N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 10-20-2022 08:47a	**Patient Initials** T.L.	**Date & Time of Birth** 10-13-2022 10:28a	**Age (in hours at the time of assessment)** 166 hours
Gender Male	**Weight at Birth** **(gm)** ____2580_____ **(lb.) __**5**__ (oz.) __**11**_**	**Weight at Time of Assessment** **(gm) __**25.45**_____** **(lb.) __**5**_ (oz.) _**9.8	**Age (in hours) at the Time of Last Weight** 166 hours
Race/Ethnicity Black/ not Hispanic or Latino	**Length at Birth** **Cm _____**47**_____** **Inches ___18.5_____**	**Head Circumference at Birth** **Cm _____**33**_____** **Inches __12.9_**	**Chest Circumference at Birth** **Cm ____**30**_____** **Inches __11.8___**

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: before birth: G2T1P0A0L1 Now: G2T1P1A0L2

When prenatal care started: prenatal care started 4-7-2022

Abnormal prenatal labs/diagnostics: none

Prenatal complications: none

Smoking/alcohol/drug use in pregnancy: smokes marijuana every day, no tobacco and no alcohol

Labor History of Mother:

Gestation at onset of labor: 35 weeks 5 days

Length of labor: 8 hours and 35 minutes

ROM: 10-13-22 @0445

Medications in labor: none

Complications of labor and delivery: none

Family History: mother and father both healthy

Pertinent to infant: none

Social History (tobacco/alcohol/drugs): smokes marijuana every day, no tobacco and no alcohol

Pertinent to infant: marijuana can affect the baby's growth and development.

Father/Co-Parent of Baby Involvement: not involved

Living Situation: mother lives with her mother along with another child and siblings, unknown how many siblings.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Dropped out of high school in 9th. Grade. No learning disabilities.

Birth History (10 points)

Length of Second Stage of Labor: 4 minutes

Type of Delivery: vaginal

Complications of Birth: None

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: none

Feeding Techniques (10 points)

Feeding Technique Type: bottle fed with formula

If breastfeeding:

LATCH score: N/a

Supplemental feeding system or nipple shield: N/a

If bottle feeding:

Positioning of bottle: pace feeding, upright, sideline

Suck strength: poor

Amount: 3 ML

Percentage of weight loss at time of assessment: _____1.36**_____%**

Born weight-weight now⇒ the difference / born weight =x100= weight loss

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

Is this neonate's weight loss within normal limits? no

Intake and Output (8 points)

Intake

If breastfeeding: N/a

Feeding frequency: N/a

Length of feeding session: N/a

One or both breasts: N/a

If bottle feeding:

Formula type or Expressed breast milk (EBM): formula 22 calorie neosure Simulac

Frequency: Q3

Volume of formula/EBM per session: 48 ml

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

If NG or OG feeding: NG in right nares

Frequency: Q3

Volume: max or 48 ml; gets what is left after attempt to feed.

If IV: N/a

Rate of flow: N/a

Volume in 24 hours: N/a

Output

Void

Age (in hours) of first void: 4 ½ hours old

Number of voids in 24 hours: 9

Stool

Age (in hours) of first stool: 4 ½ hours old

Type: soft

Color: meconium green

Consistency: tarry

Number of times in 24 hours: 6

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	Infants that are more at risk for low blood sugar will need a blood glucose	>40	82	Within normal range

	test (Pagana & Pagana, 2018).			
Blood Type and Rh Factor	The rh and blood type test determines what the neonates blood type is and if the blood cells have the Rh protein (Pagana & Pagana, 2018).	Not completed	Not completed	Not completed
Coombs Test	The Coombs test looks at the neonates red blood cells and assess if there are any foreign antibodies attached to the red blood cells (Pagana & Pagana, 2018).	Not completed	Not completed	Not completed

Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	The bilirubin level test measures the amount of bilirubin in the blood which can means the neonate is jaundice (Pagana & Pana, 2018).	< 10.0	8.5	Within normal range
Newborn Screen (At 24 hours)	The newborn screen is completed detect certain health issues that aren't always visible at birth (Pagana & Pagana, 2018).	Not completed	Results will not be available.	Not completed
Newborn Hearing Screen	The newborn hearing screen is completed to detect genetic hearing loss	pass	Not completed	Not completed

	before symptoms occur (Pagana & Pagana, 2018).			
Newborn Cardiac Screen (At 24 hours)	The cardiac screening detects congenital heart defect (Pagana & Pagana, 2018).	pass	Pass with 99%	Within normal range, the neonate does not show any congenital heart defects

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

Pagana, K. D. & Pagana T. J. (2018*) Mosby's diagnostic and laboratory test reference* (6th ed.). Mosby.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**		
Dose	1 mg	5 ml/ 1 gram	0.5 ml		
Frequency	once	once	once		
Route	IM	eyes	IM		
Classification	Pharm: hemostatic Therapeutic: vitamins	Pharm: Macrolide Therapeutic: antibiotic	Pharm: immune globulins Therapeutic: vaccine		
Mechanism of Action	Aquamephyton's aqueous colloidal	Binds with 50S ribosome	The Hepatitis B vaccine		

	solution of vitamin K1 for parenteral injection has the same kind and level of activity as naturally occurring vitamin K, which is required for the liver to produce active prothrombin (factor II), proconvertin (factor VII), plasma thromboplastin component (factor IX), and Stuart factor (factor X). A microsomal enzyme that catalyzes the post- translational carboxylation of many, particularly peptide bound glutamic acid residues in inactive hepatic precursors of factors II, VII, IX and X, needs vitamin K as a cofactor to function. (Jones and Bartlett, 2020).	subunit of the 70S ribosome in many aerobic, anaerobic, gram-negative, and gram-positive types. This action inhibits RNA-dependent protein synthesis in bacterial cells, causing them to die (Jones and Bartlett, 2020).	provides passive immunity to hepatitis B (Jones & Bartlett Learning, 2020).		
Reason Client Taking	anticoagulant	For infants born to mothers with clinically apparent Neisseria gonorrhoeae Chlamydia trachomatis (Jones & Bartlett Learning,	To protect the infant from hepatitis B (Jones & Bartlett Learning, 2020).		

		2020).			
Contraindications (2)	Hypersensitivity to vitamin k or any components. Don't give to a patient with hypoprothrombinemia (Jones & Bartlett Learning, 2020).	Hypersensitivity to the medication. Infant may have trouble opening their eyes (Jones & Bartlett Learning, 2020).	Hypersensitivity to the vaccine or its components. (Jones & Bartlett Learning, 2020).		
Side Effects/Adverse Reactions (2)	Rash and erythema (Jones & Bartlett Learning, 2020).	Fatigue, blurry vision (Jones & Bartlett Learning, 2020).	Pruritus, fatigue (Jones & Bartlett Learning, 2020).		
Nursing Considerations (2)	Observe for inflammation Keep the medication out of sunlight (Jones & Bartlett Learning, 2020).	Ensure you clean the eye before administration. Do not touch the tube on the eye. (Jones & Bartlett Learning, 2020).	Ensure the baby is clean before administration. Don't administer at the same spot as other vaccines. (Jones & Bartlett Learning, 2020).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Educate the parent about the vitamin K injection. Ensure the consent is signed before administering (Jones & Bartlett Learning, 2020).	Assess for infection before therapy (Jones & Bartlett Learning, 2020).	Preform an assessment for any previous allergic reactions (Jones & Bartlett Learning, 2020).		
Client Teaching needs (2)	Teach the parent about the possibility of pain at the injection cite, swelling or redness at the injection site. Educate the parent about the importance of the vitamin K injection and how it	Teach that the medication can sing and make the baby fussy. Educate the parents about how the ointment is applied (Jones &	Educate the parents on the importance of staying up to date on vaccines. Educate the parents on comfort measure due to		

	decreased the chance of vitamin k deficiency bleeding (Jones & Bartlett Learning, 2020).	Bartlett Learning, 2020).	pain at injection site after administration (Jones & Bartlett Learning, 2020).		

Medications Reference (1) (APA):

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

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021.
Skin	Pink, warm, smooth. Good skin turgor.	Smooth, flexible, good skin turgor, well hydrated and warm. (Ricci et al., 2021)
Head	Head is normal cephalic. No bruising noted.	Microcephaly or macrocephaly
Fontanels	Anterior and posterior fontanels are soft.	The anterior and posterior fontanels should be flat and soft (Ricci et al., 2021).
Face	All facial features are symmetrical	Facial features symmetrical, full cheeks (Ricci et al., 2021).
Eyes	Pupils are equal, round, and reactive to light. Red reflex present	Clear and symmetrical, in line with ears (Ricci et al., 2021).
Nose	Midline, NG in right nares.	Midline, small narrow ability to smell (Ricci et al., 2021).
Mouth	Mouth is midline and symmetrical to the head and face. Hard and soft palate intact	Aligned midline, symmetrical, intact hard and soft palate (Ricci et al., 2021).
Ears	Ear canal appears patent, no pits, or tags, pinnar is normal	Soft and pliable with quick recoil when folded and released (Ricci et al., 2021)
Neck	Neck is symmetrical no masses found. Neonates head is midline.	Short, creased, moved freely. Baby hold head midline (Ricci et al., 2021).
Chest	Chest wall is symmetrical and round.	Round, symmetrical and smaller than head (Ricci et al., 2021).
Breath Sounds	Lungs clear upon auscultation. Lungs sound equal bilaterally. No rales, wheezing, retractions, stridor, or cough.	Lung sounds should be clear bilaterally. No wheezes, stridor, or retraction. There should be no signs of respiratory distress (Ricci et al., 2021).

Heart Sounds	Regular rate and rhythm. No murmurs.	Normal rate and rhythm, regularity, normal heart sounds, and no murmurs (Ricci et al., 2021).
Abdomen	Soft, nontender, umbilicus and 3 vessel cord. No abdominal masses palpable.	Protuberant contour, soft, three vessels in umbilical cord (Ricci et al., 2021).
Bowel Sounds	Bowel sounds are active in all four quadrants.	Normoactive bowel sounds in all 4 quadrants (Ricci et al., 2021).
Umbilical Cord	All three vessels are present in the umbilical cord.	Three vessels in the umbilical cord (Ricci et al., 2021).
Genitals	Normal male anatomy. Not circumcised.	Normal male anatomy (Ricci et al., 2021)
Anus	Neonate has patent opening of anus.	Patent opening of anus (Ricci et al., 2021).
Extremities	All extremities are symmetrical and have free range of motion.	Extremities are symmetrical and have free movement (Ricci et al., 2021).
Spine	Spine is symmetrical.	Spine is symmetrical (Ricci et al., 2021).
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Neonate has matching ID band with mom. Neonate has on one hug tag and another hug tag on his bed. Neonate is sleeping supine in bed	Neonate has matching arm bands with mom and dad. Newborn has on two hug tags. Newborns sleeps on back.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	97.9˚ F (axillary)	130	46
4 Hours After Birth	98.2˚ F (axillary)	140	88
At the Time of Your	98.9˚ F (axillary)	157	48

Assessment			

Vital Sign Trends: respiratory status was not stable at birth and first few hours after but began to stabilize after treatment

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0946	Neonatal infant pain scale (NIPS)	General	0	Baby calm and relaxed no crying	Continued to be swaddled.

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 10-13-2022 at 1028 by normal spontaneous vaginal delivery. There were no complications with labor. The Apgar scores were 8/9. The EDD was 11-12-2022 by ultrasound. The prenatal history shows there were no complications during the pregnancy. The birth weight was 5 lbs 11 oz (2580 grams), length was 18.5" (47 cm), head circumference was 12.9" (33 cm), and chest circumference was 11.8" (30 cm). upon assessment all systems are within normal limits. The last set of vitals were: 98.9˚ F (axillary), heart rate of 157 and respirations of 48. The neonate was admitted to the special care unit after birth due to respiratory distress. The neonate has since been weaned off oxygen and is currently being treated for poor eating. The neonate is being bottle fed with 22 calorie neosure. The neonate is not eating well and has been getting his feeding through his NG tube every 3 hours after attempting to bottle feed. The neonate is averaging only 2-3 ml PO of formula through the bottle. The b bilirubin level at 24 hours was 8.5. the neonate is expected to remain in the special care unit until he is able to tolerate bottle feeds. He then will be discharged home to mom and follow up with the pediatrician within 48 hours after discharge.

This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). The nuchal cord was around the neck x1. The Apgar scores were 1/3/9. The EDD was 5/10/14 by US. The new Ballard scale assessment revealed neonate is 39 2/7 weeks and LGA. The prenatal history shows this pregnancy was complicated by PIH and GDM (diet controlled). The birth weight was 9 lbs 4 ozs (4440 grams); length was 21" (53.34 cms); head circumference was 13"

(33 cms); and chest circumference was 12" (30.5 cms). Upon assessment all systems are within normal limits. The last set of vitals was: 38.4/155/48. Breath sounds x3 after delivery were WNL with the lowest being 52. The neonate is breastfeeding and nursing well with most feedings 20"/20" q2-3 hrs. The bilirubin level at 24 hours per scan was 4.9. The neonate is expected to be discharged with mother later today 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.**
Feeding baby (n)	Every 3 hours	To ensure proper nutrition and to allow the infant to grow
Swaddling (N)	As needed to help keep the baby comfortable	Swaddling helps keep the baby warm and comfortable
Isolette warmer (M)	Continuous	The baby was put into an isolette warmer due to not being able to regulate his temperature on his own
Change diaper (N)	As needed	Changing diapers keeps the baby's skin healthy and measure output.

Discharge Planning (2 points)

Discharge location: home

Equipment needs (if applicable): none

Follow up plan (include plan for newborn ONLY): follow up with pediatrician within 48 hours of discharge.

Education needs: educate mom on the risk of smoking marijuana around the baby

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 malnutrition related to poor sucking as evidence by the neonate only able to drink an average of 2-3 ml with each feed.	The neonate is at an increased risk for malnutrition due to not being able to suck properly.	**1.**allow the infant to try to bottle feed every 3 hours before giving him his feed through the NG tube **Rationale** allowing the baby to practice drinking from the bottle helps develop the sucking reflex (Ricci et al., 2021). **2.**keep the neonates head elevated when giving him a bottle**.** **Rationale** Keeping the neonates head elevated reduces the risk for aspiration (Phelps, 2020).	The neonate was able to swallow about 2 ml when given the bottle. Keeping his head elevated while giving him the bottle allowed him to try to suck and swallow the milk in his mouth.
2. Risk for hypothermia related to poor body temperature regulation as evidence by skin cool to touch.	The neonate is at risk for hypothermia due to being preterm and not being able to regulate his body temperature well.	**1.** monitor the neonate's temperature every 3 hours. **Rationale** monitoring the neonate's temperature helps us see if he is regulating his temperature okay or if he needs help (Phelps, 2020). **2.**keep neonate swaddled and in isolette with warmer on **Rationale** external temperatures assist in preventing hypothermia	The neonate was able to maintain his temperature throughout shift and was even able to keep his temperature while we gave him a bed bath.

		(Phelps, 2020).	
3. Risk for deficient knowledge related to smoking marijuana around the baby as evidence by mother stating she does it daily**.**	The mother has deficient knowledge about the risk of smoking around the baby.	**1.** assess the mother's level of knowledge **Rationale** assessing her level of knowledge allows us to know what we need to educate her and how she will best understand it (Phelps, 2020). **2.** provide written materials to aid with teaching. **Rationale** pictures and handouts help reinforce the teaching and are also reminder when they look at them again (Phelps, 2020).	The mother was not present throughout shift. A handout was left with the babies belongs for the mother to look at. A social worker has also attempted to contact the mother to provide education to the mom as well.
4. Knowledge deficient of feeding related to intake as evidence by neonate only getting 2-3 ml PO.	the more the neonate tries to drink from a bottle the better he will get.	**1.** giving supplemental feeds through the NG tube to ensure the neonate gets the nutrition it needs. **Rationale** giving supplemental feedings through NG allows neonate to get nutrients needs to grow and develop sucking reflex (Ricci et al., 2021). **2.** educate mother about the need to do both the bottle and NG tube. **Rationale** providing education allows the mom to better understand what is going on and why an NG is needed (Phelps, 2020).	The neonate tolerated the NG feedings well. The mother was not present throughout shift to provide education.

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing diagnosis reference manual* (11th ed.). Wolters Kluwer