N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 4/10/22 @ 2226	**Patient Initials** W.E.	**Date & Time of Birth** 4/12/22 @0115	**Age (in hours at the time of assessment)** 31 hours
Gender Male	**Weight at Birth** **(gm)** 3745 **(lb.)** 8 **(oz.)** 4.1	**Weight at Time of Assessment** **(gm)** 3635 **(lb.)** 8 **(oz.)** 0.2	**Age (in hours) at the Time of Last Weight** 24 hours
Race/Ethnicity Caucasian	**Length at Birth** **Cm** 51 **Inches** 20.08	**Head Circumference at Birth** **Cm** 34 **Inches** 13.4	**Chest Circumference at Birth** **Cm** 35.5 **Inches** 14.0

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: G1T1P0A0L1

When prenatal care started: 12/08/21; 26w6d

Abnormal prenatal labs/diagnostics: Hemoglobin and hematocrit are low

Prenatal complications: Obesity; Anemia

Smoking/alcohol/drug use in pregnancy: Denies use of alcohol, tobacco, and recreational drug use.

Labor History of Mother:

Gestation at onset of labor: 41w3d

Length of labor: 3h 45m

ROM: 4/11/22 @ 1643

Medications in labor: Epidural; Cervidil; Oxytocin; Lactated Ringer; 0.9% Sodium Chloride; Ondansetron; Metoclopramide; Acetaminophen; Calcium Carbonate

Complications of labor and delivery: None reported

Family History: Mother: Asthma; Mental Disorder (Not specified); Maternal Grandmother: Crohn's; Diabetes

Pertinent to infant: None

Social History (tobacco/alcohol/drugs): Denies use of alcohol, tobacco, and recreational drug use.

Pertinent to infant: None

Father/Co-Parent of Baby Involvement: Father involved

Living Situation: Mother and father lives together

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

Birth History (10 points)

Length of Second Stage of Labor: 27 min

Type of Delivery: Vaginal (spontaneous)

Complications of Birth: None

APGAR Scores:

1 minute: 7

5 minutes: 8

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: 9

Supplemental feeding system or nipple shield: N/A

If bottle feeding:

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: -2.94%

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

(3635g - 3745g)/ 3745g x 100

What is normal weight loss for an infant of this age? Its normal for the infant to lose 252 gm. Newborns usually lose 10% of their birth weight during the first few days after birth but regain back within 10 days. About 10% of a newborns birth weight is loss if they are breastfed and about 5% if they are formula-fed (Ricci et al, 2020).

Is this neonate's weight loss within normal limits? Yes, the newborn weight loss is within normal limits for being 24 hours.

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: about 8-10 times in 24 hours

Length of feeding session: about 15 -20 minutes

One or both breasts: Both breasts

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similiac (cup feeding)

Frequency: One time (due to not eating enough during the night)

Volume of formula/EBM per session: 15 mL

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

If NG or OG feeding:

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: 3 hours

Voiding patterns:

Number of times in 24 hours: spontaneously in 24 hours

Age (in hours) of first stool: 3 hours

Stool patterns:

Type: Meconium

Color: Green

Consistency: Tarry

Number of times in 24 hours: several times in 24 hrs

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 to monitor newborn hypoglycemia because the newborn is at risk due to IUGR (Ricci et al., 2021).	>45	Not tested	N/A
Blood Type and Rh Factor	Determines the maternal mother and newborn's blood type and RH Compatibility (Ricci et al., 2021).	A, B, AB, O Rh (+), (-)	A Rh (+)	The newborn has type A blood, positive with Rh surface antigens (Ricci et al., 2021).
Coombs Test	This test is not needed for done on newborns who have an increased bilirubin level. This test also detects foreign antibodies that can cause hemolysis (Ricci et al., 2021).	+, -	Negative	Negative results indicate that the bilirubin levels are within normal limits.
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin**	Bilirubin level screenings are checked on all newborns due to the high chance of hyperbilirubinemia (BiliTool, 2021).	8mg/dl – 11.7 mg/dl	2.1 mg/dl	The newborn is at low intermediate risk of developing hyperbilirubinemia. Bilirubin monitoring is essential to

levels*				establish a diagnosis of hyperbilirubinemia (Ricci et al., 2021).
Newborn Screen (At 24 hours)	Most states require a newborn screening test to identify the newborn's risk of developing conditions (Ricci et al., 2021).	Pass/fail	(If available—these may be not available until after discharge for some clients) Test conducted, results not read.	N/A
Newborn Hearing Screen	Newborn hearing screening is tested after birth to see how well the newborn can hear in both ears. The newborn does not have any risk factors, however, half of newborns born with hearing dysfunction have no known risk factors (Ricci et al., 2021).	Pass/fail	Both passed	The newborn passed an ABR or OAE screening. The newborn responded to certain tones/tapping noises indicating normal hearing (Ricci et al., 2021).
Newborn Cardiac Screen (At 24 hours)	Testing with pulse oximetry enables early detection of CCHD providing immediate treatment to the newborn (Ricci et al., 2021).	P > 95%	100% above and below	The baby's oxygen blood saturation was 100% on the wrist and foot, suggesting minimal likeliness of CCHD (Ricci et al., 2021).

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

BiliTool. (2021). *BiliTool.* https://bilitool.org/

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**	**Lidocaine (Xylocaine)**	**N/A**
Dose	1mg	5mg/1g	0.5mL	4%	N/A
Frequency	Once	Once	First dose in the hospital; 2 nd dose at 1-2 months; 3 rd dose after 24 weeks or 16 weeks after the second dose.	Once	N/A
Route	Intramuscular (IM)	Ophthalmic	IM	Subq	N/A
Classification	Vitamin K; Nutritive agent	Macrolide Antibiotics; Ophthalmic	Recombinant Vaccine	Anesthetics	N/A
Mechanism of Action	Catalyzes the Post-translation carboxylation of peptide bound glutamic acid in inactive hepatic factors II, VII, IX, X	Inhibits protein synthesis by binding to the 50s subunit of bacterial ribosome	Body produces antibodies when exposed to the vaccine	Provides local anesthesia by nerve blockade at various sites in the body by stabilizing the neuronal membrane.	N/A
Reason Client	Prevents	Prevents the	Provide	Nerve block	N/A

Taking	vitamin K deficiency bleeding	newborn from an eye infection.	immunity to hepatitis B	for circumcision	
Contraindications (2)	Anemia, Hypersen-sitivity to Vitamin K	Hypersen-sitivity to macrolide antibiotics; do not take with terfenadine	Do not take if allergic to the hepatitis B vaccine or its components and yeast.	Decreased lung function; liver problems	N/A
Side Effects/Adverse Reactions (2)	Hemolysis; jaundice	Jaundice; infantile hypertrophic pyloric stenosis.	Fever; pain at the injection site	Changes in vision; Hives	N/A
Nursing Considerations (2)	May cause gasping syndrome if containing benzyl alcohol; assess medication dilation	Wipe off excess after 1 minutes; Do not touch the tip to the eye	Check mother's immunizatio n status; consent form is required	Assess neurological status for signs of toxicity; Monitor blood pressure	N/A
Key Nursing Assessment(s)/Lab (s) Prior to Administration	Monitor medication for discoloration or particles; monitor INR	Wear gloves and open and place medication from inner canthus to outer canthus; Assess hypersensitivit y to macrolide antibiotics	Mother's immunizatio n status, serology test for hepatitis B	Assess respiration status; Assess heart sounds	N/A
Client Teaching needs (2)	Monitor for s/ s of anaphylaxis such as rash, itching, swelling of hands, feet, or mouth; monitor	Monitor for allergic reactions such as hives and difficulty breathing; be alert for chemical conjunctivitis for 1-2 days	Newborns should receive their first dose within 24 hours of birth; complete vaccination	Monitor for signs of toxicity; Be aware of respiration changes	N/A

	for delayed hypersen-sitivity reaction such as urticaria, can occur 1 year after the administration		doses at timely intervals		

Medications Reference (1) (APA):

Cunha, J. (2021). *Hepatitis b vaccine.* Rx list.

https://www.rxlist.com/consumer_hepatitis_b_vaccine_energix_recombivax/drugs

condition.htm

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook*. Burlington, MA

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, good skin turgor, well hydrated, warm	Smooth, flexible, good skin turgor, well hydrated, warm, jaundice, acrocyanosis, milia, Mongolian spots, stork bites (Ricci et al., 2021).	N/A
Head	Symmetric, round 34 cm circumference; microcephaly; small scratch from internal fetal monitoring	Microcephaly, macrocephaly, enlarged fontanels, symmetric, round, molding, caput succedaneum, cephalohematoma (Ricci et al., 2021).	There is no clinical significance since the scratch is already healing and isn't causing problems to the infant.
Fontanels	Soft, flat, open, anterior fontanel diamond shaped posterior fontanel, triangular shaped	Soft, flat, open, anterior fontanel diamond shaped posterior fontanel, triangular shaped, smooth, fused, enlarged fontanels (Ricci et al., 2021).	N/A
Face	Full cheeks, symmetrical facial features	Full cheeks, symmetrical facial features, facial nerve paralysis, nevus flammeus, nevus vasculosus (Ricci et al., 2021).	N/A
Eyes	Clear, symmetrical, online with ears	Clear, symmetrical, online with ears,	N/A

		chemical conjunctivitis, subconjunctival hemorrhages	
Nose	Small, midline and narrow	Small, midline, narrow, able to smell, malformation or blockage (Ricci et al., 2021).	N/A
Mouth	Aligned in midline, symmetric, intact soft and hard palate	Aligned in midline, symmetric, intact soft and hard palate, Epstein pearls, erupted precocious teeth, thrush	N/A
Ears	Soft and pliable with quick recoil when folded and released	Soft and pliable with quick recoil when folded and released, low-set ears, hearing loss	N/A
Neck	Short, creased, moves freely, baby holds head in midline,	Short, creased, moves freely, baby holds head in midline, restricted movement, clavicular fractures	N/A
Chest	Round, symmetric, smaller than head	Round, symmetric, smaller than head, nipple engorgement, whitish discharge	N/A
Breath Sounds	Symmetric, shallow, and unlabored, 52 bpm, no tachypnea/ bradypnea observed, no abnormal breath sounds heard	Ronchi, crackles, sternal retractions, whistling, wheezing, grunting, tachypnea, bradypnea, gasping, symmetric, shallow, and unlabored, 30 – 60 bpm	N/A

Heart Sounds	140 bpm, S1 S2 auscultated, no murmur or sinus arrhythmia observed	Sinus arrhythmia, murmur, 120-160 bpm	N/A
Abdomen	Protuberant contour, soft	Protuberant contour, distended, tender	N/A
Bowel Sounds	Active bowel sounds in all four quadrants	Absent, hyperactive, active, bowel sounds in quadrants	N/A
Umbilical Cord	Two arteries and one vein, three vessels in umbilical cord	Single umbilical artery and one vein (two vessels in umbilical cord)	N/A
Genitals	Testes were palpable, smooth glans, and the circumcised dry, intact.	Male: smooth glans, meatus centered at the tip of penis, edematous scrotum Female: swollen female genitals d/t maternal estrogen, vaginal discharge	N/A
Anus	No anal fissure/fistulas observed, meconium passed 3h after birth	Anal fissures/fistulas, no meconium passed within 24H after birth	N/A
Extremities	Extremities symmetric with free movement. Both feet had missing nail beds; Left foot hypoplasia	Extremities symmetric with free movement, congenital hip dislocation' tuft or dimple on spine	Due to hypoplasia on the left foot the infant may need to meet with a podiatrist as he begins to grow.
Spine	Extremities symmetric with free movement	Extremities symmetric with free movement, congenital hip dislocation, tuft or dimple on spine	N/A
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep**	Matching ID band with mom, hugs tag on left foot, supine sleeping position	Missing or incorrect ID bands corresponding with the parents. No hug tags present, and no blankets, stuffed	N/A

position		animals, or any extra accessories in the crib (Ricci et al., 2021).	

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? Posture (4) + Square window (4) + Arm recoil (4) + Popliteal angle (4) + Scarf sign (4) + heal to ear (4) = 24 total neuromuscular maturity score Skin (1) + Lanugo (0) + Plant surface (2) + breast (3) + eye/ear (3) + male genitals (3) = 12 total physical score. Scoring a 36 indicates that the newborn is roughly 38 weeks' gestation.

Are there any complications expected for a baby in this classification? There are no complications expected for a baby in this classification. Though the baby may need to see a podiatrist due to hypoplasia on left foot.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	99.2 F	170 bpm	60 bpm
4 Hours After Birth	98.0 F	116 bpm	50 bpm
At the Time of Your Assessment	98.8 F	140 bpm	52 bpm

Vital Sign Trends: Vital signs are stable and all within expected limits. No abnormal findings were reported.

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1100	NIPS	Penis	3	Grimace and crying	Lidocaine and sucking finger

Summary of Assessment (4 points)

Discuss the clinical significance of the findings from your physical assessment:
****See the example below****

The newborn was delivered on 04/12/2022 at 0115 by a normal spontaneous vaginal delivery (NSVD). The Apgar scores were a 7 at 1 minute and an 8 at 5 minutes. The EDD was 04/02/2022. The Ballard assessment revealed the neonate at about week's gestation and AGA. The newborn weighed 8 lb. 4.1 oz. (3745 grams): head circumference was 34 cm (13.4 inches); chest circumference was 35 cm (14.0 inches); and length was 51 cm (20.08 inches). When doing an assessment, all systems are within normal ranges for age, except missing nailbeds on both feet and hypoplasia on the left foot. The last set of vitals was: 98.8F/140/52. The lowest set of breaths sounds were 50 and they are all within normal limits. The newborn is breastfeeding, and the mother will plan to continue to breastfeed unless the baby isn't getting enough milk. The newborn has breastfed on both sides, about 15-20 minutes each side. The newborn was circumcised at 1000 and will remain in the hospital for two hours before being discharged. The parents should have a wellness checkup for their newborn within 24-48 hours after 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 with "T" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Swaddling - N	PRN	Swaddling the newborn provides a sense of security and comfort and decreases irritability.
Breastfeeding - N	Q 2-3 hour	Teaching the patient how often and much a newborn should be eating. The proper latch and positioning.
Diaper change - N	PRN, 6-12x a day	Having a clean diaper is comfortable to baby and decreases bacteria.
Bathing - N	Once every 3-4 days	Bathing correctly at the right temperature, not using oils, not washing enough, or too often. Proper bathing techniques is necessary to prevent complications such as infection or skin issues.

Discharge Planning (2 points)

Discharge location: Home with parents

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): Follow-up with the provider 24 – 28 hours after discharge for wellness check.

Education needs: Umbilical care, immunizations, bathing, swaddling, breastfeeding, diaper care, and nutrition.

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. **Acute pain related to trauma as evidence by crying.**	Though the baby was numbed, the baby could still feel discomfort.	**1.** Allow the newborn to suck on something, stroke lightly, and talk to the newborn. **Rationale:** This provides distraction and a sense of reassurance (Ricci et al., 2021). **2.** Administer acetaminophen **Rationale:** Helps ease the pain as the lidocaine wears off. Enhances effects of calming behaviors (Ricci et al., 2021).	**Goal met:** The baby was sucking on the nurse's finger during the procedure. I am not sure if the baby received acetaminophen after the procedure.

2. Risk for infection related to circumcision as evidence by first time caring for a circumcision	This is parents first baby, meaning they have never done post circumcision care.	**1.** Cleanse daily and diaper changes often; avoiding alcohol and soaps **Rationale:** This decreases the risk of infection and irritation (Ricci et al., 2021). **2.** Coat with petroleum jelly. **Rationale:** Keeps the penis from rubbing against the diaper (Ricci et al., 2021).	**Goal met:** The parents displayed active listening and understood the importance of proper cleaning.
3. Knowledge deficit related to breastfeeding the newborn as evidenced by this is the first-time mom	The mother is breastfeeding for the first time and should be educated on proper ways to feed and position the newborn.	**1.** Educate the mother on proper positioning when feeding the newborn. **Rationale:** When the newborn is well-positioned, it can be easier to feed and promote comfort for the mother and newborn. Some of the positionings that can be taught are the cradle hole and across the lap hold (Ricci et al., 2021). **2.** Teach the mother about proper latch for feeding. **Rationale:** A proper latch is when the newborn's tongue is under the nipple, and the lips are against the areola (Ricci et al., 2021). The latch is essential to teach the mother because it can give skin-to-skin bonding and promote proper feedings to the newborn.	**Goal met:** The mother showed proper positioning and the baby's latch score was a 9**.**
4.Knowledge deficit related to consoling baby as evidenced by newborn crying.	The father had to step out of the room with the newborn to allow the mother some quiet since the baby was crying.	**1.** Before discharge, educate the parents to provide the newborn with a pacifier to prevent fussiness. **Rationale:** The pacifier encourages the sucking reflex, promoting breastfeeding and consolability (Ricci et al., 2021).	**Goal met:** The parents were taught how to properly swaddled and were willing to try pacifiers if prior interventions do not work.

		2. Educate the parents on how to swaddle the newborn. **Rationale:** Swaddling, the newborn, provides a sense of security and comfort (Ricci et al., 2021).	

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 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]

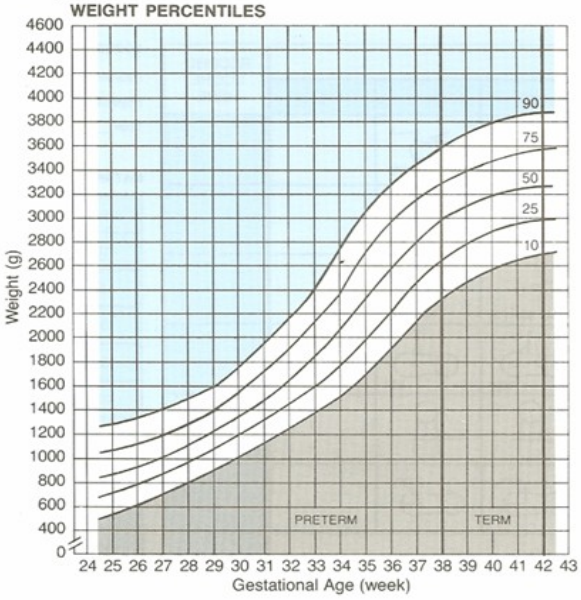
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

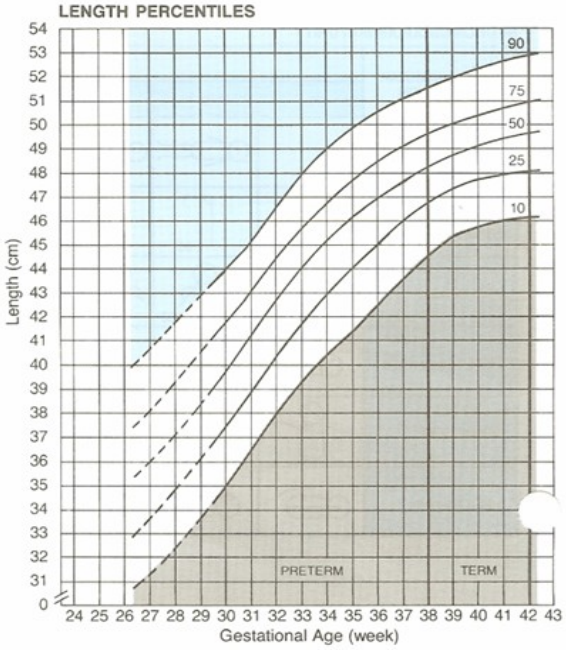
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

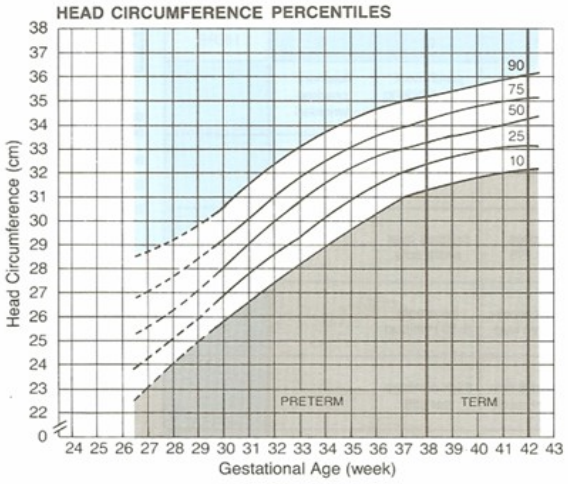
WEIGHT PERCENTILES



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