

N432 Newborn Care Plan  
Lakeview College of Nursing  
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**Demographics (10 points)**

<b>Date &amp; Time of Clinical Assessment</b> 09/01/2022 0945	<b>Patient Initials</b>  B.T.	<b>Date &amp; Time of Birth</b>  08/30/2022 1518	<b>Age (in hours at the time of assessment)</b>  0 hours
<b>Gender</b>  Female	<b>Weight at Birth (gm)</b> <u>3300</u> <b>(lb.)</b> <u>7</u> (oz.) <u>4.4</u>	<b>Weight at Time of Assessment (gm)</b> <u>3175</u> <b>(lb.)</b> <u>7</u> (oz.) <u>0</u>	<b>Age (in hours) at the Time of Last Weight</b>  48 hours
<b>Race/Ethnicity</b>  African American	<b>Length at Birth</b>  Cm <u>50.8</u>  Inches <u>20</u>	<b>Head Circumference at Birth</b>  Cm <u>33.5</u>  Inches <u>13.19</u>	<b>Chest Circumference at Birth</b>  Cm <u>33</u>  Inches <u>12.99</u>

\*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: 5 T: 4 P: 4 A: 1 L: 4

When prenatal care started: 02/14/2022 (10 weeks and 6 days)

Abnormal prenatal labs/diagnostics: positive GBS, low Hgb, low Hct, high glucose

Prenatal complications: high blood pressure, gestational diabetes

Smoking/alcohol/drug use in pregnancy: Mother of infant did not smoke, use drugs or drink alcohol during pregnancy.

**Labor History of Mother:**

Gestation at onset of labor: 39 weeks 0 days

Length of labor: 1 hours and 30 minutes

ROM: 08/30/2022 at 1128

**Medications in labor: oxytocin (Pitocin), butorphanol tartrate (Stadol) injection 2 mg, and lactated ringers.**

**Complications of labor and delivery: None**

**Family History:**

**Pertinent to infant: HSV 1 and 2, group beta strep positive, and anemia.**

**Social History (tobacco/alcohol/drugs):**

**Pertinent to infant: No tobacco/alcohol or drug use.**

**Father/Co-Parent of Baby Involvement: Yes**

**Living Situation: Lives with mother and three other siblings.**

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

**Both of the infants' parent's highest education level is equal to a high school diploma.**

**Birth History (10 points)**

**Length of Second Stage of Labor: 23 minutes**

**Type of Delivery: Vaginal (NSVD)**

**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: Infant is bottle and breast feeding.**

**If breastfeeding:**

**LATCH score: 2**

**Supplemental feeding system or nipple shield: Infant is supplemental feeding with formula but does not use a nipple shield when breastfeeding.**

**If bottle feeding:**

**Positioning of bottle: Upright**

**Suck strength: Strong and present**

**Amount: 20 cc**

**Percentage of weight loss at time of assessment: \_\_\_-3.8\_\_\_%**

**(current weight-birth weight/birth weight)**

**7 lbs. – 7lbs. 4.4 oz/7 lbs. 4.4 oz = -3.8%**

**\*\*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%**

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

### **Intake and Output (8 points)**

#### **Intake**

**If breastfeeding:**

**Feeding frequency: 2-3 hours**

**Length of feeding session: 20-25 minutes**

**One or both breasts: bilaterally**

**If bottle feeding:**

**Formula type or Expressed breast milk (EBM): Similac 360 Total Care**

**Frequency: Infant is feeding every 3 hours.**

**Volume of formula/EBM per session: 20 cc**

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

**If NG or OG feeding:**

**Frequency: Patient does not have an NG/OG**

**Volume: Patient does not have an NG/OG**

**If IV:**

**Rate of flow: Patient does not have an IV**

**Volume in 24 hours: Patient does not have an IV**

### **Output**

#### **Void**

**Age (in hours) of first void: 25 hours**

**Number of voids in 24 hours: Patient was unable to void within 24 hours due to jaundice.**

#### **Stool**

**Age (in hours) of first stool: 29 hours**

**Type: large**

**Color: meconium green**

**Consistency: tarry**

**Number of times in 24 hours: Patient was unable to stool within 24 hours due to jaundice.**

**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 is this test ordered for any infant?	Expected Results	Client's Results	Interpretation of Results
<p><b>Blood Glucose Levels</b></p>	<p>This test is ordered when the mother has gestational diabetes, and the infant has macrosomia or cold temperature (Pagana et al., 2018).</p>	<p>30-60 mg/dL (Pagana et al., 2018).</p>	<p>Not tested</p>	<p>Not tested</p>
<p><b>Blood Type and Rh Factor</b></p>	<p>If maternal and fetal blood are mixed during pregnancy, difficulties may result from the incompatibility of the blood types. This incompatibility happens when an Rh - woman gives birth to an Rh + child or vice versa. Proteins appear on the blood cells' surface when they are Rh +.</p>	<p>A, B, O, AB +/- (Pagana et al., 2018).</p>	<p>Not tested</p>	<p>Not tested</p>

<p><b>Coombs Test</b></p>	<p>A combs test can detect the patient's antibodies or complement components coating the transfused RBCs.</p>	<p>1-24 mcg/dL (Pagana et al., 2018).</p>	<p>Not tested</p>	<p>Not tested</p>
<p><b>Bilirubin Level (All babies at 24 hours)</b></p> <p><b>*Utilize bilitool.org for bilirubin levels*</b></p>	<p>Newborns frequently have jaundice because they produce two to three times as much bilirubin as adults (Ricci et al., 2021). Nearly all newborns experience newborn jaundice, which is almost always harmless and brought on by a modest rise in bilirubin levels. It frequently peaks three to four days after birth and typically subsides one to two weeks afterward. Jaundice may take longer to clear up in infants born at 38 weeks or less who are substantially jaundiced because age-</p>	<p>Total bilirubin: 1.0-12.0 mg/dL (Pagana et al., 2018).</p>	<p><b>Total bilirubin: 7.7 mg/dL</b>  <b>Infant appears to have jaundice from the direct Bili level and the Total Bili levels, suggest putting the infant on Bili lights (Ricci et al., 2021).</b></p>	<p>Patient is considered high intermediate and does have jaundice, Bili lights are presented with patient.</p>

	<p>related changes in standard elimination mechanisms can prolong the process. All babies are tested within the first 24 hours of life and are often seen within the first few days (Pagana et al., 2018).</p>			
<p><b>Newborn Screen (At 24 hours)</b></p>	<p>A PKU tests infants for a rare condition that can cause brain damage and severe intellectual disability if left untreated. They test all infants between 24-48 hours old (Pagana et al., 2018).</p>	<p>Negative (Pagana et al., 2018).</p>	<p>Results will not be available.</p>	<p>Patient will have result in a negative phenylketonuria (PKU) test.</p>
<p><b>Newborn Hearing Screen</b></p>	<p>The hearing test is a crucial first step in determining whether the child may be deaf or hard of hearing (Pagana et al., 2018). Without neonatal hearing screening, it can be challenging to detect hearing changes in all</p>	<p>Passed bilaterally (Pagana et al., 2018).</p>	<p>Passed bilaterally.</p>	<p>This display gauges the brain's and hearing nerve's reactions to sound. Soft earbuds are used to play clicks or tones into the baby's ears. The baby's hearing nerve and brain response are measured by three electrodes implanted on its head (Ricci et al., 2021). Since the infant passed</p>

	infants during the first few months and years of life.			bilaterally, she does not have to repeat the test here at the hospital.
Newborn Cardiac Screen (At 24 hours)	This test can detect congenital heart problems early on (Pagana et al., 2018).	Above 95% for both, it cannot be within 5% of each other and the test isn't considered passed (Pagana et al., 2018).	99% on wrist and 100% on her foot.	

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

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

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 (Engerix B, Heplisav B)		
Dose	0.5 mg	2 g	0.5 mL		
Frequency	1 time	1 time	1 time		
Route	IM on the thigh	Applied to the eyes	IM on the thigh		
Classification	Anticoagulant	Macrolide	Immune globulin		
Mechanism of Action	Aquamephyton's aqueous colloidal solution of vitamin K1	Binds with 50S ribosome subunit of the	Hepatitis B vaccine provides passive		

	<p>for parenteral injection has the same kind and level of activity as naturally occurring vitamin K, which is required for the liver to produce active prothrombin (factor II), proconvertin (factor VII), plasma thromboplastin component (factor IX), and Stuart factor (factor X). A microsomal enzyme that catalyzes the post-translational carboxylation of many, particularly peptide-bound glutamic acid residues in inactive hepatic precursors of factors II, VII, IX, and X, needs vitamin K as a cofactor in order to function. The precursors are transformed into active coagulation factors by the resultant gamma-carboxy-glutamic acid residues, which are then released into the blood by liver cells (Jones &amp; Bartlett Learning, 2020).</p>	<p>70S ribosome in many aerobic, anaerobic, gram-negative, and gram-positive types. This action inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die (Jones &amp; Bartlett Learning, 2020).</p>	<p>immunity to hepatitis B (Jones &amp; Bartlett Learning, 2020).</p>	
<p><b>Reason Client Taking</b></p>	<p><b>Anticoagulant</b></p>	<p><b>For infants born to mothers with clinically apparent Neisseria gonorrhoeae Chlamydia trachomatis</b></p>	<p><b>To protect the infant from hepatitis B (Jones &amp; Bartlett Learning, 2020).</b></p>	

		(Jones & Bartlett Learning, 2020).		
<b>Contraindications (2)</b>	Two contraindications to using Aquamephyton (Vitamin K) include hypersensitivity to any ingredients. This medication treats anticoagulant-induced hypoprothrombinemia deficit brought on by coumarin or indanedione derivatives (Jones & Bartlett Learning, 2020).	Two contraindications when using erythromycin eye ointment may include hypersensitivity to this medication and infants may have a more difficult time opening their eyes (Jones & Bartlett Learning, 2020).	The two rare contraindications caused by the hepatitis B vaccine include hypersensitivity to immune globulins and coagulation disorder (Jones & Bartlett Learning, 2020).	
<b>Side Effects/Adverse Reactions (2)</b>	Redness at the site of injection and “gasping syndrome” (Jones & Bartlett Learning, 2020).	Two side effects include redness around the eyes of the infant and mild eye irritation (Jones & Bartlett Learning, 2020).	The main two side effects from the hepatitis B vaccine include pain and redness at the injection site (Jones & Bartlett Learning, 2020).	
<b>Nursing Considerations (2)</b>	There are two nursing considerations when giving Vitamin K intramuscularly, assess skin and obtain vital signs (Jones & Bartlett Learning, 2020).	Ensure the patient's parents have signed the consent form and clean the infants' eyes before applying the ointment (Jones & Bartlett Learning, 2020).	Draw back on the plunger of the syringe before injection to avoid intravascular injection and Be aware of maternal hepatitis status at appropriate ages (Jones & Bartlett Learning, 2020).	
<b>Key Nursing Assessment(s)/Lab(s) Prior to</b>	There are no labs needed prior to administering this	Two critical nursing assessments	There are no prior labs to be drawn prior to	

<p><b>Administration</b></p>	<p><b>injection. Assessing your patient and before is a requirement (Jones &amp; Bartlett Learning, 2020).</b></p>	<p><b>before administering erythromycin would be to assess the eyes for drainage or crusting and monitor for side effects after administration (Jones &amp; Bartlett Learning, 2020).</b></p>	<p><b>administering. Assess the infant for skin reactions (Jones &amp; Bartlett Learning, 2020).</b></p>	
<p><b>Client Teaching needs (2)</b></p>	<p><b>Educate the parent(s) about Vitamin K and how it can benefit their infant. Include side effects of Vitamin K.</b></p>	<p><b>Advise the patient's parents not to wipe the excess off or touch around the infants' eyes.</b></p>	<p><b>Advise the infants' parents on redness site injection and how this is normal and give the parent a CDC guideline form on the hepatitis B vaccine.</b></p>	

**Medications Reference (1) (APA):**

**Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.**

**Newborn Assessment (20 points)**

<b>Area</b>	<b>Your Assessment</b>	<b>Expected Variations and Findings</b> <b>*This can be found in your book on page 622 in Ricci, Kyle, &amp; Carman 4<sup>th</sup> ed 2021.</b>
<b>Skin</b>	<b>The infant showed jaundice of the skin and a Mongolian spot on the buttocks; however, her skin was warm and dry to the touch with no rashes, bruises, or swelling noted.</b>	<b>Jaundice skin with acrocyanosis, milia, Mongolian spots, or stork bites.</b>
<b>Head</b>	<b>Normal cephalic well-proportioned per age.</b>	<b>Microcephaly or macrocephaly.</b>
<b>Fontanel</b>	<b>Fontanel are normal in size both anterior and posterior. Educated mother on the closing of these fontanel upon age 18 months.</b>	<b>Enlarged fontanel present.</b>
<b>Face</b>	<b>Normal structure, full cheeks and symmetrical.</b>	<b>Facial nerve paralysis, nevus flammeus or vasculosus.</b>
<b>Eyes</b>	<b>Clear with no redness or drainage. Bilaterally symmetrical on face.</b>	<b>Chemical conjunctiva and subconjunctival hemorrhages.</b>
<b>Nose</b>	<b>Nose is midline with clear normal mucosa.</b>	<b>Some blockage or malformation may be present.</b>
<b>Mouth</b>	<b>Normal and midline on face, her palate is intact.</b>	<b>Infant may have erupted precocious teeth, thrush, or Epstein pearls.</b>
<b>Ears</b>	<b>Well formed pinnae with no drainage.</b>	<b>Hearing loss may be present or low-set ears.</b>
<b>Neck</b>	<b>Normal, no masses or lesions present.</b>	<b>Clavicle fracture from delivery or restricted movement (torticollis).</b>
<b>Chest</b>	<b>No deformities on chest well round and symmetrical.</b>	<b>Whitish discharge from nipples may be present.</b>
<b>Breath Sounds</b>	<b>Unlabored breathing with no respiratory distress.</b>	<b>Restricted breathing with coarse or crackling in bases of lungs.</b>

<b>Heart Sounds</b>	<b>Normal S1 and S2 with no murmurs.</b>	<b>Murmurs may be heard upon assessment.</b>
<b>Abdomen</b>	<b>Soft, non-distended, non-tender abdomen, or no organomegaly.</b>	<b>Distended or bell shaped.</b>
<b>Bowel Sounds</b>	<b>Normal active bowel sounds present.</b>	<b>Lessened clicks present with bowel sounds.</b>
<b>Umbilical Cord</b>	<b>Visible three vessels in her umbilical cord. Umbilical cord clamp is off as patient is being discharge later today.</b>	<b>Visible three vessels on umbilical cord with scant core blood present.</b>
<b>Genitals</b>	<b>Normal swollen female genitals present with slight mucus noted.</b>	<b>Vaginal discharge is normal within the female anatomy.</b>
<b>Anus</b>	<b>Normal patent anus.</b>	<b>Normal patent anus.</b>
<b>Extremities</b>	<b>Symmetrical bilateral extremities, femoral pulses normal.</b>	<b>Congenital hip dislocation may be present.</b>
<b>Spine</b>	<b>Free movement, aligned normal spine, intact without any deformities.</b>	<b>Dimple or tuft on the spine.</b>
<b>Safety</b> <ul style="list-style-type: none"> <li>• <b>Matching ID bands with parents</b></li> <li>• <b>Hugs tag</b></li> <li>• <b>Sleep position</b></li> </ul>	<b>Patients' safety band and hugs tag are present. Hugs tag is working in the Hugs system. Mothers' safety band numbers matched the infants. Infant is sleeping in supine and swaddled, free of stuffed animals and other blankets in crib. Upon assessment mother was given education about safe sleep for infants.</b>	<b>Infants' safety bands should match the mothers band number in yellow print. Parent should be educated on safe sleep and what the Hugs system is.</b>

**Vital Signs, 3 sets (6 points)**

Time	Temperature	Pulse	Respirations
Birth	98.2 F (auxiliary)	142	48
4 Hours After Birth	98.1 F (auxiliary)	140	40
At the Time of Your Assessment	98.1 F (auxiliary)	129	44

**Vital Sign Trends: Infant is within the normal vital ranges. The pulse and respirations were higher upon delivery, and this is normal. The vitals then drop to expected range, all within normal limits.**

**Pain Assessment, 1 set (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0857	Neonatal infant pain scale (NIPS)	No pain present	No pain present	No pain present	No pain present

**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 08/30/2022 by normal spontaneous vaginal delivery (NSVD). There were no complications during delivery. This neonate was delivered on 08/30/2022 by normal spontaneous vaginal delivery (NSVD). There were no complications during delivery. Infants Apgar scores were 8 and 9. The EDD was 09/06/2022 by US. The new Ballard scale assessment revealed neonate was 39 weeks exactly. The prenatal history shows this pregnancy was complicated by high blood pressure and gestational diabetes (diet controlled). The infant's birth weight was 7 lbs 4.4 oz (3300 g); length 20" (50.8 cm); head circumference was 13.19" (33.5 cm), and chest circumference was 12.99" (33 cm). Upon assessment, all systems were within normal limits. The last set of vitals on the**

neonate was 98.1 F (auxiliary)/129/44. Breath sounds were normal, with non-labored breathing, with the lowest being 40. The neonate is breastfeeding and bottle feeding Similac 360 Total Care q2-3 hours. The bilirubin level at 24 hours per scan was 7.7, with slight skin jaundice. Neonate was then placed under Bili lights and a Bili blanket. The neonate is expected to be discharged with the mother and three other siblings at home today and has an appointment with her pediatrician in the office for her first well-baby visit on 09/01/22.

#### 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 “M” after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Swaddling neonate (N)	A neonate likes to be swaddled majority of the time. This can include warming methods and comforting methods.	Swaddling the neonate can help keep the infant warm and comfort the infant.
Feeding neonate (N)	Every 2-3 hours	To ensure good health and allow the neonate to grow.
Diapering the neonate (N)	Checking the infants’ diaper upon every feed (q2-3 hours).	This will allow the parent to see how much the infant is wetting or stooling in a 24-hour period and can communicate with the provider if necessary.
Vitamin D drops (M)	Once daily (applied to breast or mixed with formula).	Breast milk does not provide adequate amount of Vitamin D a neonate needs. Vitamin D will help protect the neonate from Ricketts and allow their bones to grow.

#### Discharge Planning (2 points)

Discharge location: Neonate is planning to go home with mother and three siblings.

**Equipment needs (if applicable):** Mother is getting sent home with a breast pump to feed infant.

**Follow up plan (include plan for newborn ONLY):** Future plans include follow up for a well-baby visit 09/01/2022 to check babies' bilirubin levels.

**Education needs:** Upon discharge car seat education and feeding/diapering education was given in a handout to the mother.

**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**

<p><b>Nursing Diagnosis (2 pt each)</b> Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components</p>	<p><b>Rational (1 pt each)</b> Explain why the nursing diagnosis was chosen</p>	<p><b>Intervention/Rational (2 per dx) (1 pt each)</b> 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.</p>	<p><b>Evaluation (2 pts each)</b></p> <ul style="list-style-type: none"> <li>How did the patient/family respond to the nurse's actions?</li> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Neonatal jaundice related to inadequate output as evidence by high bilirubin.</b></p>	<p><b>Neonatal jaundice is very common and mother states that her other three children had jaundice. Educating the mother on phototherapy is crucial to lowering the Bili levels.</b></p>	<p><b>1.Putting the neonate under Bili lights. Rationale: This will help lower the neonates Bili levels. Plan to draw another T-Bili in 4 hours (Ricci et al., 2021). 2.Putting the neonate under a Bili blanket as well, will assess in 4 hours. Rationale: This will help when neonate is taken out from under</b></p>	<ul style="list-style-type: none"> <li><b>Infant responded well to the nursing actions given. Mother agreed on treatment for infant.</b></li> <li><b>No modifications needed. Infant will continue phototherapy until later</b></li> </ul>

		the light to be held by her mother when the neonate is crying. A direct or T-Bili can be drawn within 4 hours (Ricci et al., 2021).	today and then be able to get discharge after Bili serum drawn, mother agrees to this treatment plan.
2. Knowledge deficit of feeding related to inadequate output as evidence by neonate on Bili lights.	The more the infant feeds the neonate the more output the neonate will provide, lowering the Bili levels.	<p>1. Supplementing in formula is needed with this infant due to low out of breast milk by mother, will assess in the next hour. Rationale: The mother understood that supplementing can help the neonate produce more stools and urine output, mother will check infants diaper every 2 hours (Ricci et al., 2021).</p> <p>2. Education on how breastmilk doesn't allow the infant to produce enough output helped the mother understand why supplemental feeding was the best option for her infant. Plan to assess in the next 2 hours. Rationale: The mother agrees on filing out the feeding log properly so the care team can follow the neonates feeding habits (Ricci et al., 2021).</p>	<ul style="list-style-type: none"> <li>• Patient is going to start taking 30 cc of formula instead for 10-20cc. Mother agreed this treatment plan would be effective in hope of lowering neonates Bili levels. Patient responds well by taking the full 30 cc of Similac on last feeding.</li> <li>• No modifications needed, planning to stick to this goal until further notice. Well-baby visit scheduled for 09/01/2022 will re-evaluate then.</li> </ul>
3. Knowledge deficit of diapering related to insufficient	Insufficient output can lead to higher Bili level and	1. Mother was given a diaper log to log all diaper change, future assess in the next 3	<ul style="list-style-type: none"> <li>• Patient stoolled not in the 24-hour time period</li> </ul>

<p>output as evidence by jaundice of the skin.</p>	<p>jaundice skin.</p>	<p>hours.  <b>Rationale:</b> This will provide adequate detail on when the neonate is producing. Mother knows to check every time before feeding and after (Ricci et al., 2021).                  2. Education on the diaper was verbally given to the mother. The nurse showed the mother that the yellow line on the diaper will turn blue when the infant has passed stool or urine.  <b>Rationale:</b> Providing this education helped the mother better understand how to diaper a neonate (Ricci et al., 2021).</p>	<p>but shortly after (29 hours).                  Mother given education on the amount of production an neonate should be stooling at this age.</p> <ul style="list-style-type: none"> <li>• No modifications need, mother agreed and understood to check diaper each time neonate feeds to ensure proper output. Will revisit infant on 09/01/22.</li> </ul>
<p>4. Ineffective thermoregulation related to being unswaddled as evidence by low temperature checks.</p>	<p>Leaving the infant unswaddled can create the infant to become cold due to newborns being unable to properly thermoregulate on their own.</p>	<p>1. Education to the mother about how important it is to add an extra layer of clothing to infant is important when trying to thermoregulate, will check in on mother and baby in the next hour.  <b>Rationale:</b> The mother understood the logic behind neonate thermoregulation (Ricci et al., 2021).                  2. Education on swaddling the infant and a hat being placed on the infant was given. Mother agreed to only unswaddle baby in she is being fed or diapered.</p>	<ul style="list-style-type: none"> <li>• Neonate swaddled each time after feeding and unswaddled only to change diaper and feed infant. Mother agreed on these terms.</li> <li>• No modifications needed, mother understood reasons behind swaddling infant and given education for</li> </ul>

		<b>Rationale: Swaddling a neonate can help keep them warm and at a regulated temperature (Ricci et al., 2021).</b>	<b>proper swaddling.</b>
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**Other References (APA):**

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

**Wolters Kluwer.**

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

**Wolters Kluwer**