

Part 1: Recognizing RELEVANT Clinical Data

History of Present Problem:

Sarah Daniels was born six hours ago by vaginal delivery after 22 hours of labor at 36 weeks gestation because of premature rupture of membranes. She weighed 9 lbs 0 ounces. (4090 g). Her Apgar was 8 at one minute and 9 at 5 minutes. Her newborn assessment revealed a cephalohematoma on the right-posterior aspect of her head. All other assessment data is within normal limits. Sarah has breastfed once since birth for seven minutes. She is noted to be sleepy when at the breast and not an aggressive feeder, consistent with her gestational age. She has voided once since birth, but has not yet stoolled.

Sarah's mom Morgan was a diet-controlled gestational diabetic. Morgan's prenatal labs are as follows: Blood type is O +, GBS is negative, Hepatitis B is negative. Her prenatal course was unremarkable other than the premature rupture of membranes.

Sarah's blood type is A+. Blood sugars were obtained per protocol starting at two hours after birth and have been consistently > 50 mg/dL. Her hematocrit was tested per protocol of a baby of a diabetic mother born before 37 weeks and was 48% four hours after birth. Twelve hours after birth, her transcutaneous bilirubin level is 6.1 mg/dL.

Personal/Social History:

Morgan Daniels is a 22-year-old single mom who attends a local community college. The father of the baby is not involved. Morgan lives with her parents, who are supportive and available.

What data from the histories are RELEVANT and must be interpreted as clinically significant by the nurse?
Reduction o Risk Potential

RELEVANT Data from Present Problem:	Clinical Significance:
Sarah's mom Morgan had gestational diabetes, premature rupture of membranes at 36 weeks and delivered after 22 hours	Sarah is at risk for hypoglycemia, respiratory distress, jaundice and temperature instability.
RELEVANT Data from Social History :	Clinical Significance:
Morgan is a single mom	risk for role overload.

Current VS:	NIPS Pain Assessment:
T: 98.3 F/36.8 C (axillary)	Facial Expression: Relaxed
P: 138 (regular)	Cry: No cry
R: 54 (regular)	Breathing Pattern: Relaxed
	Legs: Relaxed
	State of Arousal: Sleeping
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Patient Care Begins:

What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?

Reduction o Risk Potential/Health Promotion and Maintenance

RELEVANT VS Data:	Clinical Significance:
Current VS data all within normal range.	← bilirubin level is 6.1 mg/dL expected bilirubin levels should be less than 5 mg/dL.
Current Assessment:	
GENERAL APPEARANCE:	Calm, body flexed, no grimacing, appears to be resting comfortably
RESP:	Breath sounds clear, nonlabored respiratory effort. No grunting, retraction or nasal flaring noted
CARDIAC:	Heart sounds regular with no abnormal beats, S1 S2, brisk cap refill, no edema. Moderate systolic murmur present over a ex.
NEURO:	Sleeping • difficult to wake for feedings does not stay awake at breast. All reflexes intact
INTEG:	Facial jaundice noted, skin color pink with acrocyanosis. Cephalohematoma to right-posterior aspect of head. Swelling does not cross sutures lines.
RELEVANT Assessment Data:	Clinical Significance:
facial jaundice	also indicating elevated bilirubin level possibility

Lab Results:

	Current:	Hi h/Low/WNL?
Bilirubin m dL)	6.4	High
H b 15-24 dL	18	within normal limits
Hct 45-65%)	60	WNL, on the higher side
Glucose 40-60m dL)	55	WNL, on the higher side

What lab results are RELEVANT and must be interpreted as clinically significant by the nurse?

RELEVANT Lab(s):	Clinical Significance:	TREND: Im rove/Worsening /Stable:
Bilirubin	normal expected bilirubin levels in 24 hours after birth should be 2-6 mg/dL. Sarah is at 6.4 which is elevated.	worsening

Part 11: Put it All Together to THINK Like a Nurse!

1. After interpreting relevant clinical data, what is the primary problem?

Management of Care/Physiologic Adaptation

Problem:	Pathophysiology in OWN Words:
elevated bilirubin levels	Morgan and Sarah had blood incompatibility, Morgan had O ⁻ blood type and Sarah is A ⁺ blood type. Morgan's blood crossed the placenta and hemolyzed Sarah's red blood cells.

Collaborative Care: Medical Management

2. State the rationale and expected outcomes of the medical plan of care. (Pharm. and Parenteral Therapies)

Medical Management:	Rationale:	Expected Outcome:
Obtain parental consent. Check body temp hourly. Place eye mask over Sarah's eyes. Remove all clothing except for her diaper. Place Sarah on the Bilibed and under the bili lights. Accurate and strict I and O Repeat serum bilirubin level in 6 hours after phototherapy is initiated.	For treatment of hyperbilirubinemia with phototherapy. elevated temperature may indicate signs of infection. placing a mask over eyes for protection risk for altered body temperature treats hyperbilirubinemia by absorbing light waves and converting unconjugated bilirubin. risk of imbalanced fluid volume related to prematurity. check for phototherapy effectiveness	MOM consents body temp WNL Sarah's eyes remain protected. body temperature is regulated Sarah responds well to phototherapy I+O is expected ranges. bilirubin levels decrease WNL.

Collaborative Care: Nursing

3. What nursing priorities will guide our plan of care? (Management of Care)

Nursing PRIORITY:	Rationale:	Expected Outcome:
PRIORITY Nursing Interventions: obtain vitals (body temp hourly) take MOM consent	to create baseline to initiate phototherapy	within expected limits. MOM consents

promote breastfeeding or bottle feeding
 strict I+O
 feedings promote emptying of bilirubin
 to assess lose or gain (dehydration)
 feed every 2-3 hours

4. What psychosocial/holistic care PRIORITIES need to be addressed for this patient?

Psychosocial Integrity [Basic Care and Comfort]		
Psychosocial PRIORITIES:	MOM CONTINUES TO DO KANGAROO CARE FOR COMFORT	
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:
CARE/COMFORT: Skin to skin nursing every 2-3 hours Making sure eyes are protected Physical comfort measures Position changes Diaper changes	skin to skin Provides comfort for newborn helps emptying bilirubin eyes are protected from bili lights.	Newborn is content I+O is adequate eyes are protected
EMOTIONAL (How to develop a therapeutic relationship): Snuggling when not preoccupied rocking, holding, soothing	Newborn feels safe	Newborn is content.
SPIRITUAL: Asking MOM if spiritual needs are met	If needed resources for comfort and reassurance and request for chaplain can be made.	Needs are met.

5. What educational/discharge priorities need to be addressed to promote health and wellness for this patient and/or family? (Health Promotion and Maintenance)

Continuing to breastfeed every 2-3 hours to help excrete bilirubin through stools.

Education for signs and symptoms if jaundice gets worse or if newborn has a fever, vomiting or have fewer wet or soiled diapers per day than expected.

General discharge education for newborns such as stinky and bath care and reducing risk of SIDS.