pliable; resets when placed against head	Normal: soft and pliable with recoil when folded and released	
Neck	Able to support the head; short; moves freely in all directions	Normal: short, creased, moves freely, baby holds	

		head in midline	
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Chest	Symmetrical, nipples parallel to armpits; barrel shaped	Normal: round, symmetric, smaller than head	
Breath Sounds	Clear bilaterally; eupneic	Normal: abdominal breather	
Heart Sounds	S ₁ and S ₂ present; no irregularity noted	Normal: between 110 – 160 beats per minute	
Abdomen	Soft, symmetrical	Normal: protuberant contour soft	
Bowel Sounds	No distention; larger than chest	Normal: bowel sounds in all four quadrants; no masses or tenderness on palpation	
Umbilical Cord	Clamp attached; three umbilical cords noted	Normal: three vessels in umbilical cord	
Genitals	Penis glan reddened due to recent circumcision; testis has rugae and darkened; meatus is midline	Normal: smooth glans, meatus centered at tip of penis	
Anus	Anus and spinal hole noted		
Extremities	Extend and flex equally; no deficit in upper or lower extremities; ten digits to toes and fingers, which appear normal; 3 palmar creases noted in hands; no clubfoot noted	Normal: symmetric with free movement	
Spine	No deformity noted	Normal: no lateral curvature	
Safety • Matching ID bands with	ID and alarm bands on ankle; ID band matched mother's ID		

<p>parents</p> <ul style="list-style-type: none"> • Hugs tag • Sleep position 	<p>band.</p> <p>Sleep position not viewed</p>		
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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? Newborn is AGA for head circumference and weight; LGA for length.

Are there any complications expected for a baby in this classification? No.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	98.4°F (36.9°C)	153	59
4 Hours After Birth	97.4°F (35.7°C)	145	48
At the Time of Your Assessment	98.7°F (36.9°C)	125	58

Vital Sign Trends: Heart rate decreased over time and still in the normal range (110 – 160 beats per minute); temperature is steady and is normal; respirations are normal and within normal range.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400 hours	N-Pass	n/a	no pain	n/a	n/a

Summary of Assessment (4 points)

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

****See the example below****

This neonate was delivered on 6/16/21 at 0926 hours by repeat low transverse cesarean delivery. Neonate's position was ROA. Apgar score was 8 and 9, at 1- and 5-minutes respectfully. At birth, neonate was 38w 0d; weighed 7 lb 5 oz (3400 g); length was 20.87 in (53.01 cm); chest circumference was 12.80 in (32.50 cm); and head circumference was 14.173 in (36 cm). Neonate is AGA for head circumference and weight; LGA for length. Presently, current assessment shows neonate's systems are within normal limits. Circumcision presents with exposed, reddened glans penis, which was covered with a petroleum jelly-coated gauze. When sugar water coated fingertip was inserted into neonate's mouth, proper sucking power was felt. Hard and soft palates felt normal. Fontanelles were soft, not bulging. Neonate did not appear in short of breath and moved all extremities well and equally. He was returned to his parents as both mother and neonate's ID bands matched.

This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). Nuchal cord x1. Apgar scores 1/3/9. EDD 5.10.14 by US. Dubowitz revealed neonate is 39 2/7 weeks and LGA. Prenatal hx complicated by PIH and GDM (diet controlled). Birth weight 9 lbs 4 ozs (4440 grams), 21" long (53.34 cms). Upon assessment all systems are within normal limits. Last set of vitals: 38.4/155/48. BS x3 after delivery WNL with lowest being 52. Neonate is breastfeeding and nursing well with most feedings 20"/20" q2-3 hrs. Bilirubin level at 24 hours per scan was 4.9. Neonate expected to be discharged with mother later today and to see pediatrician in the office for first well baby check within 48 hours.

Nursing Interventions and Medical Treatments for the Newborn (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
swaddling - N	Often but especially when the baby is crying.	Swaddling provides a sense of security and comfort.
sugar water - N	Periodically when neonate is irritated and away from mother's comfort.	Sugar water can provide distraction and sense of reassurance to sooth the neonate.
circumcision - T	Performed within 1 to 2 days after birth.	It can be for hygiene, religion, social norms, or culture.
blood glucose test	Performed shortly after birth and	This test showed that the neonate's blood sugar was below 45.

	checked periodically	
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Discharge Planning (2 points)

Discharge location: home

Equipment needs (if applicable): breast pump

Follow up plan (include plan for newborn ONLY): breastfeeding tip

Education needs:

Make sure neonate’s lips compress the areola and fit neatly against the sides of the nipple. Make sure the neonate has adequate room to breathe. When the breast is engorged, use heat or cold applications or massage the breast to illicit milk. Use a breast pump to store breast milk.

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)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (2 pts each)
Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components	Explain why the nursing diagnosis was chosen	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.	<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.
1. Acute pain related to		1. Parents will administer acetaminophen drops as needed. Rationale Drops help ease acute pain and enhance effects of calming behaviors (Nursing Care Plan and Diagnosis, n.d.). 2. Parents will hold,	Parents understood to give analgesic drops amount and how to administer drops. Goal met. Parents acknowledged

		<p>cuddle, dress, talk or feed the neonate during times of irritability during the next ten days.</p> <p>Rationale Because of the circumcision, pain may irritate him. By skin-to-skin contact, cuddling, talking, and feeding neonate, this can provide comfort and relaxation (Nursing Care Plan and Diagnosis, n.d.).</p>	<p>maneuvers needed to provide comfort for neonate while circumcision heals. Goal met.</p>
<p>2. Potential for Infection related to open wounds as evidenced by umbilicus and the circumcised penis.</p>	<p>Parents must understand that these are portals for microbes to invade and cause illness.</p>	<p>1. Parents will call their pediatrician if their infant’s penis has bleeding that has not stopped, redness getting worse or not going away after 7 to 10 days, fever, or signs of infection after each diaper change.</p> <p>Rationale Knowing what to recognize, what to do, and who to call if circumcision becomes a problem is important for the infant’s health (Alli, 2021).</p> <p>2. Parents will monitor the infant for signs of infection (fever, vomiting, loss of appetite, lethargy, labored breathing, green watery stools, and drainage from umbilical cord and eyes) daily.</p> <p>Rationale These signs could indicate an infection (Masters, 2018).</p>	<p>Parents recited signs and symptoms of an infected circumcision complication to the nurse. Goal met.</p> <p>Parents recited signs of an infection to the nurse. Goal met.</p>
<p>3. Knowledge deficit related to proper baby care as evidence by breastfeeding</p>	<p>Mother will understand proper feeding techniques and information while caring</p>	<p>1. Mother will apply proper breastfeeding technique at each mealtime.</p> <p>Rationale Correct position prevents discomfort (VitalSource Bookshelf</p>	<p>Mother had high LATCH scores in return demonstration for proper feeding. Goal met.</p>

	for her baby.	Online, n.d.). 2. Mother will wear a supportive bra 24 hours a day. Rationale To support the breasts for comfort (VitalSource Bookshelf Online, n.d.).	Mother understood to purchase a supportive bra and its use. Goal met.
4. Knowledge deficit related to infant's circumcision as evidence by first male child in the family.	Parents need to know how to care for their first male child's circumcision.	1. Parents will apply to the penis head petroleum jelly-coated gauze with each diaper change. Rationale Applying petroleum jelly-coated gauze reduces friction against diaper and urine contact (Nursing Care Plan and Diagnosis, n.d.). 2. Parents will wash neonate's circumcised penis with warm, soapy water and allow the area to dry on its own during bathing. Rationale This will prevent irritation (Masters, 2018).	Parents observed nurse's demonstration, understood procedure, and returned demonstrated well. Goal met. Parents observed nurse's demonstration, understood procedure, and returned demonstrated well. Goal met.

Other References (APA):

Alli, R. A. (2021, May 31). *Circumcision in baby boys: What to expect after the procedure.*

WebMD. <https://www.webmd.com/parenting/baby/circumcision-what-expect#2>

Masters, M. (2018, December 19). *Newborn Circumcision Care.* What to Expect.

<https://www.whattoexpect.com/first-year/circumcision-care>

Nursing Care Plan for Circumcision (n.d.).

<http://freenursingcareplan.blogspot.com/2012/07/nursing-care-plan-for-circumcision.html>

VitalSource Bookshelf Online. (n.d.).

<https://coursepoint.vitalsource.com/#/books/9781975156688/cfi/6/40!/4/2/150/2@0:0>

Ballard Gestational Age Scale

Neuromuscular Maturity

Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)							
Arm recoil							
Popliteal angle							
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	0 24
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 26
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	10 28
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	15 30
							20 32
							25 34
							30 36
							35 38
							40 40
							45 42
							50 44

To determine a newborn’s objective estimated gestational age between 20- and 44-week-old, one tool, called the Ballard Gestational Age Scale, is used. This tool assigns gives a numerical score to several categories. The resulting number range from low, which corresponds to preterm newborns, to high, which corresponds to postmature newborns (VitalSource Bookshelf Online, n.d.).

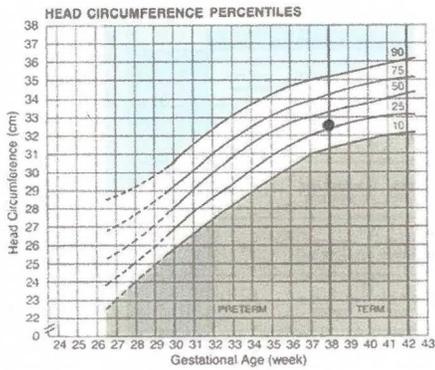
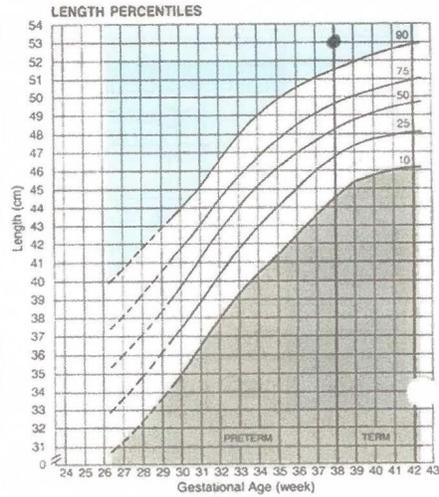
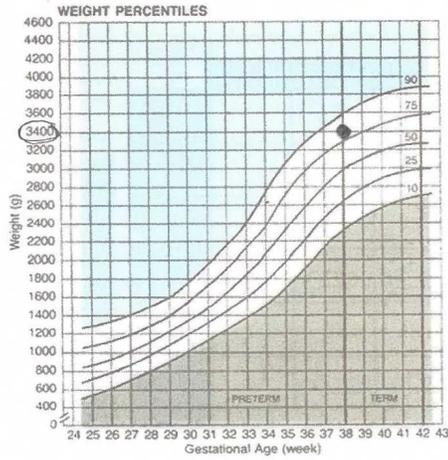
Reference

VitalSource Bookshelf Online. (n.d.).

<https://coursepoint.vitalsource.com/#/books/9781975156688/cfi/6/40!/4/2/150/2@0:0>

**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)		X	
Appropriate for Gestational Age (AGA) (10th to 90th percentile)	X		X
Small for Gestational Age (SGA) (<10th percentile)			

*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

References
 1. Battaglia FC, Lubchenco LO. A practical classification of newborn infants by weight and gestational age. *J Pediatr* 1967; 71:156-163.