N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 10/10/2022 at 0930	**Patient Initials** N.W.	**Date & Time of Birth** 10/9/2022 at 1631	**Age (in hours at the time of assessment)** 16 hours
Gender Female	**Weight at Birth** **(gm)** 2520 grams **(lb.)** 5 **(oz.)** 8.9	**Weight at Time of Assessment** **(gm)** 2460 **(lb.)** 5 **(oz.)** 6.8	**Age (in hours) at the Time of Last Weight** 16 hours
Race/Ethnicity African American	**Length at Birth** **Cm** 48.3 **Inches** 32	**Head Circumference at Birth** **Cm** 32 **Inches** 12.6	**Chest Circumference at Birth** **Cm** This was not done at time of birth **Inches** This was not done at time of birth

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: G6 T5 P5 A1 L5

When prenatal care started: Prenatal care started on June 2nd, 5 months gestation.

Abnormal prenatal labs/diagnostics: On 10-9-22 hemoglobin was 8.6 and MCV 72.4

Prenatal complications: Obesity and history of cesarean delivery.

Smoking/alcohol/drug use in pregnancy: Alcohol and drug use was not reported.

Mother is a former smoker, smoking a half pack a day. Has never used smokeless tobacco.

Labor History of Mother: Cesarean section

Gestation at onset of labor: 37 weeks 2 days

Length of labor: 5 minutes

ROM: Artificial rupture of membranes on 10/9/2022 at 1631.

Medications in labor: Terbutaline, Azithromycin, and Ancef

Complications of labor and delivery: Postpartum hemorrhage

Family History: Maternal grandmother has a history of hypertension and diabetes.

Pertinent to infant: No health concerns pertinent to this infant.

Social History (tobacco/alcohol/drugs): Mother quit smoking tobacco. No drug or alcohol use.

Pertinent to infant: There was no history of drug, alcohol, or tobacco use.

Father/Co-Parent of Baby Involvement: Father is at bedside, involved in the plan of care.

Living Situation: Lives with boyfriend, maternal grandmother is involved in care of grandchildren and daughter.

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

Birth History (10 points)

Length of Second Stage of Labor: Patient did not have a vaginal delivery.

Type of Delivery: Cesarean section

Complications of Birth: Postpartum hemorrhage.

APGAR Scores:

1 minute: 7

5 minutes: 8

Resuscitation methods beyond the normal needed: Stimulation

Feeding Techniques (10 points)

Feeding Technique Type: Bottle feeding

If breastfeeding: Mother is not breastfeeding.

LATCH score: LATCH score does not pertain to the mother because she is not breastfeeding.

Supplemental feeding system or nipple shield: This is not pertinent because the mother is not breastfeeding.

If bottle feeding:

Positioning of bottle: Cradle hold feeding

Suck strength: Sucking reflex present, strength is weak.

Amount: Attempting 1-2 ounces during each feeding session.

Percentage of weight loss at time of assessment: -2%

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

The formula is current weight subtracted from birth weight. So, 5.425-5.55625 which equals 0.13125. This amount is how much the newborn has lost. Then, the amount lost is divided by the birth weight. This number comes out to be 0.0236. It is then multiplied by 100, equaling 2.36, rounding to 2.4%.

What is normal weight loss for an infant of this age? Newborns usually lose up to 10% of their birth weight within the first few days of life (Ricci et al., 2021).

Is this neonate's weight loss within normal limits? Yes, this newborn's weight loss is within normal limits.

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: This newborn is not breastfeeding.

Length of feeding session: This newborn is not breastfeeding.

One or both breasts: This newborn is not breastfeeding.

If bottle feeding:

Formula type or Expressed breast milk (EBM): Ready to drink premixed formula.

Frequency: Every 2-3 hours.

Volume of formula/EBM per session: 1-2 ounces per feeding session.

If EBM, is fortifier added/to bring it to which calorie content: This newborn is not breastfeeding.

If NG or OG feeding:

Frequency: This newborn does not have an NG or OG tube.

Volume: This newborn does not have an NG or OG tube.

If IV:

Rate of flow: This newborn did not have an IV.

Volume in 24 hours: This newborn did not have an IV.

Output

Age (in hours) of first void: Less than one hour old

Voiding patterns:

Number of times in 24 hours: five

Age (in hours) of first stool: Two hours old

Stool patterns:

Type: medium

Color: meconium green

Consistency: tarry and sticky

Number of times in 24 hours: three

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why was this test ordered for THIS client? *Complete this even if these labs have not been completed*	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	This test is done to ensure the baby is not hypoglycemic or hyperglycemic (Tina, 2018).	Hypoglycemia is <40 and hyperglycemia is >150 (Tina, 2018).	This was not drawn on this patient.	This was not done on this patient.
Blood Type and Rh Factor	This test is done to determine the blood type of the infant. The Rh factor is done to assess if the infant has the protein responsible for being positive or negative (Cleveland Clinic, 2018).	A, B, AB, O Positive or negative	This was not drawn on this patient.	This was not done on this patient.
Coombs Test	This test is ordered when a baby has significant jaundice (Stanford Medicine, 2022). The test is looking for foreign antibodies that could be causing hemolysis (Stanford Medicine, 2022).	Negative	This was not done on this patient.	This was not done on this patient.

Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	This test is done to measure the amount of bilirubin levels in the blood (Alberta Health Services, 2022). High levels may indicate that there is extra breakdown of blood cells, and the liver is not able to get rid of them (Alberta Health Services, 2022).	Normal bilirubin levels within 24 hours of birth should be 5.2 and under (EC Meds, 2022).	Patient was not 24 hours old at the time of assessment.	This was not done on this patient.
Newborn Screen (At 24 hours)	This test is done to detect any disabling conditions in newborns as early as possible (Office of Communications ,2017)	No signs of abnormalities present.	**(If available—these may be not available until after discharge for some clients)**	This was not done on this patient.
Newborn Hearing Screen	This test ensures there is no hearing loss with the newborn.	Passed	Patient passed the newborn hearing screen.	This test confirmed the infant had no loss of hearing.
Newborn Cardiac Screen (At 24 hours)	This test is used to screen infants for congenital heart defects (March of Dimes, 2020).	No significance of heart defects present.	Patient was not 24 hours old at the time of assessment.	This was not done on this patient.

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

Alberta Health Services. (2022). *Bilirubin blood test*: *About your child's test*. Alberta Health Services.https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?

hwid=aci2571#:~:text=The%20test%20is%20used%20to%3A%201%20Help%20decide,of%20liver%20disease%2C%20such%20as%20hepatitis%20or%20cirrhosis.

Cleveland Clinic. (2018). *Rh factor*. Cleveland clinic. https://my.clevelandclinic.org/health/diseases/21053-rh-factor

EC Meds. (2022). *What is a normal bilirubin level for a newborn?* EC meds. https://ecmeds.net/advice/what-is-a-normal-bilirubin-level-for-a-newborn/

March of Dimes. (2020). *Newborn screening tests for baby*. March of dimes. https://www.marchofdimes.org/baby/newborn-screening-tests-for-your-baby.aspx

Stanford Medicine. (2022). *The coombs' test.* Stanford medicine. https://med.stanford.edu/newborns/professional-education/jaundice-and-phototherapy/the-coombs--test.html

Office of Communications. (2017). *What is the purpose of newborn screening?* National institute of child health and human development. https://www.nichd.nih.gov/health/topics/newborn/conditioninfo/purpose

Tina, M. (2018). *Infant blood sugar levels.* Healthfully. https://healthfully.com/infant-blood-sugar-levels-5671533.html

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**		
Dose	1 mg	2 g	This vaccination was refused by parents.		

Frequency	once after birth	once after birth	This vaccination was refused by parents.		
Route	IM injection	ophthalmic ointment	This vaccination was refused by parents.		
Classification	Pharm: anticoagulation reversal agent Therapeutic: vitamin	Pharm:macrolide Therapeutic: antibiotic	This vaccination was refused by parents.		
Mechanism of Action	Vitamin K is an essential cofactor for an enzyme that produces the prothrombin and plasma components (Drugs.com, 2021).	Inhibits RNA dependent protein synthesis in bacterial cells, causing them to die (Jones & Bartlett Learning, 2021).	This vaccination was refused by parents.		
Reason Client Taking	Indicated for prophylaxis and treatment of vitamin K-deficiency bleeding in neonates (Drugs.com, 2021).	To prevent bacterial eye infections.	This vaccination was refused by parents.		
Contraindications (2)	Hypersensitivity to phytonadione or any other components of this medication (Drugs.com, 2021).	Hypersensitivity to other macrolide antibiotics or terfenadine therapy (Jones & Bartlett Learning, 2021).	This vaccination was refused by parents.		
Side Effects/Adverse Reactions (2)	Swelling and tenderness at the injection	Rash, jaundice	This vaccination was refused		

	site.		by parents.		
Nursing Considerations (2)	Vitamin K contains benzyl alcohol. When giving to infants, consider the total amount of benzyl alcohol from all sources to ensure an overdose does not occur (Drugs.com, 2021). Avoid IV administration of this drug (Drugs.com, 2021).	Monitor infants for vomiting or irritability with feeding (Jones & Bartlett Learning, 2021). Ensure it is given within one hour of birth.	This vaccination was refused by parents.		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Ensure it is the appropriate dosage and it is given via an injection.	Ensure it is the appropriate dosage and it is applied correctly.	This vaccination was refused by parents.		
Client Teaching needs (2)	Advise the parents of the reasoning and what to monitor for in case of a reaction.	Advise the infant's parents of the reasoning of this treatment and what to monitor for in case of a reaction.	This vaccination was refused by parents.		

Medications Reference (1) (APA):

Drugs.com. (2021). *Aquamephyton*. Drugs.com. https://www.drugs.com/pro/aquamephyton.html#s-43685-7

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones Bartlett Learning.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2020.
Skin	Patient had soft, brown skin. It was smooth with good skin turgor. Mongolian spots present on bottom.	Smooth, flexible, good skin turgor, well hydrated, warm to touch (Ricci et al., 2021). Variations: Jaundice, milia, Mongolian spots (Ricci et al., 2021).
Head	Patient's head was round and centered among shoulders.	Varies with age, gender, and ethnicity (Ricci et al., 2021). Variations: Microcephaly, macrocephaly, enlarged fontanelles (Ricci et al., 2021).
Fontanels	Patient's fontanels were soft, flat, and open.	Soft, flat, and open (Ricci et al., 2021). Variations: Enlarged (Ricci et al., 2021).
Face	Patient's facial features were symmetrical with full cheeks.	Full cheeks, facial features symmetric (Ricci et al., 2021). Variations: Facial nerve paralysis, nevus flammeus (Ricci et al., 2021).
Eyes	Patient's eyes were symmetrical and clear, with no drainage or redness present.	Clear and symmetrically placed on face (Ricci et al., 2021). Variations: Chemical conjunctivitis, hemorrhages (Ricci et al., 2021).
Nose	Patient's nose was midline, no drainage noted.	Small, placement in the midline and narrow, ability to smell (Ricci et al., 2021). Variations: Malformation or blockage (Ricci et al., 2021).
Mouth	Patient's mouth was positioned midline and symmetric. The soft and hard palate were intact.	Aligned in midline, symmetric, intact soft and hard palate (Ricci et al., 2021).

		Variations: Epstein pearls, erupted precocious teeth, thrush (Ricci et al., 2021).
Ears	Patient's ears were soft and had a quick recoil when folded and released.	Soft and pliable with quick recoil when folded and released (Ricci et al., 2021) Variations: Low-set, hearing loss (Ricci et al., 2021).
Neck	Patient's neck moved freely, and the baby held their head midline with ease.	Short, creased, moves freely, baby holds head in midline (Ricci et al., 2021). Variations: Restricted movements, clavicular fractures (Ricci et al., 2021).
Chest	Patient's chest was round and symmetric.	Round, symmetric, smaller than head (Ricci et al., 2021). Variations: Nipple engorgement, whitish discharge (Ricci et al., 2021).
Breath Sounds	Patient had clear breath sounds in all fields.	Normal breath sounds should be heard, with little difference between inspiration and expiration (Ricci et al., 2021). Variations: Unequal breath sounds (Ricci et al., 2021).

Heart Sounds	Patient had an accelerated heart sound. Normal S1 and S2 present.	Normal S1 and S2 are accentuated at birth (Ricci et al., 2021). The point of maximal impulse is lateral to midclavicular line at the fourth intercostal space (Ricci et al., 2021). Variations: Murmurs and absent S2 sound (Ricci et al., 2021).
Abdomen	Patient's abdomen was soft with blood vessels noted in the umbilicus area.	Soft, three vessels in the umbilical cord (Ricci et al., 2021). Variations: Distended, only two vessels in umbilical cord (Ricci et al., 2021).
Bowel Sounds	Patient had normoactive bowel sounds present in all four quadrants.	Normoactive bowel sounds present in all four quadrants (Ricci et al., 2021). Variations: Distal bowel obstruction (Ricci et al., 2021).
Umbilical Cord	Infant's umbilical cord was dry with no signs of drainage.	Dry, not drainage or bleeding should be present (Ricci et al., 2021). Variations: Single umbilical artery (Ricci et al., 2021).
Genitals	Patient had swollen labia majora and labia minora.	Swollen female genitals as a result of maternal estrogen (Ricci et al., 2021). Variations: Edematous scrotum in males, vaginal discharge in females (Ricci et al., 2021).
Anus	This neonate passed meconium, there was no noted drainage or redness on the anus or surrounding area.	Passage of meconium indicates patency of anus (Ricci et al., 2021). Variations: Imperforate anus without fistula (Ricci et al., 2021).
Extremities	Patient moved extremities freely with no restrictions.	Extremities symmetric with free movement (Ricci et al., 2021). Variations: Congenital hip dislocation (Ricci et al., 2021).
Spine	Patient's spine is symmetrical with no curvature present.	Symmetric with free movement (Ricci et al., 2021). Variations: Tuft or dimple on spine (Ricci et al., 2021).
Safety	Matching ID bands	Matching ID bands with parents. Hugs tag present.

● **Matching ID bands with parents** ● **Hugs tag** ● **Sleep position**	with parents. Hugs tag present. Newborn resting in the supine position.	Newborn resting in the supine position.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	97.2 degrees axillary	160 beats per minute	50 breaths a minute
4 Hours After Birth	98.3 degrees axillary	136 beats per minute	52 breaths a minute
At the Time of Your Assessment	98.5 degrees axillary	142 beats per minute	48 breaths a minute

Vital Sign Trends: The temperature steadily increased, the heart rate remained within normal limits, and the respirations remained consistent.

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0800	rFLACC	No pain was present.	No pain was present.	No pain was present.	No pain was 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 10/10/22 at 1631 by cesarean section. Apgar scores of 7/8. Client's mother was scheduled for this delivery. Neonate was 39 weeks at time of delivery. Prenatal history showed obesity and cesarean section times two. Birth weight was 5 pounds, 8.9 ounces (2520 grams), 32 inches long (48.3 cm), and the head circumference was 12.6 inches (32 cm). Upon assessment, all of the systems were within normal limits. Last set of vitals were temperature of 98.5 degrees, heart rate 142 beats a minute, and respirations were 48 breaths a minute. No blood sugars were completed on this infant. Infant is not breastfeeding, taking formula fed bottles every 2-3 hours. Bilirubin levels were not completed on this infant. Pending DCFS, the neonate is expected to be discharged with maternal grandmother. The mother was transferred to Carle Foundation Hospital.

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.**
Nursing care will assist with bathing the newborn (N).	One hour after birth and then daily.	This is done to ensure the infant remains clean, improve skin integrity, and aid with skin development.
Order of Erythromycin ointment and Vitamin K (M).	Once after birth.	Erythromycin is ordered to prevent bacterial eye infections. Vitamin K is ordered because infants are not born with enough of this vitamin to assist with blood clotting.
Nursing staff will assist with diaper changes (N).	This is done as needed.	This intervention aids in maintaining good skin integrity and building the infant and family's trust.

Glucose measurement may be ordered to detect hypoglycemia (M). Nursing staff will do physical assessments (N).	Glucose measurement may be done right after birth. Physical assessments are done daily.	Glucose measurements are done to ensure hypoglycemia or hyperglycemia is not present with the newborn. Physical assessments are completed to note any abnormalities.

Discharge Planning (2 points)

Discharge location: Discharge to home

Equipment needs (if applicable): No equipment needed

Follow up plan (include plan for newborn ONLY): Neonate will have an appointment with their pediatrician for their first well baby checkup after one week.

Education needs: Education needs consist of safe feeding and sleeping, and car seat safety.

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 hypothermia related to impaired thermoregulation	Newborns have trouble regulating their own body temperature	**1.** Monitor the patient's vital signs every four hours (Salvadore, 2022). **Rationale** To ensure the	Patient maintained a body temperature within normal limits. Family verbalized understanding of the

.	when they are first born, therefore ensuring adequate temperature control is crucial.	infant is regulating a normal temperature, taking vitals every four hours will show any change in status (Salvadore, 2022). 2. Keep the infant dry and wrapped in a warm blanket (Salvadore, 2022). **Rationale** The infant may lose heat quickly if exposed or has wet skin. Swaddling and drying the infant as quickly as possible will reduce the risk of hypothermia (Salvadore, 2022).	prevention of hypothermia.
2. Deficient knowledge related to giving birth to her first female as evidenced by seeking additional information regarding care.	This mother sought out information because she has never cared for a newborn girl.	**1.** Encourage the mother to ask questions to ensure she understands the information (Wagner, 2021). Demonstrate proper techniques on diaper changes and what is to be expected of a female. **Rationale** This will give the mother confidence to engage in learning and it will build a trusting relationship (Wagner, 2021). **2.**Use positive reinforcement and utilize repeat back methods when teaching (Wagner, 2021). **Rationale** Providing positive feedback gains confidence and using repeat back methods ensures she is competent in what was taught (Wagner, 2021).	Patient's mother verbalized understanding pertaining to the plan of care and was able to demonstrate tasks.
3. Risk for infection related to	This infant was less than	**1.** Ensure adequate hand hygiene before and after	The patient did not obtain any infections

immature immune system.	24 hours old. Also, this patient is not receiving breast milk, which is proven to have significant advantages on the immune system (Ricci et al., 2021).	patient care (Vera, 2022). **Rationale** This intervention reduces the risk of transmitting pathogens from patient to patient, thus decreasing risk of infection (Vera, 2022). **2.** Educate the client's parents on the proper cleaning and disinfecting of items (Vera, 2022). **Rationale** Knowledge of ways to reduce or eliminate germs decreases the likelihood of it occurring (Vera, 2022).	while hospitalized. The family voiced the importance of good hygiene and hand washing.
4. Deficient knowledge related to cognitive impairment as evidenced by maternal grandmother assisting with care of children and mother.	This mother did not care for her children independently because of a mental delay.	**1.** Involve the maternal grandmother in the plan of care and ensure an open environment for learning. **Rationale** Involving the appropriate people in the plan of care increases the likelihood of newborn care being done correctly. Having an open environment encourages questions. **2.** Provide clear and thorough explanations and demonstrations related to care of the newborn (Wayne, 2022). **Rationale** The mother may be more likely to ask questions if the expectations are clearly outlined (Wayne, 2022).	The family members responded well to these nursing interventions. They were able to voice proper care instructions and ask appropriate questions.

Other References (APA):

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

Salvadore, K. (2022). *Newborn nursing diagnosis and care plan*. Nurse together. https://www.nursetogether.com/newborn-nursing-diagnosis-care-plan

Vera, M. (2022). Risk for infection nursing care plan. Nurseslabs. https://nurseslabs.com/risk-for-infection/#nursing_interventions_for_risk_for_infection

Wagner, M. (2021). *Knowledge deficit nursing diagnosis and care plan*. Nurse together. https://www.nursetogether.com/knowledge-deficit-nursing-diagnosis-care-plan/

Wayne, G. (2022). *Knowledge deficits nursing care plan*. Nurseslabs. https://nurseslabs.com/deficient-knowledge/#nursing_interventions

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

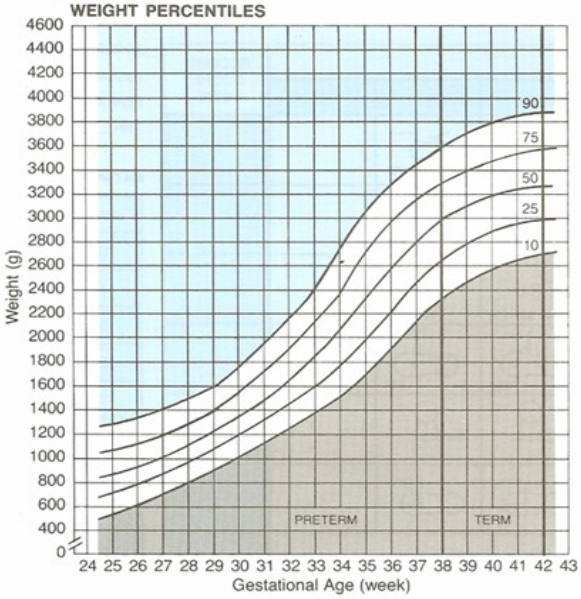
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

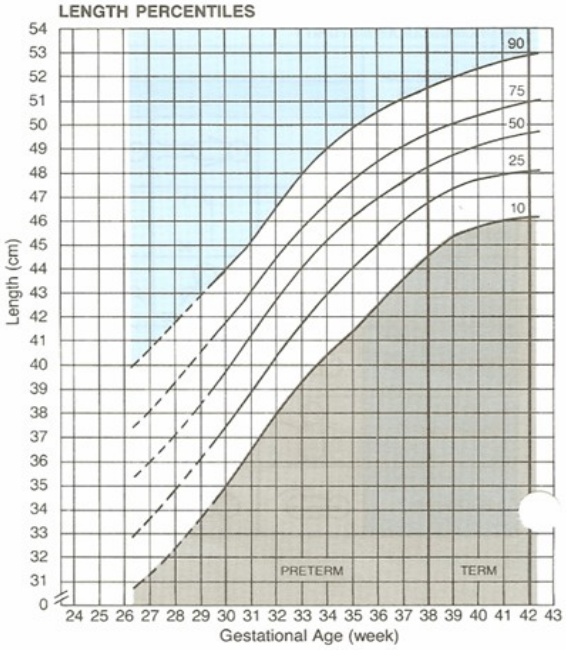
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

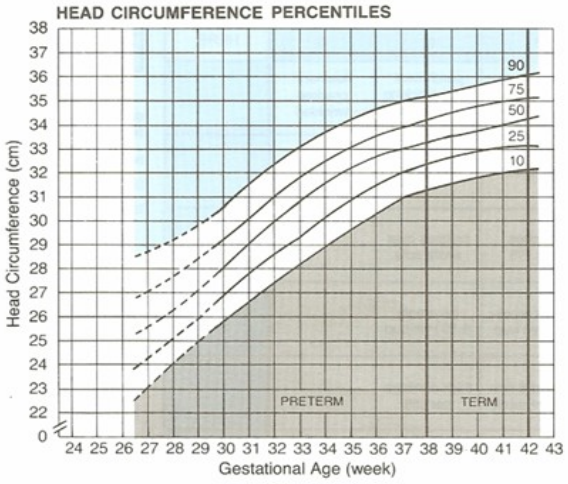
WEIGHT PERCENTILES



LENGTH PERCENTILES



HEAD CIRCUMFERENCE PERCENTILES



CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
Small for Gestational Age (SGA) (<10th percentile)			

*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

References
1. Battaglia FC, Lubchenco LO: A practical classification of newborn infants by weight and gestational age. J Pediatr 1967; 71:159-163