N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 9/27/21 10:57 AM	Patient Initials KB	Date & Time of Birth 9/21/21 11:22 AM	Age (in hours at the time of assessment) 5 days 21h 55m (141 hrs. 55min)
Gender Female	Weight at Birth (gm) ____2050__ (lb.) 4_ (oz.) _8.3_	Weight at Time of Assessment (gm) __1925____ (lb.) _4_ (oz.) _3.9_	Age (in hours) at the Time of Last Weight 141 hrs. 55 min (5 days 21h 55m)
Race/Ethnicity Not Hispanic, Indian American	Length at Birth Cm _____45___ Inches ___17.717____	Head Circumference at Birth Cm ___31___ Inches __12.205____	Chest Circumference at Birth Cm _27____ Inches __10.63____

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: G3 T2 P2 A1 L2

When prenatal care started: 3/18/21

Abnormal prenatal labs/diagnostics: Low BUN, Low Potassium, Elevated liver enzyme (AST), preeclampsia

Prenatal complications: Mother has complaints of nausea and vomiting. Mother has history of ELISA positive for HSV.

Smoking/alcohol/drug use in pregnancy: Former smoker (quit in 2018), denies alcohol intake. She has smoked marijuana three times per week before she had the baby.

Labor History of Mother:

Gestation at onset of labor: 34 weeks 6 days

Length of labor: 6 hours 18 minutes

ROM: 9/21/21 10:45 AM, bright red, bloody showed.

Medications in labor: Diphenhydramine (Benadryl), Ondansetron (Zofran), Oxytocin (Pitocin), Morphine sulfate, Ephedrine sulfate

Complications of labor and delivery: Uterine rupture, Hypertension

Family History: Not available in the chart, it says 'unremarkable'

Pertinent to infant: Mother has two years old baby who was born in August 2019 with prematurity.

Social History (tobacco/alcohol/drugs): Former smoker (quit in 2018), denies alcohol intake. She has smoked marijuana three times per week before she had the baby.

Pertinent to infant: N/A

Father/Co-Parent of Baby Involvement: Father is involved; he comes to the hospital once a day for 5-10 minutes.

Living Situation: Mother is currently living with her sister. She had to take care of her grandmother. She is not currently living with the baby's father.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The education level of the baby's mother is 12th grade; father's education level is not identified.

Birth History (10 points)

Length of Second Stage of Labor: C-section, 0h 01min

Type of Delivery: C-section

Complications of Birth: Uterine rupture

APGAR Scores:

1 minute: 9

5 minutes: 9

Resuscitation methods beyond the normal needed: Oral suctioning, drying, and stimulation.

Feeding Techniques (10 points)

Feeding Technique Type: Formula

If breastfeeding: not applicable

LATCH score: not applicable

Supplemental feeding system or nipple shield: not applicable

If bottle feeding:

Positioning of bottle: Upright sideline

Suck strength: Strength is good.

Amount: 40ml

Percentage of weight loss at time of assessment: __6.1____%

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

(Today's weight-birth weight)/birth weight *100

(1925-2050)/2050 = -0.609

-0.609 * 100 = -6.1%

What is normal weight loss for an infant of this age? 8% in the growth chart.

Is this neonate's weight loss within normal limits? Yes. 5-10% is expected to be normal.

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding: not applicable

Feeding frequency: not applicable

Length of feeding session: not applicable

One or both breasts: not applicable

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similac, 24 kcal/oz

Frequency: Every 3 hours

Volume of formula/EBM per session: 40 ml

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

If NG or OG feeding:

Frequency: not applicable

Volume: not applicable

If IV:

Rate of flow: not applicable

Volume in 24 hours: not applicable

Output

Age (in hours) of first void: 22 hours

Voiding patterns: Voiding 8 times within 24 hours

Number of times in 24 hours: 8 times

Age (in hours) of first stool: 11 hours 38 minutes (0000 on 9/22/21)

Stool patterns:

Type: Meconium

Color: brown-green

Consistency: soft, creamy

Number of times in 24 hours: 2

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why was this test ordered for THIS client? *Complete this even if these labs have not been completed*	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	Blood glucose level test is looking for the hypoglycemia in newborn (Ricci et al., 2020).	45 -90mg/dL	45	Blood glucose is within the normal range.
Blood Type and Rh Factor	It is for assessing Rh incompatibility between newborn and mother. It can also screen for hemolytic disease (Ricci et al., 2020).	A, AB, B, O, Rh+/-	A+	The baby's blood type matched the mother's.
Coombs Test	This test is used to check the hemolytic disease of the newborn by assessing foreign antibodies in the newborn's blood (Ricci et al., 2020).	Not available	Not available	Not available

Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	The skin tone of the newborn was yellow. This test ordered to check the liver function.	0.3-8.1(obtained from chart)	5.9 (26.5hrs of age)	Bilirubin level is within the low intermediate risk.
Newborn Screen (At 24 hours)	This test is used to detect any birth defects (Ricci et al., 2020)	Pending. It's not available until after discharge.	**(If available—these may be not available until after discharge for some clients)** Not available	Pending
Newborn Hearing Screen	A newborn hearing screen is routinely performed in the newborn because hearing loss is a common birth disorder.	The newborn has intact hearing.	She passed the test on 9/23 at 1630.	The newborn's hearing is intact.
Newborn Cardiac Screen (At 24 hours)	To detect defects in the newborn cardiac system.	Greater than 96%	100/100 on 9/22 at 1400.	The newborn's cardiac system is regular.

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

Ricci, S. S., Kyle, T., & Carman, S. (2021). *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	1 drop per eye	Declined		
Frequency	Once	Once			

Route	IM	Topical ointment - eyes			
Classification	Vitamin	Antibiotic			
Mechanism of Action	It helps the body to create clotting factors.	Provide bactericidal and bacteriostatic actions to prevent Neisseria gonorrhea and Chlamydia trachomatis conjunctivitis.			
Reason Client Taking	Provides the newborn with vitamin K during the first week of birth until the newborn can manufacture it. It prevents vitamin K deficiency bleeding (VKDB) of the newborn.	To prevent ophthalmia neonatorum.			
Contraindications (2)	1. Hypersensitivity to vitamin K 2. Hypercoagulability	1. Hypersensitivity to erythromycin 2. Simvastatin therapy			
Side Effects/Adverse Reactions (2)	1. anaphylaxis 2. respiratory arrest	1. Jaundice 2. Hepatotoxicity			
Nursing Considerations (2)	1. Take precautions to protect Vitamin K solution from exposure to light because it's light sensitive 2. Administer within 1 or 2 hours after birth.	1. Wear gloves, and open eyes by placing thumb and finger above and below the eye. 2. Gently squeeze the tube or ampoule to apply medication into the conjunctival			

		sac from the inner canthus to the outer canthus of each eye.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check the recommended daily intake of vitamin K for neonates.	Check the hepatic function.			
Client Teaching needs (2)	1. Adverse effect may occur during or immediately after I.M. or I.V. administration. 2. Vitamin K is given to increase coagulability.	1. Do not touch the tup to the eye. 2. Close the eye to make sure the medication permeates.			

Medications Reference (1) (APA):

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

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 dry, warm and smooth. Lanugo found on the pinnae of ears.	Smooth, flexible, and consistent color with genetic background.	No abnormal findings.
Head	Head is soft and normocephalic.	The head should appear symmetric and round.	No abnormal findings.
Fontanels	Anterior fontanel is palpable.	Diamond shaped palpable anterior fontanel.	No abnormal findings.
Face	Symmetrical facial features.	Full cheeks with symmetrical facial features.	No abnormal findings.
Eyes	Clear, equal symmetrical eyes and pupils.	Pupils are equal, round and reactive to light bilaterally.	No abnormal findings.
Nose	Midline of face, symmetrical and patent.	Small, midline and narrow, ability to smell.	No abnormal findings.
Mouth	Symmetrical lip movement. Symmetrical tongue and move freely.	Midline, symmetric, intact soft and hard palate.	No abnormal findings.
Ears	Soft, pliable, and recoil quickly.	Aligned with the outer canthi of the eyes. Soft, pliable, and recoil quickly when folded and released.	No abnormal findings.
Neck	Short, thick, and	Short, creased, moves	No abnormal

	exhibit no webbing.	freely, baby holds head midline.	findings.
Chest	Barrel-shaped chest. Respirations are diaphragmatic.	Round, symmetric, smaller than head.	No abnormal findings.
Breath Sounds	Anterior clear equal bilaterally.	Bronchovesicular breath sounds in bilateral lungs.	No abnormal findings.

Heart Sounds	Audible S1, S2, no crackles, and regular rhythm.	S1, S2 heart sounds. Regular rate/rhythm. Absent S4, S4 or murmurs.	No abnormal findings.
Abdomen	Belly movement with respiration. Soft, round, and dome shaped.	Protuberant contour, soft, three vessels in umbilical cord.	No abnormal findings.
Bowel Sounds	Auscultated bowel sounds in all 4 quadrants.	Bowel sounds in all 4 quadrants.	No abnormal findings.
Umbilical Cord	Odorless, exhibit no intestinal structures.	Three vessels in the umbilical cord. Large vein and 2 small arteries.	No abnormal findings.
Genitals	Labia majora, minora, and clitoris present. Swollen genitals.	Swollen female genitals as a result of maternal estrogen.	No abnormal findings.
Anus	Patent not covered by membrane, no redness.	Normal position, patency evidenced by passing meconium.	No abnormal findings.
Extremities	Full range of motion and spontaneous movement. Flexed extremities.	Symmetrical with free movement. All 20 digits intact. Full range of motion.	No abnormal findings.
Spine	Symmetrical, midline, no signs of abnormal spinal curvature.	Symmetrical and palpable along entire length. Nor curvature.	No abnormal findings.
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Matched ID bands with parents, hugs tag present on left foot. The baby is swaddled and sleeping.	Matching parental bands hugs tag on client's foot. Sleeping on back swaddled.	No abnormal 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? Client scored a 25. Appropriate for client's gestational age (AGA).

Are there any complications expected for a baby in this classification? No expected complications.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	**98 F (36.7 C)**	**180**	**64**
4 Hours After Birth	**98.2 F (36.8 C)**	**168**	**48**
At the Time of Your Assessment	**98.9 F (37.2 C)**	**179**	**63**

Vital Sign Trends:

The newborn's vital sign ranges should be within 98.3-99.0 in temperature, 150-170 for the pulse, and 40-60 for the respiration. The pulse and respiration are faster than the normal range.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	Neonatal infant pain scale (NIPS)	N/A	0	The baby appears relaxed and awake.	No interventions at this time.

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 9.21.21 at 1122 by c-section. Nuchal cord x1 Apgar scores of 9/9. EDD 10.27.21 by Dubowitz revealed neonate is 34 6/7 weeks and LGA. Prenatal history was complicated by nausea, vomiting, and history of ELISA positive for HSV. Birth weight was 4lbs

8.3ozs (2050 grams), 17.7" long (45 cms). Upon assessment, all systems are within normal limits. Last set of vitals: 37.2/179/63. BS x3 after delivery WNL with lowest being 45. Neonate is bottle feeding with 40ml of formula every 3 hours. Bilirubin level at 24 hours per scan was 5.9. Neonate is expected to be discharged with her mother tomorrow and to see a pediatrician in the office for the first well-baby check within 48 hours.

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

~~*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.
"N" Swaddling	**Continuous**	**Swaddling will help the baby feel safe and regulate the temperature.**
"N" Clustering care	**Q3H**	**This intervention was provided to care with feeding, conservation energy, and growth.**
"T" Feeding the baby	**Q3H**	**The baby's current body weight is lower than the birth weight. Optimizing nutrition delivery is essential.**
"T" Erythromycin ointment	**Once**	**Erythromycin ointment can prevent neonatal conjunctivitis.**

Discharge Planning (2 points)

Discharge location: The infant will be discharged to go home with her mother.

Equipment needs (if applicable): Not applicable

Follow up plan (include plan for newborn ONLY): Plan to follow up with pediatrician within 48 hours upon the following discharge.

Education needs: Educate the parent about the parental, feeding, and how to carry their baby.

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. Impaired nutrition related to premature as evidenced by current weight is lower than birth weight.	The baby's current weight is lower than birth weight. There is risk of malnutrition.	1. Provide 40 ml formula every 3 hours. Rationale: Newborns may only take half-ounce to 1 ounce per feeding. The formula can provide adequate nutrition for the baby (Ricci et al., 2020). 2. Provide 24 kcal formula instead of 22 kcal. Rationale: High calorie formulas provide increased calories needed to support adequate growth (Ricci et al., 2020).	The baby is satisfied with feeding and falls asleep.
2. Risk for hypothermia related to premature as evidenced by baby has larger surface area compared to the body weight.	They lose body heat quickly. Also, the baby cannot regulate body temperature compared to	1. Provide a warm blanket to warm up the baby. Rationale: Wrapping with the blanket can provide comfort and reduce temperature alteration (Ricci et al.,	The baby's temperature is within the normal range.

	the adult.	2020). 2. Set the incubator temperature at 37C until the skin temperature becomes normal. Rationale: Increasing the incubator temperature can help increase the baby's body temperature (Ricci et al., 2020).	
3. Risk for parent attached impairment related to the inadequacy of the parent as evidence by baby's parents does not spend a long time with the baby.	The baby's parent stays 5-10min a day.	1. Encourage parents to do skin-to-skin contact, eye contact, and social vocalizations to increase parental attachment. Rationale The attachment and bonding process can significantly influence the baby's life (Ricci et al., 2020). 2. Encourage to do the kangaroo care. Rationale Kangaroo care will provide positive psychosocial support between mom and baby to minimize parent-newborn separation (Ricci et al., 2020).	Mother verbalized the understanding.
4. Deficient knowledge related to lack of exposure to information as evidenced by the baby's parent are not familiar with bottle feeding.	Although they had their first child a few years ago, the nurse mentioned that they seemed uncomfortable when holding the baby during the feeding.	1. Provide information about how to hold the baby properly. Rationale Place the newborn in the dominant arm or place the newborn in an upright position can provide comfort when feeding the newborn (Ricci et al., 2020). 2. Provide information about after feeding. Rationale Burp the infant frequently after feeding would help to digest the formula. Also,	The baby's mother verbalized the understanding of proper feeding techniques.

		place the baby on her back for sleeping (Ricci et al., 2020).	

Other References (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2021). *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 larger, 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

Ballard Score: 25

CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

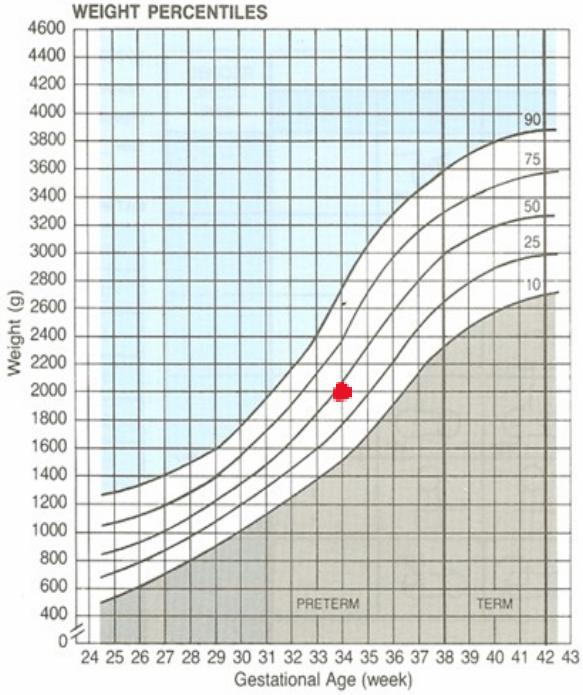
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

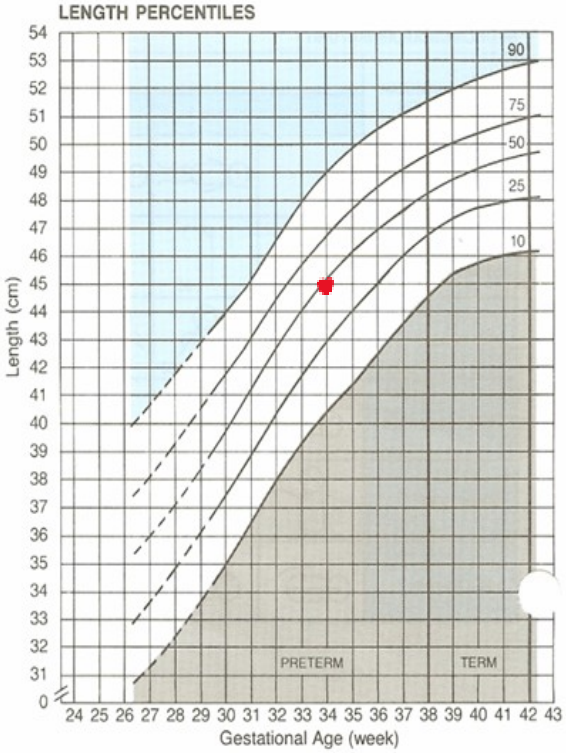
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

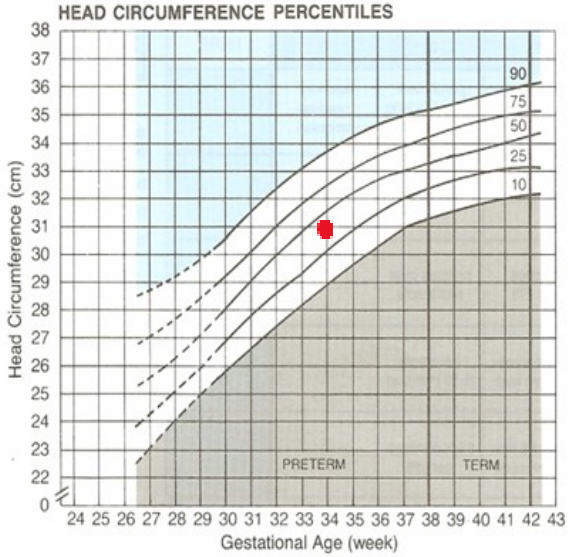
WEIGHT PERCENTILES



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)	X	X	X
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