N432 Newborn Care Plan

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Demographics (10 points)

Date & Time of Clinical Assessment 7/8/22, 1130	**Patient Initials** A.A.	**Date & Time of Birth** 7/8/22, 0832	**Age (in hours at the time of assessment)** 3 hours old
Gender Female	**Weight at Birth** **(gm)** 3230 **(lb.)** 7 **(oz.)** 2	**Weight at Time of Assessment** **(gm)** 3230 **(lb.)** 7 **(oz.)** 2	**Age (in hours) at the Time of Last Weight** 3 hours old
Race/Ethnicity Asian Indian	**Length at Birth** **Cm** 49.5 **Inches** 19.5	**Head Circumference at Birth** **Cm** 33 **Inches** 12.9	**Chest Circumference at Birth** **Cm** 32 **Inches** 12.5

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:2, T:2, P:0, A:0, L:2

When prenatal care started: 12/5/21

Abnormal prenatal labs/diagnostics: Glucose POC: 110 slightly elevated (Reference range: 60-99 mg/dL), MPV: 12.7 slightly elevated (Reference range: 9.0-12.0 fL)

Prenatal complications: Gestational diabetes, extreme nausea and vomiting, vaginal bleeding

Smoking/alcohol/drug use in pregnancy: No smoking, alcohol, or drug use during pregnancy

Labor History of Mother-

Gestation at onset of labor: 38 weeks 0 days

Length of labor: Caesarean section, 45 minutes

ROM: 0829

Medications in labor: ondansetron 4 mg IV, morphine 0.2 mg IV, fentanyl 15 mcg IV, phenylephrine 100 mcg IV, oxytocin 20 units IV

Complications of labor and delivery: N/A

Past Surgical History-

Pertinent to infant: Patient reports prior C-section in Bangladesh

Family History-

Pertinent to infant: N/A

Social History (tobacco/alcohol/drugs)-

Pertinent to infant: N/A

Father/Co-Parent of Baby Involvement: Yes, father in the room watching their son

Living Situation: Mother lives in house with father and their 3 y/o son

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Mother is educated although speaks Bengali only, father is college educated and speaks a little English but mostly speaks Bengali, a translator was used throughout her labor and delivery.

Birth History (10 points)

Length of Second Stage of Labor: The baby was out at 0832, and the ROM occurred at 0829

Type of Delivery: Caesarean Section

Complications of Birth: N/A

APGAR Scores-

1 minute: 7

5 minutes: 8

Resuscitation methods beyond the normal needed: N/A

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding-

LATCH score: Newborn has already began breastfeeding successfully, latch score: 10

Supplemental feeding system or nipple shield: N/A

***Formula for percent of weight loss: Weight loss/birthweight x100= % lost

Percentage of weight loss at time of assessment: 0% baby is only 3 hours old at the time of second weighing

What is normal weight loss for an infant of this age? Breastfed newborns can lose up to 10% of the birth weight during the first week of life

Is this neonate's weight loss within normal limits? Yes, no weight was lost due to the infant being 3 hours old

Intake and Output (8 points)

Intake

If breastfeeding-

Feeding frequency: x2

Length of feeding session: each session lasted around 10-15 minutes

One or both breasts: so far mom has only used right breast

Output

Age (in hours) of first void: Newborn has not voided yet

Voiding patterns: N/A

Number of times in 24 hours: N/A

Age (in hours) of first stool: N/A

Stool patterns: N/A

Type: N/A

Color: N/A

Consistency: N/A

Number of times in 24 hours: N/A

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	Babies whose mothers have diabetes should have their glucose levels monitored because they may use up their glucose stores quickly, leading to developmental issues (Ricci, et al., 2022).	45-126 mg/dL	49, 61	This infant is in range, although she started out only at 49, over the first two hours she elevated to 61, and is breastfeeding already.

Blood Type and Rh Factor	This test is ordered because antibodies from a Rh-negative mother may enter the blood stream of her unborn Rh-positive infant, damaging the red blood cells (Ricci et al., 2022).	Blood types: Ab, O, B, A Rh factor: (+) or (-)	O+	Infant and mother share same blood type and are compatible.
Coombs Test	This test is done to determine whether a woman has Rh positive or negative blood (Ricci et al., 2022).	(-)(+)	This test was not done for this infant.	N/A
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	This test is used to detect jaundice in newborns due to the liver not fully functioning yet (Ricci et al., 2022).	1.0-12.0 mg/dL	This test had yet to be done for the infant.	N/A
Newborn Screen (At 24 hours)	This is a blood test normally done on a newborn around 24-48 hours old to screen for any abnormalities (Ricci et al., 2022).	Everything in range	This test was also not completed yet.	N/A
Newborn Hearing Screen	This test is done to make sure an infant does not have hearing difficulties.	Pass/fail	This test was yet to be completed.	N/A
Newborn Cardiac Screen (At 24 hours)	Pulse oximetry testing done after 24 hours,	95-100%	This test was yet to be completed.	N/A

	which can show cardiac abnormalities (Ricci, et al., 2022).			

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

Ricci, S. S., Kyle, T., & Carman, S. (2022). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**		
Dose	0.5 mg	1-2 cm strip on each lower conjunctiva	10 mcg/0.5 mL		
Frequency	Once the first hour after birth	Once the first hour after birth	Once during first 24 hours of life		
Route	Intramuscular	Topical ophthalmic	Intramuscular		
Classification	Anticoagulant reversal agent, fat soluble vitamin	Macrolide, Antibiotic	Inactivated vaccine		
Mechanism of Action	Same as naturally occurring vitamin K, necessary for the production via the liver of active prothrombin factors for blood clotting.	Binds with the ribosomes in many types of bacteria, inhibiting RNA-dependent protein synthesis, causing the bacteria to die.	Induces specific humoral antibodies against hepatitis B.		
Reason Client Taking	Used as prophylaxis and treatment of vitamin K deficiency bleeding in newborns.	Prevents newborns from infection in the eyes on their passageway out of the mother.	Prophylactic for newborns to prevent hepatis B.		
Contraindications (2)	-Jaundice -Hypersensitivity	-Minor ocular irritation -Hypersensitivity	-Hypersensitivity		
Side Effects/Adverse Reactions (2)	CV: tachycardia, hypotension Neuro: dizziness	EYE: redness, irritation	Headache, low-grade fever, redness or swelling at the site		
Nursing Considerations (2)	-Observe for bleeding -Observe for jaundice	-Protect ointment from heat and	-Give in the anterolateral		

		freezing -Avoid touch the eye or eyelid with dispenser	thigh IM using 22-25 G needle, 7/8ths in length -Complete the series of Hep B vaccines by 6-18 months of age.		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-FHR monitoring	-Mother STI test	-No labs prior, but a Hep B titer test may be used to determine if immunity was developed with vaccination.		
Client Teaching needs (2)	-Explain why it is given, and why so soon after birth. -Inform to monitor for any rash or sensitivity reaction.	-Explain this medication is a prophylactic to prevent infection. -Encourage parents to leave the ointment in place.	-Explain need of vaccinations and what they prevent. -Teach parents to monitor for sensitivity reactions.		

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.).

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, smooth, warm, good skin turgor**	**Normal, smooth, warm, good skin turgor**	
Head	**Normal**	**Normal**	
Fontanels	**Not sunken or bulging**	**Not sunken or bulging**	
Face	**Full cheeks, facial features symmetric**	**Full cheeks, facial features symmetric**	
Eyes	**Clear and symmetrically placed on face, online with ears**	**Clear and symmetrically placed on face, online with ears**	
Nose	**Small, placement in midline and narrow, no discharge or polyps**	**Small, placement in midline and narrow, no discharge or polyps**	
Mouth	**Aligned in midline, symmetric, intact soft and hard palate**	**Aligned in midline, symmetric, intact soft and hard palate**	
Ears	**Soft and pliable with quick recoil when folded and released**	**Soft and pliable with quick recoil when folded and released**	
Neck	**Short, creased, moves freely, baby holds head in midline**	**Short, creased, moves freely, baby holds head in midline**	
Chest	**Round, symmetric,**	**Round, symmetric,**	

	smaller than head	**smaller than head**	
Breath Sounds	**Clear, no wheezing or crackles**	**Clear, no wheezing or crackles**	

Heart Sounds	**Regular rate and rhythm, no murmurs rubs or gallops, normal S1 and S2**	**Regular rate and rhythm, no murmurs rubs or gallops, normal S1 and S2**	
Abdomen	**Protuberant contour, soft, three vessels in umbilical cord**	**Protuberant contour, soft, three vessels in umbilical cord**	
Bowel Sounds	**Bowel sounds active, in all 4 quadrants**	**Bowel sounds active, in all 4 quadrants**	
Umbilical Cord	**Three vessels in umbilical cord**	**Three vessels in umbilical cord**	
Genitals	**Swollen genitals**	**Swollen genitals**	
Anus	**Looks functional**	**Functional, no abnormalities**	
Extremities	**Symmetric with free movement**	**Symmetric with free movement**	
Spine	**No tuft or dimple on spine, can move all extremities freely**	**No tuft or dimple on spine, can move all extremities freely**	
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	**Newborn has ID matching parents, a hugs tag, and is currently skin to skin with mom breastfeeding, high safety score**	**Newborn shares ID with parents, and is wearing hugs tag**	

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? AGA

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

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	**36.7 C**	**138 beats/min**	**31 respirations/min**
4 Hours After Birth	*****N/A 3 hours old**		
At the Time of Your Assessment	**36.8 C**	**155 beats/min**	**56 respirations/min**

Vital Sign Trends: Newborn is more active after breastfeeding; the pulse and respirations are increasing. All vitals are in normal range.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1130	**(NIPS)**	**unknown**	**2**	**Whimper, flexed extended legs**	**Skin to skin with mom**

Summary of Assessment (4 points)

This neonate was delivered on 7-8-22 at 0832 by a planned cesarean section. The Apgar scores were seven at 1 minute and eight at 5 minutes. Neonate is 38 weeks gestation and AGA using the Ballard scale assessment. The prenatal history shows this pregnancy had complications, including extreme nausea, gestational diabetes, and vaginal bleeding. The birth weight was 7 lbs. 2 oz, head circumference 33 cm, length 49.5 cm, and chest 32 cm. Upon assessment of the newborn, all systems are within normal limits, and her last set of vitals included a temperature of 36.8 C, a pulse of 155 beats/min, and 56 breaths/min, all within normal limits. Breath sounds are clear, and the baby is already breastfeeding well. The neonate is expected to be discharged home with her mom following 24-hour testing.

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.
Apply erythromycin eye ointment following C-section delivery. (T)	X1 only after birth	This treatment was provided so the infant would have prophylactic protection from eye infection.
Massage uterus fundus. (I)	X15 min the first hour, every 30 mins for next hour, then every hour	This intervention is done so that the uterus does not become boggy, and it contracts back down.
Observe breastfeeding and help with latching. (I)	X1 at least	This intervention is done to promote proper latching so breastfeeding can go more smoothly with less pain.
Infant Hep B vaccination and vitamin K injection. (T)	X1 only after birth	This treatment is done prophylactically so the infant does not get Hep B or bleed out.

Discharge Planning (2 points)

Discharge location: To home with loving parents, and older brother

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): See pediatrician for first well baby check within 48 hours.

Education needs: N/A

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. Risk for hemorrhage related to cesarean section, as evidenced by the patients saturated pad with lochia, and moderate clots observed during fundal assessment.	This diagnosis was chosen first because hemorrhage can occur up to a week after delivery and can easily cause the patient to bleed out.	**1.**Assess fundus for firming location and position every 30 minutes**.** **Rationale:** This massage irritates the uterus into contracting which helps stop excessive bleeding (Barlow et al., 2019). **2.**Assess lochia for color and signs of infection every 15 min the first hour, then every hour for the next 4 hours, then once every 4-8 hours**.** **Rationale:** This helps monitor for large clots in the lochia which can be a sign of hemorrhage (Barlow et al., 2019).	Fundus did begin to contract down about 2 cm; this was very painful for the patient. Lochia color and amount observed and normal.
2. Deficient knowledge on breastfeeding related to poor understanding as evidenced by the patient stating, "when I breastfeed my son it hurt all the time."	This diagnosis was chosen second because pain from breastfeeding is not normal for long periods of time and can be caused by poor latching.	**1.** Assess nipple and infant latch to make sure only top of nipple and a little areola is in newborns mouth. **Rationale:** Proper latch can help to prevent breastfeeding pain (Ricci et al., 2022). **2.**Educate mother on tips to help with soreness such as letting the nipples airdry. **Rationale:** Soreness from breastfeeding can be relieved with icing and letting breasts air dry (Ricci et al., 2022).	The latch went very well, infant breastfeed for about 15 min periodically. The mother also enjoyed talking about solution to breastfeeding pain.
3. Deficient knowledge on infant care related to poor understanding as evidenced by	This diagnosis was chosen because the mother was concerned after the nurse	**1.** Teach mother to swaddle and why infants like it. **Rationale:** Swaddling calms infant and removes the anxiety caused by the startle reflex (Ricci et al., 2022).	Infant really enjoyed being swaddled fell asleep immediately. Mom now understands importance of why and how babies should be kept warm.

mother stating, "is she is swaddled too tight?".	swaddled her infant for the first time, that it seemed tight, which infants enjoy.	**2.** Teach mom that the hat keeps the baby's temperature in range and that she should leave it on when she's this young**.** **Rationale:** A lot of the infant's heat can escape through an uncapped head.	
4. Risk for hyperthermia related to infant's poor thermoregulation, as evidenced by acrocyanosis and bluish tone.	This diagnosis was chosen last because the infant can easily be kept warm, but this is still a common risk after baths that should be thought about.	**1.** Take infants' temperature every 15 min the first hour, then every hour for the next 4 hours, then once every 4-8 hours (Ricci et al., 2022). **Rationale:** Monitoring body temp shows any drops. 2. Swaddle infant, or place skin to skin with mother (Ricci et al., 2022). **Rationale**: This provides warmth to the infant, and bonding between the mother and infant.	Newborn loved being swaddled or cuddled by his mother. Goal was met patient was kept warm and happy.

Other References (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.

Ricci, S. S., Kyle, T., & Carman, S. (2022). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.