# N432 Newborn Care Plan

Lakeview College of Nursing

Taylor Brooks

**Demographics (10 points)**

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|---|---|---|---|
| **Date & Time of Clinical Assessment**<br>**09-15-22**<br>**08:30** | **Patient Initials**<br><br>**Baby Girl S** | **Date & Time of Birth**<br><br>**09-15-2022** | **Age (in hours at the time of assessment)**<br>**8 hours** |
| **Gender**<br><br>**Female** | **Weight at Birth**<br><br>**(gm)**<br>**____3870_____**<br><br>**(lb.) __8___ (oz.)**<br>**___8.5__** | **Weight at Time of Assessment**<br>**(gm)**<br>**_____3870_____**<br><br>**(lb.) ___8__ (oz.)**<br>**__8.5___** | **Age (in hours) at the Time of Last Weight**<br><br>**0 Hours Baby girl was just born** |
| **Race/Ethnicity**<br><br>**Biracial** | **Length at Birth**<br><br>**Cm**<br>**____53.3_____**<br><br>**Inches**<br>**____21_____** | **Head Circumference at Birth**<br><br>**Cm**<br>**_____36_____**<br><br>**Inches**<br>**___14.173_____** | **Chest Circumference at Birth**<br><br>**Cm**<br>**_____2.17_____**<br><br>**Inches ___1_____** |

***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: T2: P2: A1: L2**

**When prenatal care started: 12-3-2021**

**Abnormal prenatal labs/diagnostics: Decreased RBC, HGB, HCT, MPV, Increased neutrophils and absolute neutrophils**

**Prenatal complications:**

**Nausea, Vomiting, High risk pregnancy, Marijuana use, Vaginal discharge, vaginitis, chlamydia trachomatis, cystitis, underweight, not immune to rubella, maternal varicella non-immune, herpes simplex 1, subchrorionic hemorrhage, acute cystitis without hematuria, abdominal pain affecting pregnancy, vaginal itching, anemia complicating**

**pregnancy, Group B streptococcus carrier, cutaneous candidiasis, uterine size discrepancy, excess weight gain, abnormal weight gain**

**Smoking/alcohol/drug use in pregnancy: Marijuana use every day 1 time a day**

**Labor History of Mother:**

**Gestation at onset of labor: 40 weeks 6 days**

**Length of labor: 15 hours**

**ROM: Artificial ROM 9-14-22 at 2301**

**Medications in labor: Metoclopramide, ondansetron, Rho D immune globin, sodium citrate citric acid, azithromycin, ephedrine sulfate, fentanyl, lactated ringers, oxytocin**

**Complications of labor and delivery: Fetal intolerance**

**Family History**

**Pertinent to infant: No family history pertinent to the infant**

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

**Pertinent to infant: Marijuana use by mom every day once a day**

**Father/Co-Parent of Baby Involvement: Father is fully involved in the baby's life**

**Living Situation: Baby lives with both her mother and father and her big brother**

**Education Level of Parents (If applicable to parents' learning barriers or care of infant): Education level of both parents is at the High School level**

**Birth History (10 points)**

**Length of Second Stage of Labor: There was not a second stage of labor due to an emergency c section**

**Type of Delivery: C section**

**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:**

**If breastfeeding:**

**LATCH score: 9**

**Supplemental feeding system or nipple shield: None**

**If bottle feeding: N/A**

**Positioning of bottle:**

**Suck strength:**

**Amount:**

**Percentage of weight loss at time of assessment: _____%**

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

**The infant was not old enough to obtain this percentage but to get this we would divide the current weight by the birth weight and then times that by 100**

**What is normal weight loss for an infant of this age? -4.5%**

**Is this neonate's weight loss within normal limits? Not completed at this time**

**Intake and Output (8 points)**

**<u>Intake</u>**

**If breastfeeding:**

**Feeding frequency: every 1-2 hours**

**Length of feeding session: 20 minutes**

**One or both breasts: Both breast**

**If bottle feeding: N/A**

**Formula type or Expressed breast milk (EBM):**

**Frequency:**

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

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

**If NG or OG feeding: N/A**

**Frequency:**

**Volume:**

**If IV: N/A**

**Rate of flow:**

**Volume in 24 hours:**

**<u>Output</u>**

**Void**

**Age (in hours) of first void: 8 hours**

**Number of voids in 24 hours: 1**

**Stool**

**Age (in hours) of first stool: 8 hours**

**Type: Meconium**

**Color: Black**

**Consistency: Moderate**

**Number of times in 24 hours: 1**

**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 | This test is ordered when the mother has gestational diabetes, and the infant has macrosomia or cold temperature (Pagana et al., 2018). | 30-60 mg/dL (Pagana et al., 2018). | The Infant was not tested due to being eight hours old. | The infant was not tested |
| Blood Type and Rh Factor | 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 +. | A, B, O, AB<br><br>(+/-) Rh +/- | A, Rh + | This test was done to determine the infant's blood type and Rh factor to determine if it interacts with the mothers |

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| **Coombs Test** | **A combs test can detect the infants' antibodies or the components coating the transfused RBCs** | **Positive or negative** | **The infants Coombs test was negative** | **The negative result means the infant has antibodies in her serum** |
| **Bilirubin Level (All babies at 24 hours)**<br><br>***Utilize bilitool.org for bilirubin levels*** | **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-related changes** | **Total bilirubin: 1.0-12.0 mg/dL (Pagana et al., 2018).** | **This test was not performed on the infant because the infant was only eight hours old.** | **The infant was not tested.** |

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| | **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).** | | | |
| **Newborn Screen (At 24 hours)** | **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).** | **Negative (Pagana et al., 2018).** | **Results will not be available.** | **The results were not available due to the infant being eight hours old.** |
| **Newborn Hearing Screen** | **The hearing test is a crucial first step in determining whether the child may be deaf or hard of hearing (Pagana et al., 2018).** | **Passed bilaterally (Pagana et al., 2018).** | **Test was not completed at this time because the infant was only eight hours old.** | **Test was not completed at this time.** |
| **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** | **This test was not completed at this time due to the infant being eight hours old.** | **Test was not completed at this time.** |

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| | | **(Pagana et al., 2018).** | | |

**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 (Recombvar HB)** | | |
|---|---|---|---|---|---|
| **Dose** | **1 mg** | **2 g** | **0.5 mL** | | |
| **Frequency** | **1 time** | **1 time** | **1 time** | | |
| **Route** | **Intramuscular** | **Topical** | **Intramuscular** | | |
| **Classification** | **Anticoagulant** | **Macrolide** | **Immune globulin** | | |
| **Mechanism of Action** | **Aquamephyton's aqueous colloidal solution of vitamin K1 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),** | **Binds with 50S ribosome subunit of the 70S ribosome in many aerobic, anaerobic, gram-negative, and gram-positive types. This action inhibits RNA-dependent protein synthesis in bacterial cells,** | **The Hepatitis B vaccine provides passive immunity to hepatitis B (Jones & Bartlett Learning, 2020).** | | |

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| | **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 & Bartlett Learning, 2020).** | **causing them to die (Jones & Bartlett Learning, 2020).** | | | |
| **Reason Client Taking** | **Anticoagulant** | **For infants born to mothers with clinically apparent Neisseria gonorrhoeae Chlamydia trachomatis (Jones & Bartlett Learning, 2020).** | **To protect the infant from hepatitis B (Jones & Bartlett Learning, 2020).** | | |
| **Contraindications (2)** | **Two contraindications to using Aquamephyton (Vitamin K) include hypersensitivity to any ingredients. This medication treats anticoagulant-induced hypoprothrombinemia deficit brought on by** | **Hypersensitivity to the medication and infants may have a difficult time opening their eyes (Jones & Bartlett** | **side effects from the hepatitis B vaccine include pain and redness at the injection site (Jones & Bartlett** | | |

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| | **coumarin or indanedione derivatives (Jones & Bartlett Learning, 2020).** | **Learning, 2020).** | **Learning, 2020).** | | |
| **Side Effects/Adverse Reactions (2)** | **Redness at the site of injection and "gasping syndrome" (Jones & Bartlett Learning, 2020).** | **Mild irritation and redness around the eyes** | | | |
| **Nursing Considerations (2)** | **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).** | | |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | **There are no labs needed prior to administering this injection. Assessing your patient and before is a requirement (Jones & Bartlett Learning, 2020).** | **Before administering erythromycin would be to assess the eyes for drainage or crusting and monitor for side effects after administration (Jones & Bartlett Learning, 2020).** | **There are no prior labs to be drawn prior to administering. Assess the infant for skin reactions (Jones & Bartlett Learning, 2020).** | | |
| **Client Teaching needs (2)** | **Educate the patents about Vitamin K and the benefits it has to their infant, also include the side effects.** | **Educate parents to not wipe the eyes or touch around the infants' eyes.** | **Teach the patients parents that redness at the injection site may occur along with a** | | |

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| | | | **fever and give the parents a Hepatitis B vaccine brochure.** | | |

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

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

**Newborn Assessment (20 points)**

| Area | Your Assessment | Expected Variations and Findings<br>*This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021. |
|---|---|---|
| **Skin** | **Normal; smooth, flexible, good skin turgor, well hydrated, warm (Ricci et al., 2021).** | **Jaundice, acrocyanosis, stork bites** |
| **Head** | **Normocephalic, well-proportioned for her age** | **Microcephaly or macrocephaly** |
| **Fontanels** | **Fontanels are normal in size both anterior and posterior.** | **Enlarged fontanels present** |
| **Face** | **Normal structure, full cheeks, and symmetrical facial features (Ricci et al., 2021).** | **Nevus flammeus or vasculosus, Facial nerve paralysis.** |
| **Eyes** | **Normal, clear, and symmetrically placed on the face** | **Chemical conjunctiva and subconjunctival hemorrhages.** |
| **Nose** | **Normal placement is midline** | **Malformation or some blockage could be present** |
| **Mouth** | **Normal, aligned in midline, symmetric, intact soft and hard palate (Ricci et al., 2021).** | **Epstein pearls, erupted precocious teeth, thrush** |
| **Ears** | **Normal, soft, and pliable with quick recoil when folded and released (Ricci et al., 2021).** | **Hearing loss maybe present, and low set ears** |
| **Neck** | **Normal, short, creased, moves freely, baby holds head in midline (Ricci et al., 2021).** | **Clavicle fractures from delivery or restricted movements.** |
| **Chest** | **Round and symmetrical, smaller than head (Ricci et al., 2021).** | **Whitish discharge on nipples maybe present, or nipple engorgement** |
| **Breath Sounds** | **Unlabored breathing with no respiratory distress** | **Restricted breathing with course or crackling in the bases of lungs.** |

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| **Heart Sounds** | **Normal S1 and S2 with no murmurs** | **Murmurs maybe heard upon assessment** |
| **Abdomen** | **Normal, protuberant contour and soft (Ricci et al., 2021).** | **Distended** |
| **Bowel Sounds** | **Normal active bowel sounds present** | **Lessened clicks present with bowel sounds** |
| **Umbilical Cord** | **Three vessels present in umbilical cord** | **Cord bleeding and drainage** |
| **Genitals** | **Swollen female genitals as a result of maternal estrogen (Ricci et al., 2021).** | **Labial bulge and rectovaginal fistula** |
| **Anus** | **The position is midline and is patent with meconium passage (Ricci et al., 2021).** | **Anal fissures, and no meconium present** |
| **Extremities** | **Extremities are symmetric with free movement** | **Congenital hip dislocation may be present** |
| **Spine** | **Aligned normal and intact with free movement** | **Dimple or tuff on the spine** |
| **Safety**<br>• **Matching ID bands with parents**<br>• **Hugs tag**<br>• **Sleep position** | **Matching ID bands with parents** | **ID bands do not match** |

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

| Time | Temperature | Pulse | Respirations |
|---|---|---|---|
| **Birth** | **98.6 F (axillary)** | **178** | **50** |
| **4 Hours After Birth** | **98 F (axillary)** | **146** | **46** |
| **At the Time of Your Assessment** | **98.4 F (axillary)** | **160** | **52** |

**Vital Sign Trends: The infant is within the normal vital ranges. The infant's pulse was higher upon delivery, and this is normal. The vitals then dropped to expected ranges for an infant's heart rate. The infants' respirations were all within normal limits**

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **0830** | **Neonatal infant pain scale (NIPS)** | **General** | **1** | **Fussy** | **Swaddle** |

**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 9-15-2022 at 0041 by emergency c-section. The Apgar scores were 8 and 9. The EDD was on 9-9-2022. The new Ballard scale assessment revealed neonate is 40 weeks and LGA. The prenatal history shows pregnancy was complicated. The birth weight was 8 lbs. 8.5 oz (3870 grams); the length was 21'' (53.3 cms); head circumference was 14" (36 cm); chest circumference was 11" (27.9 cm). Upon assessment, all systems are within normal limits. The last set of vitals were: 98.6/160/52. Breath sounds x3 at 0830 was WNL with the lowest being 46. The neonate is breastfeeding and nursing well with all feedings 20"/20" q 2-3 hrs. The bilirubin level was not able to be assessed at this time. The neonate is expected to be discharged with the mother and father on 9-17-2022 and to see the pediatrician in the office for the first well baby check within 48 hours on 9-19-2022.

**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. |
|---|---|---|
| Feeding neonate (N) | Every 2-3 hours | To ensure proper nutrition and to allow the infant to grow |

| | | |
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| Bathing (N) | Every 2-3 days | To ensure the infant is clean and healthy. |
| Swaddling (N) | An infant like to be swaddled the majority of the time. This can help warm and comfort the infant | Swaddling can keep the infant warm and comfortable. |
| Dressing (N) | An infant should always be dressed when not bathing so the infant's temperature does not drop | Keeping the infant dressed can help keep the infant warm and have a good body temperature. |

**Discharge Planning (2 points)**

**Discharge location: Neonate is planning to go home with mother, father, and brother.**

**Equipment needs (if applicable): None**

**Follow up plan (include plan for newborn ONLY): Future include follow up for a well-baby visit 09-19-2022 for a newborn checkup.**

**Education needs: Upon discharge car seat education, feeding and diaper change will be given.**

**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 priorit**

| **Nursing Diagnosis (2 pt each)** | **Rational (1 pt each)** | **Intervention/Rational (2 per dx) (1 pt each)** | **Evaluation (2 pts each)** |
|---|---|---|---|
| Identify problems | Explain why | Interventions should be | • How did the patient/ |

| | | | |
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| that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components | the nursing diagnosis was chosen | 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. | family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
| **1. Malnutrition related to not eating as evidence by last feeding was four hours ago** | **This nursing diagnosis was chosen because if the baby is not eating every 2-3 hours she is at risk for being malnourished.** | **1.Adequate nutrition during infancy is essential to ensure the growth, health, and development of infants to their full potential, plan to assess in the next 2 hours**<br>**Rationale: The mother agrees on filing out a feeding log to ensure proper nutrition for her baby (Ricci et al., 2021).**<br><br>**2.Education on how breastmilk is effective to the infant by providing necessary nutrients in the proper proportions, breast milk helps protect against allergies, sickness, and obesity**<br>**Rationale: Providing this education on breast feeding helped the mother understand better to not underfeed the infant (Ricci et al., 2021)** | **The infant should be eating every 2-3 hours and should not sleep through feedings the infant should be woken up to feed, the infants mother understood and agreed on these terms.**<br><br>**Modifications were needed on the education of making sure the infant eats in the correct time periods, the mother understood the education given to her on properly feeding the infant** |
| **2. Hypothermia related to a drop in temperature as evidence by the baby not being clothed or swaddled properly** | **Leaving the infant unclothes or not swaddled correctly can cause the infant to become cold and not be able to regulate their** | **1. Educating the mother on how important it is to add extra layers of clothing or blankets to the infant is important when trying to thermoregulate.**<br>**Rationale: The mother understood the education on infant thermoregulation (Ricci et al., 2021).** | **Infant should be always clothed and swaddled properly and should only be undressed or unswaddled when changing or bathing the infant mother agreed on these terms.**<br><br>**No modifications** |

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| | **body temperature** | **2.Education on properly swaddling the infant was given the mother agreed to properly knowing how to swaddle the infant<br>Rationale: Swaddling an infant can help keep them warm and at a regulated temperature (Ricci et al., 2021).** | **needed, the mother understands the reason behind keeping the infant clothed and swaddled and given proper education on swaddling.** |
| **3. Knowledge deficit related to car seat safety as evidence by laws changing since mother's previous child 10 years ago** | **Car seat safety is very important to keep the infant safe at all times when in a vehicle the laws and regulations for car seats have changed in the last 10 years.** | **1. Education on the car seat was verbally given to the mother. The nurse showed the mother how to properly buckle the infant in and how to properly place the chest clip.<br>Rationale: Providing this education helped the mother better understand how to buckle in the infant (Ricci et al., 2021).<br><br>2. Putting the infant in the proper car seat will ensure safety<br>Rationale: This helped the mother understand new car seat safety, laws, and regulations<br>(Ricci et al., 2021).** | **Infant should always be in the car seat when in a vehicle. The buckle should be at chest level, and the infant's seat should be rear facing.<br><br>No modifications needed the mother understood the instructions given to her on the proper education of car seat safety.** |
| **4. Knowledge deficit related to breast feeding as evidence by mother bottle feeding her last child.** | **Not knowing how to properly breast feed an infant can cause the infant to not know how to latch or not be fed properly** | **1. Mother was given a breast-feeding log to log all breast feedings in the future will assess in the next 2 hours<br>Rationale: This will provide adequate detail on when the infant last ate and if she was properly breast fed<br>(Ricci et al., 2021).<br><br>2. Education on breast feeding was verbally given** | **The infant should latch well to breast, and this was shown that she is latching well due to her latch score of 9 mother is holding her across the chest.<br><br>No modifications needed the mother understood the breast-feeding techniques shown to her and was given proper education** |

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| | | **to the mother. The nurse showed the mother how to properly breast feed Rationale: Providing this education helped the mother better understand how to breast feed an infant (Ricci et al., 2021).** | **on breastfeeding.** |

**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**