N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 1/24/2022 0800	Patient Initials B.D.	Date & Time of Birth 01/22/2022 0022	Age (in hours at the time of assessment) 56 hours
Gender Male	**Weight at Birth** 3560 gm (7 lb. 8.4 oz.)	**Weight at Time of Assessment (gm)** 3600 gm (7 lb. 9.3 oz.)	**Age (in hours) at the Time of Last Weight** 48 hours
Race/Ethnicity White/ Caucasian	**Length at Birth** 54.6 Cm (21.49 Inches)	**Head Circumference at Birth** 34 Cm (13.39 Inches)	**Chest Circumference at Birth** 33 Cm (12.99 Inches)

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: The mother is G: 1 T: 1 P: 0 A: 0 L: 1

When prenatal care started: The mother's prenatal care started on 06/24/2021 at Carle

Clinic.

Abnormal prenatal labs/diagnostics:

The mother had low hematocrit and hemoglobin levels during her first and third trimester.

Prenatal complications: The mother had no prenatal complications.

Smoking/alcohol/drug use in pregnancy: The mother did not use alcohol or

drugs pregnancy but did use a vape with nicotine.

Labor History of Mother:

Gestation at onset of labor: The mother was 40 weeks gestation at the onset of labor.

Length of labor: The first stage of labor lasted 9 hours and 20 minutes, the second stage of labor lasted 1 hour and 22 minutes, and the third stage of labor lasted 5 minutes. The total length of labor lasted 10 hours and 47 minutes.

ROM: The artificial rupture of membranes occurred at 0930 on 1/21/2022.

Medications in labor: The medications used in labor were fentanyl, oxytocin, and fentanyl-ropivacaine.

Complications of labor and delivery: The mother's baby had Shoulder Dystocia at birth.

Family History:

Pertinent to infant: The maternal grandmother of the patient has a history of hypertension.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: The mother has no history of alcohol or drug use that is pertinent to the infant but uses a vape with nicotine (pertinent to infant).

Father/Co-Parent of Baby Involvement: The father of the baby is involved.

Living Situation: The patient will go home to live with her mother and father in Danville, IL.

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

Both parents graduated from high school. There is no learning barrier for the care they can

provide to the infant.

Birth History (10 points)

Length of Second Stage of Labor: The second stage of labor was 1 hour and 22 minutes.

Type of Delivery: The mother had a vaginal birth.

Complications of Birth: The baby had shoulder dystocia during delivery

APGAR Scores:

    1 minute: 1

    5 minutes: 4

Resuscitation methods beyond the normal needed: Oxygen (PPV) at 1 min/CPAP x 15mins

Feeding Techniques (10 points)

Feeding Technique Type: Breast and Bottle

If breastfeeding:

    LATCH score: The LATCH score is a 10.

    Supplemental feeding system or nipple shield: A breast pump is used as the

supplemental feeding system.

 If bottle feeding:

    Positioning of bottle: N/A

    Suck strength: present

    Amount: 20-30 mL

Percentage of weight loss at time of assessment: +1%

(40g/ 3560g) = 0.1 g x100 = 1.1235

**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? The normal weight loss of an infant is 5% to 10% after birth but will be regained 10 to 14 days later (Barlow et al., 2019).

Is this neonate's weight loss within normal limits? The neonate did not lose weight, as expected, but gained weight.

Intake and Output (8 points)

<u>**Intake**</u>

If breastfeeding:

 Feeding frequency: Every 2-3 hours the baby feeds.

 Length of feeding session: Feeding sessions lasts 15-20 minutes

 One or both breasts: The baby feeds bilaterally, on both breasts.

If bottle feeding:

 Formula type or Expressed breast milk (EBM): The baby drinks Similac and expressed milk

 Frequency: Every 1-3 hours

 Volume of formula/EBM per session: 18-24 mL

 If EBM, is fortifier added/to bring it to which calorie content: No

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: The baby first voided when he was 16 hours old.

Voiding patterns

Number of times in 24 hours: The baby voids spontaneously and has voided 3 times in 24 hours.

Age (in hours) of first stool: The baby was 39 hours old at the time of his first stool.

Stool patterns:

Type: The stool was type 7

Color: The stool was a light brown.

Consistency: The stool was soft, creamy, and not formed.

Number of times in 24 hours: The baby stooled one time in 24 hours.

Laboratory Data and Diagnostic Tests (15 points)

<mark>Highlight All Abnormal Labs</mark>—**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	Expected Results	Client's Results	Interpretation of Results

	even if these labs have not been completed*			
Blood Glucose Levels	This test is a routine test for preterm babies due to their high risk for unstable glucose levels (Barlow et al., 2019).	Greater than 45	71	WNL
Blood Type and Rh Factor	This test is a routine test for newborns because it determines the blood type and Rh factor of the baby (Barlow et al., 2019).	A, B, AB, O + / -	B +	The baby has a B positive blood type. He can accept B positive and B negative blood if needed.
Coombs Test	This test is a routine test for newborns to detect antibodies that act against the body's red blood cells (Barlow et al., 2019).	+ / -	N/A	N/A
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	This test is a routine test for newborns to assess their bilirubin levels to determine liver functioning (Barlow et al., 2019).	1 – 15	3.2	The newborns bilirubin levels are within the normal range, indicating normal liver function.
Newborn Screen (At 24 hours)	This test is a routine test for newborns to look for many different genetic disorders (Barlow et al.,	Nothing found within the blood.	The results were sent off but have not been reported back yet.	N/A

	2019).			
Newborn Hearing Screen	This test is a routine test for newborns to diagnose hearing disorders early (Barlow et al., 2019).	Pass	Pass	The newborn has appropriate hearing for their age.
Newborn Cardiac Screen (At 24 hours)	This test is a routine test for a newborn to detect congenital heart defects that may be present (Barlow et al., 2019).	Pass	Pass	The newborn shows no signs of having congenital heart defects.

Lab Data and Diagnostics Reference (1) (APA): Barlow, M., Holman, H., Johnson, J.,

McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN

Maternal newborn nursing (11th ed.). Assessment Technologies Institute, LLC.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine	Glucose	
Dose	1 mg	5 mg / 1g	0.5 mL	2 mL	
Frequency	Once	Once	Once	PRN- low BG	
Route	IM	Ointment on the eyes	IM	Submucosal	
Classification	Vitamin	Antibiotic	Vaccine	monosaccharide	
Mechanism of Action	Vitamin K is used to	Erythromycin is used	Hepatitis B is a primary	Glucose supplies	

	encourage the production of clotting factors and prevent hemorrhagic disorders.	prophylactically for conjunctivitis and works by binding to the ribosomes involved.	prevention used to build up antibodies and produce immunity against hepatitis.	most of the energy to all tissues by generating energy molecules ATP and NADH during a series of metabolism reactions called glycolysis.	
Reason Client Taking	Increase clotting factors in the body	Prevention of conjunctivitis or other eye infections from the birthing process	Prevention of hepatitis B infection	Low blood glucose levels <45	
Contraindications (2)	Use of other blood thinners, Hepatic diseases	Hypersensitivity to erythromycin, Use of heart rhythm correcting medications	Hypersensitivity to previous hepatitis B vaccination dose, Hepatic diseases	Unresponsive, glucose >60	
Side Effects/Adverse Reactions (2)	Hyperbilirubinemia, Hypersensitivity reaction	Hypersensitivity to erythromycin, Vision disturbances	Diarrhea, Crying	Fever, swelling in hands or feet	
Nursing Considerations (2)	Give the medication intramuscularly, Give the medication 1 to 2 hours after birth	Use a single-dose unit to avoid cross-contamination, Apply starting from the inner corner moving outward	Give the vaccine intramuscularly, Give the vaccine within the first 24 hours of birth	Monitor blood glucose levels to evaluate the effectiveness of the drug. Have insulin on standby	

				during emergency use to treat severe hyperglyce mia if it occurs as a result of overdose. Monitor nutritional status to provide nutritional consultatio n as needed.	
Key Nursing Assessment(s)/La b(s) Prior to Administration	Confirm that you have the correct dosage of the medication	Assess the patient for a baseline assessment to determine an allergic reaction after the administratio n.	Confirm that you have the correct dosage of the vaccine, Give in opposite legs as the vitamin K at birth	Blood glucose level testing	
Client Teaching needs (2)	Educate the parents on signs of an allergic reaction, Educate the parents on normal findings around the injection site such as redness or bruising	Educate the parents on possible side effects of the medication such as vision changes for 24 to 48 hours, Educate the parents on signs of allergic reaction	Educate the parents on the importance of vaccinating their child against hepatitis B, Educate the parents of when the next vaccine dosage should be administered	Always check blood glucose level before administering glucose, do not give to patient if patient is unresponsive	

Medications Reference (1) (APA): Jones & Bartlett Learning. (2021). *2021 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	Smooth, flexible, dry, warm skin, yellowing of skin	Usual: Smooth, flexible, good skin turgor, well hydrated, warm Variations: Jaundice, acrocyanosis, milia, Mongolian spots, stork bites	The patient had severely dry skin, indicating there was extra time spent in the womb. The patient had a yellowing tint to his skin- indicating he may be jaundice,
Head	Soft fontanels, head circumference of 34 cm.	Usual: Varies with age, gender, and ethnicity, soft fontanels, 33 – 37 cm Variations: Microcephaly, macrocephaly, enlarged fontanels	The patient had a normal head circumference.
Fontanels	Soft and flat fontanels	Usual: soft and flat Variations: Enlarged	N/A
Face	Full cheeks, symmetrical facial features	Usual: Full cheeks, facial features symmetric Variations: Facial nerve paralysis, nevus flammeus, nevus vasculosus	N/A
Eyes	Clear and symmetrically placed on face, In line with the ears	Usual: Clear and symmetrically placed on face, online with ears	N/A

| | | Variations: chemical conjunctivitis, sub conjunctival hemorrhages | |
| | | | |

| Nose | Small, placed in the midline of the face, narrow | Usual: Small, placement in the midline, narrow, ability to smell

Variations: Malformation or blockage | N/A |
| --- | --- | --- | --- |
| Mouth | Aligned in midline, symmetric, intact soft and hard palate | Usual: Aligned in midline, symmetric, intact soft and hard palate

Variations: Epstein pearls, erupted precocious teeth, thrush | N/A |
| Ears | Soft and pliable with quick recoil when folded and released | Usual: Soft and pliable with quick recoil when folded and released

Variations: Low set ears, hearing loss | N/A |
| Neck | Short, creased, moves freely, baby hold head in midline | Usual: Short, creased, moves freely, baby holds head in midline

Variations: restricted movement, clavicular fractures | N/A |
| Chest | Round, symmetric, smaller than head, chest circumference of 33 cm | Usual: Round, symmetric, smaller than head, 30-33 cm chest circumference

Variations: Nipple engorgement, whitish discharge | N/A |
| Breath Sounds | Clear and equal in all lobes, unlabored breathing, 30 – 60 breaths per minutes | Usual: Clear and equal in all lobes, unlabored breathing with 30 – 60 breaths | N/A |

| | | per minute

Variations: Crackles, wheezes, breaths less than 30 or greater than 60 | |
|---|---|---|---|

Heart Sounds	S1 and S2 at the point of maximal impulse, regular rhythm	Usual: Murmurs that resolve on their own, S1 and S2 sounds, Regular rhythm, heart rate of 110 – 160 beats per minute Variations: S3 or S4 sounds, heart rate less than 110 or greater than 160	N/A
Abdomen	Protuberant contour, soft	Usual: Protuberant contour, soft, three vessels in umbilical cord Variations: Distended, two vessels in umbilical cord	N/A
Bowel Sounds	Active in all four quadrants, 10 – 30 bowel sounds per minute	Usual: Active in all four quadrants, 10 – 30 bowel sounds per minute Variations: Hyperactive bowel sounds, Hypoactive bowel sounds	N/A
Umbilical Cord	Three vessels in umbilical cord, pale yellow color	Usual: Three vessels in umbilical cord, pale yellow color Variations: Two vessels in umbilical cord	N/A
Genitals	Foreskin covers the glans, testes firm, smooth, equal in size on both sides of the scrotal sac	Usual: Smooth glans with central meatus if circumcised. It will appear reddened until it heals. Variations: For the uncircumcised male, the foreskin should	N/A

		cover the glans, well-formed ruggae over the scrotum, testes firm, and smooth, equal in size on both sides of the scrotal sac.	
Anus	Passes stool, Normal with appearance and position	Usual: Passes stool, normal with appearance and position Variations: Enlarged/ swollen, fistulas	N/A
Extremities	Symmetric with free movement	Usual: Symmetric with free movement Variations: Congenital hip dislocation	N/A
Spine	Straight, flat and flexible when placed on back	Usual: Straight, flat, and flexible Variations: Tufted or dimple in spine	N/A
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Band matches with parents, hugs tag present, swaddled and placed in supine position	Usual: Matching ID bands with parents, Hugs tag in place, Positioned supine Variations: Hugs band may be attached to the bed	N/A

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? This baby is AGA. He falls within the appropriate categories in weight, length, and head circumference for his gestational age and weight.

Are there any complications expected for a baby in this classification? There are no

complications expected for a baby in this classification.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	97.9 F	128 bpm	76 breaths per minute
4 Hours After Birth	98.5 F	140 bpm	52 breaths per minute
At the Time of Your Assessment	98.4 F	152 bpm	52 breaths per minute

Vital Sign Trends: The patient's vital signs remain normal throughout his time at the hospital

thus far. His pulse rate is trending up but is still in the normal range for a newborn.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	RFLACC	N/A	0 – No pain	N/A	None

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 this complete sentences?

*This neonate was delivered on 1.22.22 at 0022 by vaginal birth. The Apgar scores were 1 at 1
minute and 4 at 5 minutes and 7 at 5 minutes. The neonate was born at 40 weeks gestation and*

AGA. There is no significant prenatal history from the mother. The birth weight was 7 pounds 8.4 ounces (3560 grams) and 21.49 inches long (54.6 centimeters). Upon assessment all systems are within normal limits. The last set of vitals are 98.4 F for temperature, 152 beats per minute for heart rate, and 52 breaths per minute for respiration rate. Neonate is breastfeeding and nursing well with most feedings for 15-20 minutes every 2 to 3 hours on both breasts and is also receiving supplemental nutrition via Similac Baby Formula. The bilirubin level at 24 hours was 3.2. 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.
Diaper changes - N	PRN/ continuous	Diapers should be changed when soiled to prevent skin breakdown and bacteria build up.
Vital sign monitoring - N	Once daily/ PRN	Heart rate, respiration rate, and temperature need to be monitored daily to look for trends and assess for early signs of infection.
Sucrose - T	PRN	When neonates take in sucrose, they cannot feel pain at the same time. This is beneficial when doing anything to bring pain to the child.
Assessments - N	Daily	Daily assessments allow for the nurse to note any changes from the previous day and early detection of potential complications.

Discharge Planning (2 points)

Discharge location: The baby will discharge home with her mother and father in Danville,

Illinois.

Equipment needs (if applicable): Breast pump

Follow up plan (include plan for newborn ONLY): The newborn will have a follow up

appointment with his primary care provider chosen by his mother and father.

Education needs: The mother and father will need education on ways to prevent harm to the

infant, feeding education, and what they can expect with having a newborn.

<div align="center">

Nursing Diagnosis (30 points)
Must be NANDA approved nursing diagnosis and listed in order of priority
<mark>**Two of the Nursing Diagnoses must be education related**</mark> **i.e. the interventions must be education for the client.”**

</div>

2 points for correct priority

Nursing Diagnosis (2 pt each)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (2 pts each)
Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components	Explain why the nursing diagnosis was chosen	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.	• How did the patient/ family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Readiness for enhanced parenting related to having a new baby as evidenced by the birth of the patient.	This nursing diagnosis was chosen because the parents are first time parents.	1. Assess the stress-coping ability of family members. **Rationale** This determines the strengths and weaknesses of the family’s stress coping patterns (Phelps, 2020). 2. Assess measures taken to maintain safety in the home environment. **Rationale** Environments free from environmental hazards	The parents responded well to these interventions. The goal is to promote a safe and loving environment to the neonate without harming the family dynamic that existed without children.

		assure a sense of security (Phelps, 2020).	
2. Interrupted family processes related to having a new baby as evidenced by the birth of the patient.	This nursing diagnosis was chosen because the family process will change with the birth of their first child.	**1.** Identify the individual assuming role as head of family. **Rationale** Establishing family hierarchy will improve the functional ability (Phelps, 2020). **3.** Teach family to communicate clearly and honestly. **Rationale** This will increase their ability to express thought and feelings in a positive way (Phelps, 2020).	The parents responded well to these interventions. The goal is to establish a head of household to remain stable throughout the next few month's changes.
4. Risk for sudden infant death syndrome related to infant placed in a prone or side-lying position to sleep as evidenced by being less than 4 months old.	This nursing diagnosis was chosen because the family needs more information regarding the prevention of sudden infant death syndrome.	**1.** Educate family about the risk factor of sudden infant death syndrome. **Rationale** The parents will become aware of the practices to prevent its occurrence (Phelps, 2020). **2.** Position infant on the back when placed in crib. **Rationale** Incidence of SIDS is higher among infants placed in a prone or side-lying position (Phelps, 2020).	The parents responded well to the teaching regarding the prevention of SIDS. The goal is to have the baby sleep only on their back to reduce the risk of SIDS. The parents will be educated further before discharge.
5. Deficient knowledge of shoulder dystocia related to insufficient information as evidenced by the parents.	This nursing diagnosis was chosen because the parents were questioning how to care for a child with shoulder dystocia.	**1.** Find a quiet, private environment for teaching. **Rationale** The parents will be freed from distraction and learn more effectively (Phelps, 2020). **2.** Assess patient's level of knowledge. **Rationale**	The parents responded well to the teaching regarding why their child had shoulder dystocia. The goal is to get the parents to a point of understanding the situation so they can monitor for signs and symptoms of

		This will determine whether the patient requires basic information or reinforcement of previous learning (Phelps, 2020).	problematic events, such as a decrease in circulation.

Other References (APA):

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., &

     Williams, D. (2019). *Maternal newborn nursing* (11th ed.). Assessment Technologies

     Institute, LLC.

Phelps, L. L. (2020). *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

							Maturity Rating	
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		
							Score	Weeks
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	−10	20
							−5	22
							0	24
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	5	26
							10	28
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	15	30
							20	32
							25	34
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	30	36
							35	38
							40	40
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	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
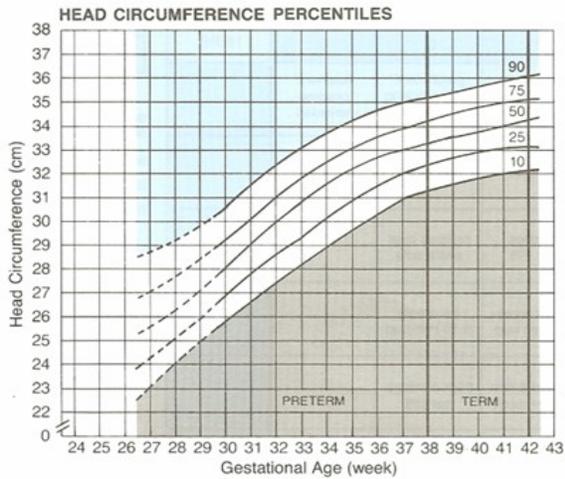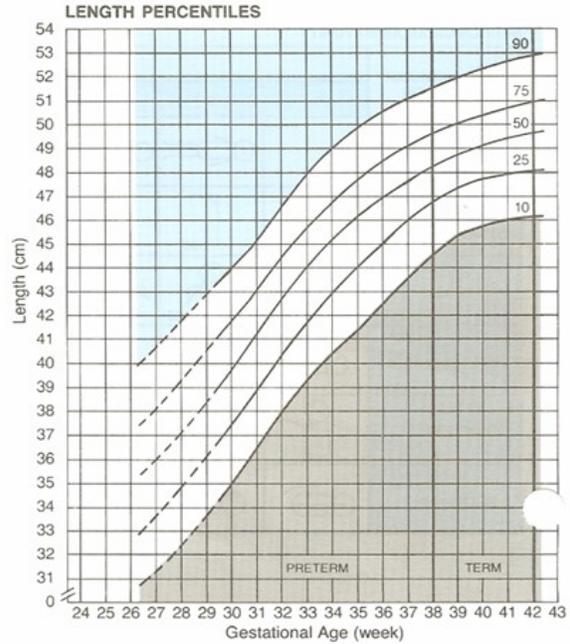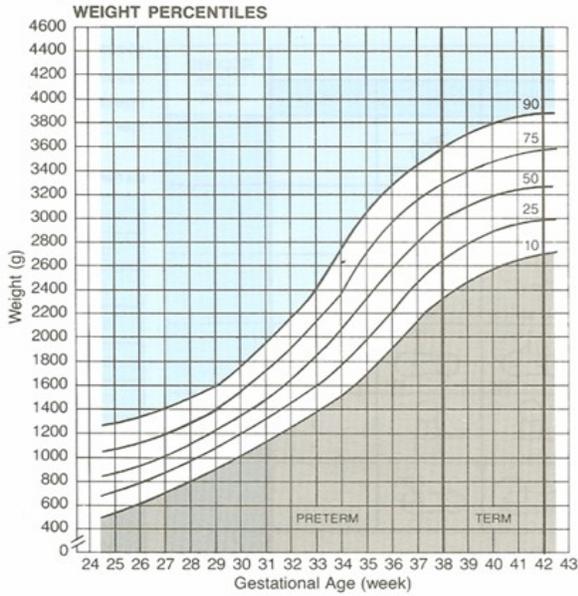
CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
Small for Gestational Age (SGA) (<10th percentile)			

*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