N432 Newborn Care Plan

Lakeview College of Nursing

Kenny Johnson

Demographics (10 points)

Date & Time of Clinical Assessment 9/20/21 1500	**Patient Initials** FP	**Date & Time of Birth** 9/19/21 1845	**Age (in hours at the time of assessment)** Approximately 9 hours and 15 minutes
Gender Female	**Weight at Birth** **(gm)** 3190 **(lb.)** 7 **(oz.)** 5	**Weight at Time of Assessment** **(gm)** Daily weight unavailable **(lb.)** DWU **(oz.)** DWU	**Age (in hours) at the Time of Last Weight** 1 hour
Race/Ethnicity African American	**Length at Birth** **Cm:** 50.8 **Inches:** 20	**Head Circumference at Birth** **Cm:** 32.5 **Inches:** approximately 12.8	**Chest Circumference at Birth** **Cm:** 33 **Inches:** approximately 13

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: Insufficient prenatal care

GTPAL: Gravida 6, Term 4, Preterm 0, Abortion 2, Living 4

When prenatal care started: Prescribed September 7th, 2021. Insufficient prenatal care related to knowledge deficit.

Abnormal prenatal labs/diagnostics: Hgb 10.8, Hct 32.3%, MCV 73.5, Glucose 104, and urine dipstick positive for cocaine on 9/7/21 and 9/19/21.

Prenatal complications:

Smoking/alcohol/drug use in pregnancy: Claims she does not use drugs, tobacco, or alcohol but a drug test was positive for cocaine on 9/7/21 and 9/19/21

Labor History of Mother:

Gestation at onset of labor: 37 weeks, 6 days

Length of labor: 8 hours and 48 minutes

ROM: Spontaneous

Medications in labor: Oxytocin (Pitocin), LR 1000 mL, Benzocaine-menthol, and Ibuprofen.

Complications of labor and delivery: No lacerations or complications

Family History:

Pertinent to infant: Anemia

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Mother tested positive for cocaine 9/7/21 and 9/19/21

Father/Co-Parent of Baby Involvement: Father visited, but the mother is single.

Living Situation: Unable to obtain information

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

Birth History (10 points)

Length of Second Stage of Labor: 10 minutes

Type of Delivery: Vaginal, Spontaneous

Complications of Birth: No extra methods

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Bottle

If breastfeeding: N/A

LATCH score: N/A

Supplemental feeding system or nipple shield: N/A

If bottle feeding:

Positioning of bottle: Upright

Suck strength: Strong

Amount: 60 mL

Percentage of weight loss at time of assessment: _____1.6_____%

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

Formula (pounds lost/starting weight x 100)

3190-2950= 240 g

50/3190= 0.0157

0.0157*100= 1.57 rounded

<u>1.6%</u>

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

Normal birth weight can range from 2,500 g to 4,000 g. Newborns usually lose up to 10% of their birth weight within the first few days of life but regain it in approximately 10 days (Ricci et al., 2021).

Is this neonate's weight loss within normal limits? Yes

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding: N/A

Feeding frequency: N/A

Length of feeding session: N/A

One or both breasts: N/A

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similac (Sim Adv)

Frequency: Q3-4H

Volume of formula/EBM per session: 60 mL

If EBM, is fortifier added/to bring it to which calorie content: 20 cal/oz.

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: 6 hours

Voiding patterns: 0045, 0245, 0645,

Number of times in 24 hours: 3

Age (in hours) of first stool: Meconium-stained amniotic fluid indicates pre-birth void of meconium.

Stool patterns:

Type: Meconium

Color: Black

Consistency: Soft

Number of times in 24 hours: 3

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 lab is ordered during the first 24 to 48 hours of life, as a normal newborns transition from intrauterine to extrauterine life, their plasma glucose levels are typically lower than later in life (Ricci et al., 2021). Most newborns experience transient hypoglycemia and are asymptomatic (Ricci et al., 2021). If hypoglycemia is prolonged or is left untreated, serious, long-term neurological effects can occur (Ricci et al., 2021).	>45	Not obtained	Not obtained
Blood Type and Rh Factor	Different blood types include A, B, AB, and O. Blood types are determined by the types of antigens on the red blood cells (RBC) (Ricci et al., 2021).	A, B, AB, and O positive or negative.	A-positive	A-positive

	Antigens are proteins on the surface of RBC that can cause a response from the immune system. Mothers who are Rh-negative blood type who have given birth to an infant that has Rh-positive should receive an injection of Rh immunoglobulin within 72 hours after birth to prevent a sensitization reaction in the Rh-negative woman (Ricci et al., 2021). By getting the blood type it can determine Rh status and any incompatibility of the newborn (Ricci et al., 2021).			
Coombs Test	The Coombs test identifies hemolytic disease of newborns; positive results indicate that the newborns RBC have been coated with	Negative	Negative	Negative results are normal.

	antibodies sensitized. (Ricci et al., 2021).			
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Some jaundice in newborns is quite common, although it could be due to severe hyperbilirubinemia that could potentially lead to neurodevelopmental complications (Ricci et al., 2021). This is tested because pathologic jaundice is manifested within the first 24 hours of life and the bilirubin levels increase more than 5 mg/dL/day in a full-term infant. Pathologic jaundice is an unconjugated hyperbilirubinemia that occurs after the first postnatal day and can last up to 1 week (Ricci et al., 2021). Bilirubin concentrations peak in the first 3-5 days (Ricci	<5.2 mg/dL in the first 24 hours.	Not obtained while on the unit due to inability of neonate to meet hourly age requirement for test.	Not obtained

	et al., 2021).			
Newborn Screen (At 24 hours)	Used to detect dozens of metabolic disorders from a single drop of blood. A child who tests positive will have to have additional testing to confirm the diagnoses (Ricci et al., 2021).	No results to note from the chart while on the unit.	**(If available—these may be not available until after discharge for some clients).** No results available.	No results in the chart.
Newborn Hearing Screen	Hearing loss is a common condition in newborns, and even mild hearing loss can cause serious delays in social and emotional development, language acquisition, and cognitive function (Ricci et al., 2021). A hearing screening should be done before discharge from the birthing unit, if not the newborn needs to be screened before 1 month of age (Ricci et	Pass	Pass	The newborn passed the newborn hearing screen.

	al., 2021).			
Newborn Cardiac Screen (At 24 hours)	Pulse oximetry screening of newborns should occur within the first 24 hours of life (Ricci et al., 2021). This is a simple, non-expensive test that can assist with identifying congenital heart disease. It allows for a timely workup and optimal treatment of the defect prior to the infant's circulatory system collapsing (Ricci et al., 2021). To perform this test, you put the pulse oximeter on the wrist and then the foot. The numbers can only be three away from each other to pass and they can have three tries to pass.	Pass	Not obtained since newborn is not 24 hours of age.	Not obtained

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)**	**Recombivax HB (Hepatitis B Vaccine)**	**Tootsweet TM (Sucrose Solution)**	
Dose	0.5 mL	5 mg/g	10 mcg/0.5 mL	0.5 mL	
Frequency	Once	Once	Once	Q3H PRN	
Route	IM	Both eyes	IM	PO	
Classification	Vitamin	Macrolide antibiotic	Vaccine	Mild Analgesic	
Mechanism of Action	Vitamin K replacement indicated for the treatment of coagulation disorders which are due to faulty formation factors of II, VII, IX, and X when caused by vitamin K deficiency or interference with vitamin K activity (Haynes, 2021).	Exerts effect only against multiplying organisms; penetrates cell wall of gram-positive bacteria more readily than that of gram-negative bacteria, and thus, gram-positive organisms may accumulate 100 times more erythromycin than gram-negative organisms do (Schmerin, 2019).	Active immunization with hepatitis B vaccine stimulates the immune system to produce anti-HBs without exposing the patient to the risks of active infection (Ricci et al., 2021).	Sucrose orally mediates an increase in endogenous opioid which creates and analgesic effect for 5-8 minutes (Ricci et al., 2021).	
Reason Client Taking	Low levels of vitamin K can lead to dangerous bleeding in newborns and infants (Haynes, 2021). The vitamin K given at birth provides protection against bleeding that could occur because of low levels of this essential vitamin (Haynes, 2021).	To prevent bacterial eye infection (Schmerin, 2019).	Hepatitis B vaccine is recommended at birth, preferably within the first 12 hours (Ricci et al., 2021).	Neonate is given PRN for pain and cocaine withdrawal (Ricci et al., 2021).	
Contraindications (2)	Hypersensitivity to phytonadione or other components of this medication	History of hypersensitivity (Schmerin, 2019).	Contraindicated if hypersensitivity or severe	Known hypersensitivity to sucrose or fructose.	

	(Lee, 2018).		reaction. If parent strongly objects to an immunization. Known yeast hypersensitivity.		
Side Effects/Adverse Reactions (2)	Hypersensitivity or cutaneous reactions (Lee, 2018).	Eye stinging, burning, redness, and temporary blurred vision (Schmerin, 2019).	Soreness, redness, or swelling in the injection site. Fever (Ricci et al., 2021).	Hyperglycemia and edema related to allergic reaction (Ricci et al., 2021)	
Nursing Considerations (2)	Observe for generalized ecchymosis or bleeding from umbilical cord, circumcision site, and GI tract (Lee, 2018).	Observe for irritation. Do not rinse, ointment may be wiped from the outer eye after 1 minute (Ricci et al., 2021)	First dose should be given within the first 12 hours. Administer intramuscularly (Ricci et al., 2021).	Observe chart for allergies and intolerances. Give right before a procedure or if a neonate is in a lot of pain (Ricci et al., 2021)	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor patient for severe reactions and inflammation. Give before circumcision procedure. Monitor for therapeutic effectiveness (Lee, 2018).	Be alert for chemical conjunctivitis for 1-2 days. Do not touch the tip of the eye (Ricci et al., 2021).	Get baseline vital signs before administration. Find placement for injection in vastus lateralis (Ricci et al., 2021).	Ensure neonate is not hyperglycemic prior to administration (Ricci et al., 2021)	
Client Teaching needs (2)	Inform caregiver why the newborn is getting this medication. Explain how it works to caregiver.	Teach parents that any discharge from the eyes, especially if it is purulent, they should alert the nurse because of the possibility of infection. Inform parents of possible reaction and the infant may experience a rash (Schmerin, 2019).	Explain to parent that pain and inflammation at injection site are common side effects. Instruct parent to immediately report signs of allergic response (Ricci et al., 2021).	The analgesic effect only lasts 5-8 minutes. Skin to skin contact used concurrently to sucrose solution to ease neonate pain (Ricci et al., 2021)	

Medications Reference (1) (APA):

Haynes, B. (2021, January 1). *FAQs About Vitamin K Deficiency Bleeding*. Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/vitamink/faqs.html#:~:text=Low%20levels%20of%20vitamin%20K%20can%20lead%20to%20dangerous%20bleeding,levels%20of%20this%20essential%20vitamin.

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

Schmerin, A. (2019). (erythromycin ophthalmic) dosing, indications, interactions, adverse effects, and more. https://reference.medscape.com/drug/ilotycin-ophthalmic-erythromycin-ophthalmic-343573#10.

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	Appropriate skin color for race. Nail beds, conjunctiva, soles of feet, and palms of hands appear pink. Skin is uniformly warm, fairly dry, moist in the creases, and smooth in texture. Skin turgor is normal.	Skin variations could include vernix caseosa, stork bites or salmon patches, milia, Mongolian spots, erythema toxicum, harlequin sign, nevus flammeus, and nevus vasculosis. None of the variations listed were seen.	Assessment findings match expected findings.
Head	Head is symmetrical, hair is evenly distributed. Head does not have overriding sutures, lumps, or deformities.	Variations for the head consist of molding, caput succedaneum, and cephalhematoma. None of these variations were seen.	Assessment findings match expected findings.
Fontanels	Anterior and posterior fontanelles are palpable.	Abnormal findings in fontanelles include microcephaly, macrocephaly, large fontanelles, and small or closed fontanelles. None of the abnormalities were seen.	Assessment findings match expected findings.
Face	Face is symmetrical. Eyes line up with top of ear lobe. Face is	If forceps were used during birth, it is possible to see bruising and reddened areas over	Assessment findings match expected findings.

	relaxed.	both cheeks and parietal bones. This variation was not seen.	

Eyes	Eyes are symmetrical and evenly spaced. Free of discharge, inflammation, and swelling.	It is possible to see marked edema of the eyelids and subconjunctival hemorrhages due to pressure during birth. This variation is not seen.	Assessment findings match expected findings.
Nose	Nose is symmetrical. No obstruction in the nares. Uniformly pink, free from edema and polyps.	A slight mucous discharge may be present but not actual drainage. Neither was seen in this infant.	Assessment findings match expected findings.
Mouth	Lips are pink in color. Mouth is symmetrical. On the inside of the mouth, it is pink and moist. Tongue lies within the mouth at rest. Hard and soft palate are intact. When finger in mouth infant preforms sucking reflex.	Variations involving the lip might include cleft upper lip, or thin upper lip associated with fetal alcohol syndrome. Normal variations include Epstein pearls, erupted natal teeth that may need to be removed to prevent aspiration, and thrush. None of these variations were seen upon assessment.	Assessment findings match expected findings.
Ears	Ears are symmetrical and are no lower than the eyes. No drainage or cerumen inspected.	Inspect the size, shape, skin condition, placement, and patency of auditory canal. Findings are normal.	Assessment findings match expected findings.
Neck	Neck is symmetrical and has full range of motion. No masses or palpable lymph nodes.	The neck should move freely in all directions and should be capable of holding head in midline position. Findings are normal.	Assessment findings match expected findings.

Chest	Chest is symmetrical, smooth, and round. Clavicle is straight and intact.	The newborn chest is usually barrel shaped with normal anteroposterior and lateral diameters. Findings are normal.	Assessment findings match expected findings.
Breath Sounds	Breath sounds clear throughout. Breathing pattern irregular. Belly rises and falls symmetrically.	Bilateral equal breath sounds. Assessment findings are normal.	Assessment findings match expected findings.

Heart Sounds	Clear S1 and S2, no extra heart sounds. Normal heart rate at 144.	S1 and S2 heart sounds are auscultated with no extra heart sounds or murmurs.	Assessment findings match expected findings.
Abdomen	Abdomen is symmetrical and even in size and shape. Abdomen rounded and protuberant.	Inspect shape and movement of abdomen will be protuberant but not distended. Assessment findings are normal.	Assessment findings match expected findings.
Bowel Sounds	Bowel sounds are present and normoactive.	Bowel sounds in all four quadrants are heard. No masses or lumps palpated. Assessment findings are normal.	Assessment findings match expected findings.
Umbilical Cord	Umbilicus is green, yellow, and black. No bleeding, odor, or drainage.	Inspect for signs of bleeding, infection, inflammation, redness swelling, or purulent drainage. Assessment findings of umbilical cord were normal.	Assessment findings match expected findings.
Genitals	Vagina is normal in, shape, and symmetry. No discharge, erythema, or lesions to note.	Inspect for size, symmetry, color, and location of testes. Findings are normal.	Assessment findings match expected findings.
Anus	Normal findings. No fissures, rash, hemorrhoids, prolapse, or skin tags.	Check for position and patency. This infants' anus is symmetrical, and he passed 3 meconium stools. Findings are normal	Assessment findings match expected findings.
Extremities	Can move extremities spontaneously.	Check for appearance,	Tremors indicate

	Symmetrical in size, movement, warmth, contour, and color. Infant feet and legs bowed secondary to utero positioning but can be straightened through passive range of motion. There are 5 fingers on each hand and 5 toes on each foot. Primitive reflexes present such as plantar, palmer grasp, step, and Babinski. Plantar creases on both soles of feet. Seizure like activity and moves extremities related to cocaine withdrawal.	movement, and symmetry. Assessment findings are normal.	cocaine withdrawal.
Spine	Spine is aligned in the center with no deformities.	Should be aligned. Findings are normal.	Assessment findings match expected findings.
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Infant matching band with parent, and hug tag were seen, checked, and accurate. The infant was being fed by her mother.	They should be properly identified when leaving and returning room, bracelets remain on. Bracelets accurate and on baby and mom.	Assessment findings match expected findings.

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?

Appropriate for gestational age (AGA) evidenced by Ballard core of 37 at gestational age of 38 weeks when the average Ballard score for 38 weeks is 35.

4+3+4+2+3+3+4+3+3+2+4+2= 37

Posture: 4

Square Window (wrist): 3

Arm recoil: 4

Popliteal angle: 2
Scarf Sign: 3
Heel to ear: 3
Skin: 4
Lanugo: 3
Plantar surface: 3
Breast: 2
Eye/ear: 4
Genitals (female): 2
Are there any complications expected for a baby in this classification? None

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	99.7 F (37.6 C)	160	90
4 Hours After Birth	98.7 F (37.1 C)	138	48
At the Time of Your Assessment	98.2 F (36.8 C)	144	48

Vital Sign Trends: Vital signs are trending normal from birth to the time of my assessment. 90 respirations at birth are considered tachypnea for neonates, but this respiratory finding has improved when assessed 4 hours after birth and my assessment.

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1500	NIRS	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****

The neonate was delivered on 9/19/21 at 1845 by normal spontaneous vaginal delivery (NSVD). Nuchal chord x1. APGAR scores of 8 and 9 9/19/21. The neonate is 37 weeks and 6 days and AGA. Birth weight 7 lbs. and 5 oz (3190 grams). The neonate is 20 inches long (50.8 cm), 12.8-inch head circumference (32.5 cm), and 13-inch chest circumference (33 cm). Upon assessment of all systems, the neonate has tremors related to cocaine withdrawal. All other systems are within normal limits. Last set of vitals*:* 36.8/144/48. Neonate is bottle feeding 60 ML of Similac q2-3 hours with a strong sucking reflex. Bilirubin level was not taken due to neonate not being of hourly age. Neonate expected to be discharged to child protective services related to mother and neonate's positive drug test for cocaine.

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.**
Feed the child or help the mother feed the child. (N)	Q3-4H	The intervention provided was monitoring the mother as she bottle fed the child.
Change the child's diaper. (N)	After every void	The intervention provided was to change the baby's diaper while the mother was having her vital signs taken.
Give sucrose solution as prescribed. (T)	PRN for pain	Giving sucrose solution sets off the pleasure centers in the neonates brain which helps with their pain levels.
Skin to skin time with mom. (N)	When feeding or has a high pain score on NIRS.	Skin to skin contact has been proven to increase oxytocin and decrease neonate pain while letting the neonate bond with their mother. This neonate will need as much skin-to-skin contact with their mother to get through cocaine withdrawal symptoms before DCFS intervenes.

Discharge Planning (2 points)

Discharge location: DCFS (social services)

Equipment needs (if applicable): None

Follow up plan (include plan for newborn ONLY): Monitor and treat for cocaine withdrawal.

DCFS is investigating the situation further and will decide what happens to the child.

Education needs: Drug Rehabilitation, Effective coping, Skin to skin contact with neonate.

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 acute pain related to prenatal cocaine dependence evidenced by neonatal positive drug test for cocaine following delivery and	The neonate has no current pain but is at risk for pain related to withdrawals that normally occur after 72 hours of delivery in neonates delivered dependent on a substance.	**1.** Monitor for tremors and irritability and administer prescribed sucrose solution for pain and discomfort related to withdrawal symptoms. **Rationale:** The neonate's pain score will increase as they experience withdrawal symptoms. Sucrose is a mild analgesic that will cause relief for 5-8 minutes. **2.** Skin to skin contact with mother when in pain and irritable in the hospital. **Rationale:** Skin to skin contact decreases pain and helps sooth the child while allowing them to bond with their mother.	The neonate's pain is managed well through skin-to-skin contact and sucrose evidenced by a reduction in pain measured by NIRS.
2. Risk for altered comfort related	The neonate can experience a	**1.** Non-nutritive sucking	The child's pain will be reduced by 2 points on the

to cocaine withdrawal symptoms as evidenced by neonatal positive drug test for cocaine 9/19/21 after delivery.	plethora of symptoms when it comes to withdrawal. This means fever, sweating, twitching, tremors, and even seizures are possible.	**Rationale:** Initiating the sucking reflex in the neonate is evidenced to be therapeutic for pain and discomfort. **2.** Swaddling and rocking **Rationale:** Swaddling and rocking are two other non-pharmacologic methods to reduce pain and discomfort.	NIRS or is eliminated. The child's pain is well managed with non-pharmacologic methods of reducing pain.
3. Knowledge deficit related to drug use of mother as evidenced by positive drug tests for cocaine on 9/7/21 and 9/19/21 while pregnant.	The mother tested positive for cocaine while pregnant on 9/7/21 and 9/19/21.	**1.** Provide information about the maternal and fetal effects of drugs. Review drinking/drug history of client/partner. **Rationale:** Identification of potential problems helps to plan for the future needs and concerns of the child. **2.** Provide information regarding available organizations and programs for assistance/referral. **Rationale:** Long term support is needed for an optimal recovery while addressing psychosocial needs.	Neonate's mother will participate in the treatment program and will recognize her own diagnosis and management plan. Neonate's mother will need to show proof of rehabilitation before DCFS can think about releasing the child to the mother.
4. Ineffective coping related to previous ineffective coping with substitution of drugs evidenced by positive cocaine drug test 9/7/21 and 9/19/21 after being taught.	The mother tested positive for cocaine on 9/7/21 and was taught about ineffective coping. She then also tested positive on 9/19/21 when coming in to deliver.	**1.** Speak to patient in a nonjudgmental manner. Observe behavioral changes such as restlessness, increased tension. **Rationale: S**peaking to the client in a nonjudgmental way can help the caregiver accept the situation and their ineffective means of coping with life. **2.** Set limits and confront efforts with neonate's mother on her continuing drug use and failure to follow through on behaviors agreed on. **Rationale:** Following through on consequences of failure to maintain limits can help the client to change ineffective behaviors.	Neonate's mother verbalizes awareness of the relationship of substance abuse to the current situation. Neonate's mother will identify ineffective coping behaviors and their consequences.

Other References (APA): N/A

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]

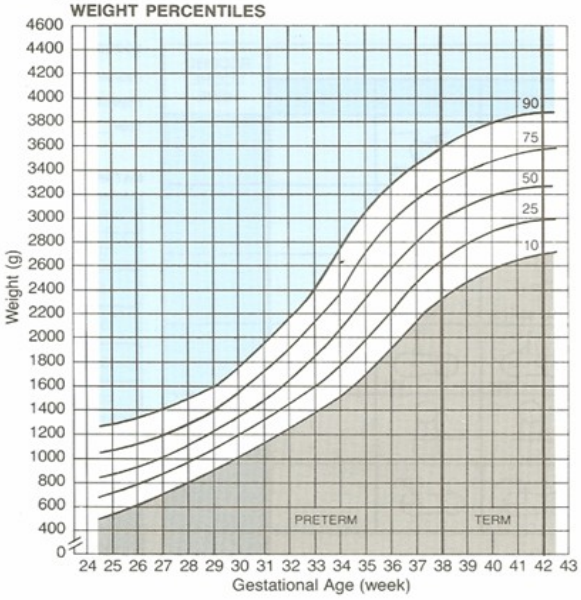
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

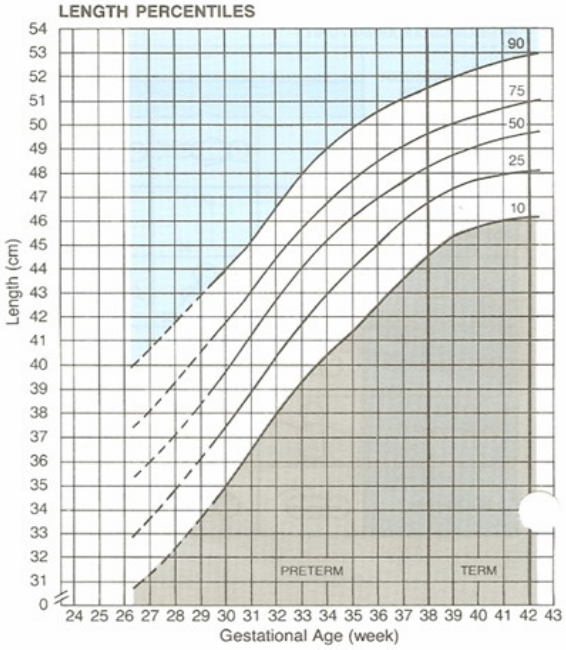
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

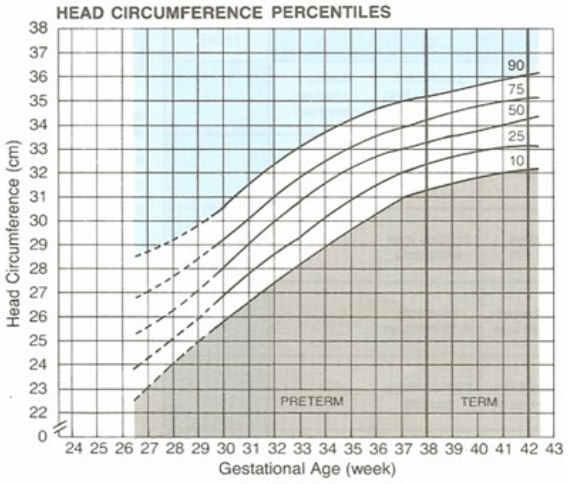
WEIGHT PERCENTILES



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