N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 08/31/2022	**Patient Initials** TY	**Date & Time of Birth 08/31/2022** 0745	**Age (in hours at the time of assessment)** 1 hr.
Gender Male	**Weight at Birth** (gm) 4204.5 (lb.) 9 (oz.) 4	**Weight at Time of Assessment** (gm) 4204.5 (lb.) 9 (oz.) 4	**Age (in hours) at the Time of Last Weight** At birth
Race/Ethnicity Caucasian	**Length at Birth** Cm 53.34 Inches 21	**Head Circumference at Birth** Cm 36.5 Inches 14.37	**Chest Circumference at Birth** Cm 36 Inches 14.17

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: G3 2002

When prenatal care started: 12/20/2020

Abnormal prenatal labs/diagnostics: There were no abnormal labs or diagnostics in the patient's chart.

Prenatal complications: History of epilepsy, anxiety, associated vasculitis, depression, hypotension, and obsessive-compulsive disorder.

Smoking/alcohol/drug use in pregnancy: The mother admitted to vaping daily. The mother recently quit smoking. In the past, she smoked tobacco cigarettes at half a pack a day for five years.

Labor History of Mother:

Gestation at onset of labor: No labor. The patient had a scheduled cesarean section at a gestation age of 39 weeks.

Length of labor: N/A

ROM: 0743 for rupture of membrane time.

Medications in labor: N/A

Complications of labor and delivery: N/A

Family History:

Pertinent to infant:

Maternal grandmother**:** Addison's Disease

Paternal grandfather**:** Lung Cancer

Mother: Epilepsy

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Mother is a past tobacco smoker but quite one year ago, she smoked half a pack a day for five years. The mother currently vapes daily**.**

Father/Co-Parent of Baby Involvement: The mother is married to the baby's father. The father was supportive at the bedside and attended the cesarean section**.**

Living Situation: Both parents live together in their own home.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The were no learning barriers present for either parent.

Birth History (10 points)

Length of Second Stage of Labor: One minute from time of delivery to the delivery of the placenta.

Type of Delivery: Cesarean section.

Complications of Birth: No complications

APGAR Scores:

1 minute: APGAR score of 9, 1 off for color

5 minutes: APGAR score of 9, 1 off for color

Resuscitation methods beyond the normal needed: Bulb suction

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: 9 the only points off was for minimal assistance**.**

Supplemental feeding system or nipple shield: N/A

If bottle feeding: N/A

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: N/A Day of delivery

****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? 7-10% of their birth weight

Is this neonate's weight loss within normal limits? N/A

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: On demand at least every 3 hours.

Length of feeding session: 20 minutes on the left side

One or both breasts: Both breasts were used during feeding. During the second feeding, the baby latched to the right side.

If bottle feeding: N/A

Formula type or Expressed breast milk (EBM): N/A

Frequency: N/A

Volume of formula/EBM per session: N/A

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

If NG or OG feeding: N/A

Frequency: N/A

Volume: N/A

If IV: N/A

Rate of flow: N/A

Volume in 24 hours: N/A

<u>Output</u>

Void

Age (in hours) of first void: The infant had not had his first void during my shift

Number of voids in 24 hours: N/A

Stool

Age (in hours) of first stool: The infant had not passed any stool during my shift**.**

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 is this test ordered for any infant?	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	The glucose of a healthy term newborn falls during the first one to two hours after delivery (Rozance, 2022). It is essential to differentiate this normal physiologic transitional response from disorders that result in persistent or recurrent hypoglycemia (Rozance, 2022).	Greater than 50 mg/dL (Rozance, 2022).	92 mg/dL	92 mg/dL is within the expected limits for the neonates age.

Blood Type and Rh Factor	If the mother is Rh negative and the infant is Rh positive, and the mother and baby blood mix, the mother's Rh antibodies can cross the placenta and damage the baby's red blood cells (Mayo Clinic, 2018). If the baby is born Rh-positive, the mother will need an Rh immune globulin injection shortly after birth (Mayo Clinic, 2018).	No expected result	N/A	N/A
Coombs Test	When a baby is Coombs positive, their blood and their mother's blood are different types and have mixed during pregnancy or delivery (Siroto, 2022). This combination of blood types can become a problem for the baby, causing jaundice and anemia, conditions that require extra care (Siroto, 2022).	Negative	N/A	N/A
Bilirubin Level	If it's thought an	0.3-1.0 mg/dL	N/A	N/A

(All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	infant has jaundice, the level of bilirubin in their blood will need to be tested (NHS, 2017).			
Newborn Screen (At 24 hours)	The newborn screening test identifies conditions that can affect a child's health (Centers for Disease Control and Prevention, 2021). Early detection can help prevent death and disabilities (Centers for Disease Control and Prevention, 2021).	Negative/Normal	Results will not be available.	N/A
Newborn Hearing Screen	Newborn hearing screening helps ensure all babies who are deaf or hard of hearing receive treatment as soon as possible (Centers for Disease Control and Prevention, 2020).	Negative/Normal	N/A	N/A
Newborn Cardiac Screen (At 24 hours)	Some infants born with congenital heart defects appear healthy after birth (Centers for disease Control and	Negative/Normal	N/A	N/A

	Prevention, 2020). The Newborn cardiac screen can help to identify these infants so that they can receive the treatment that they need (Centers for disease Control and Prevention, 2020).			

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

Centers for Disease Control and Prevention. (2020, May 26). *Newborn Hearing Screening | Parent's Guide to Hearing Loss | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/hearingloss/parentsguide/understanding/newbornhearingscreening.html

Centers for Disease Control and Prevention. (2021, November 29). *Newborn Screening Portal*. Www.cdc.gov. https://www.cdc.gov/newbornscreening/index.html#:~:text=Newborn%20screening%20identifies%20conditions%20that

Centers for disease Control and Prevention. (2020, January 7). *Critical Congenital Heart Defects | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html#:~:text=Importance%20of%20Newborn%20Screening%20for%20Critical%20CHDs&text=Some%20babies%20born%20with%20a

Mayo Clinic. (2018). *Rh factor blood test*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/rh-factor/about/pac-20394960

NHS. (2017, October 19). *Newborn jaundice - Diagnosis*. Nhs.uk. https://www.nhs.uk/conditions/jaundice-newborn/diagnosis/

Rozance, P. (2022). *Management and outcome of neonatal hypoglycemia*. UpToDate. https://www.uptodate.com/contents/management-and-outcome-of-neonatal-hypoglycemia

Siroto, J. (2022). *What does it mean if my baby is coombs positive?* Verywell Family. https://www.verywellfamily.com/coombs-positive-symptoms-causes-treatment-5206804

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**Balmex (zinc oxide topical)**	
Dose	1mg in 0.5 mL	0.25 in both eyes	10 mcg in 0.5 mL	1 gram	
Frequency	Once	Once	Once	PRN	
Route	IM	Topical eye ointment / ophthalmic route	IM	Topical	
Classification	Anticoagulant reversal agent, vitamin	Macrolide Antibiotics	Vaccines, Inactivated, Viral	Miscellaneous topical agents	
Mechanism of Action	It promotes the liver formation of clotting factors II, VII, IX, and X. At birth, the newborn does not have bacteria in the colon necessary for synthesizing fat-soluble vitamin K.	Binds to and blocks the 50S subunit of bacterial ribosomes to inhibit protein synthesis, thereby stopping bacterial growth and replication.	Hepatitis B vaccine recombinant is used to prevent infection by the hepatitis B virus. The vaccine works by causing the body to produce antibodies against the disease.	It acts by providing a physical barrier to prevent skin irritation and help heal damaged skin.	
Reason Client Taking	Prophylaxis and Treatment of Vitamin K-Deficiency	To prevent bacterial eye infections in newborns	To protect the infant from hepatitis B	To treat diaper rash	

	Bleeding in Neonates				
Contraindications (2)	Hypersensitivity to any component of this medication	Hypersensitivity to erythromycin. Patients taking terfenadine, astemizole, cisapride, pimozide, ergotamine, or dihydroergotamine.	1. Hypersensitivity to yeast. 2. Hypersensitivity to neomycin.	1. Hypersensitivity to zinc 2. Hypersensitivity to dimethicone	
Side Effects/Adverse Reactions (2)	Cyanosis diaphoresis dizziness	Eye stinging/burning/ redness Temporary blurred vision	Soreness, redness, or swelling at the injection site, fever, and mild rash	Rash, itching/swelling, severe dizziness, and trouble breathing.	
Nursing Considerations (2)	1. Monitor the international normalized ratio (INR) regularly and as clinical conditions indicate. **2.** Whenever possible, administer benzyl alcohol-free formulations in pediatric patients.	1. Clean eyes before administration. 2. Avoid contamination of the applicator tip.	1. Additional doses may be required for individuals with a suppressed immune system. 2. The injection site batch number and expiration date should be recorded in the patient record.	**1.**	

Key Nursing Assessment(s)/ Lab(s) Prior to Administration	1. Observe for bleeding. Bleeding may be seen as generalized ecchymoses or bleeding from the umbilical cord, circumcision site, nose, or gastrointestinal tract. 2. Apply pressure to the injection site to prevent further bleeding	1. Ensure informed consent 2. Assess eyes for drainage or crusting	1. Vaccination consists of three injections over a three-month period. 2. The deltoid muscle is the preferred injection site for adults and older children and the anterolateral thigh for neonates.		
Client Teaching needs (2)		1. Clean eyes before administration 2. Potential side effects	1. Hepatitis B vaccine doesn't protect against hepatitis caused by other agents. 2. Universal precautions should always		

			be maintained.		

Medications Reference (1) (APA):

American Society of Health-System Pharmacists, Inc. (2017). *Erythromycin ophthalmic: MedlinePlus drug information*. Medlineplus.gov. https://medlineplus.gov/druginfo/meds/a613018.html#:~:text=Ophthalmic%20erythromycin%20is%20used%20to

Centers for Disease Control and Prevention. (2019). *Vaccine information statement*. CDC. https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

Raghavachari, R. (2018). *Highlight of prescribing information*. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/012223s042lbl.pdf

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 2021.
Skin	**Smooth, flexible, good skin turgor, well hydrated, warm.**	**Jaundice, acrocyanosis, milia, Mongolian spots, stork bites**
Head	**Head circumference 36.5. No molding or caput noted.**	**Microcephaly, macrocephaly, enlarged fontanels**
Fontanels	**Both fontanels palpated and appropriate locations. Fontanels were soft. Fontanels were not sunken nor bulging.**	**Bulging or sunken fontanels**
Face	**Full cheeks, facial features symmetric**	**Facial nerve paralysis, nevus flammeus, nevus vasculosus.**
Eyes	**Clear and symmetrical placed on the face; online with ears.**	**Chemical conjunctivitis, subconjunctival hemorrhages**
Nose	**Small placement in the midline and narrow.**	**Malformation or blockage**
Mouth	**Aligned in the midline, symmetric, intact soft and hard palate. Oral mucous is warm, pink, and moist.**	**Epstein pearls, erupted precocious teeth, thrush**
Ears	**Soft and pliable with quick recoil when folded and released.**	**Low-set ears, hearing loss**
Neck	**Short, creased, moves freely, baby holds head in midline.**	**Restricted movement, clavicular fractures**
Chest	**Round, symmetric, smaller than head**	**Nipple enlargement, whitish discharge**
Breath Sounds	**Clear and equal breath sounds.**	**Labored breath sounds with crackles or rhonchi present**

Heart Sounds	**Clear S1 and S2**	**Presence of murmur and irregular heart rhythm.**
Abdomen	**The abdomen is non distended. The infant had their feeding.**	**Distended abdomen, retractions**
Bowel Sounds	**Bowel sounds were normoactive in all four quadrants**	**Hyperactive, hypoactive, or absent bowel sounds.**
Umbilical Cord	**Cord intact, clamped, and drying**	**Red, swollen and oozing**
Genitals	**Testes descended; no hypospadias noted.**	**Testes not descended or hypospadias noted.**
Anus	**Professor forgot to show us how to assess the anus.**	**Not patent**
Extremities	**Symmetrical, 10 finger, 10 toes, 2 arms, 2 legs. Full movement of extremities**	**No moving one or all extremities**
Spine	**Spine was aligned**	**Spine not aligned**
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	**Infant ID matched mother and father ID. Hugs tag present. Safe sleep precautions**	**No hugs tag. Infant ID does not match parents' ID. Sleep precautions not met.**

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	**37.3°C (R)**	**159 bpm**	**56 breaths/min**

4 Hours After Birth	**36.8°C (Auxillary)**	**137 bpm**	**42 breaths/min**
At the Time of Your Assessment	**36.8°C (Axillary)**	**150 bpm**	**58 breaths/min**

Vital Sign Trends: Trending toward Stable

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:00	**CRIES**	**N/A**	**0/10**	**N/A**	**N/A**

Summary of Assessment (4 points)

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

Patient to the OR time out was completed and confirmed all staff involved, and all equipment necessary was available patient stated first and last name and date of birth and procedure to be done. All parties agreed time out was completed. This neonate was delivered on 08/31/2022 by cesarean section with a low uterine transverse incision. Fluid ruptured clear; the neonate was delivered at 0745, and the placenta was manually extracted at 0747. The incision was sutured via an obstetrician and first assist. The scrub nurse and circulating nurse conducted counts. All counts were correct. Neonate was taken to a radiate warmer, where tactile stimulation and bulb suction were performed, and the neonate was dried. Father was brought to the warmer, the baby was swaddled, and the father brought the infant to the mother. Mother and baby were then transported to the recovery room. The APGAR score was 9. The Ballard gestational age scale revealed neonate is 39 weeks and LGA. There were no prenatal complications. The birth weight was 9 lb 4 oz (4204.5 g); the length was 53.34 cm (21 in); head circumference was 36.5 cm (14.37 in); and chest circumference was 36 cm (14.17 in). Upon assessment, all systems are within normal limits. The last set of vitals was the temperature was 36.8 degrees Celcius, pulse was 137 bpm, and respirations were 42 br/min. The neonate is breastfeeding and nursing well, with the feedings lasting 20 minutes every 3 hours. The neonate is scheduled for circumcision later in the week.

Nursing Interventions and Medical Treatments for the Newborn (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

"N" after you list them, identify medical treatments with "M" after you list them.)		
N: Blood sugar checks	Before meals for the first 12 hours of life.	This intervention was provided to the client because her was large for gestational age and his blood sugars are more likely to drop.
M: Aquamephyton	Once	This medical treatment was given so that the infant can make clotting factors so that the Infant does not bleed out.
M: Illotycin	Once	This medical treatment was given so that the infant does not develop any bacterial eye infection after birth.
M: Hepatitis Vaccine B	Once	This medical Treatment was given so that the infant does not contract hepatitis B.

Discharge Planning (2 points)

Discharge location: Discharged home in Mattoon, IL

Equipment needs (if applicable): Car seat

Follow up plan (include plan for newborn ONLY): Follow up in three days to check the infant's weight status.

Education needs: Feeding education, sleeping education, circumcision education, and umbilical cord education.

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 ineffective breastfeeding related to a poor infant sucking reflex secondary to breastfeeding as evidenced by the undesirable nursing process and inadequate emptying of each breast during each feeding	I chose this nursing diagnosis because it is important for the infant's survival to ensure that they have enough nutrients.	**1.** Examine the mother's knowledge and the level of education provided about breastfeeding before the mother and infant are discharged (Nursestudy.net, 2022). **Rationale** This intervention was chosen because it is important to know what the mother already knows about breastfeeding so that the nurse can focus their time on what they do not know and what is critical for them to know. 2. Observe for any apparent indicators of suckling issues during each feeding (Nursestudy.net, 2022). **Rationale** This intervention was chosen because the sooner we can identify a problem, the sooner we can treat that problem. Closely	The mother will achieve a breastfeeding schedule with the infant satisfied with the feedings and having sufficient weight gain.

		observing the infant while breastfeeding is the best way to decide if the infant is getting enough milk.	
2. Parents of the infant are at risk for knowledge deficit related to making decision about co-sleeping and bed-sharing safety measures as evidenced by current research regarding unsafe co-sleeping incidences.	I chose this nursing diagnosis due to the increased risk of SIDS and the risk of infant mortality that comes with co-sleeping.	1. Assess the mother and father's current knowledge about co-sleeping and bed sharing, assessing their fears, concerns, and current understanding of the benefits and risk before they are discharged from the hospital (Phelps,2020). **Rationale** In order to ensure the safety of the infant it is important to gauge the current knowledge of the parents on co-sleeping so that I can educate them I what they do not understand 2.Educate parents based on their current knowledge. Examples of what to teach include: What co-sleeping is, the risks, and the benefits. This education should occur before they are discharged and when they are willing to learn (Phelps, 2020). **Rationale** I Chose this nursing intervention because it is important that the parents understand everything, they can about co-sleep so that if they do choose to co-sleep, they can take the proper safety precautions.	The parents will understand the risks and benefits of co-sleeping and they will be able to implement the safety precautions when and if they decide to co-sleep with their infant.
3. Risk for infection related to the cord care site as evidenced by potential purulent	I chose this nursing diagnosis because if the umbilical cord is not cared for properly the	**1.** Assess the mothers and fathers' current knowledge on cord care. Make sure that they how to clean the cord, make sure the keep the cord dry, and to always keep the diaper below the cord.	Both parents will be able to teach back how to care for their infant's umbilical cord. Both parents will also know the signs that are concerning and when

drainage or redness surrounding the umbilical cord.	infant could get an infection.	Assessing the parents' knowledge should be done before discharge from the hospital (Mayo Clinic Staff, 2018). **Rationale** This nursing intervention was chosen because when the parent leaves the hospital, they will be the ones caring for their baby so they must be taught how to care for the umbilical cord to help prevent infection. **2.** Make sure that the parents know the signs and symptoms that require them to notify their babies provider. Signs that must be reported include bleeding from the cord, purulent drainage, and redness. Education should be done before discharge from the hospital (Mayo Clinic Staff, 2018). **Rationale** I chose this nursing intervention because while the parents need to learn how to care for the umbilical cord, they also need to learn the early signs of infection so that they seek treatment for their baby as soon as possible.	they should report to their infant's primary care provider.
4. Risk of infection related to circumcision as evidenced by redness and swelling at the incision site.	**I chose this nursing diagnosis because in the parent do not take care of their baby's incision properly it could become infected and if**	**1.** Before discharge the parents must be educated on how to care for their infant's surgical incision. They must be taught to leave the infants dressing on for 24 hours after the procedure and to apply a petroleum-based ointment to end of the penis after every bath and with each diaper change	Both parents will be able to properly care for the infant after his circumcision. They will know how to properly clean the incision and they will know the warning signs and symptoms of infection and they will seek treatment if necessary.

	the infection got into the blood supply the infant could become septic and die.	(Healthwise Staff, 2018). **Rationale** I chose this nursing intervention because the parents must be able to care for the incision site once they leave the hospital. This education will help reduce the chance that the incision will become infected. **2.** Before the patient is discharged, we must educate the parents when they need to go to the emergency department. If the infant has excessive bleeding, fever, worsening redness or swelling, or purulent drainage (Healthwise Staff, 2018). **Rationale** This is an important intervention because if these symptoms are ignored then the infant's infection can continue to worsen and the infant can go septic and die.	

Other References (APA):

Healthwise Staff. (2018, November 13). *Circumcision*. Dayton Children's. https://www.childrensdayton.org/patients-visitors/services/urology/conditions/circumcision#:~:text=After%20your%20baby%20has%20a

Mayo Clinic Staff. (2018). *Umbilical cord care: Do's and don'ts for parents*. Mayo Clinic. https://www.mayoclinic.org/healthy-lifestyle/infant-and-toddler-health/in-depth/umbilical-cord/art-20048250

Nursestudy.net. (2022, April 15). *Breastfeeding Nursing Diagnosis and Nursing Care Plan*. NurseStudy.net. https://nursestudy.net/breastfeeding-nursing-diagnosis/

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.