N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 9/20/21 at 15:30	**Patient Initials B.B.**	**Date & Time of Birth 9/19/21 at 0700**	**Age (in hours at the time of assessment) 32:30**
Gender M	**Weight at Birth (gm) __2480_____ (lb.) _5____ (oz.) ____7.5_**	**Weight at Time of Assessment (gm) _____2465_____ (lb.) __5___ (oz.) ___7__**	**Age (in hours) at the Time of Last Weight 16**
Race/Ethnicity White/Caucasian	**Length at Birth Cm ___46.4_____ Inches ____18.25_____**	**Head Circumference at Birth Cm _____29.5_____ Inches _____12_____**	**Chest Circumference at Birth Cm _____29_____ Inches __11.8_____**

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:21011.

When prenatal care started: Second trimester 2/6/21.

Abnormal prenatal labs/diagnostics: WBC 15.7, MVP 8.1, Neutrophil 77.9, Lymphocyte 14.4, Absolute Neutrophils 12.2.

Prenatal complications: SGA, Sacral dimple in newborn.

Smoking/alcohol/drug use in pregnancy: Tobacco use in the second trimester; Marijuana use in second trimester.

Labor History of Mother:

Gestation at onset of labor: 38 weeks one day.

Length of labor: 2 hours and 25 minutes.

ROM: 9/18/21 22:00

Medications in labor: Fentanyl-Ropivacaine epidural.

Complications of labor and delivery: None noted.

Family History:

Pertinent to infant: Infant of a diabetic mother.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Daily smoker and daily marijuana user.

Father/Co-Parent of Baby Involvement: Involved boyfriend.

Living Situation: Living together.

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

11th grade education.

Birth History (10 points)

Length of Second Stage of Labor: 2 hours and 20 minutes.

Type of Delivery: Spontaneous vaginal delivery.

Complications of Birth: None noted.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None noted.

Feeding Techniques (10 points)

Feeding Technique Type: Bottle feeding.

If breastfeeding:

LATCH score: Patient not breastfeeding.

Supplemental feeding system or nipple shield: None

If bottle feeding:

Positioning of bottle: Upright do not feed flat.

Suck strength: Strong.

Amount: 13-30 ml.

Percentage of weight loss at time of assessment: ___0.6_____%

****Show your calculations; if today's weight is not available, please show how you would calculate weight loss (i.e., show the formula) ** 2480-2465=15 divided by 2480=0.0060483871 times 100=0.6% weight loss.**

What is normal weight loss for an infant of this age? In the first 5 to 7 days of life the baby should lose anywhere from 5 to 10 % depending on if they are bottle or breast feeding.

Is this neonate's weight loss within normal limits? On day two of life the baby is on track for normal weight loss.

Ricci, S. S., Kyle, T., & Carman, S. (2020). ***Maternity and pediatric nursing*** **(4th ed.). Wolters Kluwer.**

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: Mother not breastfeeding.

Length of feeding session: None.

One or both breasts: None.

If bottle feeding:

Formula type or Expressed breast milk (EBM): 22cal/oz Neosure.

Frequency: every 1-2 hours.

Volume of formula/EBM per session: 13-30 ml a session.

If EBM, is fortifier added/to bring it to which calorie content: EBM not used.

If NG or OG feeding:

Frequency: No NG or OG feeding used.

Volume: None.

If IV:

Rate of flow: IV not used.

Volume in 24 hours: None

Output

Age (in hours) of first void: 14 hours 2 voids.

Voiding patterns:

Number of times in 24 hours: 6 voids in 24 hours.

Age (in hours) of first stool: 0 hours at birth.

Stool patterns:

Type: Meconium.

Color: Black.

Consistency: Thick, soft.

Number of times in 24 hours: 1 time in 24 hours.

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 test is looking for hypoglycemia in the newborn (Ricci et al., 2020).	45-90mg/dL	48	Patient is within the normal limits of the test.
Blood Type and Rh Factor	This test is to assess for potential Rh incompatibility between the newborn and the mother. Also, screens for hemolytic disease of the newborn (Ricci et al., 2020).	O negative or positive, A, B, AB with a positive or negative Rh factor.	None	Patient did not need this test preformed.
Coombs Test	Coombs test is performed to assess for foreign antibodies in the infant's blood attacking the newborn's erythrocytes,	Negative for immunoglobins attacking the newborn's erythrocytes.	None	Patient did not have test results in file.

	used to check for hemolytic disease of the newborn (Ricci et al., 2020).			
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	**This test is used to assess for liver function and to check the newborn's RBC are going through hemolysis (Ricci et al., 2020).**	**Patient will be in a risk zone that will tell if the patient anywhere from high risk to low risk.**	**5.1**	**Patient is low intermediate on the scale.**
Newborn Screen (At 24 hours)	**This test is performed shortly before discharge to detect for birth defects in healthy looking newborns but could be at risk of developing health complications (Ricci et al., 2020).**	**Negative genetic defects.**	**(If available—these may be not available until after discharge for some clients)** **Results were not found.**	**N/A**
Newborn Hearing Screen	**Hearing loss is a common birth disorder. This screening is to detect infants who are likely**	**No hearing problems.**	**Passing hearing score.**	**The patient passed the hearing screening.**

	to have a hearing loss and need further evaluation. (Ricci et al., 2020).			
Newborn Cardiac Screen (At 24 hours)	**This test is performed to detect defects in the newborn heart/cardiac system (Ricci et al., 2020).**	**No heart defects identified.**	**No heart defects were identified.**	**The patient passed the cardia screening.**

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

Ricci, S. S., Kyle, T., & Carman, S. (2020). ***Maternity and pediatric nursing*** **(4th ed.). Wolters Kluwer.**

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**Sucrose solution(tootsweet)**	
Dose	**1mg**	**5mg/1g**	**0.5 ml**	**0.5 ml**	
Frequency	**1 time.**	**1 time.**	**1 time.**	**10 times in 24-hour period.**	
Route	**IM**	**Topical eye ointment**	**IM**	**Oral**	
Classification	**Vitamin**	**Antibiotic**	**Viral vaccine**	**Analgesic**	
Mechanism of Action	**Utilized by the body to create clotting factor as carbanion**	**Bactericidal to potential contact with gonorrhea or**	**Hepatitis B vaccine induces protective**	**Reduces pain by increasing endogenous opioid.**	

	mimics the proton abstraction from gamma position of glutamate protein bounding. (Jones & Bartlett., 2020).	**chlamydia during birth.**	**anti-hepatitis B antibodies in infants.**		
Reason Client Taking	**To promote coagulation of the blood.**	**Prevention of ophthalmia neonatorum, which can cause blindness.**	**Prevent hepatitis B.**	**Reduce pain of procedures or assessment.**	
Contraindications (2)	**Hypersensitivity, hypercoagulation.**	**Hypersensitivity, currently taking macrolides.**	**Hypersensitivity, allergic reaction to neomycin.**	**Sucrose intolerance, Fructose intolerance.**	
Side Effects/Adverse Reactions (2)	**Hypercoagulation, tachycardia.**	**Hepatotoxicity, jaundice.**	**Fever, injection site pain.**	**Choking, coughing.**	
Nursing Considerations (2)	**Give 1 to 2 hours after birth, administer IM in the vastus lateralis muscle.**	**Wear gloves to administer, do not touch the tube of the eye.**	**Administer IM in thigh, provide information of vaccinations side effects.**	**Administer only prescribed amount, do not give if infant does not need.**	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Aspirate carefully to avoid intravascular injection, apply gentle pressure to site after injection.**	**Monitor hepatic functioning, monitor heart rate and rhythm.**	**Monitor for signs of hypersensitivity that can lead to anaphylactic shock.**	**Monitor blood glucose, monitor for signs of hypersensitivity.**	
Client Teaching needs (2)	**Report signs of rash, as this can be a sign of hypersensitivity, the need of**	**Given to help prevent blindness, can be refused but is given as a**	**Report any signs of hypersensitivity, this vaccine does**	**Administer only 1 to 2 drops on tongue or inside the cheek,**	

	this medication for the baby's blood to be able to clot.	**standard practice for all newborns.**	**not prevent infections of hepatitis A or C.**	**differentiate analgesia with comfort and feeding.**	

Medications Reference (1) (APA):

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

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	**Skin is moist pink with good turgor and is consistent. WDL**	**Smooth, flexible, good skin turgor, well hydrated, warm, skin color consistent with client race/ethnicity.**	**No abnormal finding.**
Head	**Symmetrical with no visible abnormalities. WDL**	**Varies with age, gender, ethnicity. Symmetrical and normocephalic.**	**No abnormal finding.**
Fontanels	**Both fontanels palpated with no abnormalities.**	**Diamond-shaped anterior fontanel, triangular shaped posterior fontanel.**	**No abnormal finding.**
Face	**Full cheeks and face symmetrical with sign of newborn rash on right cheek. WDL**	**Full cheeks with symmetrical facial features.**	**Newborn rash on right cheek.**
Eyes	**Clear and symmetrical. WDL**	**Clear and symmetrically lined up with ears.**	**No abnormal finding.**
Nose	**Small, midline and narrow, ability to smell. WDL**	**Small, midline and narrow, ability to smell.**	**No abnormal finding.**
Mouth	**Midline symmetrical and intact palate. WDL**	**Midline, symmetric, intact soft and hard palate.**	**No abnormal finding.**
Ears	**Soft and pliable with quick recoil when folded and**	**Soft and pliable with quick recoil when folded and**	**No abnormal finding.**

	released. WDL	**released.**	
Neck	**Short, creased, moves freely, baby holds head midline. WDL**	**Short, creased, moves freely, baby holds head midline.**	**No abnormal finding.**
Chest	**Midline symmetrical smaller that head. WDL**	**Round, symmetric, smaller than head.**	**No abnormal finding.**
Breath Sounds	**Breath sounds clear bilaterally. WDL**	**Bronchovesicular breath sounds in bilateral lungs.**	**No abnormal finding.**

Heart Sounds	**S1, S2 normal, no murmur, rhythm normal. WDL**	**S1, S2 heart sounds. Absent S4, S4 or murmurs. Regular rate/rhythm.**	**No abnormal finding.**
Abdomen	**Protuberant, soft, and moved with breathing. WDL**	**Protuberant, contour, soft. Abdominal movements with respirations.**	**No abnormal finding.**
Bowel Sounds	**Bowels sounds present in all 4 quadrants. WDL**	**Bowel sounds in all 4 quadrants.**	**No abnormal finding.**
Umbilical Cord	**Three vessels in the cord. WDL**	**Three vessels in the umbilical cord, large vein and 2 small arteries.**	**No abnormal finding.**
Genitals	**Uncircumcised, meatus midline. WDL**	**Smooth glans, meatus centered at tip of penis.**	**No abnormal finding.**
Anus	**Normal positioning with passing stool. WDL**	**Normal position, patency evidenced by passing meconium.**	**No abnormal finding.**
Extremities	**20 digits, symmetrical with full ROM. WDL**	**Symmetrical with free movement. All 20 digits intact. Full range of motion.**	**No abnormal finding.**
Spine	**Symmetrical and palpable along entire length. No curvature. WDL**	**Symmetrical and palpable along entire length. No curvature.**	**No abnormal finding.**
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	**Matching parental bands, hugs tag present on left foot, client is swaddled and sleeping supine. WDL**	**Matching parental bands hugs tag on client's foot. Sleeping on back swaddled.**	**No abnormal finding.**

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? SGA. Baby is below the 10th percentile for weight and length.

Are there any complications expected for a baby in this classification? Hypoglycemia may become a complication due to the mother being a diabetic.

Vital Signs, 3 sets (6 points)

Time 0700	Temperature	Pulse	Respirations
Birth	98.4	146	40
4 Hours After Birth	98.2	134	42
At the Time of Your Assessment	98.1	110	48

Vital Sign Trends: Vital signs are normal with little or no variation.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:30	NIPPS	No pain	No pain	No pain	No pain

Summary of Assessment (4 points)

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

Do we need to rewrite this so that it is complete sentences? Yes

This neonate was delivered on 9.20.21 at 0700 by spontaneous vaginal delivery. 1x Nuchal cord recorded with Apgar scored of 8 and 9 at 5 and 10 minutes. Estimated due date was

10.3.21 by US. Doctor revealed neonate is 38 weeks 1 day and SGA. Prenatal hx complicated by second trimester drug use and mother having diabetes. Birth weight 5lbs 7.5 oz (2480 grams) with a length of 18.25" (46.4 cm). Upon assessment all systems are within normal limits. Last set of vitals were 98.1 degrees Fahrenheit, pulse of 110, and respirations of 48. Neonate is feeding well using bottle and feeding every 1 to 2 hours 13-30 ml per session. Bilirubin level at 24 hours per scan was 5.1 Neonate expected to be discharged with mother later today and to see pediatrician in the office for first well baby check within 48 hours.

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.
Bottle feeding teaching. N	**Continuous**	**This is the parents first baby and feeding instruction is needed to prevent risk of aspiration.**
Warm blanket to swaddle baby. N	**Once**	**First time mother needs to be able to quickly and efficiently swaddle a baby to prevent heat loss.**
Vitamin K administration. T	**Once**	**This is a normal administration of vitamins to help with the baby's ability to clot blood.**
Hepatitis B vaccination. T	**Once**	

		The hep B vaccine was administered to this client to provide immunization against hepatitis virus.

Discharge Planning (2 points)

Discharge location: Home with mother and significant other.

Equipment needs (if applicable): Car seat to be able to transport baby safely.

Follow up plan (include plan for newborn ONLY): 24-48 hours visit with doctor.

Education needs: Smoking around child, feeding routines, sleeping patterns, back to sleep.

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. Risk for infection related to neonatal immune system as evidence by newborn rash.	**Infection can cause many problems for a newborn.**	**1.Proper sterile use of instruments when assessing neonate. (Ricci et al., 2020).** **Rationale** **2.Proper cleaning and cleansing of any areas prone to infection. (Ricci et al., 2020).** **Rationale**	**Family was willing and able to apply these interventions to prevent infection.**

2. Risk for skin breakdown related to skin and tissue color changes as evidence by newborn rash.	**Neonates commonly have rashes as their immune system is not fully developed.**	**1. Sterilize and clean affected areas. (Ricci et al., 2020).** **2. Monitor areas for skin breakdown or changes. (Ricci et al., 2020).**	**Family was willing and able to use these interventions to help prevent skin breakdown.**
3. Risk for imbalanced nutrition related to expected weight loss as evidence by weight loss.	**Neonates lose 7-10% of their birth weight in the first few days of life.**	**1. Feed neonate on a schedule. (Ricci et al., 2020).** **Rationale** **2. Monitor intake of milk solution or breast milk. (Ricci et al., 2020).** **Rationale**	**Family was able and willing to use these interventions to help maintain the neonate's weight.**
4. Risk of ineffective thermoregulation related to inability to regulate body temperature as evidence by heat loss.	**Neonates can not effectively regulate body temperature.**	**Rational** **1. Instruct the mother on proper skin to skin contact to regulate body temperature. (Ricci et al., 2020).** **Rationale** **2.Instruct the mother on proper swaddling techniques. (Ricci et al., 2020).**	**Family was willing and able to use the nursing interventions to prevent heat loss.**

Other References (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2020). ***Maternity and pediatric nursing*** **(4th ed.).**

Wolters Kluwer.

Ballard Gestational Age Scale

Neuromuscular Maturity

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

Physical Maturity

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

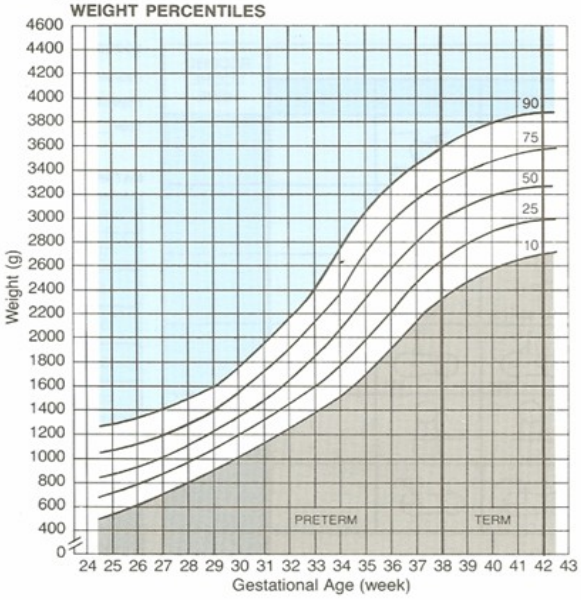
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

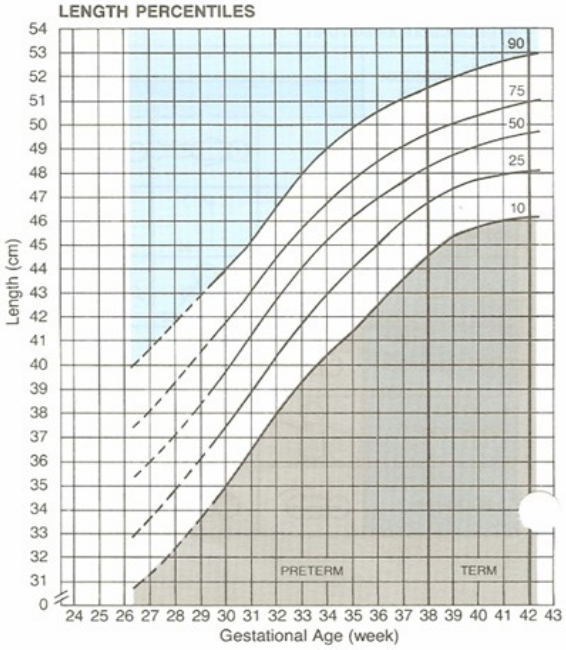
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

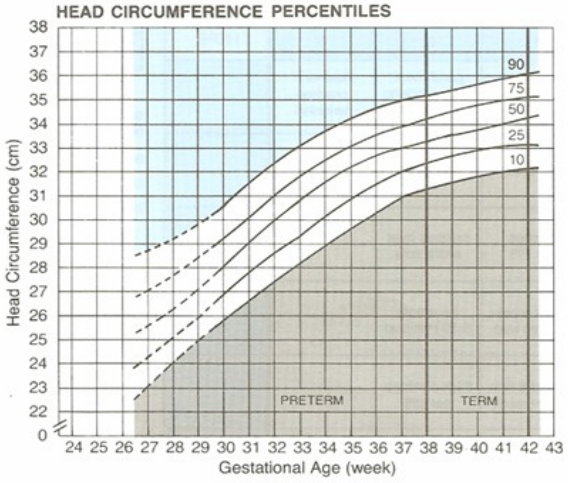
WEIGHT PERCENTILES



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