

N432 Newborn Care Plan
Lakeview College of Nursing
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Demographics (10 points)

Date & Time of Clinical Assessment 09/27/21 15:33	Patient Initials NB	Date & Time of Birth 09/27/21 02:26	Age (in hours at the time of Assessment) 13 hours 7 minutes
Gender Female	Weight at Birth (gm) __2580__ (lb.) _5_ (oz.) _11_	Weight at Time of Assessment (gm) __2580__ (lb.) _5_ (oz.) _11_	Age (in hours) at the Time of Last Weight Birth was the only time baby was weighed.
Race/Ethnicity African American	Length at Birth Cm __48.3__ Inches _19.01__	Head Circumference at Birth Cm __32__ Inches __12.59__	Chest Circumference at Birth Cm __31__ Inches _12.20__

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: G1,T1, P0, A0, L1

When prenatal care started: 03/23/2021 The mother was 11 weeks 1 day

Abnormal prenatal labs/diagnostics: High white blood cell count (WBC) of 14.60

Prenatal complications: No complications.

Smoking/alcohol/drug use in pregnancy: The mother tested positive for marijuana use. The mother denies any smoking or alcohol use.

Labor History of Mother:

Gestation at onset of labor: 38 weeks 0 days

Length of labor: 6 hours 15 minutes

ROM: Spontaneous rupture of membranes at onset of labor.

Medications in labor: Fentanyl-ropivacaine epidural 20 mcg/hr.

Complications of labor and delivery: No complications.

Family History: maternal grandparents: hypertension

Pertinent to infant: N/A

Social History (tobacco/alcohol/drugs): The mother admits to smoking marijuana, but denies any vaping, tobacco, or alcohol use. The mother did not want to discuss her marijuana use.

The mother also has a history of borderline personality disorder with cutting behavior. The last episode occurred last year. She used to see a psychiatrist. She no longer sees a psychiatrist or takes medication and does not want a referral.

Pertinent to infant: This history is pertinent to the infant because the history of borderline personality disorder increases the mother's risk for postpartum depression and harming the baby.

Father/Co-Parent of Baby Involvement: The mother of the child states that the father is "all in." The father was in the room and interacting with the baby. They do not live together.

Living Situation: The mother states that she lives with her mother.

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

The mother received her GED.

Birth History (10 points)

Length of Second Stage of Labor: 15 minutes

Type of Delivery: Spontaneous vaginal delivery

Complications of Birth: No complications.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Bottle feeding

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: 20 mL

Percentage of weight loss at time of Assessment: Current weight – birth weight/ birth *

100%

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

What is normal weight loss for an infant of this age? This baby is 13 hours and 7 minutes old. Normal weight loss for a neonate is up to 10%.

Is this neonate's weight loss within normal limits? This neonate has not been weighed for a second time, making the weight loss undetermined as of now.

Intake and Output (8 points)

Intake

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

Frequency: every 5-7 hours. The nurse recommended every 4 hours, but the mother of the baby states that she has had difficulty getting the baby to eat at those times.

Volume of formula/EBM per session: 13 mL, 22 mL, 20 mL

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

If NG or OG feeding: N/A

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Age (in hours) of first void: 32 minutes old

Voiding patterns:

Number of times in 24 hours: 4

Age (in hours) of first stool: The baby has not stooled yet.

Stool patterns: N/A

Type: N/A

Color: N/A

Consistency: N/A

Number of times in 24 hours: N/A

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 was ordered for this client to ensure that the baby was not experiencing hypoglycemia. (Ricci et al., 2020).	>45 mg/dL	4:45= 58 6:47= 52	The baby's blood glucose is in the normal range. (Ricci et al., 2020).

<p>Blood Type and Rh Factor</p>	<p>The test checks for the blood type compatibility of mother and baby to ensure the baby doesn't have hemolytic disease. (Ricci et al., 2020).</p>	<p>AB, A, B, or O</p>	<p>A +</p>	<p>The mother and newborn blood types matched.</p>
<p>Coombs Test</p>	<p>This test is utilized to determine the baby's risk for jaundice. (Ricci et al., 2020)</p>	<p>(+) or (-)</p>	<p>The baby has not undergone this test yet.</p>	<p>The results are not available currently.</p>
<p>Bilirubin Level (All babies at 24 hours)</p> <p>*Utilize bilitool.org for bilirubin levels*</p>	<p>This test is utilized to test for the maturity of the liver and ability to conjugate</p>	<p><5 mg/dL</p>	<p>The baby has not undergone this test yet.</p>	<p>The results are not available at this time.</p>

	<p>bilirubin and determine if treatment for jaundice is needed. (Ricci et al., 2020).</p>			
<p>Newborn Screen (At 24 hours)</p>	<p>Newborn screening tests are required in most states before discharge to check for certain genetic and inborn errors of metabolism. (Ricci et al., 2020).</p>	<p>(+) or (-)</p>	<p>Baby is only 13 hours and 7 minutes old and not old enough for the test at this time.</p>	<p>The results are not available at this time.</p>
<p>Newborn Hearing Screen</p>	<p>This test is standard in hospitals nationwide to</p>	<p>Pass/Fail</p>	<p>Pass</p>	<p>The results conclude that this client does not have any hearing</p>

	<p>identify newborns who are likely to have hearing loss and require further evaluation. (Ricci et al., 2020).</p>			<p>impairments at this time.</p>
<p>Newborn Cardiac Screen (At 24 hours)</p>	<p>This test is utilized to determine if the baby has any defects in their heart or cardiovascular system. (Ricci et al., 2020).</p>	<p>Pass/Fail</p>	<p>The baby is only 13 hours and 7 minutes old and not old enough for the test at this time.</p>	<p>The results are not available at this time.</p>

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		
Dose	1 mg	5 mg/ 1 g	0.5 mL		
Frequency	Once	Once within an hour at birth	Once		
Route	IM	Topically on both eyes	IM		
Classification	Vitamin	Antibiotic	Vaccine		
Mechanism of Action	Provides babies with the ability to produce clotting factors.	Inhibits RNA- dependent protein synthesis in bacterial cells, causing them to die.	Protects the baby from contracting Hepatitis B.		
Reason Client Taking	To prevent hemorrhagic disease in neonates.	To prevent neonatal blindness.	To provide immunization against Hepatitis B.		
Contraindications (2)	-Severe liver disease. - Hypersensitivity to Aquamephyton.	Hypersensitivity to erythromycin or other macrolide antibiotics.	Hypersensitivity to Hepatitis B vaccine or any of the ingredients in the vaccine.		
Side Effects/Adverse Reactions (2)	Pain Edema at the injection site.	Edema and inflammation.	Slight fever and irritability.		
Nursing Considerations (2)	-Be aware that some vitamin K solutions can contain benzyl alcohol. Do not administer these solutions to neonates or immature infants because	-Use half a tube for each eye. -Able to wipe away after one minute.	-Provide vaccine information and receive consent from parents. -Let the mother distract the baby from the injection and breastfeed after		

	<p>of the risk of fatal toxic syndrome. -Let the baby be held by the mother and breastfeed after the injection for comfort.</p>		<p>for comfort.</p>		
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>-Monitor for bleeding from the umbilical cord. -Observe for jaundice.</p>	<p>-Monitor infant for vomiting or irritability with feeding because infantile hypertrophic pyloric stenosis has been reported.</p>	<p>Be aware of maternal hepatitis status.</p>		
<p>Client Teaching needs (2)</p>	<p>-Teach parents that vitamin k is administered to neonates to prevent vitamin k deficiency bleeding. -Teach parents that without vitamin k, babies cannot form clots.</p>	<p>-Teach the parents that erythromycin is effective against gonorrhoea and that gonorrhoea can cause prenatal blindness.</p>	<p>-Teach parents that baby needs to receive the vaccine at birth, 1 month, and 6 months to complete the series. -Teach parents to watch and report any adverse reactions that their baby may experience.</p>		

Medications Reference (1) (APA):

Jones and Bartlett Learning. (2020). *Nurse’s drug handbook* (19th ed). Jones and Bartlett Publishers.

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 4 th ed 2020.	If Assessment finding different from expectation, what is the clinical significance?
Skin	Normal: smooth, flexible, good skin turgor, warm, and well hydrated.	The newborn's skin should be smooth and flexible, and the color should be consistent with its genetic background. (Ricci et al., 2020).	Findings are within range.
Head	Normal: symmetric and round.	The head should appear symmetric and round. (Ricci et al., 2020).	Findings are within range.
Fontanel	Anterior is diamond shaped. The posterior is smaller and triangular-shaped. Both are soft, flat, and open.	The anterior fontanel is diamond-shaped and closes by 18 to 24 months. The posterior fontanel is triangular, smaller than the anterior, and closes by 6 to 12 weeks. (Ricci et al., 2020).	Findings are within range.
Face	Normal: full cheeks, facial features symmetric.	The baby should have full cheeks and should be symmetric when the baby rest and cries. (Ricci et al., 2020).	Findings are within range.
Eyes	Normal: clear and symmetrically placed on the face; online with ears.	The eyes should be clear and symmetrically placed. (Ricci et al.,	Findings are within range.

		2020).	
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Nose	Normal: small and narrow, placement is midline with patent nares and an intact septum.	The nose should be small and narrow. The nose should have midline placement, patent nares, and intact septum. (Ricci et al., 2020).	Findings are within range.
Mouth	Normal: aligned in the midline, symmetric, intact soft and hard palate. The lips formed a vacuum around my finger.	The lips should be intact with symmetric movement and positioned in the midline. The lips should encircle the examiner's finger to form a vacuum. The hard and soft palate should be intact. (Ricci et al., 2020).	Findings are within range.
Ears	Normal: soft and pliable with quick recoil when folded and released.	The ears should be soft and pliable and should recoil quickly and easily when folded and released. (Ricci et al., 2020).	Findings are within range.
Neck	Normal: short, creased, moves freely, baby holds head in midline.	The neck will appear almost nonexistent because it is so short. Creases are noted. The neck should move freely in all directions and should be capable of holding the head in a midline position. (Ricci et al., 2020).	Findings are within range.
Chest	Normal: round, symmetric, smaller than the head.	The chest should be round, symmetric, and 2 to 3 cm smaller than the	Findings are within range.

		head circumference. (Ricci et al., 2020).	
Breath Sounds	Breath sounds were symmetric, slightly irregular, and unlabored at a rate of 50 breaths/minute.	Respirations should be symmetric, slightly irregular, shallow, and unlabored at the rate of 30 to 60 breaths/minute. (Ricci et al., 2020).	Findings are within range.

Heart Sounds	Heart sounds were 140 bpm without any murmurs.	Heart rate should be 120 to 160 bpm, with wide fluctuations during activity and sleep. (Ricci et al., 2020).	Findings are within range.
Abdomen	Normal: protuberant contour, soft, with abdomen moving with respiration.	The abdomen should be protuberant but not distended. The abdomen should be synchronous with respiration. (Ricci et al., 2020).	Findings are within range.
Bowel Sounds	Bowels sounds present in all four quadrants. No masses or tenderness were noted.	Bowel sounds should be heard in all four quadrants, and no masses or tenderness on palpation. (Ricci et al., 2020).	Findings are within range.
Umbilical Cord	The umbilical cord had three vessels present.	The umbilical cord should have two arteries and one vein. (Ricci et al., 2020).	Findings are within range.
Genitals	Normal: swollen female genitals as a result of maternal estrogen.	The genitals will be engorged and edematous, and discharge may be present. (Ricci et al., 2020).	Findings are within range.
Anus	There were no anal fissures or fistulas present. The baby has not stooled yet, but this is normal since it has not been 24 hours yet.	The anus should be patent with no anal fissures or fistulas. (Ricci et al., 2020).	Findings are within range.
Extremities	Normal: extremities symmetric with free movement.	The extremities should be symmetric and move through	Findings are within range.

		the range of motion without hesitation. (Ricci et al., 2020).	
Spine	Normal: spine symmetric and palpable without any lesions or masses.	The spine should be symmetric and palpable along its length without any lesions or masses. (Ricci et al., 2020).	Findings are within range.
Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position 	ID matched with parents. Hugs tag in place. The baby sleeps on her back.	Matching ID bands with parents. Hugs tag on the baby’s left foot. Baby sleeps on their back.	Findings were as expected.

Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA—be sure to show your work. The baby scored a rating of 4 for each section of the neuromuscular maturity which resulted in a score of 24. The baby scored a 1 for skin, a 1 for lanugo, a 3 for plantar surface, a 2 for breast, a 3 for eye/ear, and a 4 for female genitalia which resulted in a score of 14. The total score was 38.

What was your determination? The baby is AGA

Are there any complications expected for a baby in this classification? None.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	98.3 F	156	58
4 Hours After Birth	98.4 F	140	40
At the Time of Your Assessment	98.6 F	140	50

Vital Sign Trends: The baby’s temperature stayed relatively the same. Her pulse was higher at birth than at the time of my Assessment. Her respirations were higher at birth, then dropped before going back up to 50.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
16:48	NIPS	N/A	No pain	No pain	N/A

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 t is complete sentences? Yes.

This neonate was delivered on 9/27/21 at 02:26 by a normal spontaneous vaginal delivery (NSVD). Nuchal cord x1. Her APGAR was 8/9. Her estimated delivery date was 10/11/21 by US. Dubowitz revealed neonate is 38 weeks and AGA. Prenatal history was without complications. Birth weight was 5lbs 11oz (2580g) and 19.01 inches long (48.3 cm). All systems were within normal limits upon Assessment. The last set of vitals taken were 98.6/140/50. Neonate is bottle-fed and infrequently nursing, with most feedings being within 13-22mL every 5-7 hours. Bilirubin level has not been reported yet. Neonate is expected to be discharged with her mother, but the discharge date has not been determined yet. The neonate has been scheduled to see the pediatrician for her first check-up within 48 hours.

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

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Swaddling “N”	All the time	To provide comfort.
Skin-to-skin “N”	Any time	Regulate the body temperature of the neonate and promote bonding.
Feeding “N”	Q3h	To provide nutrition.
Ensure the environment is calm and soothing without distractions. “N”	All the time	To promote maternal and newborn relaxation.

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Discharge Planning (2 points)

Discharge location: The baby will be going home to her grandmother’s house with her mother.

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): Follow up with primary care provider within 24-48 hours.

Education needs: The mother needs education on not putting large blankets in the crib while her baby is sleeping as well as how to hold her baby while feeding to prevent aspiration.

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) <ul style="list-style-type: none"> How did the patient/ family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
1. Ineffective feeding pattern related to baby not showing interest in	This nursing diagnosis was chosen because the mother stated that the baby wasn’t	1. Evaluate adequacy of infant intake q2h. Rationale is because the mother said that the baby was	The mother was appreciative of the concern shown and acknowledgment of her feelings. The outcome is still ongoing.

<p>bottle feeding as evidenced by infrequent feeding times.</p>	<p>interested in eating every 3 hours.</p>	<p>feeding between every 5-7 hours. If intake is monitored every 2 hours, I will be able to look for any reasons for delayed feeding to relay to the provider. (Phelps, 2020).</p> <p>2. Make appropriate referrals. Rationale is if the baby does have a delayed feeding, it needs to be assessed further. (Phelps, 2020).</p>	
<p>2. Risk for sudden infant death syndrome (SIDS) related to exposure to secondhand smoke as evidenced by mother testing positive for smoking marijuana.</p>	<p>This nursing diagnosis was chosen because the mother tested positive for marijuana.</p>	<p>1. Educate the parents on risk factors for SIDS. Rationale is that if the parents are educated on the risks, they will take precautions to reduce risks and prevent their occurrence. (Phelps, 2020).</p> <p>2. Ensure the parents know that the infant should lie on a firm surface and not have any loose blankets or toys in the crib. Rationale is that these precautions will reduce the risk of suffocation. (Phelps, 2020).</p>	<p>The mother was appreciative of the concern shown and acknowledgment of her feelings. The outcome is still ongoing.</p>
<p>3. Knowledge deficit of bottle feeding related to lack of</p>	<p>This nursing diagnosis was chosen, because the mother is a</p>	<p>1. Demonstrate to the mother how to properly hold the baby during feedings.</p>	<p>The mother was appreciative of the demonstration. The outcome is still ongoing.</p>

<p>experience as evidenced by mother being a new mom.</p>	<p>new mom and proper feeding technique minimizes the baby's risk for aspiration.</p>	<p>Rationale is babies cannot be fed while laying down, or they could aspirate. (Phelps, 2020).</p> <p>2. Get the mother to demonstrate that she understands the teaching by showing the correct way to hold and feed the baby.</p> <p>Rationale is if the mother is able to show you the proper way to hold her baby while feeding, then she will more likely remember it in the future. (Phelps, 2020).</p>	
<p>4. Knowledge deficit of jaundice related to lack of information as evidenced by mother requesting information.</p>	<p>This nursing diagnosis was chosen because the mother was interested in what jaundice entailed.</p>	<p>1. Encourage the mother to ask questions and clarify as needed.</p> <p>Rationale is encouraging the mother to ask questions will give her confidence while she receives correct information. (Phelps, 2020).</p> <p>2. Provide mother with a 24-hour emergency telephone number and name of contact person, stressing the importance of reporting jaundice.</p> <p>Rationale is that the 24-hour telephone number will give the mother peace of mind and a resource if her</p>	<p>The mother felt more confident after asking questions. The outcome is still ongoing.</p>

		baby begins to show signs of jaundice. (Phelps, 2020).	
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Other References (APA):

Phelps, L. L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Ballard Gestational Age Scale

Neuromuscular Maturity

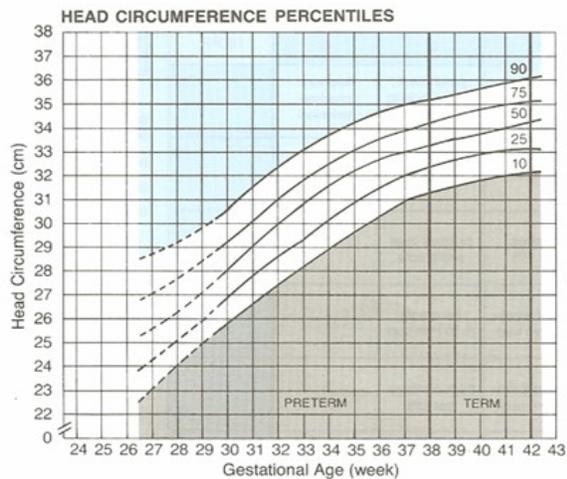
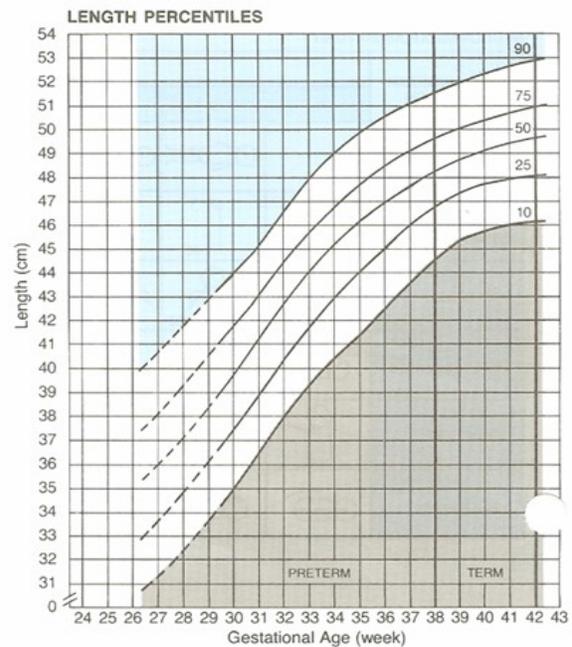
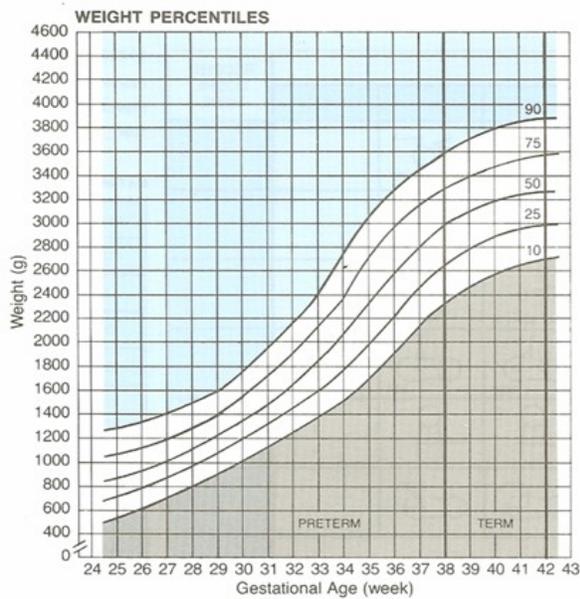
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140-180°	110-140°	90-110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

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	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; 71:1-10-123