

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

Date & Time of Clinical Assessment 10/10/2022 at 0800	Patient Initials N.W.	Date & Time of Birth 10/09/2022 at 1631	Age 16 hours
Gender Female	Weight at Birth 2520 grams 5 lb. 8.9 oz.	Weight at Time of Assessment 2460 grams 5 lb. 6.8 oz.	Age (in hours) at the Time of Last Weight 10 hours
Race/Ethnicity African American/non-Hispanic	Length at Birth 48.3 cm. 19 in.	Head Circumference at Birth 32 cm 12.6 in	Chest Circumference at Birth Chest circumference at birth was not documented.

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 T4 P4 A1 L4

When prenatal care started: Prenatal care was started on June 2nd, 2022.

Abnormal prenatal labs/diagnostics: The mother's lab indicated low hemoglobin with a value of 8.6 g/dL, low hematocrit with a value of 26.4%, and a low MCV level of 72.4 fl (Pagana, 2018). No abnormal prenatal diagnostics were present.

Prenatal complications: The mother has a prenatal complication of obesity and previous cesarean births.

Smoking/alcohol/drug use in pregnancy: The mother denies smoking or drinking alcohol while pregnant. The mother also denies using drugs while pregnant.

Labor History of Mother:

Gestation at onset of labor: The mother was 37 weeks and 2 days gestational when labor began.

Length of labor: The mother started feeling contractions starting on 10/09/2022 at 1200, making the total length of labor approximately 4 hours and 31 minutes.

ROM: The membranes were artificially ruptured on 10/09/2022 at 1631 during the c-section procedure.

Medications in labor: During labor, the mother was on azithromycin, cefazoline, gentamicin, lactated ringers, metoclopramide, ondansetron, oxytocin, and terbutaline.

Complications of labor and delivery: The mother has had previous cesarean sections indicating scar tissue buildup.

Past Surgical History: This patient has received two previous c-sections. The patient delivered via c-section on 2/13/2020 and again on 5/14/2021.

Family History:

Pertinent to infant: The mother has a history of diabetes and hypertension. The mother also has a history of delivering neonates who are small for their gestational age.

Social History (tobacco/alcohol/drugs): The patient is a previous smoker of cigarettes. The patient denies ever using smokeless tobacco and denies vaping.

Pertinent to infant: The mother denies drinking, smoking, or using drugs while pregnant.

Father/Co-Parent of Baby Involvement: The father of the newborn is involved with care and was present at the birth. The father was present at the bedside following the birth.

Living Situation: The mother has four other children and lives with her boyfriend. DCFS is involved with the children, however, it is unknown how much they are involved.

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

The education of the parents is unknown. The newborn's parents are able to read at a third grade reading level.

Birth History (10 points)

Length of Second Stage of Labor: Due to the delivery being c-section, the 2nd stage of labor lasted approximately 5 minutes.

Type of Delivery: The delivery was c-section.

Complications of Birth: After delivery, the mother began to hemorrhage and had a total blood loss of 1331 mL.

APGAR Scores:

1 minute: The APGAR score at 1 minute was 7.

5 minutes: The APGAR score at 5 minutes was 8.

Resuscitation methods beyond the normal needed: No resuscitation methods beyond the normal needed.

Feeding Techniques (10 points)

Feeding Technique Type: The newborn is being bottle fed.

If breastfeeding:

LATCH score: The newborn is bottle feeding; therefore, the LATCH score is not applicable.

Supplemental feeding system or nipple shield: The newborn is bottle feeding; therefore, nipple shield or supplemental feedings are not applicable.

If bottle feeding:

Positioning of bottle: The bottle was positioned at approximately 45 degrees.

Suck strength: The newborn displayed moderate sucking strength. The lip movements were symmetrical while sucking and the tongue was not protruding.

Amount: The newborn has been consuming approximately 0.5 – 1 oz. per feeding.

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)****

Formula: weight lost/starting weight multiplied by 100 (Penn Medicine, 2019).

$$(2520\text{g} - 2460\text{g}) / 2520\text{g}$$

$$\times 100$$

$$60\text{ g} / 2520\text{ g} \quad \times 100$$

$$0.024 \quad \times 100$$

$$= 2.4 \quad = \text{approximately } 2\% \text{ weight loss}$$

What is normal weight loss for an infant of this age? The normal weight loss for a newborn is 5-10% after birth. The regain of the lost weight occurs at approximately 10-14 days after birth (Barlow et al., 2019).

Is this neonate's weight loss within normal limits? This neonate lost two percent of their body weight which is within normal limits (Barlow et al., 2019).

Intake and Output (8 points)

Intake

If breastfeeding: The newborn is not breastfeeding.

Feeding frequency: The newborn is not breastfeeding.

Length of feeding session: The newborn is not breastfeeding.

One or both breasts: The newborn is not breastfeeding.

If bottle feeding:

Formula type or Expressed breast milk (EBM): The newborn is consuming Similac infant formula.

Frequency: The newborn is eating approximately every 2-3 hours. The mother is following hunger cues for feeding frequency.

Volume of formula/EBM per session: The newborn is consuming approximately 0.5-1 ounce of formula per session.

If EBM, is fortifier added/to bring it to which calorie content: The patient is not consuming expressed breast milk.

If NG or OG feeding: The newborn does not have an NG or OG. This is not applicable.

Frequency: The newborn does not have an NG or OG. This is not applicable.

Volume: The newborn does not have an NG or OG. This is not applicable.

If IV: The patient does not have an IV. This is not applicable.

Rate of flow: The patient does not have an IV. This is not applicable.

Volume in 24 hours: The patient does not have an IV. This is not applicable.

Output**Void**

Age (in hours) of first void: The newborn was less than one hour old during the first void.

Number of voids in 24 hours: The newborn voided approximately 5 times during a 24-hour period.

Stool

Age (in hours) of first stool: The patient was approximately 2 hours old during their first stool.

Type: The stool was meconium.

Color: The stool was black and dark green.

Consistency: The stool was sticky and tarry.

Number of times in 24 hours: The newborn had stoolled 2 times within a 24 hour period.

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	Blood glucose levels are ordered to determine if newborns have hypoglycemia (Barlow, 2019). This test was not ordered for this newborn.	The expected glucose results are levels between 40 – 60 mg/dL (Barlow, 2019).	This lab was not ordered by the physician.	This lab was not ordered by the physician.
Blood Type and Rh Factor	Blood type and Rh Factor are ordered typically if the mother has negative Rh Factor or is type O blood type (Barlow, 2019). This test was not ordered for this newborn.	The expected results of blood type is either type A, B, O, or AB type blood (Barlow et al., 2019). The expected result of Rh factor is positive or negative (Barlow et al., 2019)	This lab was not ordered due to the mother's B positive blood type (Barlow et al., 2019).	This lab was not ordered due to the mother's positive blood type (Barlow et al., 2019).

<p>Coombs Test</p>	<p>A Coombs test is given to examine whether there are antibodies in the bloodstream that go against red blood cells (Theis & Hashmi, 2021). This test was not ordered for this newborn.</p>	<p>The results of a Coombs test are either negative or positive, with the expected results being negative (Theis & Hashmi, 2021).</p>	<p>This test was not ordered by the physician.</p>	<p>This test was not ordered by the physician.</p>
<p>Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*</p>	<p>Bilirubin levels are ordered to assess for neonatal hyperbilirubinemia. Not identifying hyperbilirubinemia can result in encephalopathy resulting in death (Anson-Assoku et al., 2022). This has not been ordered by the physician for this newborn.</p>	<p>At 24 hours all bilirubin levels are expected to be between 2 and 6 mg/dL (Barlow, 2019).</p>	<p>This lab was not ordered due to the newborn not yet being 24 hours old (American Academy of Pediatrics, 2022).</p>	<p>This lab was not ordered due to the newborn not yet being 24 hours old (American Academy of Pediatrics, 2022).</p>
<p>Newborn Screen (At 24 hours)</p>	<p>The newborn screening test is ordered for this newborn to identify abnormal pulse oximetry results, abnormal blood results and abnormal hearing tests (Garganta et al., 2021).</p>	<p>Newborns should have an oxygen saturation value greater than 92% (Morgan et al., 2017). Blood results should come back in range, meaning the newborn is at low risk for disorders tested by blood screening (HRSA, 2022). The newborn hearing results are either passing or not passing and the expected results are passing (HRSA, 2022).</p>	<p>Results will not be available.</p>	<p>The newborn did not receive the newborn screen results.</p>
<p>Newborn</p>	<p>Newborn hearing</p>	<p>The newborn is</p>	<p>The</p>	<p>The newborn passed</p>

<p>Hearing Screen</p>	<p>screening was ordered for this newborn to detect hearing loss (Kanji et al., 2018).</p>	<p>expected to pass the hearing screening. The newborn hearing results are either passing or not passing (HRSA, 2022).</p>	<p>newborn passed the hearing screening.</p>	<p>the hearing screening test indicating that no hearing loss was detected.</p>
<p>Newborn Cardiac Screen (At 24 hours)</p>	<p>A newborn cardiac screen is ordered for this newborn to detect critical congenital heart disease for early intervention (Majani et al., 2022).</p>	<p>The expected results are that the newborn displays oxygen saturation in range, indicating hypoxemia is not present (Abouk et al., 2017). The normal range of oxygen saturation in newborns is greater than 92% (Morgan et al., 2017).</p>	<p>The newborn has not received results for the newborn cardiac screen.</p>	<p>The newborn has not received results for the newborn cardiac screen.</p>

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

Abouk R, Grosse, S. D., Ailes, E. C., & Oster, M. E. (2017). Association of US state implementation of newborn screening policies for critical congenital heart disease with early infant cardiac deaths. *JAMA Network*, *318*(21), 2111–2118.
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- Garganta, C. L., Rasmussen, S. A., & Thompson, L. A. (2021). Newborn screening: What parents need to know about their infant's first tests. *JAMA Pediatrics*, 175(9), 984. doi:10.1001/jamapediatrics.2021.1519
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- Kanji, A., Khuza-Shangase, K. & Monroe, N. (2018). Newborn hearing screening protocols and their outcomes: A systematic review. *International Journal of Pediatric Otorhinolaryngology*, 115, 104-109. <https://doi.org/10.1016/j.ijporl.2018.09.026>
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- Morgan, M. C., Maina, B., Waiyego, M., Mutinda, C., Aluvaala, J., Maina, M., & English, M. (2017). Oxygen saturation ranges for healthy newborns within 24 hours at 1800 m. *Short Research Report*, 102(3), 266-268. <http://dx.doi.org/10.1136/archdischild-2016-311813>
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Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)/ phytonadione	Illotycin/ erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1 mg	1 mg	The Hepatitis B vaccine was not given to the newborn.		
Frequency	Once	Once	The Hepatitis B vaccine was not given to the newborn.		
Route	Intramuscular	Ocular	The Hepatitis B vaccine was not given to the newborn.		
Classification	Aquamephyton is classified as a fat-soluble vitamin (Imbrescia & Moszczynski, 2022).	Erythromycin is classified as an antibiotic (Farzam et al., 2022).	The Hepatitis B vaccine was not given to the newborn.		
Mechanism of Action	Aquamephyton works by adding a carboxylic acid to the body which allows for calcium ions to bind. This binding allows the formation of the clotting cascades, thus causing the blood to easily clot	Erythromycin works by preventing the growth of bacteria and inhibiting bacterial protein synthesis (Farzam et al., 2022).	The Hepatitis B vaccine was not given to the newborn.		

	(Imbrescia & Moszczynski, 2022).				
Reason Client Taking	This newborn is taking Aquamephyton to prevent bleeding associated with Vitamin K deficiencies (Loyal et al., 2019).	This client is taking erythromycin to prevent conjunctivitis and chlamydia after the birthing process (Farzam et al., 2022).	The Hepatitis B vaccine was not given to the newborn.		
Contraindications (2)	<p>1. Renal impairment is one contraindication of Aquamephyton in neonatal populations (Imbrescia & Moszczynski, 2022).</p> <p>2. Another contraindication for Aquamephyton is an indication of a hypersensitivity to Vitamin K (Imbrescia & Moszczynski, 2022).</p>	<p>1. Erythromycin should be avoided for patients who may be prescribed a statin such as simvastatin or lovastatin (Farzam et al., 2022).</p> <p>2. Erythromycin should be avoided for patients with a prolonged QT interval on an EKG (Farzam et al., 2022).</p>	The Hepatitis B vaccine was not given to the newborn.		
Side Effects/Adverse Reactions (2)	<p>1. Pain at the injection site is a common side effect of receiving a vitamin K injection (Dekker, 2019).</p> <p>2. Bruising at the injection site is a</p>	<p>1. In newborns, erythromycin can increase the risk of pyloric stenosis (Farzam, 2022).</p>	The Hepatitis B vaccine was not given to the newborn.		

	<p>common side effect of receiving an injection of Vitamin K (Dekker, 2019)</p>	<p>2. Erythromycin may also cause gastrointestinal side effects such as nausea, vomiting and abdominal pain (Farzam et al., 2022).</p>			
<p>Nursing Considerations (2)</p>	<p>1. Applying pressure to the injection site is one nursing consideration related to Aquamephyton (RN Speak, 2021).</p> <p>2. Ensuring that benzyl alcohol has not been used on the newborn prior to vitamin K administration is another nursing consideration. Benzyl alcohol increases adverse effects in newborns who have received the Vitamin K injection (Hand et al., 2022).</p>	<p>1. Monitor for irritability with feedings to assess for possible pyloric stenosis (Jones & Bartlett Learning, 2022).</p> <p>2. Monitor for signs of superinfection due to antibiotic administration (Jones & Bartlett Learning, 2022).</p>	<p>The Hepatitis B vaccine was not given to the newborn.</p>		
<p>Key Nursing Assessment(s)/Lab(s) Prior to Administration</p>	<p>1. Assess for signs of liver toxicity, such as severe jaundice, before administration of vitamin K. This helps to prevent further liver damage from</p>	<p>1. Before administration assess heart rate to establish baseline vitals due to the possibility of torsades de</p>	<p>The Hepatitis B vaccine was not given to the newborn.</p>		

	<p>possible Vitamin K toxicity (Imbrescia & Moszczynski, 2022).</p> <p>2. Assess for signs of skin tissue injury prior to intramuscular injection of Vitamin K to prevent further injury of injection site (Polania-Gutierrez & Munakomi, 2022).</p>	<p>pointes after administration of erythromycin (Jones & Bartlett Learning, 2022).</p> <p>2. Assess liver enzymes prior to administration to prevent possible worsening of hepatotoxicity (Jones & Bartlett Learning, 2022).</p>			
<p>Client Teaching needs (2)</p>	<p>1. The nurse must educate the benefits of receiving the Vitamin K vaccine. These benefits include minimizing bleeding risks (Hand, 2022).</p> <p>2. The nurse must also hand the patient a vaccine information sheet (VIS) for education related to adverse effects of vitamin K vaccinations such as pain at the injection site and bruising (HRSA, 2022).</p>	<p>1. The nurse must educate the mother about monitoring the newborn for severe diarrhea which is a serious side effect of erythromycin (Jones & Bartlett Learning, 2022).</p> <p>2. The nurse must educate the mother about frequently assessing the newborn for signs of fever due to risk of</p>	<p>The Hepatitis B vaccine was not given to the newborn.</p>		

		superinfection (Jones & Bartlett Learning, 2022).			
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Medications Reference (1) (APA):

Dekker, R. (2022). *Evidence on: The Vitamin K shot in newborns*. Evidence Based Birth. [https://](https://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/)

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<https://www.ncbi.nlm.nih.gov/books/NBK532249/>

Hand, I. (2022). *Why your newborn needs a Vitamin K shot*. Healthychildren.org.

<https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/Pages/Where-We-Stand-Administration-of-Vitamin-K.aspx>

Hand, I., Noble, L., & Abrams, S. A. (2022). Vitamin K and the newborn infant. *Pediatrics*, 149(3), e2021056036. <https://doi.org/10.1542/peds.2021-056036>

HRSA. (2022). *Covered vaccines*. <https://www.hrsa.gov/vaccine-compensation/covered-vaccines>

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Loyal, J., Weiss, T. R., Cheng, J. H., Kair, L. R., & Colson, E. (2019). Refusal of Vitamin K by parents of newborns: A qualitative study. *Academic Pediatrics*, 19(7), 793–800.

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RN Speak. (2021). *Vitamin K (neonatal) drug study*. <https://rnspeak.com/vitamin-k-neonatal-drug-study/>

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	The newborn's skin was smooth with appropriate color for ethnicity. The newborn appeared well hydrated with acceptable skin turgor. The newborn had a grayish spot on the sacral area (Mongolian spot). The patient did not present with signs of cyanosis, jaundice, or erythema. Vernix caseosa was present in the folds of the newborn's neck. Milia was present on the bridge of the nose and cheeks of the newborn's skin.	Normal skin for newborns should appear warm, well hydrated, smooth and demonstrate good skin turgor. Common problems and variations associated with the skin of newborns include Mongolian spots, jaundice, and cyanosis. Reddish patches and milia are also common skin variations seen in newborn patients (Ricci et al., 2021).
Head	The newborns head was normocephalic with slight coning. No masses were present. There were no signs of bruising or bleeding.	How the newborn's head presents varies with different ethnicities, genders, and gestational age. Some variations and common problems with a newborn's head include enlargement of fontanels as well as micro and macrocephaly (Ricci et al., 2021).
Fontanels	The anterior fontanel was open with no signs of swelling and no signs of sinking. Posterior fontanel was open with no signs of swelling and no signs of sinking.	Fontanel appearance varies with gender, ethnicity, and gestational age. Common problems with fontanelles include an enlargement of the fontanelles (Ricci et al., 2021).
Face	The newborn's face was symmetric with no signs of swelling, bruising, or bleeding. The newborn appeared to have full cheeks with milia present. Milia was also present at the bridge of the nose.	The newborn's face should appear full with symmetric features. Some variations of the newborn face include paralysis of the facial nerve and capillary malfunctions resulting in patches of red or pink coloration. This is known as nevus flammeus (Ricci et al., 2021).

Eyes	The newborn's eyes were closed during assessment. The eyes were symmetrical with no signs of discharge or crusting. The eyes showed no evidence of swelling.	The newborn's eyes should be set symmetrically on the face in line with the ears. Variations include inflammation of the conjunctiva and bleeding (Ricci et al., 2021).
Nose	The nose was in line with the face and symmetrical. There was no deviated septum observed. There was no drainage, crusting, or bleeding observed. There was milia present on the bridge of the nose.	The nose should appear midline and appear small. The nose should also appear narrow. Variations of the nose include any blockages of the nares and malformation (Ricci et al., 2021).
Mouth	The mouth appeared moist, and the palate was intact. The mouth appeared symmetrical with no bleeding or bruising. Lips showed no signs of cracking or crusting. Epstein pearls were present. No thrush was indicated.	Normal findings for the mouth include symmetry and midline presentation. Both the hard and soft palate should be intact. Variations of the mouth can include thrush, Epstein pearls, and teeth that have been erupted (Ricci et al., 2021).
Ears	The newborns ears appeared in line with one another. Ears were set midline and no drainage was present. When ears were folded, they moved back into place.	Newborn ears should appear soft and when folded recoil back into place. Variations include loss of hearing and ears that are low set (Ricci et al., 2021).
Neck	The neck is short with folds. The newborn can turn their head properly. There are no masses present. The neck appears midline to the body. Clavicles were intact. Moisture was evident in the folds of the neck.	The neck should be creased and be able move easily. The newborn should also be able to hold their head. The neck should also be short. Variations include fractures of clavicles and the inability to move freely (Ricci et al., 2021).
Chest	The newborn's chest was symmetric with no indications of pectus excavatum. No bruising was present on the chest. Chest is appropriate size and smaller than the newborn's head. Nipples seemed mildly puffy.	Newborn chests should appear smaller than the head and be symmetrical to the rest of the body. The chest should also appear round. Some variations of chest assessment include visualization of whitish discharge from the nipples as well as nipple engorgement (Ricci et al., 2021).
Breath Sounds	The newborn's breath sounds	The newborn's breath sounds can

	<p>were clear bilaterally with no wheezing, stridor, rhonchi, or crackles.</p>	<p>appear irregular with periods of fast breathing and slow breathing with occasional pauses (Parker, 2021). Newborn breath sound should appear clear with symmetrical breathing (Ricci et al., 2021).</p>
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Heart Sounds	The newborn's heart rate was approximately 142 beats per minute upon assessment. The heartbeat sounded strong with S1 and S2 present. No murmurs were heard upon auscultation.	The newborn's heart rate should be approximately 100-160 beats per minute. The heart should have some normalcy in rhythm; however, murmurs are common during the newborn stage due to adjustment from being in-utero (Barlow et al., 2019).
Abdomen	The abdomen appeared soft with no bruising and intact skin. No rashes or erythema present. No swelling or masses was present. No tenderness upon palpation was noted. Umbilical cord was still intact and clipped.	The newborn's abdomen should appear soft and should appear protuberant. The umbilical cord should have three visible vessels. Some variations in abdominal assessments include a distended abdomen and an umbilical cord that has two vessels that are visible (Ricci et al., 2021).
Bowel Sounds	Gurgling and clicking sounds were present in all four quadrants of the newborn's abdomen.	It is expected for the bowel sounds to be present in newborns. This assesses gastrointestinal motility (Barlow et al., 2019).
Umbilical Cord	The umbilical cord was cut with 3 vessels still intact. The cord was clamped with no evidence of drainage or swelling.	Normal newborn findings include 3 vessels left for the umbilical cord. Some variations in findings include 2 vessels in the umbilical cord (Ricci et al., 2021).
Genitals	The newborn's labia appeared swollen with some mucous present. There were no masses present. There were no rashes or bruising present.	Newborn female genitalia should appear swollen due to estrogen from the mother when in-utero. Variations in female genitalia include the presence of discharge (Ricci et al., 2021).
Anus	The anus is intact with no	Normal newborn anus

	<p>signs of bleeding. No hemorrhoids are present. No discharge or leakage present.</p>	<p>assessment should indicate patency of the anus by assessing the passage of meconium. Abnormal findings include meconium exiting through the urethral opening which indicates immediate surgery is necessary (Gantan & Wiedrich, 2021).</p>
<p>Extremities</p>	<p>The extremities were able to move about freely with no contractures present. No edema was present bilaterally. The newborn displayed acceptable muscle tone. The limbs were symmetrical.</p>	<p>Normal newborn extremities should move freely and should be symmetrical (Ricci et al., 2021).</p>
<p>Spine</p>	<p>The spine was intact with no evidence of scoliosis. The spine was inline. No spinal swelling was present.</p>	<p>The newborn’s spine should be straight. The spine should also be able to flex and should appear midline (Barlow et al., 2019).</p>
<p>Safety</p> <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position 	<p>The mother of the newborn, the father of the newborn, and the newborn were all wearing matching ID bands. The hugs tag was present and located on the newborn’s right ankle. The newborn was put to sleep swaddled and laying on their back.</p>	<p>The parents of the newborn and the newborn must have matching ID bands to ensure there is no patient misidentification (The Joint Commission, 2018). The hugs tag should be placed around the newborns foot. This is used as a security to prevent the newborn from leaving the unit prematurely and ensures newborn safety (Pratt Regional Medical Center, 2018). Proper sleep positions that ensure newborn safety include supine positioning with no bumpers, stuffed animals, or loose linens in the</p>

		sleeping area (Barlow et al., 2019).
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Vital Signs, 3 sets (6 points)

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

Vital Sign Trends: The vital signs all stayed within normal ranges. The temperature slightly increased since birth and the pulse stayed within normal ranges with the highest recorded heart rate being at birth. The respirations have stayed within normal limits and have remained steady (Barlow et al., 2019).

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	rFLACC	There was no pain location.	There was no pain severity present.	No characteristics of pain were present	No pain interventions necessary due to no pain indications.
1000	rFLACC	There was no pain location	There was no pain severity present.	There was no characteristics of pain present.	No pain interventions were necessary due to no pain indications.

Summary of Assessment (4 points)

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

****See the example below****

The neonate was delivered on 10.09.22 at 1631 by cesarean section. The surgical procedure from incision to delivery was 5 minutes in duration. The Apgar scores were 7 at 1 minute and 8 at 5 minutes. The estimated delivery date was 10/28/2022. The new Ballard scale assessment revealed that the neonate is 37 weeks and 2 days old. At birth the neonate is within normal weight for gestation age. The neonate lost 2 % of body weight after birth and weighs 5 lbs and 6ozs (2460 grams). The prenatal history shows that complications included maternal obesity and previous cesarean deliveries. The birthweight was 5lbs 8.9 ozs (2520 grams); length was 19” (48.3 cms); and head circumference was 12.6 ins (32 cms). All systems were within normal limits upon assessment. Mongolian spots were observed on the neonate’s sacral area. The last set of vitals was: 98.5/142/48. Breath sounds after delivery were within normal limits with the lowest being 48. The neonate is bottle feeding and feeding every 2 to 3 hours. The newborn is consuming 0.5 to 1 oz of formula per feeding. The neonate passed the hearing screening. The neonate is expected to be discharged within the next 24 hours. The location of discharge is currently unknown.

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.
Swaddling is an intervention utilized on the newborn. (N)	Swaddling is a common intervention and can be utilized multiple times a day as long as the newborn tolerates it (Barlow et al., 2021).	Swaddling is an intervention that was chosen because it helps to transition the newborn to life outside the uterus. This is because swaddling tucks the newborn’s extremities closer to their body and replicates the feeling of being in the womb. This provides the newborn with a sense of security (Barlow et al., 2021).
Educating the newborn’s parents about safe sleep habits is an intervention for newborn care. (N)	Educating the newborn’s parents about safe sleep habits should be done while the newborn is receiving care in	Educating the newborn’s parents about safe sleep habits was chosen to prevent injury to the newborn. Sharing information about placing the newborn in a supine position, alone in a crib, and without a blanket can reduce the

	the hospital and before discharge.	chances of the newborn developing SIDS (Barlow et al., 2021).
Erythromycin ointment was utilized on the newborn as an infection preventative (Crawford, 2018). (M).	This medical treatment was given one time after birth.	Administering erythromycin is an essential medical treatment to prevent infections such as gonorrhea (Crawford, 2018). Preventing these infections reduces the risk for injury and long-term health implications for the newborn.
A hearing test was administered as an intervention to screen for any abnormalities in hearing. (M).	This medical treatment was given one time after birth.	Administering a hearing screening test is an essential medical treatment by providing early detection of potential hearing abnormalities. Diagnosing hearing abnormalities early can ensure early interventions and treatments are provided (Barlow et al., 2019).

Discharge Planning (2 points)

Discharge location: The mother is being transferred to Carle hospital and is planning to be going home after discharge. The newborn’s discharge location is still unknown. It is not known whether the newborn is going with DCFS or if the newborn is staying with a guardian.

Equipment needs (if applicable): No equipment is needed at this time.

Follow up plan (include plan for newborn ONLY): The newborn should follow up with the primary care provider 2-3 days after discharge (Barlow et al., 2019).

Education needs: The parents of the newborn need to be educated on car safety prior to discharge. The parents need to be educated that a rear facing car seat in the middle of the back seat is the safest option when transporting the newborn. The parents also need to be educated that improper infant car seat use can result in injuries or death of the newborn (Barlow et al., 2019).

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 infection related to vaccine hesitancy as evidenced by the mother refusing the newborn to receive the Hep B vaccine.</p>	<p>This nursing diagnosis was chosen because the infant is at risk for infection of Hep B which can cause health complications, including cirrhosis of the liver (World Health Organization, 2022).</p>	<p>1. Educating the newborn’s parents about the risks and benefits of the Hepatitis B vaccine is a critical nursing intervention. Rationale: Many parents receive false information regarding vaccinations. Nurses must educate the parents of their newborn patients to try and prevent unnecessary infections and even death of the newborn (World Health Organization, 2022). 2. Educating the newborn’s parents about the chain of infection and that avoiding people infected with hepatitis B can prevent infection is a crucial nursing intervention. Rationale: Keeping the newborn away from those infected with Hepatitis B or who may be infected with Hepatitis B is a way to prevent infection without being vaccinated (Seventer</p>	<p>The patient was educated on the risks and benefits of the Hepatitis B vaccine. The patient still refused the vaccine indicating the response wasn’t beneficial to the newborn. The mother refused the vaccination for the newborn. Goal was not met. The outcome of the goal was to encourage Hepatitis B vaccination. Modifications include further education and persistence. The patient was educated about avoiding people infected with the Hepatitis B vaccination. The patient responded well to the information indicating this is beneficial for the</p>

		& Hochberg, 2017).	newborn. The response was positive, and the goal was met based on the mother's understanding. Modifications can include supplying the mother with a chain of infection handout for education purposes.
2. Risk for impaired skin integrity related to excess moisture collecting on skin as evidenced by moisture in the newborn's neck folds.	This nursing diagnosis was chosen because impaired skin integrity can cause infection which can cause acute and chronic illness (Webb, 2019).	<p>1. Frequently assess the condition of the skin for signs of infection such as redness and warmth. Rationale: This nursing intervention is crucial because preventing further damage of skin integrity and intervening before a break in the skin can prevent infection (Wayne, 2022).</p> <p>2. Keep area clean and dry to prevent skin breakdown. Rationale: Moisture can contribute to the breakdown of skin. Keeping the newborn's neck folds dry and clean can prevent any maceration and maintain skin integrity to prevent infection (Wayne, 2022).</p>	<p>The skin was assessed for signs of infection such as redness and warmth. The patient was finicky when the neck was being assessed. The goal was met, and the neck did not show signs of redness or warmth. The outcome is to prevent skin breakdown. No modifications to the plan are needed.</p> <p>The newborn's neck was kept clean and dry. The patient responded well. The newborn allowed the neck to be assessed. The goal was met. The neck was kept dry and clean based on assessment. Modifications of the plan include ensuring the neck is cleaned often.</p>
3. Risk for hypothermia related to minimal fat reserves as evidenced by a	This nursing diagnosis was chosen because neonates of low	1. Educating the mother on how to properly dress the newborn can prevent hypothermia. The parents should be educated to swaddle newborns to also	<p>The mother responded well regarding frequent temperature checks.</p> <p>The mother seemed pleasant and the goal of</p>

<p>5 lb 8.9 oz birthweight.</p>	<p>birthweight have a higher incidence of developing neonatal hypothermia, especially in the cooler months (Demissie, 2018).</p>	<p>keep them warm. Rationale: Dressing newborns in appropriate clothing for cool weather can ensure they do not lose body heat and their temperature is regulated. Appropriate weather can include footed pajamas, socks, and newborn mittens (Zapata, 2020). 2. Assessing the newborn’s temperature frequently is a vital nursing intervention to prevent severe hypothermia. Rationale: Assessing temperature values frequently can ensure interventions are put in place to prevent severe hypothermia. Assessing and documenting temperature every 4 hours ensures that a sudden decrease in temperature can be identified and treated (Osilla, 2022).</p>	<p>keeping the newborn warm was met. The newborn’s temperature remained within normal limits innating a positive outcome. Modifications are not needed at this time.</p>
<p>4. Risk for impaired attachment related to interruption of maternal-newborn bonding as evidenced by the mother being transferred to Carle and the newborn staying with DCFS.</p>	<p>This nursing diagnosis was chosen because the mother was being transferred and the newborn was staying with DCFS. The separation of the newborn from the mother can delay bonding (Martin, 2022).</p>	<p>1. Educating the patient about community resources that can assist and encourage newborn and maternal bonding is an important nursing intervention. Rationale: The newborn’s mother may need community resources due to DCFS involvement with newborn care. These community resources may be able to provide mechanisms to help with infant and mother bonding (Martin, 2022). 2. Discussing the feelings</p>	<p>The patient acted like everything was fine and didn’t show any negative emotions about leaving the newborn. The patient did not express any feelings related to any delay in newborn-mother bonding.</p> <p>The goal was not met. The patient did not get education and did not express feelings related to potential bonding delays. The outcome is a separation between</p>

		<p>the mother has about leaving the newborn is another nursing intervention that is crucial. This can help the nurse provide emotional and psychological support for the newborn and mother.</p> <p>Rationale: Discussing the feelings of the mother can help bring about feelings of self-confidence and change of circumstance, thus increasing the chance of successful infant and mother bonding (Martin, 2022).</p>	<p>the mother and the newborn. Modifications include further educating about community resources and programs to further encourage newborn and mother bonding.</p>
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