N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 06/10/2022 0830	**Patient Initials** M.W	**Date & Time of Birth** 06/09/2022 0902	**Age (in hours at the time of assessment)** 23 Hours
Gender Male	**Weight at Birth** **(gm) 2930** **(lb.)** 6 **(oz.)** 7.4	**Weight at Time of Assessment** **(gm)** 2875 **(lb.)** 6 **(oz.)** 5.4	**Age (in hours) at the Time of Last Weight** 2 hours
Race/Ethnicity Caucasian	**Length at Birth** **Cm** 50.8 **Inches** 20	**Head Circumference at Birth** **Cm 35.5** **Inches 13.98**	**Chest Circumference at Birth** **Cm 33.5** **Inches 13.19**

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: 33003

When prenatal care started: 14 weeks

Abnormal prenatal labs/diagnostics: Patient has Gestational diabetes. Patient also tested positive for chlamydia during pregnancy.

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: Patient reports no alcohol use. Patient reports no drug use. Patient smokes .5 packs of cigarettes through the whole pregnancy

Labor History of Mother: All moms deliveries were C-sections.

Gestation at onset of labor: 37 weeks and 6 days

Length of labor: 1 hour and 53 minutes

ROM: Membranes were artificially ruptured due to C-section.

Medications in labor Azithromycin, Oxytocin, Anastasia spinal epidural

Complications of labor and delivery: No complications

Family History: Mother and grandmother are diabetic

Pertinent to infant: Diabetes can affect the infant.

Social History (tobacco/alcohol/drugs): Patient reports no alcohol use. Patient reports no drug use. Patient smokes .5 packs of cigarettes through the whole pregnancy

Pertinent to infant: Smoking can affect the infant.

Father/Co-Parent of Baby Involvement: Father is involved was present through labor.

Living Situation: Mother lives at home with her boyfriend and son.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Patient completed high school as her highest level of education.

Birth History (10 points)

Length of Second Stage of Labor: The mother received a C- Section there was not a second stage. This is Not applicable.

Type of Delivery: C-section

Complications of Birth: None

APGAR Scores:

1 minute: 10

5 minutes: 10

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Bottle

If breastfeeding: Not applicable

LATCH score: Not applicable

Supplemental feeding system or nipple shield: Not applicable

If bottle feeding:

Positioning of bottle: Semi upright

Suck strength: Strong

Amount: .5 oz

Percentage of weight loss at time of assessment: 3%

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

What is normal weight loss for an infant of this age? 4.2

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

Intake and Output (8 points)

Intake

If breastfeeding:

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

Frequency: Baby was eating every 2 hours

Volume of formula/EBM per session: .5 oz

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

If NG or OG feeding: Not applicable

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: 4 hours

Voiding patterns:

Number of times in 24 hours: 9

Age (in hours) of first stool: 6 hours

Stool patterns:

Type: Small

Color: Meconium plug

Consistency: Tarry

Number of times in 24 hours: 5

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	Mother has gestational diabetes	40-99 mg/dL	57	Normal
Blood Type and Rh Factor	When two people's blood is mingled, it determines whether they are compatible. such as a mother's and her baby's blood during birth It's possible that they'll have issues if their blood groups are different**.**	O+ Is one of many normal Rh factors	O+	Normal
Coombs Test	A blood sample from a newborn, usually in the case of a newborn with jaundice. The test looks for "foreign" antibodies that have already attached themselves to the infant's red blood cells (rbcs), which could be the source of hemolysis.	Negative	Patient did not have results on the day of clinical	Patient did not have results on the day of clinical
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Performed on an infant to screen for jaundice or a medical condition that increases the risk of high bilirubin	under 5.2 mg/ dL	Not completed during clinical hours	Not completed during clinical hours

	levels.			
Newborn Screen (At 24 hours)	Because certain illnesses may go unnoticed if the blood sample is collected before 24 hours of age, this time is critical. Parents will be alerted immediately if a screen is found to be out of range or abnormal, and additional testing will be performed.	Normal results of each blood test	Not available on the day of clinical.	Not available during clinical hours
Newborn Hearing Screen	The primary goal of newborn hearing screening is to identify babies who are at risk for hearing loss and should be evaluated further.	Passing result indicates that the newborn's hearing function in both ears was normal at the time of the screen.	Not available on the day of clinical.	Not available on the day of clinical.
Newborn Cardiac Screen (At 24 hours)	Screening for critical congenital heart abnormalities before a baby leaves the hospital can help identify some babies who have a significant CHD. This permits these babies to be treated early in life, potentially preventing impairment or death.	Normal results no positive findings	Not available on the day of clinical.	Not available on the day of clinical.

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

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**N/A**	**N/A**
Dose	1 mg	Each lower conjunctival sac should have a 1 cm long ribbon of ointment put into it.			
Frequency	Once	Once			
Route	Injection	Ophthalmic			
Classification	Vitamins Anticoagulant reversal agent	macrolide antibiotics			
Mechanism of Action	is prescribed for the prevention and management of neonatal vitamin K deficient hemorrhage.	In neonates, it's used to prevent certain eye infections.	The vaccine tells your body to make its own antibodies against the hepatitis B disease		
Reason Client Taking	provides protection against bleeding that may develop as a result of low levels of this important vitamin.	In neonates, it's used to prevent certain eye infections	To protect the infant from hepatitis B		
Contraindications (2)	Do not give Iv form to newborn Hereditary hypoprothrombinemia	Warfarin digoxin	Allergic reaction Yeast hypersensitivity		
Side Effects/Adverse Reactions (2)	Gasping syndrome Pain or swelling in injection site	Redness Burning	Fever Rash		

Nursing Considerations (2)	Give withing 1 hr of birth Only give 0.5-1mg	Observe for adverse effects Observe for allergic reactions	Observe infant closely for 24 hours Follow vaccine schedule		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	None needs to be given within the first hour of birth	Give within 20 minutes of birth Make sure the infant can open his eyes	Verify if mother has Hepatitis B Make sure Infant gets vaccine within 12 hours of birth		
Client Teaching needs (2)	Newborn's injection site may be sore Injection can cause baby to be fussy	Keep infant eyes closed for a few minutes Don't wipe off ointment	Swaddle baby for comfort after vaccine Offer formula more often after vaccine		

Medications Reference (1) (APA):

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	Normal color no jaundice no rash soft and smooth normal turgor with a small amount of hair covering surface of skin	Normal color no jaundice no rash soft and smooth normal turgor with a small amount of hair covering surface of skin	Within normal limits
Head	Round symmetrical moves easily 35.5 cm around.	Round symmetrical moves easily 32-27cm around.	Within normal limits
Fontanels	Anterior fontanelle 3 cm long by 2 cm wide diamond shaped and flat Posterior fontanelle 1 cm at triangle shaped and flat	Anterior fontanelle 3-4 cm long by 2-3 cm wide diamond shaped and flat Posterior fontanelle 1-2 cm at triangle shaped and flat	Within normal limits
Face	Symmetrical movement of all facial features normal facial hair	Symmetric movement of all facial	Within normal limits

		features, normal hairline, eyebrows and eyelashes present ● Eyes at same level, nostrils equal size, cheeks full, and sucking pads present ● Lips	

		equal on both sides of midline ● Chin recedes when compared to other bones of face Symmetric movement of all facial	

		features, normal hairline, eyebrows and eyelashes present ● Eyes at same level, nostrils equal size, cheeks full, and sucking pads present ● Lips	

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Eyes	Same level bright and clear move in all directions	Same level bright and clear move in all directions	Within normal limits
Nose	Nostrils equal in size small narrow in midline even placement to eyes and mouth	Nostrils equal in size small narrow in midline even placement to eyes and mouth	Within normal limits
Mouth	Within normal limits	Strength and symmetry of motion Gag, swallowing, and sucking reflexes in sync. Adequate salivation Hard palate dome-shaped Uvula midline with symmetrical soft palate movement Palate intact, sucks well when stimulated	
Ears	Within normal limits	Without tumors, cysts, or module placement of pinnae parallel with eye canthi bilaterally Attends to sounds; sudden or loud noise provokes Moro reflex Absence of all hearing risk factors passed Algo hearing test bilaterally	
Neck	Within normal limits	Short, straight, creased with skin folds Posterior neck lacks loose extra folds of skin	Within normal limits
Chest	Within normal limits	Circumference: 32 cm, 1-2 cm Less than the circumference of the head Wider than it is long Normal shape without a depressed or conspicuous sternum Lower end of the sternum (xiphoid cartilage) may protrude; this becomes less noticeable after a few weeks ess than head circ. ● Wider	Within normal limits

		than it is long ● Normal shape without depressed or prominent sternum ● Lower end of sternum (xiphoid cartilage) may be protruding; is less	

		apparent after several weeks • Sternum 8 cm less than head circ. • Wider than it is long • Normal shape without depressed or prominent sternum	

		• Lower end of sternum (xiphoid cartilage) may be protruding; is less apparent after several weeks • Sternum 8 cm less than head circ. • Wider	

		than it is long ● Normal shape without depressed or prominent sternum ● Lower end of sternum (xiphoid cartilage) may be protruding; is less	

		apparent after several weeks • Sternum 8 cm Less than the circumference of the head Wider than it is long Normal shape without a depressed or conspicuous sternum Lower end of the sternum (xiphoid cartilage) may protrude; this becomes less noticeable after a few weeks	
Breath Sounds	Within normal limits	Breath sounds are louder in infants Chest and axilla clear on crying Bronchial breath sound (heard where trachea and bronchi closest to chest wall, above sternum and between scapulae): bronchial sounds bilaterally Air entry clear Rales may indicate normal newborn atelectasis Cough reflex absent at birth, appears in 2 or more days	Within normal limits

Heart Sounds	Normal rhythm and rate	Regular rhythm and rate	Within normal limits
Abdomen	Within normal limits	No documented norms for circumference Cylindrical with some protrusion, appears large in relation to pelvis, some laxness of abdominal muscles No cyanosis, few vessels seen	Within normal limits
Bowel Sounds	Within normal limits	soft bowel sounds heard shortly after birth every 10-30 seconds Diastasis recti	Within normal limits
Umbilical Cord	Within normal limits	There is no protrusion of the umbilicus. Cutis navel, granulation tissue present in the navel, two arteries and one vein visible, starts drying 1-2 hours after birth There is no bleeding.	Within normal limits
Genitals	Slender in appearance, about 2 cm long and 1 cm wide 2 tested palpable Teste's size 1.5cm at birth	Gender clearly delineated, Normal urinary orifice, urethral meatus at tip of penis Noninflamed urethral opening Foreskin adheres to glans Scrotum skin loose and hanging extensive rugae and normal size Normal skin color	Within normal limits
Anus	Within normal limits	Anus was sent no discoloration and visible no rash	Within normal limits

		present	
Extremities	Within normal limits	Short and generally flexed, extremities move symmetrically through range of motion but lack full extension All joints move spontaneously; good muscle tone, of flexor type, birth to 2 months	Within normal limits
Spine	Within normal limits	C-shaped spine Flat and straight when prone Slight lumbar lordosis Easily flexed and intact when palpated At least half of back devoid of lanugo Full-term infant in ventral suspension should hold head at 45-degree angle, back straight	Within normal limits
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Everything matched up and was correct	Everything matched up and was correct	Within normal limits

Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA—be sure to show your work
Weight 25% → AGA
LENGTH 75% → AGA
HEAD 90% → AGA

What was your determination? AGA

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

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	99	172	60
4 Hours After Birth	98.1	156	58
At the Time of Your Assessment	97.7	140	44

Vital Sign Trends: Vitals are becoming lower every assessment.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Neonatal Infant Pain Scale (NIPS)	No pain	0	No pain	No interventions because there was no pain indicated

Summary of Assessment (4 points)

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

This neonate was born by Cesarean section on June 10, 2022, at 0902 hours. The nuchal cord appeared to be normal and undamaged. Apgar values were 9. The EDD in the United States was 6/10/22. According to the revised Ballard scale, the neonate is 37 weeks and 6 days old. According to the prenatal history, this pregnancy was complicated by the mother's gestational diabetes. The baby weighed 6 pounds 7.4 ounces at birth and was 20 inches in length, with a head circumference of 13.98 inches and a chest circumference of 13.19 inches. After a thorough examination, all systems were found to be within normal operating parameters. 98.7/140/44 was the last set of vitals. Breath sounds were WNL x3 after birth, with the lowest number being 44. The newborn is bottle-fed and eats slightly less than the recommended amount. The bilirubin level has yet to be determined. The neonate is expected to be discharged with the mother tomorrow and is advised to follow up with the pediatrician in the office for the 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, and identify medical treatments with "T" after you record them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Checking the newborns blood sugar (T)	3 times	The newborns' mother has gestational diabetes checking the blood sugar of the infant was a precaution to make sure the baby did not have any blood sugar issues.
Checking the infants' vitals (T)	Every 30 minutes	To make sure the infants' vitals are stabilizing and not worsening
Swaddle after assessment (N)	Every 30 minutes	To ensure the infant is comfortable
Putting a heel warmer on the infants' foot before taking blood sugar (N)	3 times	To help the infant experience less pain

Discharge Planning (2 points)

Discharge location: Home

Equipment needs (if applicable): Extra bottle will be sent home with infant

Follow up plan (include plan for newborn ONLY): Follow up with pediatrician as ordered

Education needs: No education for infant

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 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. Risk for infection related to low immune system as evidenced by infant being born less than 24 hours ago	**The infant has not been out long enough to have a strong immune system**	**1. Washing hands often before touching the infant** **Rationale: to avoid spreading pathogens** **2. Wearing gloves when taking blood sugar** **Rationale: Gloves will give protection from puncturing the infants skin**	**The Patient's reaction is unseen he was free from infection on the day of clinical** **The family was happy we were protecting the infant from infections**
3. Risk for altered body temperature related to decreased amounts of fat as evidenced by infant's skin being cold.	**The infant was cold during the assessment**	**1. Monitor patient's body temperature** **Rationale: To identify if an issue arises** **2.Maintain room temperature at a comfortable setting** **Rationale Using covers and swaddling will provide comfort**	**The infant responded well to the swaddle seem to be in less distress** **The family apricated that the infant was kept warm**
4. Risk for unstable glucose level related to mother's gestational diabetes as evidenced by mothers' sugars being high	**We had to check the infants' sugar 3 times**	**1. Checking the infant's sugar** **Rationale: To identify if there is an issue** **2. Keeping the infant on a routine feeding schedule** **Rationale: To avoid any nutrition imbalance**	**The infant cried when sugar was checked** **The family was happy we were keeping an eye on the problem**
5. Activity intolerance related to weakness as evidenced by	**The baby did not appear to move much**	**1. Assess the infant's level of functioning** **Rationale: To determine the infant's capabilities and verify if it is normal**	**Patient and family were satisfied with care**

infant not being able to move much.		**2. Position infant to maintain proper body alignment** **Rationale: To prevent any deformities**	

Other References (APA):

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

4+3+3+3+3+2+2+3+3+3+3+3=39

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

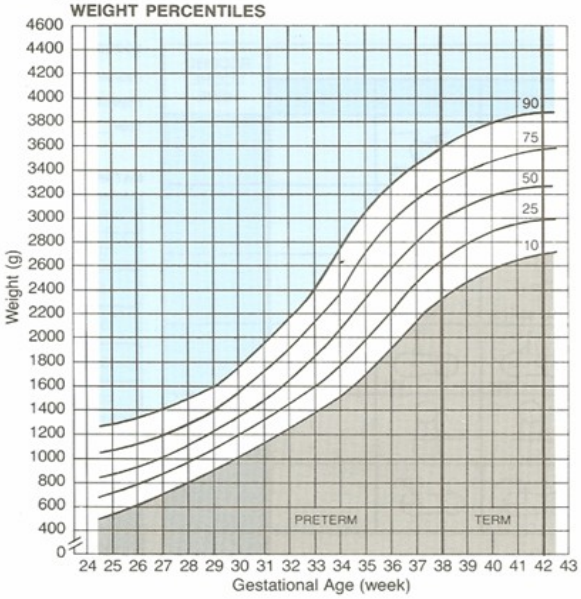
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

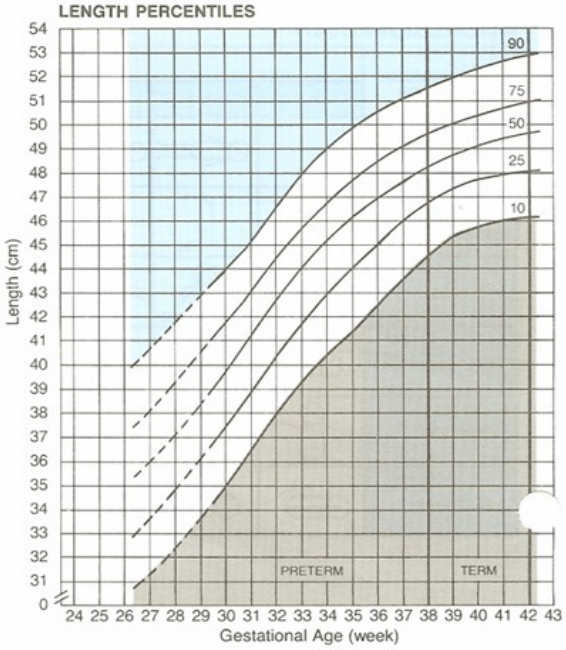
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

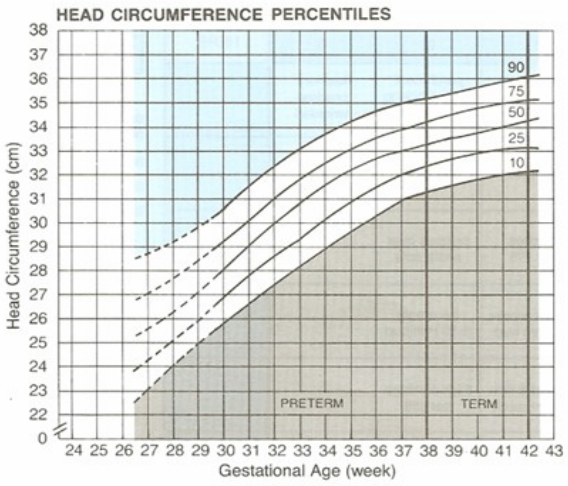
WEIGHT PERCENTILES



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

Weight 25% → AGA
LENGTH 75% → AGA
HEAD 90% → AGA