N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 0730 7/22/22	**Patient Initials** IT	**Date & Time of Birth** 7/20/22 0008	**Age (in hours at the time of assessment)** 55hrs
Gender Female	**Weight at Birth** **(gm) ___3227_____** **(lb.) __7__ (oz.) _1___**	**Weight at Time of Assessment** **(gm) ____3272_____** **(lb.) __7__ (oz.) _2___**	**Age (in hours) at the Time of Last Weight** 55hrs
Race/Ethnicity African American	**Length at Birth** **Cm ____28.26_____** **Inches _____19_____**	**Head Circumference at Birth** **Cm _____32.99_____** **Inches _____12.99_____**	**Chest Circumference at Birth** **Cm _____33.5_____** **Inches _____13.18_____**

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: G8T1P7A0L6; One died at the age of 3

When prenatal care started: Mother states that prenatal care started late maybe at 4 months

Abnormal prenatal labs/diagnostics: GBS positive

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: Marijuana

Labor History of Mother:

Gestation at onset of labor: 39 weeks 2 days

Length of labor: 30 minutes

Medications in labor: None

Complications of labor and delivery: None

Family History: Mother: anemia

Pertinent to infant: Can increase the risk of premature birth

Social History (tobacco/alcohol/drugs): Former smoker quite 3 years ago and is a current marijuana smoker

Pertinent to infant: Increase the risk for premature birth

Father/Co-Parent of Baby Involvement: Yes

Living Situation: Lives at home with father and 6 other children

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

Birth History (10 points)

Length of Second Stage of Labor: Scheduled repeat C-section delivered quickly patient unable to determine when labor started

Type of Delivery: Spontaneous Vaginal

Complications of Birth: None

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Bottle Feeding

If breastfeeding: NA

LATCH score:NA

Supplemental feeding system or nipple shield: NA

If bottle feeding:

Positioning of bottle: 30 degree

Suck strength: strong

Amount: 30mL

Percentage of weight loss at time of assessment: ____0_____%

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

What is normal weight loss for an infant of this age? 5-10%

Is this neonate's weight loss within normal limits?No

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding: NA

Feeding frequency:NA

Length of feeding session:NA

One or both breasts:NA

If bottle feeding:

Formula type or Expressed breast milk (EBM): Enfamil

Frequency: q 3hrs

Volume of formula/EBM per session:20-50mL per feeding

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

If NG or OG feeding:

Frequency: NA

Volume:NA

If IV:

Rate of flow:NA

Volume in 24 hours:NA

Output

Age (in hours) of first void: 0 hrs and 8 minutes

Voiding patterns:

Number of times in 24 hours: 4hrs

Age (in hours) of first stool: 2 hrs

Stool patterns:

Type: soft

Color: yellow brown

Consistency: Loose

Number of times in 24 hours: 5 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	Monitor the newborn for hypoglycemia (Ricci, 2021)	40-99	67	The client is not currently at risk for hypoglycemia
Blood Type and Rh Factor	Compatibility (Ricci, 2021)	B positive	B positive	The baby's blood type is compatible

				with the mothers
Coombs Test	To detect antibodies that are on the surface of red blood cells (Ricci, 2021)	Negative	Not in chart	NA
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	To monitor for jaundice (Ricci, 2021)	1-15	1.5	The client is not currently at risk for jaundice
Newborn Screen (At 24 hours)	Screening for infants for conditions that are treatable but not evident in the newborn period (Ricci, 2021)	Negative	(If available—these may be not available until after discharge for some clients) Not in chart	NA
Newborn Hearing Screen	Monitor for deafness(Ricci, 2021)	Pass	Pass	The client is not experiencing in hearing loss at this time
Newborn Cardiac Screen (At 24 hours)	Screening for congenital heart defects (Ricci, 2021)	No abnormalities found	Not in chart	NA

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	1 mg	1 cm long ribbon of an ointment put into each conjuctivea	5mcg
Frequency	Once	Once	Series of three injection
Route	Injection	Ophthalmic	IM
Classification	Vitamins Anticoagulant reversal agent	macrolide antibiotics	hepadnaviridae
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):

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

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2020.	If assessment finding different from expectation, what is the clinical significance?
Skin	Normal color no jaundice no rash soft and smooth normal turgor with a small amount of hair covering the surface of the skin	Normal: smooth, flexible, good skin turgor, well hydrated warm Variations/common problems: Jaundice, acrocyanosis, milia, Mongolian spot, stork bit	The client was within normal limits
Head	Circumference: 32.99, Round symmetrical moves easily	Normal: Varies with age, gender, and ethnicity Variations/common problems: Microcephaly, macrocephaly, enlarged fontanels	The client was 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	Normal: Anterior fontanelle 3 cm long by 2 cm wide diamond shaped and flat Posterior fontanelle 1 cm at triangle shaped and flat Variations/common problems: Absents or abnormally large	The client was within normal limits
Face	Symmetrical facial features, normal	Normal: Full cheeks, facial features	The client was within

	facial hair	symmetric Variations/common problems: Facial nerve paralysis, nervus flammeus, nevus vacuous	normal limits

Eyes	Same level bright and clear move in all directions	Normal: Clear and symmetrically placed on the face; online with ears Variations/common problems: Chemical conjunctivitis, subconjunctival hemorrhages	The client was within normal limits
Nose	Nostrils equal in size small narrow in midline even placement to eyes and mouth	Normal: Small, placement in the midline and narrow ability to smell Variations/common problems: Malformation or blockage	The client was within normal limits
Mouth	Strong sucking reflex, Adequate salivation Hard palate dome-shaped Uvula midline with symmetrical soft palate movement Palate intact, sucks well when stimulated	Normal: Aligned in midline, symmetric, intact soft and hard palate Variations/common problems: Epstein pearls, erupted precocious teeth, thrush	The client was within normal limits
Ears	Without tumors, cysts, or module placement of pinnae parallel with eye canthi bilaterally	Normal: Soft and pliable with quick recoil when folded and released Variations/common problems: Low-set ears hearing loss	The client is within normal limits
Neck	Short, straight, creased with skin folds Posterior neck lacks loose extra folds of skin	Normal: Short, creased, moves freely, baby holds head in midline Variations/common problems: restricted movement, clavicular	The client is within normal limits

		fractures	
Chest	Circumference: 33.5cm, Wider than it is long Normal shape without a depressed or conspicuous sternum Lower end of the sternum	Normal: Round, symmetric, smaller than head Variations/common problems: Nipple engorgement, whitish discharge	The client chest is slightly larger than the head
Breath Sounds	Clear throughout posterior and anterior bilaterally	Normal: Clear throughout posterior and anterior Variations/common problems: tachypnea, bradypnea, grunting, gasping, periods or apnea longer than 20 seconds	The client is within normal limits

Heart Sounds	No murmurs were heard upon accusation	Normal: Normal rate rhythm with a rate from 120-160 Variations/common problems: Abnormal sounds such as murmur or tachycardia or bradycardia	The client is within normal limits
Abdomen	Round, soft upon palpation, no masses felt during palpation	Normal: Protuberant contour, soft, three vessels in umbilical cord Variation/common problems: Distended, only two vessels in the umbilical cord	The client is within normal limits
Bowel Sounds	Active in all 4 quadrants	Normal: active bowel sounds in all quadrants Variation/common problems: No bowel sounds in one or all quadrants	The client is within normal limits
Umbilical Cord	Dry, brown in color, no bleeding or irritation noted at the time of inspection	Normal: three vessels in the umbilical cord, no bleeding noted Variation/common problems: only two vessels in the umbilical cord, bleeding and or abnormal discharge	The client is within normal limits
Genitals	Slightly swollen female genitals with no abnormal discharge	Normal: Swollen female genitals because of maternal estrogen Variation/common problems: Vaginal discharge	The client is within normal limits
Anus	No discoloration and	Normal: No	The client is within

	visible no rash present	discoloration and visible no rash present Variation/common problems:	normal limits
Extremities	Short and generally flexed, extremities move symmetrically through the range of motion	Normal: Extremities symmetric with free movement Variation/common problems: Congenital hip dislocation, club foot, abnormal length	The client is within normal limits
Spine	C-shaped spine Flat and straight when prone Slight lumbar lordosis Easily flexed and intact when palpated	Normal: C-shaped spine Flat and straight when prone Slight lumbar lordosis Easily flexed and intact when palpated Variation/common problems: Tuft or dimples on the spine	The client is within normal limits
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	The Baby's id number corresponded with the mother's id band, the Hugs tag was in place, and the baby was placed in a swaddle on the back	Normal: The Baby's id number corresponded with the mother's id band, the Hugs tag was in place, and the baby was placed in a swaddle on the back Variation/common problems: ID numbers do not correspond no hugs tags present	The client is 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

What was your determination? AGA

Are there any complications expected for a baby in this classification? This baby is not at risk

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	98.3	146	48
4 Hours After Birth	98.8	140	42
At the Time of Your Assessment	98.2	144	44

Vital Sign Trends: Are stable

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	FLACC	NA	NA	NA	NA

Summary of Assessment (4 points)

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

This neonate was delivered on 07/20/22 at 0008 by normal spontaneous vaginal delivery. The Apgar scores were 1 minute 8 and 5 minutes 9. New Ballard scale assessment revealed neonate is 39 weeks and AGA. The prenatal history showed a lack of prenatal care during the first trimester. The birth weight was 7 lbs 1ozs, the length was 19 inches, head circumference was 12.99 inches, and chest circumference was 13.18 inches. Upon assessment, all systems are within normal limits. The last set of vitals was T-98.2, P-140, and R-44. Breath sounds x3 after delivery were WNL with the lowest being 44. The neonate is bottle feed and nursing well with most feedings 20-50mL q2-3 hrs. The bilirubin level at 24 hours per scan was 1.5. The neonate is expected to be discharged with her mother today and to see the pediatrician in the office for the first well-baby check will be on Monday, July 25th.

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.
Feeding Education (N)	2-3hrs or when signs of hunger are present	This intervention was provided to the parent to provide information about the newborn proper nutrition and signs of what hunger looks life
Signs of Jaundice (N)	Every time mother interacts with the baby	This intervention will allow the mother to be able to report signs of jaundice to the physician immediately
Safe sleep (N)	Every time the patient is sleeping	This intervention will reduce the risk of SIDS
Cord care (T)	When changing diapers	This will allow the mother to learn proper ways to care for cord the and when the cord should fall off

Discharge Planning (2 points)

Discharge location: Home

Equipment needs (if applicable): NA

Follow up plan (include plan for newborn ONLY): First newborn check up on Monday

Education needs: NA

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.
At risk for maternal to newborn infection related to a spontaneous vaginal birth as evidenced by GBS positive.	The mother was GBS positive	**1.** Client stays at the hospital for 48hours **Rationale** to monitor for complications from GBS **2.**Asses for signs of infection **Rationale** Will be able to effective start treatment for infection quickly	The mother understood the reason to stay for 48 hours and noted to report any abnormal changes within the infant.
Deficient knowledge of jaundice related to lack of information as evidenced by request for information.	The mother was given information related to jaundice	**1.** Report in yellowing of eyes or skin **Rationale** Be able to treat jaundice quickly **2.**Spend time in sunlight if yellowing occurs **Rationale** Home phototherapy	The mother understood the reason to report yellowing of the skin and why sunlight would help correct jaundice.
Risk for injury to newborn related to marijuana smoking.	Mother smoke marijuana	**1.** Assess heart rate and monitor for murmurs **Rationale** Will be able to apply interventions quickly **2.** Assess for withdrawal **Rationale** Will be able to conclude baby easier	The patient has a normal heart rate and sounds. The infant didn't show any signs of withdrawal
Deficit care is related to the number of children as evidenced by 6 other children needing to care for.	This was chosen because the mother has 6 other children	**1.** Assess for the understanding of feeding times and amount **Rationale** This will allow the mother to be able to set	The mother understands when to feed the infant and what are signs the infant may be hunger. The mother also

		a schedule to allow for her to care effectively for all children **2.** Assess for feeling overwhelmed by the mother **Rationale** Could possibly put the baby at risk for harm	verbalized the understanding of when to communicate when becoming overwhelmed.

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.).

Wolters Kluwer.

Ballard Gestational Age Scale

Neuromuscular Maturity

Score	–1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140–180°	110–140°	90–110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

Physical Maturity

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	Bare 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

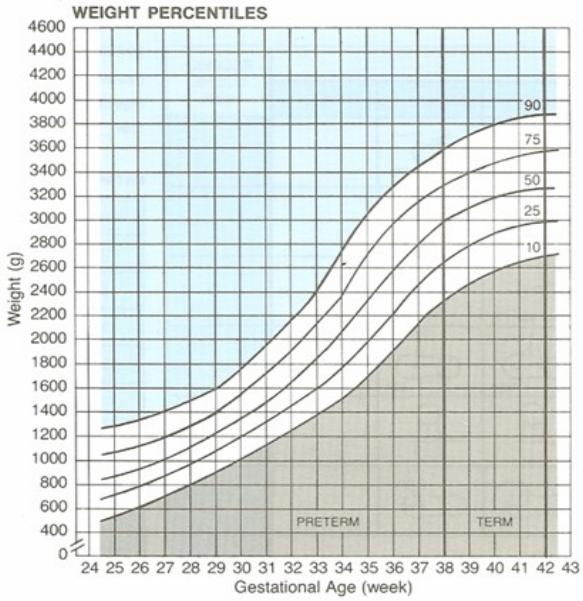
CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

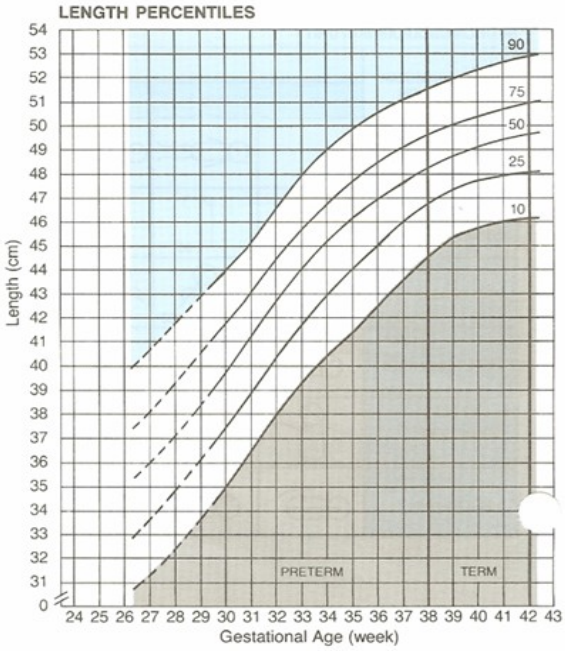
NAME _____ DATE OF EXAM _____ LENGTH _____

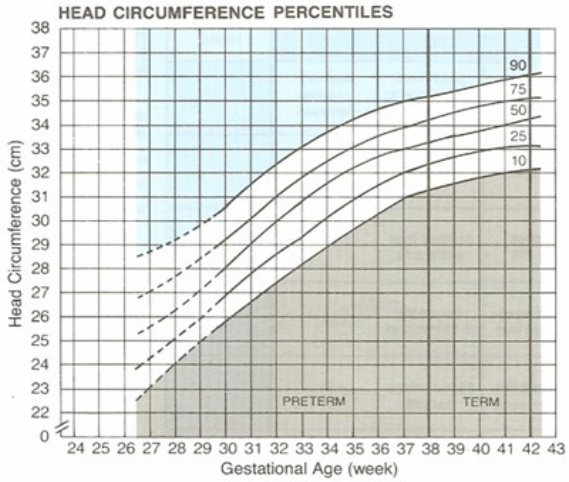
HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____







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