

N432 Newborn Care Plan
Lakeview College of Nursing
Angelina R. Thomas
09/23/2021

Demographics (10 points)

Date & Time of Clinical Assessment 09/20/2021 1500	Patient Initials BGT	Date & Time of Birth 09/20/2021 0841	Age (in hours at the time of assessment) 6 hours 19 minutes
Gender Female	Weight at Birth (gm) <u>2795</u> (lb.) <u>6</u> (oz.) <u>2.6</u>	Weight at Time of Assessment (gm) <u>2795</u> (lb.) <u>6</u> (oz.) <u>2.6</u>	Age (in hours) at the Time of Last Weight <1hour
Race/Ethnicity Black or African American	Length at Birth Cm <u>47.6</u> Inches <u>18.75</u>	Head Circumference at Birth Cm <u>32</u> Inches <u>12.60</u>	Chest Circumference at Birth Cm <u>30.5</u> Inches <u>12.01</u>

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: G1T1P0A0L1

When prenatal care started: 05/18/2021

Abnormal prenatal labs/diagnostics: The mother’s chart did not display any abnormal prenatal labs. However, the mother was diagnosed with dysuria and vulvar irritation during the second trimester of her pregnancy.

Prenatal complications: Poor fetal growth affecting management of mother in the third trimester

Smoking/alcohol/drug use in pregnancy: The mother never smoked, drank alcohol, or used drugs before or during her pregnancy.

Labor History of Mother:

Gestation at onset of labor: 38 weeks and 1 day

Length of labor: 8 hours and 43 minutes

ROM: Artificial Rupture of Membranes at 0050

Medications in labor: Pitocin and Epidural

Complications of labor and delivery: The patient did not experience any complications during labor and delivery.

Family History:

Pertinent to infant: BGT's mom only has asthma and eczema, and she does not have any other diseases, medical malfunctions, or disorders. BGT's dad does not have any medical malfunctions, diseases, or disorders.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: The parents of the infant and the infant were not exposed to any alcohol, tobacco, or any illicit drugs.

Father/Co-Parent of Baby Involvement: Father is active and lives in the home of the mom and infant.

Living Situation: There will only be mom, dad, and infant living in one home together.

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

Both mom and dad of the infant have high school diplomas.

Birth History (10 points)

Length of Second Stage of Labor: 021 minutes

Type of Delivery: Vaginal Delivery

Complications of Birth: Patient did not have any complications of birth.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: There were no resuscitation methods used.

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: 9

Supplemental feeding system or nipple shield: Patient does not use supplemental feeding system or nipple shield.

If bottle feeding: Patient is breastfed only

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: 0% Baby was not reweighed because she was just born.

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

Formula: $(\text{Birth weight} - \text{current weight}) / \text{birthweight} \times 100$

What is normal weight loss for an infant of this age? 5%-10%

Is this neonate's weight loss within normal limits? The neonate did not have any weight loss at the time of the assessment because she was just born and was not reweighed.

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: Every 2 ½ hours

Length of feeding session: 20 minutes

One or both breasts: Both breasts

If bottle feeding: Neonate is breast fed only

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

Frequency: N/A

Volume of formula/EBM per session: N/A

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

If NG or OG feeding: Neonate is breast fed only

Frequency: N/A

Volume: N/A

If IV: Neonate did not receive IV

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Age (in hours) of first void: Patient did not void within the time of assessment.

Voiding patterns: Patient did not void.

Number of times in 24 hours: N/A

Age (in hours) of first stool: 6 hours and 19 minutes

Stool patterns:

Type: Transitional

Color: Dark Brown

Consistency: Loose

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	Evaluated for hypoglycemia (Holman, 2019, pg. 165)	40-60 mg/dL. (Holman, 2019, pg. 165)	Client did not receive these labs because she was just born.	Client did not receive these labs because she was just born.
Blood Type and Rh Factor	To determine ABO blood type and Rh status if the parent's blood type is "O" or they are Rh negative (Holman, 2019, pg. 165)	A, B, AB, O and Rh (+) or (-) (Holman, 2019, pg. 165)	Client did not receive these labs because she was just born.	Client did not receive these labs because she was just born.
Coombs Test	Performed to see if the neonate's blood has antibodies that fight against their own red blood cell. Reveals the presence of antibody-coated (sensitized) Rh - positive RBCs in the newborn (Holman, 2019, pg. 198)	Negative, no agglutination (Holman, 2019, pg. 198)	Client did not receive these labs because she was just born.	Client did not receive these labs because she was just born.

<p>Bilirubin Level (All babies at 24 hours)</p> <p>*Utilize bilitool.org for bilirubin levels*</p>	<p>An elevated bilirubin can occur just after the neonate is born. Mom and baby should be monitored. This test is monitored to check for Jaundice, Acute Bilirubin Encephalopathy, or Kernicterus (Holman, 2019, pg. 198).</p>	<p>2-6 mg/dL (Holman, 2019, pg. 198)</p>	<p>Client did not receive these labs because she was just born.</p>	<p>Client did not receive these labs because she was just born.</p>
<p>Newborn Screen (At 24 hours)</p>	<p>Screens for serious developmental, genetic, and metabolic disorders (Holman, 2019, pg. 169).</p>	<p>Negative Result-This would mean that the neonate does not have any abnormalities and no developmental, genetic, or metabolic disorders (Holman, 2019, pg. 169).</p>	<p>(If available—these may be not available until after discharge for some clients)</p> <p>Client did not receive these labs because she was just born.</p>	<p>Client did not receive these labs because she was just born.</p>
<p>Newborn Hearing Screen</p>	<p>Screened so that hearing impairments can be detected (Holman, 2019, pg. 169)</p>	<p>Negative Result- Neonate’s hearing is intact; neonate may squirm or make a face to let the tester know they can hear the noise (Holman, 2019, pg. 169)</p>	<p>Client did not receive these labs because she was just born.</p>	<p>Client did not receive these labs because she was just born.</p>
<p>Newborn Cardiac Screen (At 24 hours)</p>	<p>An assessment for cardiac anomalies;</p>	<p>Negative Result- No heart</p>	<p>Client did not receive these labs because</p>	<p>Client did not receive these labs because she was just born.</p>

	checks O2 saturation as well	dysrhythmia; oxygen saturation within normal limits (CDC, 2020)	she was just born.	
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Lab Data and Diagnostics Reference (1) (APA):

Centers for Disease Control and Prevention. (2020, November 17). Congenital Heart Defects (CHDs). <https://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html>

Holman, H. C., McMichael, M., Johnson, J., Williams, D., Sommer, S., Wheless, L. K., McMichael, M. G., & Barlow, M. S. (2019). *RN Maternal Newborn Nursing: Review module* (11th ed., Ser. Content Mastery). Assessment Technologies Institute.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1mg	1g tube	0.5 ml		
Frequency	Once	Once	PRN		
Route	IM	Both eyes	IM		
Classification	Vitamin K Supplement (PDR, 2021).	Antibiotic (Jones & Barlett, 2021, p. 397)	Hepatitis Vaccines (PDR, 2021).		

<p>Mechanism of Action</p>	<p>Helps to make various proteins essential for clotting (PDR, 2021)</p>	<p>Inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die (Jones & Barlett, 2021, p. 399).</p>	<p>Causes the body to produce antibodies against Hepatitis B disease (PDR, 2021).</p>		
<p>Reason Client Taking</p>	<p>Just in case there is an intracranial bleed</p>	<p>Just in case mom has bacteria in the birth canal that could affect neonate's eyes.</p>	<p>Protection Against Hepatitis B</p>		
<p>Contraindications (2)</p>	<p>One: Biliary Tract Disease (PDR, 2021)</p> <p>Two: Anticoagulant Therapy (PDR, 2021)</p>	<p>One: Hypersensitivity to Erythromycin (Jones & Barlett, 2021, p. 399)</p> <p>Two: Viral Infection (Jones & Barlett, 2021, p. 399)</p>	<p>One: Yeast Hypersensitivity (PDR, 2021)</p> <p>Two: Infection (PDR, 2021)</p>		
<p>Side Effects/Adverse Reactions (2)</p>	<p>Severe anaphylactic shock (PDR, 2021)</p> <p>dyspnea (PDR, 2021)</p>	<p>Ventricular Arrhythmias (Jones & Barlett, 2021, p. 399)</p> <p>Hepatotoxicity (Jones & Barlett, 2021, p. 399)</p>	<p>Hypotension (PDR, 2021)</p> <p>Migraine (PDR, 2021)</p>		
<p>Nursing Considerations (2)</p>	<p>One: Do not administer Vitamin K with benzyl alcohol</p>	<p>One: Erythromycin should not be used in patients with history of</p>	<p>One: Do not freeze (PDR, 2021)</p> <p>Two:</p>		

	<p>because it can cause fatal toxic syndrome in neonates and immature infants (PDR, 2021).</p> <p>Two: Take precautions to protect Vitamin K solution from exposure to light because it's light sensitive (PDR, 2021).</p>	<p>QT-interval prolongation (Jones & Barlett, 2021, p. 399)</p> <p>Two: If diarrhea develops during therapy of this medication should be discontinued ((Jones & Barlett, 2021, p. 399)</p>	<p>No dilution or reconstitution necessary (PDR, 2021)</p>		
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>Prothrombin Time (PT) (PDR, 2021)</p> <p>Liver Panel: AST and ALT (PDR, 2021)</p>	<p>CBC and liver panel (Jones & Barlett, 2021, p. 399)</p>	<p>Liver panel and comprehensive metabolic panel (CMP) (PDR, 2021).</p>		
<p>Client Teaching needs (2)</p>	<p>Watch for signs of an allergic reaction, such as swelling of the baby's throat, face, lips, mouth, or sudden swelling of the hands. If</p>	<p>Watch for diarrhea (Jones & Barlett, 2021, p. 399)</p> <p>Report signs of an allergic reaction such</p>	<p>Watch for signs of allergic reactions, such as respiratory constraint (PDR, 2021)</p> <p>Hep B will</p>		

	<p>this occurs tell the doctor right away (PDR, 2021).</p> <p>Watch for signs of pain at the site of the injection (PDR, 2021)</p>	<p>trouble breathing, hives/rash, and swelling (Jones & Barlett, 2021, p. 399)</p>	<p>have to be given to within 1- 2 months after baby’s first dose (PDR, 2021).</p>		
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Medications Reference (1) (APA):

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Physicians’ Desk Reference. (2021). *Hepatitis B vaccine recombinant*. <https://www.pdr.net/drug-summary/Engerix-B-hepatitis-B-vaccine--recombinant--186.5915>

Physicians’ Desk Reference. (2021). *Phytonadione*. <https://www.pdr.net/drug-summary/Mephyton-phytonadione-2157>

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings <i>*This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2020.</i>	If assessment finding different from expectation, what is the clinical significance?
Skin	Neonate’s skin appeared dry, intact, with minor rash on chest and stomach. Neonate’s skin was warm and showed no sign of cyanosis. Neonate’s skin was smooth, firm, pink, and tan. Neonate’s	Neonate’s skin should be smooth, flexible, good skin turgor, well hydrated, and warm (Ricci, 2020, p. 622).	Neonate presented with a rash. However, it is considered common for newborns. This could be due to detergent in baby’s clothes wrap.

	skin turgor was less than 2 seconds.		
Head	Neonate's head was soft with full head of hair. Her head did not present with any cuts, lesions, or bruises.	Head should vary dependent on age, gender, and ethnicity (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Fontanels	Neonate's fontanels were open anteriorly and posteriorly	Should be 1cm to 4cm in each direction and should be open. They should not be depressed or taut and bulging (Ricci, 2020, p. 1137)	Patient's findings were within expected limits.
Face	Neonate's face appeared with full cheeks; all facial features were symmetrical. No bruises, lesions, or wounds.	Neonate's face should be with full cheeks, facial features symmetric (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Eyes	Neonate's eyes appeared clear, sclera was white, in line with ears. Normal pink eye lids and clear conjunctiva.	Neonate's eyes should be clear and symmetrically placed on face; online with ears (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Nose	Neonate's nose appeared midline, without bleeping or polyps, narrow, and small. Normal pink color	Neonate's nose should be small, placement in the midline and narrow, with the ability to smell (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Mouth	Neonate's mouth appeared midline and symmetrical, with an intact soft and hard palate. No bleeding from gums. Normal	Neonate's mouth should be midline, symmetric, intact soft and hard palate (Ricci, 2020, p. 622)	Patient's findings were within expected limits.

	pink color.		
Ears	Neonate's ears appeared soft and pink. Quick recoil when folded and released. No cuts, bruises, or lesions.	Neonate's ears should be soft, pliable with quick recoil when folded and released (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Neck	Neonate's neck appeared short, creased, and moves freely, neck was held midline. Color appropriate for ethnicity.	Neonate's neck should be short, creased, moves freely, and baby should be able to hold head in midline (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Chest	Neonate's chest was round and symmetric and appeared smaller than her head. However, did appear with a small pink/red rash.	Neonate's chest should be round, symmetric, and smaller than head (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Breath Sounds	All fields heard clearly anteriorly. Neonate had 26 breaths in one minute.	30-60 breaths per minute, clear anteriorly and posteriorly in all fields (Ricci, 2020, p. 622)	Patient's findings were within expected limits. However, neonate was in-between assessment and resting/comfortable which lowered breath sounds.

Heart Sounds	S1 and S2 sounds heard. Did not hear any murmurs.	S1 and S2 heart sounds should be accentuated at birth. Murmurs are common during first few hours. (Ricci, 2020, p. 618)	Patient's findings were within expected limits.
Abdomen	Neonate's abdomen is soft with three vessels in umbilical cord.	Neonate's abdomen should be protuberant contour, soft, three vessels in umbilical	Patient's findings were within expected limits.

		cord (Ricci, 2020, p. 622)	
Bowel Sounds	Bowel sounds were normoactive, and inspiration and expiration were heard.	Neonate's breath sounds should be heard, with little difference between inspiration and expiration (Ricci, 2020, p. 618)	Patient's findings were within expected limits.
Umbilical Cord	Neonate's umbilical cord appeared without bleeding, no sign of infection, including swelling, redness, purulent drainage, or inflammation It also appeared with two arteries and one vein. Did not have an odor.	Neonate's umbilical cord should have two arteries and one vein. (Ricci, 2020, p. 618)	Patient's findings were within expected limits.
Genitals	The labia majora covers the labia minora. Both were pink and without lesions. No odor or discharge visible.	The labia majora and minora will be edematous. The labia majora covers the labia minora. (Ricci, 2020, p. 620)	Patient's findings were within expected limits.
Anus	Neonate's anus indicated patency through the passage of the meconium.	Passage of meconium to indicate patency. (Ricci, 2020, p. 620)	Patient's findings were within expected limits.
Extremities	All extremities were symmetric and without bruises and lesions	Symmetric with free movement (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Spine	Normal curvature of the spine.	Symmetric with free movement (Ricci, 2020, p. 622)	Patient's findings were within expected limits.
Safety • Matching ID bands with parents	Patient had matching ID bands with parents. Patient displayed the sleep	Expectations are that the ID bands match parents. Also, the baby had hugs tags	The assessment was not different than the expected findings.

<ul style="list-style-type: none"> • Hugs tag • Sleep position 	position and had hugs tag on.	and in the sleep position.	
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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? AGA

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	164 (A)	48
4 Hours After Birth	98.0 F	140 (A)	44
At the Time of Your Assessment	98.3 F	140 (A)	26

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1700	0-10	Patient did not have any pain.	0	0	0

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 in complete sentences? Yes.

This neonate was delivered on 09/20/2021 at 0841 by normal spontaneous vaginal delivery (NSVD). Her Apgar scores were 8 at 1 minute, and 9 at 5 minutes. Her expected date of discharge will be 09/21/2021. The neonate is 38 weeks and 1 day gestation and AGA. The mom did not have any complications during pregnancy or labor and delivery. The neonates birth weight was 6 lbs. 2.6 oz. (2795 grams) and she was 47.6cm long. Upon assessment all systems are within normal limits. Last set of vitals included Temperature, 98.3 degrees Fahrenheit, Pulse, 140-Axillary, and Respirations were 26 breaths per minute after delivery. Neonate is breastfeeding and nursing well with most feedings every two hours, with 20 minutes on each breast. Neonate did not receive any labs upon assessment. Neonate will see pediatrician within one day of 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.
Changed the neonate’s diaper (N)	Once	So that the neonate was not left with a soiled diaper that could potentially lead to a rash.
Gave the neonate to mom to have skin-to-skin contact (N)	Once	So that the neonate can bond with new mom.
Provided cream for lactation (T)	Once	Provided cream for the mom’s breast, because if she is in pain while breast-feeding, she will be less likely to breast feed. Providing mom comfort, allows for a better breast-feeding experience for the neonate.
Provided Tylenol for pain (T)	Once	Provided mom with Tylenol for pain. Typically, when moms are in pain, they do not want to be touched at all. However, when mom is in less pain, she will be more inclined to perform skin-to-skin contact with neonate.

Discharge Planning (2 points)

Discharge location: Home with mom and dad

Equipment needs (if applicable): The neonate does not have any equipment needs except for a car seat.

Follow up plan (include plan for newborn ONLY): Neonate will visit the pediatrician within 1-day of discharge.

Education needs: Education needs related to the newborn is how to strap in a car seat.

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

<p>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</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>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.</p>	<p>Evaluation (2 pts each)</p> <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.
<p>1. Risk for Hypothermia related to low blood volume in newborn as evidence by neonate being only a few hours old upon assessment.</p>	<p>It’s important for neonate to be covered appropriately to prevent low body temperatures.</p>	<p>1. Patient will be educated on the condition Hypothermia with a pamphlet and the ways to prevent it through immediate swaddling and maintaining warm environments. Rationale: Hypothermia could lead to low metabolic</p>	<p>I was not able to discuss these goals with mom. However, I would have expected her to understand and respond with full adherence.</p>

		<p>stress or death (Balest, 2021).</p> <p>2. Patient’s mom will be educated on ways to reduce prolonged cold stress, such as adjusting water temperatures, warming/drying hands before touching neonate, and warming milk.</p> <p>Rationale: “Prolonged, unrecognized cold stress may divert calories to produce heat, impairing growth” (Balest, 2021)</p>	
<p>2. Knowledge deficit related to infant hygiene/bathing as evidence by patient’s mother is a new mom.</p>	<p>It’s important for mom to know of to prevent the neonate from being bathed every-day. Since, the soaps and rubs can irritate the neonate’s sensitive skin and dry it out. In addition, it can cause the neonate to have hypothermia.</p>	<p>1. The neonate’s mom will receive brochures on when to bathe the neonate and she will demonstrate her understanding by stating that she will only bath the newborn three times per week.</p> <p>Rationale: Bathing infant too frequently can dry her skin (Mayo Clinic Staff, 2019).</p> <p>2. Mom will be educated on washing neonate with a free hand.</p> <p>Rationale: Mom should always keep one hand on neonate for the prevention of accidents (Mayo Clinic Staff, 2019).</p>	<p>I was not able to discuss these goals with mom. However, I would have expected her to understand and respond with full adherence.</p>
<p>3. Knowledge deficit related to medications to avoid while</p>	<p>Some medications can be harmful to the</p>	<p>1. Patient’s mom will be educated on the importance of not taking Aspirin while</p>	<p>I was not able to discuss these goals with mom. However, I would have expected her to</p>

<p>breastfeeding as evidence by neonate’s mother being first time mom.</p>	<p>neonate’s growth and development; it’s important for mom to prevent passing them along to the neonate.</p>	<p>breastfeeding. Rationale: Aspirin can lower the neonate’s ability to clot blood (Bravo, 2021)</p> <p>2. Patient’s mom will be educated on not taking contraceptives while breastfeeding. Rationale: Taking estrogen-containing contraceptives while breastfeeding can lower milk supply to the neonate (Bravo, 2021).</p>	<p>understand and respond with full adherence.</p>
<p>4. Knowledge deficit related neonate vitals to watch out for, specifically breathing, as evidence by neonate’s mother being first time mom.</p>	<p>It is important for mom to watch respiratory status and vitals to respond in a timely manner in the event of an emergency. In addition, neonate’s vitals differ from normal adult ranges, so it’s important for the mom to know what the ranges are.</p>	<p>1. Patient’s mom will be educated on the important vitals to monitor such as heart rate, oxygen saturation, and respiratory rate. Rationale: “Continuous vital sign monitoring trends can predict sepsis, necrotizing enterocolitis, brain injury, bronchopulmonary dysplasia, cardiorespiratory decompensation, and mortality” (Kumar, 2019).</p> <p>2. Patient will be given education on how to monitor oxygen saturation and normal breathing sounds. Rationale: Amniotic fluid can still be leaving the lungs of a neonate. Monitoring oxygen saturation ensures there is no respiratory depression</p>	<p>I was not able to discuss these goals with mom. However, I would have expected her to understand and respond with full adherence.</p>

	(Kumar, 2019).	
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Other References (APA):

Bravo, B. (2021). *Taking medications while pregnant or breastfeeding*.

<https://www.center4research.org/taking-medications-pregnant-breastfeeding/>

Balest, A. (2021, April). *Hypothermia in Neonates*.

<https://www.merckmanuals.com/professional/pediatrics/perinatal-problems/hypothermia-in-neonates>

Kumar, N., et al. (2019). Continuous vital sign analysis for predicting and preventing neonatal diseases in the twenty-first century: big data to the forefront.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6962536/>

Mayo Clinic Staff. (2019, September 4). *Infant and toddler health*. <https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/healthy-baby/art-20044438#:~:text=How%20often%20does%20my%20newborn,out%20his%20or%20her%20skin.>

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and Pediatric Nursing* (4th ed.). Wolters Kluwer.

**Ballard Gestational Age Scale
COMPLETED ON SEPARATE ATTACHMENT**

Neuromuscular Maturity

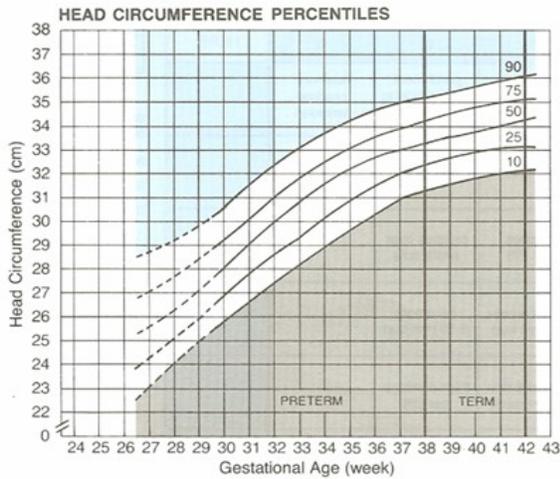
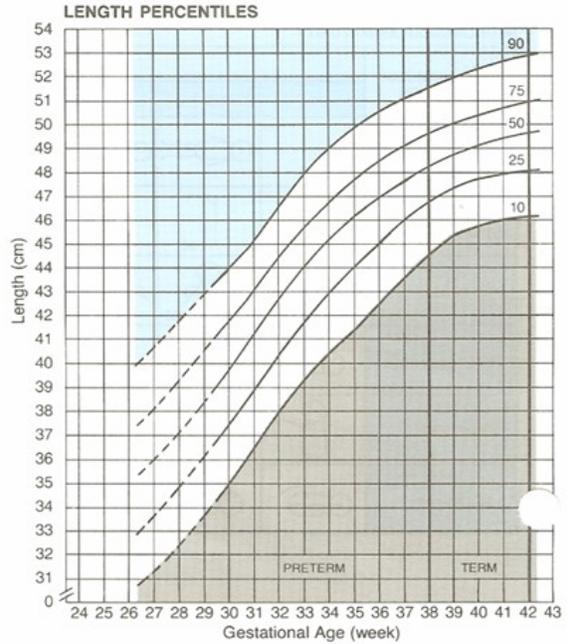
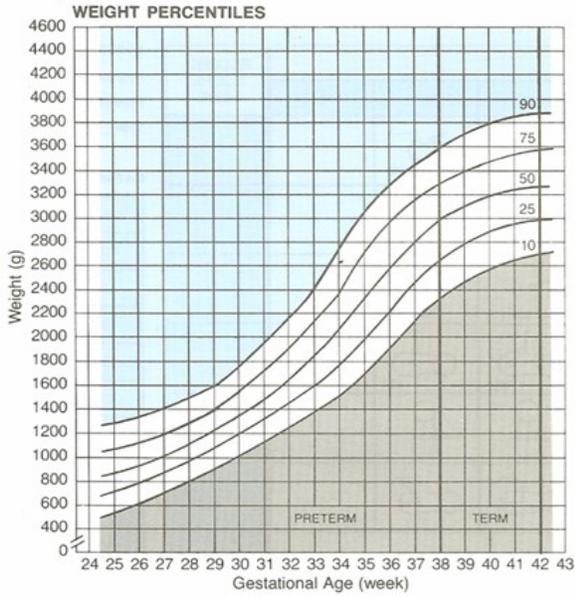
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140-180°	110-140°	90-110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

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	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	-10 20
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 22
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	0 24
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	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 _____



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; 71:1-10.