

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

Date & Time of Clinical Assessment 8/31/2022 @0845	Patient Initials T.Y.	Date & Time of Birth 8/31/2022 @0745	Age (in hours at the time of assessment) 1 hour
Gender Male	Weight at Birth (gm) <u>4195.729</u> (lb.) <u>9</u> (oz.) <u>4</u>	Weight at Time of Assessment (gm) <u>4195.729</u> (lb.) <u>9</u> (oz.) <u>4</u>	Age (in hours) at the Time of Last Weight @ Birth
Race/Ethnicity Caucasian	Length at Birth Cm <u>53.34</u> Inches <u>21</u>	Head Circumference at Birth Cm <u>36.5</u> Inches <u>14.37</u>	Chest Circumference at Birth Cm <u>36</u> Inches <u>14.1732</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: G32002

When prenatal care started: 2/15/2022

Abnormal prenatal labs/diagnostics: All prenatal labs and diagnostic testing within normal limits.

Prenatal complications: History of seizure disorder, anxiety, depression, ANCA + vasculitis, hypotension, OCD, and nicotine use of 3mg.

Smoking/alcohol/drug use in pregnancy: Vaping 3mg

Labor History of Mother:

Gestation at onset of labor: 39 weeks

Length of labor: N/A (C-section)

ROM: 0743

Medications in labor: N/A

Complications of labor and delivery: N/A

Family History: Epilepsy, anxiety, depression, hypotension, OCD.

Pertinent to infant: Epilepsy

Social History (tobacco/alcohol/drugs): Vaping (3 mg) during pregnancy, occasional alcohol use, no drug use.

Pertinent to infant: Nicotine use during pregnancy

Father/Co-Parent of Baby Involvement: Father is involved in the caregiving.
(feedings, diaper changes, bathing, etc)

Living Situation: Living with Husband and children in a home.

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

High school diploma.

Birth History (10 points)

Length of Second Stage of Labor: N/A

Type of Delivery: Cesarean section

Complications of Birth: N/A

APGAR Scores:

1 minute: 9

5 minutes: 9

Resuscitation methods beyond the normal needed: Bulb suction

Feeding Techniques (10 points)

Feeding Technique Type: Breast feeding

If breastfeeding:

LATCH score: 8

Supplemental feeding system or nipple shield: N/A

If bottle feeding:

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: N/A %

****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% weight loss

Is this neonate's weight loss within normal limits? The neonate is in the 97th percentile within normal limits.

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: On demand. (at least 10-12 times in 24 hours)

Length of feeding session: 20 minutes

One or both breasts: Both (alternating)

If bottle feeding:

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

Output

Void

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

Number of voids in 24 hours: N/A

Stool

Age (in hours) of first stool:

Type: N/A

Color: N/A

Consistency: N/A

Number of times in 24 hours: N/A (The baby did not void within the time we were at clinical)

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	Preterm babies,	80-90 mg/dL	92 mg/dL	The newborns blood

	<p>small or large for gestational age, mothers who had diabetes, and rare medication conditions.</p>			<p>sugar is within normal limits despite being so large for gestational age (Van & Bladh, 2017).</p>
<p>Blood Type and Rh Factor</p>	<p>The blood type is tested in case of the baby needing blood products. The Rh factor is tested to ensure the baby and mother aren't incompatible. A baby that is Rh negative while the mother is Rh positive can cause many health issues.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

<p>Coombs Test</p>	<p>The Coombs test looks for antibodies that may stick to your red blood cells and cause red blood cells to die too early.</p>	<p>Negative</p>	<p>N/A</p>	<p>N/A</p>
<p>Bilirubin Level (All babies at 24 hours)</p> <p>*Utilize bilitool.org for bilirubin levels*</p>	<p>Bilirubin levels are tested to check for jaundice in babies.</p>	<p>5 to 6 mg per dL</p>	<p>N/A</p>	<p>N/A</p>
<p>Newborn Screen (At 24 hours)</p>	<p>Newborn screening helps identify serious but rare health conditions at birth.</p>	<p>Pass results means that the baby is not showing signs of any rare health conditions.</p>	<p>Results will not be available.</p>	<p>N/A</p>
<p>Newborn Hearing Screen</p>	<p>Newborn hearing screening test</p>	<p>Pass results mean that the newborn has</p>	<p>N/A</p>	<p>N/A</p>

	checks for hearing loss.	normal hearing function in both ears.		
Newborn Cardiac Screen (At 24 hours)	Newborn cardiac screening tests babies for congenital heart defects.	95% oxygen saturation and above.	N/A	N/A

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

Van, A. M., & Bladh M. L. (2017). *Davis’s comprehensive handbook of laboratory & diagnostic tests with nursing implications*. F.A. Davis Company.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine	NaCl nasal (0.65% ocean spray)	Zinc Oxide tropical 20%
Dose	1 mg/0.5 mL	0.25 inches	10 mcg/0.5 mL	One spray	One application
Frequency	Once	Once	Once	PRN	PRN
Route	Intramuscular	Ophthalmic	Intramuscular	Intranasal	Topical
Classification	T: Antidote P: Fat soluble vitamins	T: Antibiotic P: Macrolide	T: Vaccines/immunizing agents P: immune	T: Nasal lubricant P: Nasal Irrigant	Miscellaneous topical agent

			globulins		
Mechanism of Action	Prevention of bleeding due to hypoprothrombinemia.	Inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die.	-Confers passive immunity to hepatitis B infection.	Relieves nasal congestion by thinning mucus and moisturizes membranes	-Skin protectant to avoid diaper rash
Reason Client Taking	Prevention and treatment of vitamin K-deficiency bleeding in neonates.	To protect babies from getting bacterial eye infections that can occur during birth.	-Prevention of hepatitis B infection.	-Thins mucus to clear airways.	-Protects skin against diaper rash
Contraindications (2)	- Hypersensitivity -Use of injection formulations containing benzyl alcohol may lead to gasping syndrome in neonates and infants	- Hypersensitivity - Simvastatin	- Hypersensitivity - Thrombocytopenia	- Hypersensitivity -N/A	- Hypersensitivity -Open wounds
Side Effects/Adverse Reactions (2)	- Hypersensitivity -Gastric upset	-Pruritis -Erythema	-Anaphylaxis -Erythema	- Hypersensitivity -Nasal irritation	-Rash -Trouble breathing
Nursing Considerations (2)	-Observe for jaundice and kernicterus, especially in preterm infants.	-Monitor infants for vomiting or irritability -Monitor for signs of	-Be aware of maternal hepatitis status at appropriate ages. -Ensure the	-Report signs of nasal irritation -Report signs of	-Observe for signs of worsening condition -Monitor for allergic

	-Observe for signs of local inflammation.	hypersensitivity reaction.	infant is getting the proper dosage for their body weight.	hypersensitivity reaction	reaction.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	-Monitoring INR prior to and throughout vitamin K therapy	-N/A	-N/A	-N/A	-N/A
Client Teaching needs (2)	- Advise patient to report any symptoms of unusual bleeding or bruising (bleeding gums; nosebleed; black, tarry stools; hematuria; excessive menstrual flow). -Emphasize the importance of frequent lab tests to monitor coagulation factors.	-Notify the provider if signs of eye infection occur -Watch closely for signs and symptoms of severe diarrhea.	-Explain the purpose of the vaccine and how the infection is spread -Advise the family to report signs of anaphylaxis	-If bottle is held upright: delivers fine mist -If bottle is held horizontally: delivers a stream -If bottle is held upside down: delivers drops	-Apply thin layer on affected area -Do not apply directly on open wound

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

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	Skin is warm, pink, dry, and intact. Skin color appropriate for ethnicity. Skin turgor is elastic with no signs of rashes, bruises, or wounds.	Smooth, flexible, good skin turgor, well hydrated, warm.
Head	Head is appropriate size and shape for age, gender, and ethnicity.	Varies with age, gender, and ethnicity.
Fontanel	Anterior and posterior fontanel are firm and flat. No signs or sunken or bulging.	Anterior and posterior firm and flat
Face	Facial features are symmetrical, cheeks are full and warm.	Full cheeks, facial features symmetrical.
Eyes	Eyes are equal round and reactive to light. Clear and symmetrical.	Clear and symmetrically placed on face, outline with ears.
Nose	No deviated septum, nose is within midline. Nares are patent and narrow.	Small, placement in the midline and narrow, ability to smell.
Mouth	Mouth is within the midline and symmetrical. Soft and hard palate are intact.	Aligned in midline, symmetric, intact soft and hard palate.
Ears	Ears are soft and pliable with quick recoil.	Soft and pliable with quick recoil when folded and released.
Neck	Neck is short and creased. Freely moveable and hold head in midline with the body.	Short, creased, moves freely, baby hold head in midline.
Chest	Chest is round, symmetric, and smaller than head.	Round, symmetric, smaller than head.
Breath Sounds	Lung sounds are clear bilaterally and equal.	Lung sounds clear, bilateral, and equal.

Heart Sounds	Pulse is strong, fast, and rhythm is regular.	Strong pulse, regular rhythm
Abdomen	Abdomen is protuberant and soft.	Protuberant contour, soft
Bowel Sounds	Bowel sounds are active and heard in all four quadrants.	Bowel sounds active, heard in all four quadrants
Umbilical Cord	Three vesicles are visible.	Three vesicles in umbilical cord
Genitals	Glans are smooth, meatus is centered at the tip of the penis.	Smooth glans, meatus centered at tip of penis
Anus	We did the assessment with our professor and did not assess anus.	Patent
Extremities	Extremities are symmetrical and freely moveable.	Symmetric with free movement
Spine	Spine is intact without masses or openings and within the midline of the body.	Intact without masses or openings, within midline
Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position 	Baby has matching ID band with mom and hugs tag on ankle. Baby is skin to skin with mom.	Baby has matching ID bands with parents and wearing a hugs tag. Baby is sleeping on their back.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth 0745	37.3 °C rectal	159 bpm	56
4 Hours After Birth 1145	36.8 °C axillary	137 bpm	42
At the Time of Your Assessment 0845	36.8 °C axillary	150 bpm	58

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N/A	Cry	N/A	0/10	N/A	N/A

Summary of Assessment (4 points)

Discuss the clinical significance of the findings from your physical assessment:

This neonate was delivered on 8/31/22 at 0745 am by scheduled cesarean section. The Apgar score was 9 and 9. The neonate scored a 39 on the Ballard scale. The prenatal history shows that the birth was uncomplicated, but the mother did admit to using nicotine throughout the pregnancy. The birth weight was 9 lbs 4 oz (4.199 g); length was 35.34 cm; head circumference was 36.5 cm; and chest circumference was 36 cm. Upon full body assessment, all systems are within normal limits. The last set of vitals was 36.8°C axillary, 150 bpm, and respirations 58. The neonate was experiencing high respirations but showed no other signs of respiratory distress. The neonate is breastfeeding on demand for lengths of time around 20 minutes. The neonate is expected to discharge on time and see pediatrician shortly after.

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.
Accu checks (N)	Before each meal, 30 minutes after first meal for 12 hours.	The neonate was within the 95 th percentile for weight so due to protocol, they must receive blood sugar checks. Babies that are large for their gestational age have higher metabolic and glucose needs therefore have a higher chance of being hypoglycemic.
Erythromycin eye ointment (M)	Once	Eye ointment is routine medication to protect the babies eyes from possible

		infection caused by the mother at birth.
Bilirubin test (N)	Once	Testing bilirubin levels identifies babies that are at risk for jaundice.
Vitamin K injection (M)	Once	Vitamin K injections prevents hemorrhagic diseases of the newborn.

Discharge Planning (2 points)

Discharge location: Discharging to home with mother, father, and siblings.

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): Infants younger than 24 hours, follow up within 72 hours of age. Infants 24 to 48 hours of age, follow up within 96 hours of age. Infants older than 48 hours, follow up within 120 hours of age

Education needs: Instructions on proper breastfeeding position, attachment, and adequacy of swallowing. Breastfeeding mothers should consult their physicians before taking any new medications. Parents should not give their infant supplemental water or honey. Breastfed and bottle-fed infants receiving less than 500 mL of formula per day should receive 200 IU of a vitamin D supplement per day. Six or more wet diapers per day is normal for a breastfed infant after the mother’s milk has come in, as well as for bottle-fed infants. More than three bowel movements per day is normal in breastfed infants. Bottle-fed infants may have fewer bowel movements. Review of common rashes. Instruction on proper care of circumcised or

uncircumcised penises and umbilical cord. Rectal temperature of 100.5°F (38°C) or higher of dehydration, lethargy, poor feeding. Instruction on properly positioning the infant for sleep. Car seat selection and proper use.

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>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</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>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.</p>	<p>Evaluation (2 pts each)</p> <ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for aspiration related to excess gastric secretions as evidence by gagging.</p>	<p>Babies are at a high risk for aspiration due to ineffective coughing and excess thick excretions.</p>	<p>1. Put the baby on their side if they show signs of gagging/choking. 2. Use bulb suction when the baby cannot clear their own airway.</p>	<p>-The family was able to teach back the instructions about turning the baby on their side and using suction when needed. The goals are met.</p>
<p>2. Risk for infection related to improper umbilical cord care as evidence by redness and swelling of the umbilical cord.</p>	<p>Umbilical cords must remain clean and dry in order for it to fall off naturally without causing infection.</p>	<p>1. Wash hands before touching umbilical cord 2. Always keep umbilical cord clean and dry.</p>	<p>-The family understood how to properly care for the umbilical cord, proper hand hygiene, and signs and symptoms of infection. The goals are met.</p>
<p>3. Risk for impaired skin integrity</p>	<p>Babies are at risk for skin breakdown if</p>	<p>1. Ensure the baby always has a clean and dry diaper on.</p>	<p>-The family understands that the baby must not be left in a wet diaper</p>

<p>related to moisture as evidence by use of diapers.</p>	<p>their diapers are not changed shortly after wetting them.</p>	<p>2. Use skin protectant ointments if there are signs of skin breakdown.</p>	<p>for long periods of time. The family knows the signs of skin breakdown and how to use skin protectants to avoid breakdown.</p>
<p>4. Risk for hypoglycemia related to increased metabolic and glucose needs as evidence by 95th percentile for gestational weight.</p>	<p>This baby is at risk for hypoglycemia due to increased glucose needs from weighing in the 95th percentile for gestational age.</p>	<p>1. Assess blood glucose levels before meals 2. Monitor for signs and symptoms of hypoglycemia</p>	<p>-The family understands the signs and symptoms of hypoglycemia in a newborn and how to check the neonates blood sugar levels.</p>

Other References (APA):