N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 10/13/2022 1100	**Patient Initials GR**	**Date & Time of Birth 10/12/2022 0910**	**Age (in hours at the time of assessment) 26hrs**
Gender **Female**	**Weight at Birth-0910** **(gm) ___3645__** **(lb.) __8_ (oz.) __6__**	**Weight at Time of Assessment- 2318** **(gm) ____3525_____** **(lb.) __7_ (oz.) __12__**	**Age (in hours) at the Time of Last Weight** **26hrs**
Race/Ethnicity **Caucasian**	**Length at Birth** **Cm ___50.8_____** **Inches ____20_____**	**Head Circumference at Birth** **Cm ___36_____** **Inches__14.17_____**	**Chest Circumference at Birth** **Cm _____34_____** **Inches ___13.38_____**

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: G- 1 T- 1 P- 0 A-0 L-1

When prenatal care started: 03/09/2022

Abnormal prenatal labs/diagnostics: HCT- 35.7(L)

Prenatal complications: Breech presentation.

Smoking/alcohol/drug use in pregnancy: Patient indicated that she does not partake in any smoking, drugs, or alcohol during the pregnancy.

Labor History of Mother:

Gestation at onset of labor: 36 weeks and 6 days

Length of labor: The cesarean section lasted 2 minutes.

ROM: Patient had an artificial rupture of membranes and fluid presented clear. There was no time indicated for the rupture.

Medications in labor: Fentanyl(sublimaze) injection- intrathecal 10mcg, Bupivacaine 0.075% (spinal) intrathecal 1.6mL

Complications of labor and delivery: Baby was in breech position.

Family History:

Pertinent to infant: Group B streptococcus infection

Social History (tobacco/alcohol/drugs): Mother drinks alcohol occasionally, no drug, or tobacco use.

Pertinent to infant:

Father/Co-Parent of Baby Involvement: Father present at bedside.

Living Situation: Patient lives in at home with the father of the baby.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Nothing noted.

Birth History (10 points)

Length of Second Stage of Labor: Stages not indicated.

Type of Delivery: Cesarean section

Complications of Birth: Breech presentation.

APGAR Scores:

1 minute: 7

5 minutes: 9

Resuscitation methods beyond the normal needed: NA

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: 7

Supplemental feeding system or nipple shield: Nipple shield was used overnight, but is not being used during shift.

If bottle feeding: NA

Positioning of bottle: NA

Suck strength: NA

Amount: NA

Percentage of weight loss at time of assessment: ____17_____%

Weight loss ÷ birthweight X 100

1.48lb ÷ 8.6lb X 100=82.7%

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

What is normal weight loss for an infant of this age?

Within the first twenty -four hours of birth a newborn should not lose more than ten percent of their body weight (Your Newborn's Growth (for Parents) - Nemours KidsHealth, n.d.).

Is this neonate's weight loss within normal limits?

No, this newborn has lost seven percent more than the normal allotted amount for the twenty-four hour period.

Your Newborn's Growth (for Parents) - Nemours KidsHealth. (n.d.). Retrieved October 15, 2022, from https://kidshealth.org/en/parents/grownewborn.html

Intake and Output (8 points)

Intake

If breastfeeding: Yes

Feeding frequency: Attempting every 2-3hrs

Length of feeding session: 15-20min

One or both breasts: Mother was feeding on right breast only and is now feeding from both.

If bottle feeding: Some

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

Frequency: 1-2hrs

Volume of formula/EBM per session: 2-3oz

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

If NG or OG feeding: NA

Frequency:

Volume:

If IV: Baby has no current IV. NA

Rate of flow:

Volume in 24 hours:

Output

Void

Age (in hours) of first void: 1hr

Number of voids in 24 hours: 5 voids

Stool

Age (in hours) of first stool: 1h

Type: Moderate

Color: Green meconium

Consistency: Soft

Number of times in 24 hours: 5 stools

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	Not taken		NA	NA
Blood Type and Rh Factor	Mother RH+	NA	NA	NA
Coombs Test	Preformed by charge nurse, but no data was entered before the end of clinical.	NA	NA	NA

Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	**This test is a routine test for newborns to assess their bilirubin levels to determine liver functioning (Barlow et al., 2019).**	**1 – 15**	**4.7**	**The child is not at risk for Bilirubin level issues (BiliTool, n.d.).**
Newborn Screen (At 24 hours)	**This test is a routine test for newborns to look for many different genetic disorders (Barlow et al., 2019).**	**Baby will pass all required testing.**	**Results will not be available.**	**Results will not be available.**
Newborn Hearing Screen	**This test is a routine test for newborns to diagnose**	**Both ears pass.**	**Left ear- Pass** **Right ear- Fail**	**The right ear needs to be rechecked in six hours.**

	hearing disorders early (Barlow et al., 2019).			
Newborn Cardiac Screen (At 24 hours)	**This test is a routine test for a newborn to detect congenital heart defects that may be present (Barlow et al., 2019).**	**Per Dactal- 100% Post Dactal- 100%**	**Per Dactal- 100% Post Dactal- 100%**	**WNL**

Lab Data and Diagnostics Reference (1) (APA): *BiliTool*. (n.d.). Retrieved October 15, 2022, from https://bilitool.org/results.php

Barlow, M., Holman, H., Johnson, J., McMichael, M, Sommer, S., Wheless, L., Wilford, K., & Williams, D. (2019). ATI: RN *Maternal newborn nursing* (11th ed.). Assessment Technologies Institute, LLC.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**Sucrose Solution**

Dose	1 mg	5 mg / 1g	0.5 mL	2 mL
Frequency	Once	Once	Once	PRN- low BG
Route	IM	Ointment on the eyes	IM	Submucosal
Classification	Vitamin	Antibiotic	Vaccine	monosaccharide
Mechanism of Action	Vitamin K is used to encourage the production of clotting factors and prevent hemorrhagic disorders.	Erythromycin is used prophylactically for conjunctivitis and works by binding to the ribosomes involved.	Hepatitis B is a primary prevention used to build up antibodies and produce immunity against hepatitis.	Glucose supplies most of the energy to all tissues by generating energy molecules ATP and NADH during a series of metabolism reactions called glycolysis.
Reason Client Taking	Increase clotting factors in the body	Prevention of conjunctivitis or other eye infections from the birthing process	Prevention of hepatitis B infection	Comfort
Contraindications (2)	Use of other blood thinners, Hepatic diseases	Hypersensitivity to erythromycin, Use of heart rhythm correcting medications	Hypersensitivity to previous hepatitis B vaccination dose, Hepatic diseases	Unresponsive, glucose >60
Side Effects/Adverse Reactions (2)	Hyperbilirubinemia, Hypersensitivity reaction	Hypersensitivity to erythromycin, Vision disturbances	Diarrhea, Crying	Fever, swelling in hands or feet
Nursing	Give the	Use a single-	Give the	Monitor blood

Considerations (2)	medication intramuscularly, Give the medication 1 to 2 hours after birth	dose unit to avoid cross-contamination, Apply starting from the inner corner moving outward	vaccine intramuscularly, Give the vaccine within the first 24 hours of birth	glucose levels to evaluate the effectiveness of the drug. Have insulin on standby during emergency use to treat severe hyperglycemia if it occurs as a result of overdose. Monitor nutritional status to provide nutritional consultation as needed.
Key Nursing Assessment(s)/Lab (s) Prior to Administration	Confirm that you have the correct dosage of the medication	Assess the patient for a baseline assessment to determine an allergic reaction after the administration.	Confirm that you have the correct dosage of the vaccine, Give in opposite legs as the vitamin K at birth	Blood glucose level testing
Client Teaching needs (2)	Educate the parents on signs of an allergic reaction, Educate the parents on normal findings around the injection site such as redness or bruising	Educate the parents on possible side effects of the medication such as vision changes for 24 to 48 hours, Educate the parents on signs of allergic reaction	Educate the parents on the importance of vaccinating their child against hepatitis B, Educate the parents of when the next vaccine dosage should be administered	Always check blood glucose level before administering glucose, do not give to patient if patient is unresponsive

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 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 pink-tinged color over face, trunk, and extremities. Smooth, soft flexible; dry peeling hands and feet.**	**Usual: Smooth, flexible, good skin turgor, well hydrated, warm** **Variations: Jaundice, acrocyanosis, milia, Mongolian spots, stork bites**
Head	**Round, symmetric, and moves easily from left to right and up and down; soft and pliable**	**Usual: Varies with age, gender, and ethnicity, soft fontanels, 33 – 37 cm** **Variations: Microcephaly, macrocephaly, enlarged fontanels**
Fontanels	**Soft and flat fontanels**	**Usual: soft and flat** **Variations: Enlarged**
Face	**Symmetric movement of all facial features, normal hairline, eyebrows, and eyelashes present, cheeks full.**	**Usual: Full cheeks, facial features symmetric** **Variations: Facial nerve paralysis, nevus flammeus, nevus vasculosus**
Eyes	**Eyes at same level**	**Usual: Clear and symmetrically placed on face, online with ears** **Variations: chemical conjunctivitis, sub conjunctival hemorrhages**
Nose	**nostrils equal size**	**Usual: Small, placement in the midline, narrow, ability to smell** **Variations: Malformation or blockage**
Mouth	**The sucking pads present. Tongue pink color, smooth, non-coated.**	**Usual: Aligned in midline, symmetric, intact soft and hard palate** **Variations: Epstein pearls,**

		erupted precocious teeth, thrush
Ears	**Symmetrical ears**	**Usual: Soft and pliable with quick recoil when folded and released** **Variations: Low set ears, hearing loss**
Neck	**Neck is normal in movement and shape**	**Usual: Short, creased, moves freely, baby holds head in midline** **Variations: restricted movement, clavicular fractures**
Chest	**Circumference: 34cm less than head. Normal shape without depressed or prominent sternum**	**Usual: Round, symmetric, smaller than head, 30-33 cm chest circumference** **Variations: Nipple engorgement, whitish discharge**
Breath Sounds	**Clear and equal in all lobes, unlabored breathing, 30 – 60 breaths per minutes**	**Usual: Clear and equal in all lobes, unlabored breathing with 30 – 60 breaths per minute** **Variations: Crackles, wheezes, breaths less than 30 or greater than 60**

Heart Sounds	**S1 and S2 at the point of maximal impulse, regular rhythm**	**Usual: Murmurs that resolve on their own, S1 and S2 sounds, Regular rhythm, heart rate of 110 – 160 beats per minute** **Variations: S3 or S4 sounds, heart rate less than 110 or greater than 160**	
Abdomen	**Protuberant contour, soft**	**Usual: Protuberant contour, soft, three vessels in umbilical cord** **Variations: Distended, two vessels in umbilical cord**	
Bowel Sounds	**Active in all four quadrants, 10 – 30 bowel sounds per minute**	**Usual: Active in all four quadrants, 10 – 30 bowel sounds per minute** **Variations: Hyperactive bowel sounds, Hypoactive bowel sounds**	
Umbilical Cord	**Three vessels in umbilical cord, pale yellow color**	**Usual: Three vessels in umbilical cord, pale yellow color** **Variations: Two vessels in umbilical cord**	
Genitals	**Genitals were found to be intact and normal.**	**Usual: Female genitals are engorged, labia majora and minora may be edematous.** **Variations: Labial bulge, ambiguous**	

		genitals, rectovaginal fistula, imperforate hymen	
Anus	**Passes stool, Normal with appearance and position**	**Usual: Passes stool, normal with appearance and position** **Variations: Enlarged/swollen, fistulas**	
Extremities	**Symmetric with free movement**	**Usual: Symmetric with free movement** **Variations: Congenital hip dislocation**	
Spine	**Straight, flat, and flexible when placed on back**	**Usual: Straight, flat, and flexible** **Variations: Tufted or dimple in spine**	
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	**Band matches with parents, hugs tag present, swaddled and placed in mothers' arms.**	**Usual: Matching ID bands with parents, Hugs tag in place, Positioned supine** **Variations: Hugs band may be attached to the bed**	

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

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	**98.6f**	**146**	**48**

4 Hours After Birth	**98.2f**	**152**	**44**
At the Time of Your Assessment	**98.8f**	**140**	**58**

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1129	**NIPS**	**Heel**	**4**	**Heel stick**	**Swaddled**

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 10.12.22 at 0910 by cesarian section due to breech fetal position. The Apgar scores were 7/9. The birth weight was 8 lbs 6 ozs (3645 grams); length was 20" (50.8 cms); head circumference was 14.17" (36 cms); and chest circumference was 13.38" (34 cms). Upon assessment all systems are within normal limits. The last set of vitals was: 98.8/140/58. Breath sounds x3 after delivery were WNL with the lowest being 48. The neonate is breastfeeding and nursing moderately with most feedings q2-3 hrs. The bilirubin level at 24 hours per scan was 11.9. The neonate is expected to be discharged with mother and father tomorrow and to see the pediatrician in the office for first well baby check within 48 hours.

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.
Sucrose - M	**PRN**	**When infants are given sucrose, they cannot feel pain at the same time. This is beneficial when doing anything to bring pain to the child.**

Diaper changes - N	**PRN/ continuous**	**Diapers should be changed when soiled to prevent skin breakdown and bacteria build up.**
Vital sign monitoring - N	**Once daily/ PRN**	**Heart rate, respiration rate, and temperature need to be monitored daily to look for trends and assess for early signs of infection.**
Assessments - M	**Per shift**	**Daily assessments allow for the nurse to note any changes from the previous day and early detection of potential complications.**

Discharge Planning (2 points)

Discharge location: Infant will be discharging home with mother and father.

Equipment needs (if applicable): NA

Follow up plan (include plan for newborn ONLY): The newborn will have a follow up appointment with his primary care provider at appropriate time.

Education needs: The parents will need education on ways to prevent harm to the infant, feeding education, and what they can expect with having a newborn.

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	Rational	Intervention/Rational (2	Evaluation

pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	**(1 pt each)** Explain why the nursing diagnosis was chosen	**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.	**(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 infection related to lack of immune system as evidenced by environmental exposure.	**This diagnosis was chosen due to the realty that new born immune systems are unable to fight off infections within the first few months of life. The father of the child had picked the babies hat up off the hospital floor and was going to put is back on the child.**	**1.Educate parents on importance of keeping baby items clean.** **Rationale- The immune system of a new born can be compromised easily, dirty items can add to risk of infection (Phelps, 2020).** **2.Encourage breastfeeding.** **Rationale- Breastfeeding helps the baby acquire needed immunities for infection fighting purposes (Phelps, 2020).**	**The Father was very understanding in the explanation for infection control and requested a new hat for the infant.**
2. Readiness for enhanced parenting related to having a new baby as evidenced by the birth of the patient.	**This nursing diagnosis was chosen because they are first time parents.**	**1. Assess the stress-coping ability of family members.** **Rationale** **This determines the strengths and weaknesses of the family's stress coping patterns (Phelps, 2020).** **2. Assess measures taken to maintain safety in the home environment.** **Rationale**	**The parents responded well to these interventions. The goal is to promote a safe and loving environment for the baby without harming the family dynamic.**

		Environments free from environmental hazards assure a sense of security (Phelps, 2020).	
3. Interrupted family processes related to having a new baby as evidenced by the birth of the patient.	**This nursing diagnosis was chosen because the family process will change with the birth of their first child.**	**1. Identify the individual assuming role as head of family.** **Rationale** **Establishing family hierarchy will improve the functional ability (Phelps, 2020).** **3. Teach family to communicate clearly and honestly.** **Rationale** **This will increase their ability to express thought and feelings in a positive way (Phelps, 2020).**	**The parents responded well to these interventions. The goal is to establish a head of household to remain stable throughout the next few months as things change.**
4. Risk for sudden infant death syndrome related to infant placed in a prone or side-lying position to sleep as evidenced by being less than 4 months old.	**This nursing diagnosis was chosen because the father placed the infant in the bassinet on her side with lose swaddling.**	**1. Educate family about the risk factor of sudden infant death syndrome.** **Rationale** **The parents will become aware of the practices to prevent its occurrence (Phelps, 2020).** **2. Position infant on the back when placed in crib.** **Rationale** **Incidence of SIDS is higher among infants placed in a prone or side-lying position (Phelps, 2020).**	**The parents responded well to the teaching regarding the prevention of SIDS. The goal is to have the baby sleep only on their back to reduce the risk of SIDS. The parents will be educated further before discharge.**

Other References (APA):

Phelps, L. L. (2020). *Nursing diagnosis: Reference manual* (11th ed.). Wolters Kluwer.

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