N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment **9/22 @ 0910**	**Patient Initials** **KB**	**Date & Time of Birth** **9/21 @ 1122**	**Age** **(in hours at the time of assessment)** **22 hours**
Gender **female**	**Weight at Birth** **(gm) 2050** **(lb.) 4 (oz.) 8.3**	**Weight at Time of Assessment** **(gm) 2030** **(lb.) 4 (oz.) 7.6**	**Age (in hours) at the Time of Last Weight** **10 hours**
Race/Ethnicity **African American**	**Length at Birth** **Cm 45** **Inches 17.75**	**Head Circumference at Birth** **Cm 31** **Inches 12.25**	**Chest Circumference at Birth** **Cm 27** **Inches 10.62**

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: G:3 T:0 P:2 A:1 L:2

When prenatal care started: approximately 8 weeks

Abnormal prenatal labs/diagnostics: Patient had hypertension

Low: red blood cells, hemoglobin, hematocrit, potassium, and BUN

High: Alkaline phosphate

Prenatal complications: Hypertension

Smoking/alcohol/drug use in pregnancy: Marijuana 3 times per week

Labor History of Mother:

Gestation at onset of labor: was induced around 0600 on 9/21

Length of labor: 5 hours

ROM: 1043

Medications in labor: Pitocin, Ancef, Bicitra, azithromycin, ephedrine, fentanyl, and Zofran

Complications of labor and delivery: Patient had an emergency Cesarean section due to vaginal bleeding and federal heart rate deceleration. The patient then had a uterine rupture.

Family History:

Pertinent to infant: genital herpes, diabetes

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Marijana 3 times per week through entire pregnancy

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

Living Situation: The parent is currently living with sister, but planning to move out soon into her own apartment.

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

Birth History (10 points)

Length of Second Stage of Labor: N/A cesarean section

Type of Delivery: Cesarean section

Complications of Birth: placenta abruption

APGAR Scores:

1 minute: 9

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: NG tube

If breastfeeding:

LATCH score:

Supplemental feeding system or nipple shield:

If bottle feeding:

Positioning of bottle:

Suck strength:

Amount:

Percentage of weight loss at time of assessment: -.98 %

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

2030-2050= -20 → -20/2050 X 100 → -.98

What is normal weight loss for an infant of this age? 5-10% (Ricci et al., 2021)

Is this neonate's weight loss within normal limits? Yes, my neonate lost less weight then expected.

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

Intake and Output (8 points)

Intake

If breastfeeding: N/A

Feeding frequency:

Length of feeding session:

One or both breasts:

If bottle feeding: N/A

Formula type or Expressed breast milk (EBM):

Frequency:

Volume of formula/EBM per session:

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

If NG or OG feeding: NG

Frequency: every 3 hours

Volume: 14 mL

If IV: N/A

Rate of flow:

Volume in 24 hours:

Output

Age (in hours) of first void: 1 hour

Voiding patterns:

Number of times in 24 hours: 6

Age (in hours) of first stool: 11 hours

Stool patterns:

Type: meconium

Color: green

Consistency: tarry

Number of times in 24 hours: 2

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	This is routine for preterm baby's due to being at risk for unstable glucose levels (Ricci et al., 2021).	Greater than 45 (Ricci et al., 2021)	56	The baby's glucose was within the normal range.
Blood Type and Rh Factor	This test is ordered because it determines the baby's blood type and RH factor to see if the baby's blood is compatible with the mothers (Ricci et al., 2021).	A, B, AB, O +/-	N/A	The baby did not have a blood type and RH factor ran due to mother's blood type.
Coombs Test	This test is used to detect antibodies that can act against the red blood cells (Ricci et al., 2021).	+/- (Ricci et al., 2021)	N/A	This test was not ran on the baby, so I am unable to interpret the results.
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	This test is ordered to assess bilirubin levels of newborns (Ricci et al., 2021).	9.35 threshold *from bilitool.org	N/A	These results cannot be interpreted at this time due to the serum bilirubin level not being resulted at this time.
Newborn Screen (At 24 hours)	Assess newborns for many different genetic	Nothing found (Ricci et al., 2021)	(If available—these may be not available	This test was unable to interpret due to it being done at 24

	disorders (Ricci et al., 2021).		until after discharge for some clients) n/ A	hours and being a sendoff test.
Newborn Hearing Screen	This test is used to help diagnose hearing disorders early so measures can be taken (Ricci et al., 2021).	Pass/fail (Ricci et al., 2021)	N/A	The results cannot be interpreted due to the test not being performed yet.
Newborn Cardiac Screen (At 24 hours)	This test is done to detect and congenital heart defects that may be present (Ricci et al., 2021).	<95% and 3 feet apart	N/A	This test had yet to be performed.

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

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

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine (recombivax HB, engerix-B)**		
Dose	1 mg	5mg/ 1 g	0.5 mL		
Frequency	Once	Once	Once (mother refused)		
Route	IM	Eyes	IM		
Classification	Vitamin	Antibiotic (Ricci et al., 2021)	Vaccine (Ricci et al., 2021)		
Mechanism of	Vitamin K is used	Erthromycin is	Hepatitis B is a		

Action	to help produce clotting factors. (Ricci et al., 2021)	used for prophalatic conjunctivitis by binding to the ribosomes (Ricci et al., 2021)	preventative vaccine give to provide antibodies (Ricci et al., 2021)which produces immunity.		
Reason Client Taking	Increase clotting factors in the body. (Ricci et al., 2021)	Prevent infection to the eyes. (Ricci et al., 2021)	Prevent the infection of Hepatitis B. (Ricci et al., 2021)		
Contraindications (2)	Do not give other blood thinners, hepatic diseases (diagnosed with tests in pregnancy) (Ricci et al., 2021)	Hypersensitivity, hypersensitivity to macrolide antibiotics (Ricci et al., 2021)	Hypersensitivity to previous doses, allergic reaction to neomycin (Ricci et al., 2021)		
Side Effects/Adverse Reactions (2)	Hyperbilirubinemia, injection site reaction (Ricci et al., 2021)	Hypersensitivity, overgrowth of nonsusceptible organism (Ricci et al., 2021)	Fever, swelling or redness at the injection site (Ricci et al., 2021)		
Nursing Considerations (2)	Give the medication IM, give the medication in 1-2 hours after birth (Ricci et al., 2021)	Do not let tip of applicator touch the eye, assess for signs of jaundice. (Ricci et al., 2021)	Give the medication IM, the medication in the first 24 hours, but is recommended to those all under 19 if refusal at birth (Ricci et al., 2021)		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Confirm the correct dose and injection site	Listen to bowel sounds, assess skin color (Ricci et al., 2021)	Assess the right amount is being given, give in opposite leg as the vitamin K (Ricci et al., 2021)		
Client Teaching needs (2)	Educate the parent on signs to report	Educate the parent that	Educate the parents on the		

	such as anaphylactic shock. Educate the parent on the injection site and that it may become red and irritated or bruise (Ricci et al., 2021)	STD's can cause blindness in the baby's eyes such as herpes which the mother has, educate the parent for signs of reactions (Ricci et al., 2021)	importance of the vaccine due to refusing, educate the parents on the next doses and when they should occur if they consent to the vaccine (Ricci et al., 2021)		

Medications Reference (1) (APA):

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

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2020.	If assessment finding different from expectation, what is the clinical significance?
Skin	Warm, dry, pink, smooth skin, mottling, slight jaundice	Skin is usually flexible, smooth, dry, and pink The patient may have a rash, mottling, hyperpigmentation, Mongolian spots, nevi, vascular and other lesions, lanugo, dark pigmentation, acrocyanosis, jaundice, stork bites (Ricci et al., 2021)	N/A
Head	The head is symmetrical with suture lines present.	Suture lines that overlap, modeling, microcephaly, macrocephaly The head can very with the age, gender, and ethnicity of the baby. (Ricci et al., 2021)	n/a
Fontanels	The fontanels are soft and flat	Soft and flat May have enlarged fontanels (Ricci et al., 2021)	n/a
Face	The facial features are symmetrical with full cheeks	Facial nerve paralysis, nevus flammeus, nevus vasculosus Facial features are	n/a

		symmetrical with full cheeks (Ricci et al., 2021)	

Eyes	Clear and symmetric	Chemical conjunctivitis, subconjunctival hemorrhages Clear and symmetric (Ricci et al., 2021)	n/a
Nose	Small, midline, clear with no blockages, no nostril flare	Small, midline, clear Malformation, blockage, nostril flare (Ricci et al., 2021)	n/a
Mouth	Midline, intact, suck reflex, soft and hard palate present	Midline, symmetric, intact soft and hard pallet Epstein pearls, erupted precocious teeth, thrush (Ricci et al., 2021)	n/a
Ears	Small, symmetrical and in line with the corners of the eyes to the top of the pinna, pink, soft, foldable and slow recoil	Soft and pliable with quick release when folded Low set ears, hearing loss, stays folded for folds slow (Ricci et al., 2021)	n/a
Neck	Short, moves easily and freely, head is midline, clavicles present	Short, creased, moves freely, baby holds head midline Restricted movement, clavicular fractures (Ricci et al., 2021)	n/a
Chest	Round, symmetrical and smaller than the head	Round, symmetrical and smaller than the head Nipple engorgement, white discharge (Ricci et al., 2021)	n/a
Breath Sounds	30-60 breaths per minute, lungs are clear and equal in all lobes, unlabored	Clear and equal in all lungs, unlabored breathing with 30-60 breaths per minute	n/a

		(Ricci et al., 2021)	

Heart Sounds	S1 and S2 at the point of maximal impulse, slight murmur is present, regular rhythm.	Murmurs are often heard in infants and resolve on their own. S1 and S2 should be present with a regular rhythm and heart rate of 110-160 per minute (Ricci et al., 2021)	n/a
Abdomen	Abdomen is round, soft, moves with breathing, and protuberant contour, umbilical cord is present and clamped	Abdomen is soft, with three vessels in the umbilical cord Distended, two vessel umbilical cord (Ricci et al., 2021)	n/a
Bowel Sounds	Active in all four quadrants	10-30 bowel sounds per minute and present in all four quadrants (Ricci et al., 2021)	n/a
Umbilical Cord	Intact, clammed, and drying	Pale, yellow color, and 3 vessels single umbilical artery 2 vessel cord (Ricci et al., 2021)	n/a
Genitals (female)	Swollen and pink	Swollen Discharge (Ricci et al., 2021)	n/a
Anus	Passes stool, normal in appearance and position	Passes stool, normal with appearance and position Anal fissure or fistulas (Ricci et al., 2021)	n/a
Extremities	All extremities move freely, jitters when crying	Moves extremities and jitters or trembles when crying Congenital hip	n/a

		dislocation (Ricci et al., 2021)	
Spine	Strait flat, and flexible when placed on back	Strait, flat, and flexible Dimple in spine (Ricci et al., 2021)	n/a
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Unable to match band to parents due to in nicu, but band was present Hugs tag present on the bed Placed in supine position under the warmer	Newborns and the parents have ID bands, hugs tags in place, and positioned supine Hugs band may be attached to bed	Hugs band attached to bed in nicu due to the added cords, close monitoring, locked unit inside a locked unit, and IVs that maybe present.

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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? The Ballard scale is a tool that estimates the baby's gestational age and assigned a score (Ricci et al., 2021). The child is average for gestation age. The baby although is preterm. Although the score was performed at 20 hours instead of 2, I score the child a 14 for neuromuscular and 12 for maturity. This would score the infant at 34 weeks.

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Are there any complications expected for a baby in this classification? The baby may have slower maturity due to premature, but should catch up.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	36.5	152	36
4 Hours After Birth	36.8	169	48
At the Time of Your Assessment	36.9	138	57

Vital Sign Trends: The infants vital signs are stable. At the time of birth the baby had respirations on the lower side, but still within normal limits. The respirations being on the low side is normal due to being premature and is expected to increase as they have enough surfactant (Ricci et al., 2021).

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0820	NIBS	N/A	0	N/A	N/A

Summary of Assessment (4 points)

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

The neonate was delivered on 6.21.21 at 1122 by an emergency cesarean section. The Apgar scores were 9 at 1 minute, and 9 at 5 minutes. The neonate was born at 34 weeks and 5 days and AGA. Prenatal hx is complicated by gestational hypertension and marijuana use. The birth weight was 4 pounds 8.3 ounces (2050 g), 17.75 inches long (45 cm). All vital signs are within normal limits during the assessment. The last set of vitals: 36.9/138/57. BSx3 after delivery WNL and ranged from 36 to 57. Neonate is getting NG tube feedings with 15 mL of formula q3 hours. The labs were undetermined at this time. The neonate is currently in the NICU for a while due to early gestational age and labor complications, but will be discharged with parents. The baby will most likely follow up with the pediatrician in the office in 24-48 hours following discharge.

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.
Feeding through NG- T	Q 3	This is performed so the baby receives

		the proper nutrition while still being in the NICU and not feeding by moth.
Diaper changing- N	PRN/ continuous	Diapers should be changed upon being soiled to prevent the baby from having skin breakdown.
Monitoring of o2, HR, and respirations- T	Continuous	Vitals are monitored constantly in the NICU, because their change in condition can happen rapidly.
Bean bag- N	PRN	The bean bag is use to positioning aid, provide warmth, and help with limbs.

Discharge Planning (2 points)

Discharge location: Discharge to home

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): The newborn will need to follow up with a pediatrician in 24-48 hours.

Education needs: The parents should be educated on the safety of their child. The parents should monitor for any respiratory difficulties and go to the emergency room if needed. The parents should be educated on keeping the baby warm and bundled up. The parents should also be educated on when they should attend doctor's appointments and the importance of immunizations.

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 (2 pts each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Respiratory complications related to being premature.	Neonates who are premature their lungs are often not developed.	1.Contious monitoring of respirations and o2 saturation. Rationale: This allows us to know if the baby is having difficulties breathing, so we can intervene properly (Ricci et al., 2021). 2.Provide oxygen PRN Rationale: Oxygen will provide the extra support the neonate may need while her lungs are still developing (Ricci et al., 2021).	Goal: remain oxygen free. The client did well with keep his oxygen levels above the normal range today and was able to be weaned from oxygen. The neonate responded well to the weaning of the oxygen.
2. Glucose instability related to the infant being premature.	Neonates who are premature are at higher risk for glucose instability.	1. Monitor glucose levels before feedings in the first few days of life. Rationale: Monitoring glucose levels frequently allows the nurses to intervene if there is a glucose instability (Ricci et al., 2021). 2.Give a fast-acting source of glucose if the glucose level is low or insulin if high. Rationale: This will make sure the neonates blood sugar stays at the appropriate level and	Goal: Keep glucose levels within normal limits. The baby tolerated glucose checks well and has not had any irregular blood sugars.

		doesn't cause any further complications (Ricci et al., 2021).	
3. Temperature instability related to unable to control body temperature.	Infants loose heat quickly and are at risk for hypothermia.	1. Educate the parents on the importance of dressing the child appropriately. Rationale: This will allow for the baby to be able to keep in as much body heat as possible (Ricci et al., 2021). 2. Educate the parents on the importance of a swaddle. Rationale: The swaddle will help the baby stay warm and not become hypothermic (Ricci et al., 2021).	Goal: The infant stays at a warm and appropriate temperature. The parents have not been educated yet due to not being present, but should be educated upon discharge.
4. Risk for suffocation as evidenced by loose items in the sleep area, co-sleeping, and sleeping in a prone position.	Infants are at risk for suffocation due to not being able to roll over and move things out of their face.	1. Educate the parents on the importance of the baby being in a supine position. Rationale: Infants should be in a supine position due to not being able to roll over, which can lead to suffocation (Ricci et al., 2021). 2. Educate the parents on sleeping in a clean and clear crib. Rationale: When infants get something in their face, they are unable to move it out of the way putting them at risk for suffocation (Ricci et al., 2021).	Goal: Educate the parents about suffocation and how to prevent it. The parents should be educated before discharge on the importance of preventing suffocation and the ways to prevent it.

Other References (APA):

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

Ballard Gestational Age Scale

Neuromuscular Maturity

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

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	
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]

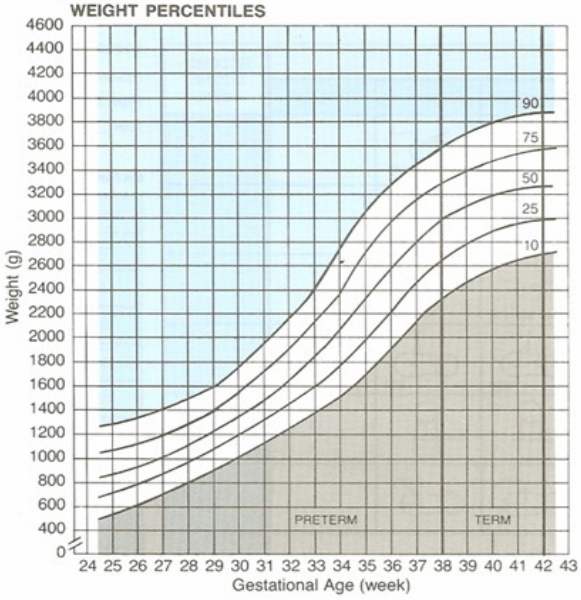
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

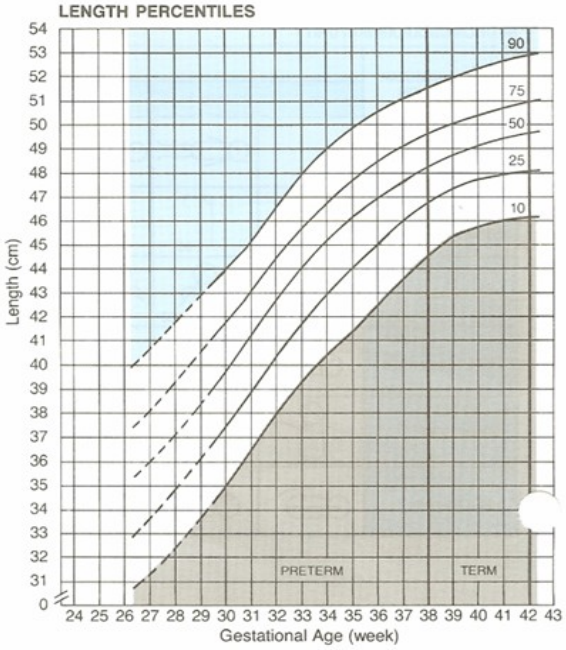
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

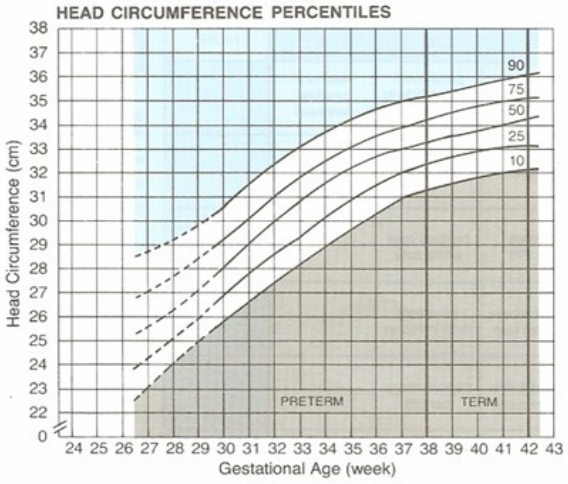
WEIGHT PERCENTILES



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