N432 Newborn Care Plan

Lakeview College of Nursing

Kati Davis

Demographics (10 points)

Date & Time of Clinical Assessment 10.10.22 0805	**Patient Initials** N.W.	**Date & Time of Birth** 10.09.22 1631	**Age (in hours at the time of assessment)** 16 hours
Gender Female	**Weight at Birth** **(gm)** 2520 g **(lb.)** 5 **(oz.)** 8.9	**Weight at Time of Assessment** **(gm)** 2460 g **(lb.)** 5 **(oz.)** 6.8	**Age (in hours) at the Time of Last Weight** 16 hours
Race/Ethnicity African American/ Non-Hispanic or Latino	**Length at Birth** **Cm** 48.3 cm **Inches** 32 in	**Head Circumference at Birth** **Cm** 32 cm **Inches** 12.6 in	**Chest Circumference at Birth** **Cm** Measurement not recorded **Inches** Measurement not recorded

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: G6 T4 P4 A1 L4 - Prenatal care began 06.02.22 at roughly 5 months gestation

Abnormal prenatal labs/diagnostics: On 10.09.22 – Hemoglobin 8.6 (L) | MCV 72.4 (L)

Prenatal complications: Obesity and history of cesarean delivery X 2

Smoking/alcohol/drug use in pregnancy: Alcohol use was never reported. Drug use was never reported. Mom is a former cigarette smoker – Half pack/day. Reported never using tobacco during pregnancy. Has never used smokeless tobacco.

Labor History of Mother:

Gestation at onset of labor: Term (37w2d)

Length of labor: 5 minutes (Scheduled C-section)

ROM: Artificial ROM – 10.09.22 @ 1631

Medications in labor: Terbutaline, Azithromycin, and Ancef

Complications of labor and delivery: Prior C-section X 2 | Small gestational age in prior pregnancies.

Family History: Family history includes diabetes in Mom's mother and hypertension in mom's mother.

Pertinent to infant: No health concern pertinent to the infant.

Social History (tobacco/alcohol/drugs): Quit smoking tobacco. Does not drink. Does not have a history of drug use.

Pertinent to infant: No social history pertinent to the infant.

Father/Co-Parent of Baby Involvement: Father of the infant is involved and at the bedside.

Living Situation: Lives with four other children in the home and the father of the newest baby. Maternal grandmother is involved in care of all grandchildren and the mother.

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: < 5 minutes

Type of Delivery: Cesarian delivery

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:

LATCH score: Mother has chosen not to breastfeed.

Supplemental feeding system or nipple shield: Mother has chosen not to breastfeed.

If bottle feeding:

Positioning of bottle: Cradle hold feeding**;** bottle is semi upright

Suck strength: Sucking reflex present – feeds at a slower pace.

Amount: After the assessment, the infant drank 0.5oz from the "ready to drink" premade bottle.

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)****

((Current weight-birth weight) / birth weight) x 100 = % of weight loss

((2460g-2520g) / 2520) x 100 = -2.3% ~ -2%

What is normal weight loss for an infant of this age? 7-10%

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

Intake and Output (8 points)

Intake

If breastfeeding: N/A - Mother has chosen not to breastfeed.

Feeding frequency: N/A - Mother has chosen not to breastfeed.

Length of feeding session: N/A - Mother has chosen not to breastfeed.

One or both breasts: N/A - Mother has chosen not to breastfeed.

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similac – ready-to-drink premixed formula

Frequency: Every 2-3 hours. Mom is following hunger cues

Volume of formula/EBM per session: Trying 1-2oz each feeding session.

If EBM, is fortifier added/to bring it to which calorie content: The mom is not pumping.

If NG or OG feeding:

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

<u>Output</u>

Void

Age (in hours) of first void: < 1 hour

Number of voids in 24 hours: Five

Stool

Age (in hours) of first stool: Roughly 2 hours

Type: Medium

Color: Meconium Green

Consistency: Tarry, Sticky

Number of times in 24 hours: 2

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 to see if the newborn is showing signs of hypoglycemia.	>45	This test not ordered for this patient	The results are unknown.
Blood Type and Rh Factor	This test is to determine the blood type of the newborn and if the blood lacks the Rh antigen, responsible for making the blood type positive or negative (Pagana et al., 2019).	A, B, AB, O (+) or (-)	Not ordered because Mom's blood type is (+)	The baby's blood type is unknown.
Coombs Test	This test is routine and helps detect any foreign antibodies that may have attached to the newborn's RBCs (Pagana et al., 2019).	(+) or (-)	Result not recorded.	The results are unknown.

Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Bilirubin levels are tested to screen for jaundice in the newborn (Pagana et al., 2019).	1-15	Baby not 24 hours yet.	This test was not completed as the newborn baby was not 24 hours yet during clinical shift. No interpretations at this time.
Newborn Screen (At 24 hours)	The newborn screen is used to help identify rare conditions present in the newborn (Pagana et al., 2019). Performing this screen can help eliminate or reduce the effects of the condition, if treated early enough (Pagana et al., 2019).	Results identify no conditions. All results should be normal	**Results will not be available.**	This test was not completed as the newborn baby was not 24 hours yet during clinical shift. No interpretations at this time.
Newborn Hearing Screen	This screening is routine and helps analyze any hearing issues that may be present and evaluated further in the newborn (Pagana et al., 2019).	Pass	Pass	The result is within normal limits, indicating no hearing issues for the baby.
Newborn Cardiac Screen (At 24 hours)	This screening helps detect for any critical congenital heart defects (Pagana et al., 2019).	SpO2 >95%. No positive findings	Baby not 24 hours yet.	This test was not completed as the newborn baby was not 24 hours yet during clinical shift. No interpretations at this time.

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

Pagana, K. D., Pagana, T.J., & Pagana T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14th ed.). Elsevier.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**
Dose	1 mg	2 g	N/A - Mother refused vaccine
Frequency	1x	1x	N/A - Mother refused vaccine
Route	IM	Ophthalmic (Both eyes)	N/A - Mother refused vaccine
Classification	Fat-soluble vitamin	Antibiotic	N/A - Mother refused vaccine
Mechanism of Action	Produces active coagulation factors.	Binds to and blocks bacterial ribosomes to inhibit protein synthesis, therefore stopping bacterial growth and replication.	The vaccine tells your body to make its own antibodies against the hepatitis B disease
Reason Client Taking	Provides the newborn with Vit K during their first week of birth until it can be produced by newborn.	This is a preventive measure to prevent eye infections that can be passed during birth.	N/A - Mother refused vaccine
Contraindications (2)	1. Newborns with hereditary hypoprothrombinemia. 2. Hypersensitivity to Vitamin K	1. Hypersensitivity to erythromycin. 2. Ocular irritation.	1. Severe allergic reaction. 2. Hypersensitivity to any component of the vaccine.
Side Effects/Adverse Reactions (2)	1. Hyperbilirubinemia 2. Cyanosis	1. Pruritus 2. Eye redness	1. Low-grade fever 2. Tachycardia

Nursing Considerations (2)	1. Apply pressure to the injection site to prevent further bleeding (Jones & Bartlett, 2022). 2. Protect medication from light (Jones & Bartlett, 2022).	1. Protect medication from freezing (Jones & Bartlett, 2022). 2. Protect medication from heat (Jones & Bartlett, 2022).	1. Allergies to latex (Jones & Bartlett, 2022). 2. Consider patients with weaker immune systems (Jones & Bartlett, 2022).
Key Nursing Assessment(s)/Lab (s) Prior to Administration	Priority injection that newborn must get in the first hour of birth. There are no nursing assessments/labs prior to administration.	Routine for newborn following birth. There are no nursing assessments/labs prior to administration.	A recommended vaccine given after birth. There are no nursing assessments/labs prior to administration.
Client Teaching needs (2)	1. Provide comfort during and after administration, as injection site may be sore after administration. 2. Report the occurrence of new rashes after receiving medication.	1. Provide the purpose for the medication. 2. Explain the potential side effects.	1. Swaddle baby for comfort after the vaccine in administered 2. Offer formula more often after the vaccine – this is another comfort measure.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th 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 2021.
Skin	Skin is warm, dry, intact, and elastic. Milia visualized. Mongolian spots on bottom present. Very fine hairs covering surface of skin.	*Expected Findings:* Smooth, flexible, good skin turgor, well hydrated, warm. *Expected Variations: Jaundice, acrocyanosis, milia, Mongolian spots, stork bites.*
Head	Slight molding visualized – the baby could have descended into the pelvis before C-section. Baby's fontanels are palpable.	*Expected Findings:* Varies with age, gender, and ethnicity *Expected Variations: Microcephaly, macrocephaly, enlarged fontanels.*
Fontanels	Normal size fontanels in the appropriate locations	*Expected Findings:* Anterior fontanel measures 3-4 cm long by 2-3 cm wide. Anterior fontanels are diamond-shaped and flat. Posterior fontanel measures 1-2 cm. Posterior fontanels are triangle-shaped and flat. *Expected Variations: Enlarged fontanels.*
Face	Symmetrical at rest and with movement.	*Expected Findings:* Full cheeks, facial features are symmetrical. *Expected Variations: Facial nerve paralysis, nevus flammeus, nevus vasculosus.*
Eyes	Eye size appropriate for age bilaterally. Baby's eyes remained closed.	*Expected Findings:* Clear and symmetrically placed on face; in line with ears. *Expected Variations: Chemical conjunctivitis, subconjunctival hemorrhages.*
Nose	Nares are patent. No septal deviations.	*Expected Findings:* Small, placement in the midline and narrow; ability to smell. *Expected Variations: Malformation*

		or blockage.
Mouth	There are moist mucus membranes. The palates are intact. Swallowing and sucking reflexes are appropriate for age.	*Expected Findings:* Aligned in midline, symmetrical, intact soft and hard palate. *Expected Variations: Epstein pearls, erupted precocious teeth, thrush.*
Ears	The external ear shape and placement appropriate for age. Well curved pinna, soft but recoils appropriately.	*Expected Findings:* Soft and pliable with quick recoil when folded and released. *Expected Variations: Low-set ears, hearing loss.*
Neck	There are no lumps palpable. Clavicles are intact upon palpation.	*Expected Finding:* Short, straight, creased with skin folds. Posterior neck lacks loose extra folds of skin. *Expected Variations: Congenital Torticollis, clavicle fracture, neck masses, congenital anomaly (webbed neck).*
Chest	Appropriately shaped chest for age. Was not able to obtain chest circumference upon assessment.	*Expected Findings:* Round, symmetrical, smaller than head. *Expected Variations: Nipple engorgement, whitish discharge.*
Breath Sounds	Breath sounds are present in all fields. There appears to be no signs of respiratory distress. Rise and fall of the chest bilaterally. Breath sounds are regularly irregular which is an expected finding in a newborn.	*Expected Findings:* Breath sounds are present and louder in newborns. Chest and axilla are clear on crying. Bronchial breath sound. *Expected Variations: Unequal breath sounds, asymmetric chest movement, respiratory distress.*

Heart Sounds	Heart sounds are regular, appropriate rhythm with no murmurs. S1 and S2 sound present, PMI at the mid-sternal border. Heart rate is accelerated which is an expected finding with a newborn. HR 156 at the time of assessment.	*Expected Findings:* Regular rate and rhythm are present. *Expected Variations:* Abnormal pulses, pediatric murmur, and absent S2 sound.
Abdomen	The abdomen is soft, nontender, non-distended, round, and symmetrical. There are no masses palpable and no organomegaly upon assessing.	*Expected Findings:* Protuberant contour, soft, three vessels in umbilical cord. *Expected Variations: Distended, only two vessels in umbilical cord.*
Bowel Sounds	Audible and normoactive bowel sounds present bilaterally.	*Expected Findings:* Bowel sounds are soft and heard shortly after birth. Bowel sounds heard every 10-30 seconds. *Expected Variations:* Distal bowel obstruction, hypoactive bowel sounds.
Umbilical Cord	Umbilical cord is normal in color and there is no bleeding present.	*Expected Findings:* No protrusion of umbilicus present. Cutis naval, granulation tissue presents in navel. Two arteries and one vein are visible. There is no bleeding and drying process starts 1-2 hours after birth. *Expected Variations:* Single umbilical artery (SUA).
Genitals	Normal female genitalia. Labia majora appear puffy. White discharge visualized.	*Expected Findings*: Both labia majora and minora should be seen. Hymenal tissue is light pink with a central orifice between the labia minora. *Expected Variations:* White or mucoid discharge. Puffy appearance.
Anus	The anal opening is patent and is in the midline position.	*Expected Findings:* No rashes or redness around the anal opening. Normal colorization. *Expected Variations:* Imperforate anus without fistula.

Extremities	The patient moves all extremities well. There is good muscle tone bilaterally and strong finger grasps present bilaterally.	*Expected Findings:* Extremities symmetric with free movement. *Expected Variations:* Congenital hip dislocation.
Spine	The spine is intact without deformities.	*Expected Findings:* C-shaped spine. Flat and shape in prone position, slight lumbar lordosis. Upon palpation, easily flexed and palpated. *Expected Variations:* Tuft or dimple on spine
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	- There are matching ID bands present with the mom & dad. - Hug tags are present. - The patient is sleeping on their back and swaddled in the baby bed.	*Expected Findings:* Matching ID bands should be present with the parents. Hug tags should be present. The newborn should be sleeping on their back and swaddled in their baby bed, safely. *No expected variations.*

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	97.2˚F (Axillary)	160	50
4 Hours After Birth	98.3˚F (Axillary)	136	52
At the Time of Your Assessment	98.5˚F (Axillary)	142	48

Vital Sign Trends: Vital signs remained within normal limits. Respirations should sit between 30-60 breaths/minute. A normal newborn pulse ranges from 120-160; sometimes it accelerates even higher if the baby is crying. A normal temperature can lie between 97.5-99˚F. All findings would be categorized as “normal”.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0711	Neonatal Infant Pain Scale (NIPS)	None	None	Appears comfortable	None

Summary of Assessment (4 points)

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

This neonate was delivered on 10.09.22 at 1631 by artificial rupture of membranes and cesarian delivery. The Apgar scores were 7/8. The estimated due date was 10.28.22. Cesarian delivery was scheduled by the mother. The neonate did reach term at 37w2d. Prenatal history shows obesity and prior C-section X 2. The birth weight was 5lb 8.9 oz (2520 g); the length was 32" (48.3 cm); the head circumference was 12.6in (32 cm). Upon assessment, all systems are within normal limits. The last set of vital was 98.5 degrees Fahrenheit | 142bpm | 48 RR. The infant is on Similac pre-made formula bottles. The infant is feeding every 2-3hr; the mother is following hunger cues. Pending a DCSF check, the infant is expected to be discharged with the maternal grandmother as the mother was transferred to Carle Hospital in Urbana. The infant is expected to be seen in two weeks for her normal well-baby 2-week check-up.

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.
Swaddle after assessment (N)	Every 30 minutes	To ensure the infant is comfortable and to assist in temperature maintenance
Vital sign checks (N)	Q4 hours	Vital sign checks are provided to maintain vital sign trends and to provide the overall well-being of the newborn. Checking vitals can detect early signs of infection and detect health-related problems that the newborn cannot

		express with words.
Order of Erythromycin ointment and Vitamin K (M).	Once after birth.	Erythromycin is given to help prevent bacterial eye infections in infants, which can develop during birth. Vitamin K is administered protect the baby from developing life-threatening bleeding.
Diaper change (N)	As needed (PRN)	The purpose of this intervention is to lower the newborn's risk of infections, diaper rash, and other health issues that could result from wearing an unaltered diaper.

Discharge Planning (2 points)

Discharge location: Planning to discharge to home → will be confirmed after DCFS check.

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): The newborn will expect a two week follow up with pediatrician.

Education needs: Safe sleep, car seat safety, tips for safe feeding, and bathing.

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)	**Rational (1 pt each)**	**Intervention/Rational (2 per dx) (1 pt each)**	**Evaluation (2 pts each)**
Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	Explain why the nursing diagnosis was chosen	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.	• How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Risk for infection related to inadequate acquired immunity as evidenced by immature infant immune system**.**	This nursing diagnosis was chosen because it is important to understand the immaturity of the infant's immune system. The parents must understand the importance of hand hygiene and avoiding close contact with perhaps children (or adults) from other households.	1. Encourage breastfeeding *Rationale* → Although it is a matter of personal preference, mothers should be encouraged to breastfeed if they express any interest. Natural immunoglobulins found in breast milk are essential for defending neonates against infections that can be avoided (Phelps, 2020). 2. Provide health teaching about infection control measures. *Rationale* → Teach parents and other adults in charge how to maintain good hand hygiene and other infection control practices. It is important to advice the parents to spend as little time in public for the first few weeks (Phelps, 2020).	- The mother initially expressed an interest in breastfeeding. She voiced she was going to do both breast and bottle – as the day went on, she's chosen to exclusively formula feed. I was unable to continue encouraging breastfeeding. - An expected outcome is that the caregivers will demonstrate a protected environment for the infant and the baby will remain free from infection.
2. Risk for impaired parent/newborn attachment related to inpatient settings as evidenced by the mother getting transferred to a different hospital without baby	This was chosen because moms foster a sense of security for the baby, and now she is not around.	**1.** Address parental views by educating parents about their child's growth and development *Rationale* → In this instance, we would educate dad because he will be available. Appropriate parental education aids in the clarification of reasonable expectations (Phelps, 2020). **2.** Involve dad and maternal grandmother in activities that they can effectively complete with the newborn. *Rationale* → Participating in activities with the caregivers improves their self-esteem (Phelps, 2020).	- Was not able to implement the interventions proposed as the mother was discharged after my assessment was complete. - A hoped for outcome would be the caregivers (dad and grandma) will be able to recognize and show strategies to improve the newborn's behavioral organization, and the caregivers will be able to have mutually satisfying

			interactions with the infant.
3. Knowledge deficient related to bathing as evidenced by just giving birth to her only daughter.	The mom is not a new mother but, being a new mother to a little girl it is important to know how to properly bathe a female as these skills are crucial to avoid infection.	1. Educate the mother with bathing techniques especially for the genitalia. (Front to back). *Rationale* → By providing bathing techniques, this will allow the new mother to provide effective baths for the newborn (Phelps, 2020). 2. Stress the importance of bathing and provide information on its importance to infection reduction. *Rationale* → Information pertaining to the importance of bathing and infection reduction will help the mother meet the demands of newborn bathing and reduce the risk of infection in the newborn (Phelps, 2020).	The mother understands the techniques that were shown and the importance of proper bathing in order to reduce infection in her newborn dauther.
4. Knowledge deficient related to breastfeeding as evidenced by mother wanting to breastfeed initially and now choosing to exclusively formula feed.	Deciding to formula feed so quickly after expressing an interest in breastfeeding indicates maybe she needs more education in order to make an informed decision.	1. Educate the new mother with techniques for breastfeeding. *Rationale* → Educating with techniques can enhance proper nutrition for the newborn (Phelps, 2020). 2. Offer information about the importance of breastfeeding and adequate nutrition. *Rationale* → Information will help the mother meet the newborn's demands for breast milk and adequate nutrition (Phelps, 2020).	The mother expresses understanding on the nutritional benefits from breastfeeding. The mother is comfortable with still making the decision to formula feed only.

Other References (APA):

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