N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 3-21-2022 0645	**Patient Initials** S.D. (infant) M.D. (mother)	**Date & Time of Birth** 3-18-2022 1158	**Age (In hours at the time of assessment)** Approximately 12.5 hours
Gender Female	**Weight at Birth** **(gm)** _4,090__ **(lb.)** _9_ **(oz.)** _0_	**Weight at Time of Assessment** **(gm)** _4,030___ **(lb.)** _8_ **(oz.)** _14.2_	**Age (in hours) at the Time of Last Weight** Approximately 12.5 hours
Race/Ethnicity Caucasian	**Length at Birth** **Cm** ___54__ **Inches** __21.6__	**Head Circumference at Birth** **Cm** __36____ **Inches** __14.1___	**Chest Circumference at Birth** **Cm** __34___ **Inches** __13__

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: G-1, P-0, T-0, A-0, L-0

When prenatal care started: 8-22-20

Abnormal prenatal labs/diagnostics: The mother had elevated glucose levels 1-29-21. Per the chart, it did not state the level.

Prenatal complications: At 28 weeks gestation, the mother was diagnosed with gestational diabetes when her glucose test 1-29-21. Gestational diabetes had been kept under control with Glyburide once daily and a 2200 calorie ADA diet.

Smoking/alcohol/drug use in pregnancy: The mother denies using alcohol, smoking, or other drugs.

Labor History of Mother:

Gestation at the onset of labor: The mother was 36 weeks gestation at the onset of labor.

Length of labor: 22 hours

ROM: The mother experienced premature rupture of membranes.

Medications in labor: Per the chart, it did not state any drugs used during labor.

Complications of labor and delivery: The mother had a c-section after failing to progress during the second stage of labor. No complications were noted about delivery.

Past Surgical History: The mother had a laparoscopy in 2018 for an ovarian cyst and wisdom teeth removal in 2017. The mother also has a history of obesity.

Family History:

Pertinent to infant: The mother has a history of obesity. The father has no specific health history problems as far as the mother knows.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: The mother denies using alcohol, smoking, or other drug usages.

Father/Co-Parent of Baby Involvement: The baby's father is not involved, and the mother does not want him to have any information about the baby. The father has no specific health history problems as far as the mother knows.

Living Situation: The mother lives with her parents, who are supportive and available, in St. Joseph, Illinois. The mother is a single female who attends the local community college and works part-time in a local retail clothing store.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The mother attends her local community college, and the father is not involved.

Birth History (10 points)

Length of Second Stage of Labor: 2 hours 0 minutes

Type of Delivery: The mother had a C-section after failure to progress during the second stage of labor.

Complications of Birth: Complications during birth included cephalohematoma on the right posterior aspect of the head due to the long second stage and compression of the fetal head in the birth canal.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the regular needed: Not applicable.

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: The infant's latch score was fair, as evidenced by the infant latching for 7 minutes on one breast, 5 minutes on the right breast, then switched to the left breast for 10 minutes, and lastly on the right breast for 9 minutes with the nurse's assistance.

Supplemental feeding system or nipple shield: A discussion of whether to supplement with a formula bottle to help the infant with hydration and passage of the excess bilirubin was initiated with the mother.

If bottle-feeding:

Positioning of the bottle: Not applicable because it is discussed and not put into action.

Suck strength: Not applicable due to it being discussed and not put into action.

Amount: Not applicable due to it being discussed and not put into action.

Percentage of weight loss at the time of assessment: - 1.5 **%**

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

(4030 (current weight) – 4090 (birth weight) = -60

-60 (loss) / 4090 (birth weight) = -0.0147

-0.0147 x 100 = -1.467 or a loss of 1.5%

What is the average weight loss for an infant of this age? Less than 7% is considered within normal limits (Ricci et al., 2021).

Is this neonate's weight loss within normal limits? Yes.

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: Initially, the infant latched the first 30 minutes after delivery, then again after four hours, and lastly, after another four hours.

Length of feeding session: The infant latched for 7 minutes on one breast, 5 minutes on the right breast, then switched to the left breast for 10 minutes, and lastly on the right breast for 9 minutes with the nurse's assistance.

One or both breasts: Both breasts.

If bottle-feeding:

Formula type or Expressed breast milk (EBM): Not applicable due to it being discussed and not put into action.

Frequency: Not applicable due to it being discussed and not put into action.

The volume of formula/EBM per session: Not suitable because it is discussed and not put into action.

If EBM is fortifier added/to bring it to which calorie content: Not applicable due to it being discussed and not put into action.

If NG or OG feeding:

Frequency: Not applicable.

Volume: Not applicable.

If IV:

Rate of flow: Not applicable.

Volume in 24 hours: Not relevant.

Output

Age (in hours) of the first void: 1 hour

Voiding patterns:

The number of times in 24 hours: The infant voided twice in 24 hours.

Age (in hours) of first stool: 1 hour

Stool patterns:

Type: The infant's stool was meconium.

Color: The infant's stool color is greenish-black.

Consistency: The infant's stool consistency was thick and sticky.

Number of times in 24 hours: The infant had two stools in 24 hours.

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	Glucose is the primary energy source for the neonate during the first few hours of life (Ricci et al., 2021). Hypoglycemia is common in newborn children (Ricci et al., 2021).	40-60 (Ricci et al., 2021).	56	This newborn has a regular blood glucose reading meaning no hypoglycemia is detected.
Blood Type and Rh Factor	This is performed only if mom is Rh- to determine if the baby is Rh+ and mom will need to receive a RhoGAM injection due to the difference in	A, B, AB, O Rh- or Rh+	Not performed.	This test was not performed due to the mother's blood type being O+. The infant's blood type was A+.

	Rh factor.			
Coombs Test	Coombs's test assesses blood for antibodies that may attack red blood cells (Rath, 2019).	Positive or negative	Per the chart, not performed.	Per the chart, not completed.
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Due to immaturity, metabolic pathways in the liver cannot conjugate bilirubin as efficiently as needed (Ricci et al., 2021).	<5	6.4	The results of this blood test put the infant at risk for hyperbilirubinemia due to high bilirubin (Ricci et al., 2021).
Newborn Screen (At 24 hours)	This assessment is performed at the 24-hour mark before the neonate has not transitioned	Assessment of the skin color, posture, head size, respiration, and other checks to	(If available—these maybe not are available until after discharge for some clients)	Results are pending.

	from intrauterine to extrauterine (Ricci et al., 2021). This exam is an overall assessment of the systems to assess for any abnormalities (Ricci et al., 2021).	be within normal limits or abnormalities identified.	Results are pending.	
Newborn Hearing Screen	To assess for deficits in hearing.	Electrodes are placed on the neonate's head, neck, and shoulders and record neural activity from the brainstem in response to sound (Ricci et al., 2021).	Passed	Not applicable.

Newborn Cardiac Screen (At 24 hours)	Determines the amount of oxygen in a baby's blood by testing the right and left sides of the body.	Greater than 93% (Ricci et al., 2021).	Not applicable per the chart.	Not applicable per the chart.

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	1mg	1 cm	10mcg for the first dose		
Frequency	1x within 1 hour of birth (Ricci et al., 2021).	1x within 1 hour of labor (Ricci et al., 2021).	IM has three doses (10 mcg each) on a 0, 1, and 6-month		

			schedule (Ricci et al., 2021).		
Route	Intramuscular injection	Eye ointment	Intramuscular injection		
Classification	Vitamin K (Ricci et al., 2021).	Macrolide antibiotic, ophthalmic anti-infectives (Drugs.com, 2021).	Hepatitis B vaccine is used to help prevent this disease and help the neonate develop immunity (Ricci et al., 2021).		
Mechanism of Action	This is used to treat decreased clotting ability due to vitamin K deficiency (Ricci et al., 2021).	Inhibits the growth of bacteria (Drugs.com, 2021).	Active immunization with the hepatitis B vaccine stimulates the immune system to produce anti-HBs without exposing the patient to the risks of active infection		

			(Jones & Bartlett Learning, 2020).		
Reason Client Taking	The newborn does not produce vitamin K until bacteria have been introduced into the gut following the first feeding (Ricci et al., 2021).	Prevention of neonatal conjunctivitis (Drugs.com, 2021).	Prevention of hepatitis B.		
Contraindications (2)	Hypersensitivity to any injection components should not be taken with other benzyl alcohol medications and possible intestinal problems (RxList, 2018).	Allergies to macrolide antibiotics and hypersensitivity to erythromycin (Drugs.com, 2021).	Although simple colds or other minor illnesses, sick should not prevent immunization. Had a severe allergic reaction after a last dose of the vaccine or is allergic to baker's yeast (Jones & Bartlett Learning,		

			2020).		
Side Effects/Adverse Reactions (2)	Gasping syndrome, anaphylaxis (RxList, 2018).	Burning, blurred vision (Drugs.com, 2021).	Hives, rash, swelling of the mouth, face, lips, tongue, or throat (Jones & Bartlett Learning, 2020).		
Nursing Considerations (2)	1.Newborn dose should be injected into the muscle or under the skin. 2.Dose may be repeated after 6-8 hours if needed.	1.Watch for signs and symptoms of a superinfection 2.Use cautiously in patients with impaired hepatic function because the liver metabolizes the drug.	1.Be aware of maternal hepatitis status at appropriate ages. 2.The drawback of the syringe's plunger before the injection is to avoid intravascular injection.		
Key Nursing	Monitor for	Monitor liver	No labs are to be		

Assessment(s)/Lab(s) Prior to Administration	vitamin K levels and the patients should be monitored following injection (RxList, 2018).	function and obtain body fluid or tissue sample before administering,	monitored before administering this vaccine; we need the mother's consent.		
Client Teaching needs (2)	Yellowing of the skin can be an indicator of hyperbilirubinemia. Rashes and skin disturbances can occur up to one year following injection (RxList, 2018).	If pt declines, neonate could be at risk for blindness related to infection. Education on why the drops are being administered lets the patient know they have the right to decline (Drugs.com, 2021).	Encourage the other vaccinations at appropriate appointment times. Keep an eye out for signs and symptoms of fever, fatigue, and upper right quadrant pain (Jones & Bartlett Learning, 2020).		

Medications Reference (1) (APA):

Drugs.com. (2021, September 21). *Ilotycin - FDA prescribing information, side effects, and uses*. Drugs.com. Retrieved from https://www.drugs.com/pro/ilotycin.html.

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

RxList. (2018, June 5). *Aquamephyton (Phytonadione injection): Uses, dosage, side effects, interactions, warning*. RxList. Retrieved from https://www.rxlist.com/aquamephyton-drug.htm.

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 is different from expectations, what is the clinical significance?
Skin	Smooth, flexible, good skin turgor, well-hydrated, warm. Facial jaundice noted, skin color pink with acrocyanosis.	Jaundice, acrocyanosis, milia, Mongolian spots, and stork bites (Ricci et al., 2021).	Not applicable.
Head	Head is within average size for age, gender, and ethnicity. Cephalohematoma to the right posterior aspect of the head. Swelling does not	Microcephaly, macrocephaly, and enlarged fontanels (Ricci et al., 2021).	Not applicable.

	cross suture lines.		

Fontanels	Anterior fontanel open and flat. The posterior fontanel is standard size.	Fontanels should be regular and flat (Ricci et al., 2021).	Not applicable.
Face	Cheeks are full and facial features are symmetrical.	Facial nerve paralysis, nervus flammeus, and nervus vasculosus (Ricci et al., 2021).	Not applicable.
Eyes	Clear and symmetrical, in line with ears.	Chemical conjunctivitis and subconjunctival hemorrhage (Ricci et al., 2021).	Not applicable.
Nose	Nares are patent with no septal deviation.	Malformation or blockage (Ricci et al., 2021).	Not applicable.
Mouth	Midline, symmetric, intact soft and hard palate.	Epstein pearls erupted precocious teeth and thrush (Ricci et al., 2021).	Not applicable.
Ears	Canals are patent, and	Low-set ears and	Not applicable.

	ears are symmetrical.	hearing loss (Ricci et al., 2021).	
Neck	No masses were noted, and clavicles were present. The Head is midline and can be moved easily.	Restricted movement and clavicular fractures (Ricci et al., 2021).	Not applicable.
Chest	Round, symmetric, and smaller than the head.	Nipple enlargement and whitish discharge (Ricci et al., 2021).	Not applicable.
Breath Sounds	Average rate and pattern of respirations, symmetrical and non-labored, lung sound clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.	Whistling noise, hoarse cry, high-pitched squeaky sound, deep cough, and fast laboring breathing (Ricci et al., 2021).	Not applicable.

Heart Sounds	Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. Average rate and rhythm. S1S2, brisk cap refill, no edema. Moderate systolic murmur present over apex.	Bounding pulses and murmurs (Ricci et al., 2021).	Not applicable.
Abdomen	The abdomen is soft, non-tender, with no organomegaly or masses noted upon palpation of all four quadrants.	Distended and only two vessels in the umbilical cord (Ricci et al., 2021).	Not applicable.
Bowel Sounds	Bowel sounds are normoactive in all four quadrants.	Bowel sounds may be absent after birth (Ricci et al., 2021).	Not applicable.
Umbilical Cord	The umbilical cord is intact and has three vessels present.	Spongy appearance, jelly-like substance surrounds cord; the	Not applicable.

		stump left behind a yellowish-green color (Ricci et al., 2021).	

Genitals	Swollen female genitals in response to maternal estrogen.	Vaginal discharge in females (Ricci et al., 2021).	Not applicable.
Anus	Anus appears patent.	Anorectal malformations (Ricci et al., 2021).	Not applicable.
Extremities	Normal range of motion without deformities.	Congenital hip dislocation (Ricci et al., 2021).	Not applicable.
Spine	Intact without deformities.	Tuft or dimple on the spine (Ricci et al., 2021).	Not applicable.
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	The mother and baby had their matching ID bands on; the baby was wearing his hugs tag and was placed on his back in the proper sleeping position.	Both parents and baby should have their matching bands on, the baby should have their hugs tag on, and the baby should always be placed on their back to sleep (Ricci et al., 2021).	Not applicable.

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

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?

LGA- the baby was over the 90th percentile for weight, length, and head circumference.

Are there any complications expected for a baby in this classification?

Newborns in the LGA classification are at risk for poor motor skills difficulty in regulating behavioral states, and it can be more challenging to arouse to a quiet alert state (Ricci et al., 2021). Having an LGA newborn can cause complications if you are delivering vaginally, so a cesarean section will be suggested most of the time once the provider knows the size of the baby. LGA newborns are also more likely to develop hypoglycemia shortly after birth. Due to them being at a higher risk, monitoring their blood glucose levels within 30 minutes of delivery and every hour after that is essential (Ricci et al., 2021). Starting feedings as early as possible is the best way to prevent hypoglycemia (Ricci et al., 2021).

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	97.6 F	155	56

	(Axillary)		
4 Hours After Birth	97.8 F (Axillary)	136	42
At the Time of Your Assessment (2300)	98.3 F (Axillary)	138	54

Vital Sign Trends: The baby's vital signs were within normal limits and continued to go down appropriately as time went on. Her temperature increased, which is a good sign that her body stays warm. Her pulse continued to go down slowly as she calmed down from skin to skin. Her respirations remained stable.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
2300	Neonatal infant pain scale (NIPS)	The patient appears comfortable.	0	Relaxed and sleeping.	Swaddling awake, nested in bed, awake times minimized, and a cluster of care.

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 complete sentences?

This neonate was delivered on 03/18/2022 at 1158 by unplanned cesarean section (C-section) due to failure to progress during the second stage of labor. Apgar scores 8 and 9. EDD 04/18/2022. Neonate is 36 weeks and LGA. Prenatal hx of gestational diabetes (diet controlled). Birth weight 9 lbs 0 ozs (4,090 grams), 21.6" long (54 cms). Upon assessment, all systems are within normal limits. Last set of vitals: 98.3 F/138 bpm/54 respirations. BS x2 after delivery WNL with lowest being 56. Neonate is breastfeeding and nursing well with most feedings with a latch score was fair and nursing q2-3 hrs. Bilirubin was 6.4, which is high for the neonate. The 24-hour assessment was not done before the end of the shift. Neonate expected/ to be discharged with mother in 2 days and to see a pediatrician in the office for the first well-baby check within 48 hours 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	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

with "T" after you record them.)		
Swaddling (N)	Continuous when not doing skin to skin	Swaddling was done continuously when not doing skin to skin. This was done to help the baby stay warm and comfortable. Keeping them swaddled up can help relieve stress due to the changes they are going through.
Breastfeeding (N)	Q2 hours or until the neonate is showing signs of nursing.	Breastfeeding is essential for the neonate to receive the proper nutrient through colostrum. It can also increase the mother-to-child bonding time. Feeding when the neonate is ready is expected and also should be considered.
Vitamin K administration (T)	Once	Vitamin K is given routinely to newborns to prevent bleeding problems.
Erythromycin eye ointment (T)	Once	Erythromycin eye ointment is given to newborns routinely to help prevent eye infections.

Discharge Planning (2 points)

Discharge location: Discharge plans are to go home to the maternal grandparent's house where the mother lives.

Equipment needs (if applicable): Mom might need a breast pump unless she needs to supplement with formula to help with hydration and passage of the excess bilirubin.

Follow-up plan (include a plan for newborn ONLY): Return to pediatrician 48 hours after discharge.

Education needs: The mother might need breastfeeding tips, bathing, safe sleep practices, and car seat safety. The mother might also need instructions on caring for c-section scar and weight restrictions**.**

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)	**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 complete nursing	Explain why the nursing diagnosis was chosen	Interventions should be specific and individualized for his patient. Be sure to include a time interval such	• How did the patient/ family respond to the nurse's actions? • Client response, the

diagnosis with "related to" and "as evidenced by" components		as Assess vital signs q 12 hours." List a rationale for each intervention, and using APA format, cite the source for your reasoning.	status of goals and outcomes, modifications to plan.
1. Risk for unstable blood glucose level related to being large for gestational age (LGA).	This diagnosis was chosen because the baby was over the 90th percentile for weight, length, and head circumference.	1.Assess for signs of hypoglycemia hourly. **Rationale**- This intervention was chosen because we want to make sure the baby does not become tachycardic, fatigued, or have tremors (Wayne, 2017). 2.Monitor blood glucose levels hourly for 3 hours. **Rationale**- This intervention was chosen because if we monitor the baby's blood glucose levels every hour for 3 hours, then we will have a better	During the shift, the patient will not show signs of hypoglycemia, such as tachycardia, tremors, or fatigue. The patient will have a blood glucose reading between 45-99 at all three readings.

		understanding of if she will become hypoglycemic or not (Wayne, 2017).	
2. Risk for infection related to the surgical site as evidenced by a failure to progress in the second stage of labor that led to a C-section.	This diagnosis was chosen because the mother had a c-section due to failure to progress through the second stage of labor.	1. Instruct the mother and family about techniques to protect the skin's integrity and prevent the spread of infection. Symptoms to watch out for may indicate signs and symptoms of infection: fever, pain, tenderness, purulent drainage of abscess on the incision site, and evidence of swelling, redness, or heat. **Rationale-** This allows the mother and the family to comprehend the infection's different signs and symptoms. As well as ways to prevent the spread of disease (Macones et al.,	The client is free from infection. The client is afebrile (temperature below 38℃/100.4℉) and free of purulent drainage or erythema of the surgical site. The client achieves timely wound healing without complications. The client's amniotic fluid remains clear with a mild odor.

		2019). 2. Encourage early ambulation after c-section. **Rationale-** Early mobilization is often part of recovery after surgery. It is recommended to improve many short-term outcomes after surgery, including a rapid return of bowel function and decrease the length of hospital stay, reducing the risk of infection (Macones et al., 2019).	
3. Knowledge deficit related to breastfeeding as evidenced by the need	This diagnosis was chosen because the mother is not familiar with breastfeeding.	1. Allow the mother to open up and feel comfortable asking any questions she may have regarding breastfeeding. **Rationale-**This intervention	The mother will ask any questions she has throughout her stay without feeling uncomfortable.

for instruction when nursing.	She was looking for information and tips on how to be successful.	was chosen because we want our patients to feel comfortable asking any concerning questions they may have (Wayne, 2019). 2.Provide the mother with verbal, hands-on, and written instructions about breastfeeding. **Rationale**-This intervention was chosen because if we verbalize and show her how to do it, she is likely to understand better than just telling her once we have shown her how, then we can give her written directions so that she has information to go back to later (Wayne, 2019).	The mother will show understanding in the teaching by repeating what is told to her and demonstrating what was offered.
4. Knowledge	This diagnosis	**1.** Discuss home	The mother will

deficit related to jaundice as evidenced by mother requesting information.	was chosen because the mother is not familiar with jaundice. She is looking for information on how to help her neonate get rid of excess bilirubin.	management of mild to moderate jaundice, including increasing feedings, diffused exposure to sunlight, and follow-up serum testing (Ricci et al., 2021). **Rationale-** The mother's understanding helps foster her cooperation once the infant is discharged. This information helps carry out home management safely and appropriately and recognize the importance of all aspects of the management plans. **2.** Provide the mother with an appropriate written explanation of home phototherapy, listing technique and potential problems, and safety	verbalize understanding of the cause, treatment, and possible outcomes of hyperbilirubinemia. The mother will identify signs/symptoms requiring prompt notification from the healthcare provider. The mother will demonstrate appropriate care for the infant.

		precautions. Discuss appropriate monitoring of home therapy, e.g., periodic recording of infant's weight, feedings, intake/output, stools, temperature, and proper reporting of infant status. **Rationale**- Home phototherapy is recommended only for full-term infants after the first 48 hours of life, whose serum bilirubin levels are high (Ricci et al., 2021).	

Other References (APA):

Macones, G. A., Caughey, A. B., Wood, S. L., Wrench, I. J., Huang, J., Norman, M., Pettersson, K., Fawcett, W. J., Shalabi, M. M., Metcalfe, A., Gramlich, L., Nelson, G., & Wilson, R. D. (2019). Guidelines for postoperative care in cesarean delivery: Enhanced recovery after surgery (ERAS) society recommendations (part 3). *American Journal of Obstetrics and Gynecology, 221*(3). https://doi.org/10.1016/j.ajog.2019.04.012

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

Wayne, G. B. (2017, September 23). *Risk for unstable blood glucose level nursing care plan*. Nurseslabs. Retrieved March 24, 2022, from https://nurseslabs.com/risk-unstable-blood-glucose-level/

Wayne, G. B. (2019, March 14). *Knowledge deficit nursing care plan*. Nurseslabs. Retrieved March 24, 2022, from https://nurseslabs.com/deficient-knowledge/

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 large, 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

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

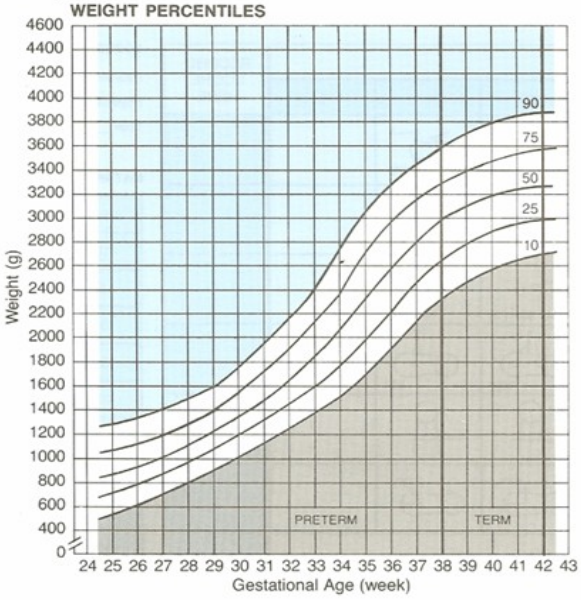
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

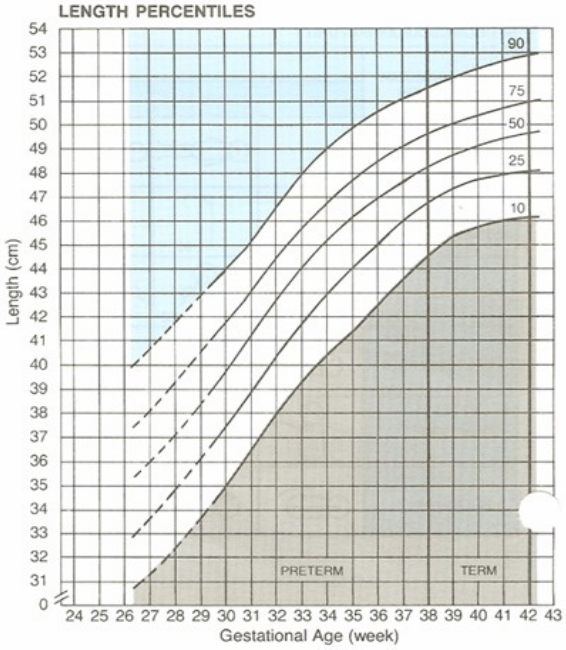
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

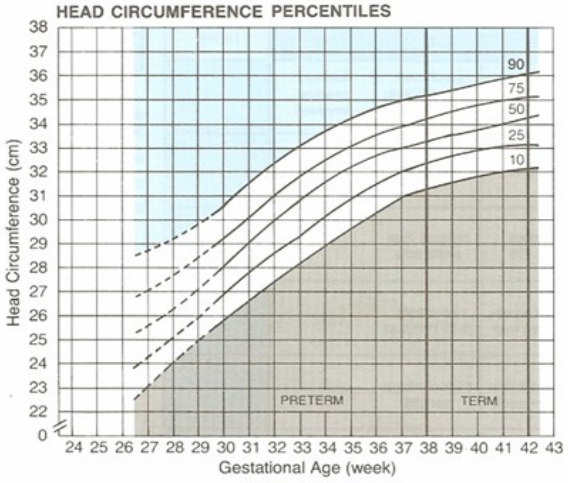
WEIGHT PERCENTILES



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