N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 11/16/2022 14:00	**Patient Initials** PF	**Date & Time of Birth** **11/15/2022** 13:47	**Age** **(in hours at the time of assessment)** 24h
Gender Female	**Weight at Birth** **(gm)** 3265 **(lb.)** 7 **(oz.)** 3.2	**Weight at Time of Assessment** **(gm)** 3205 **(lb.)** 7 **(oz.)** 1	**Age (in hours) at the Time of Last Weight** 24h
Race/Ethnicity Caucasian	**Length at Birth** **Cm** 50.8 **Inches** 20	**Head Circumference at Birth** **Cm** 34.5 **Inches** 13.6	**Chest Circumference at Birth** **Cm** 33 **Inches** 13

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: G1T1P1A0L1

When prenatal care started: 02/04/2022

Abnormal prenatal labs/diagnostics: B/P 130/84

Prenatal complications: Insufficient weight gain during pregnancy in the first trimester, pre-existing hypertension affecting pregnancy in the first semester, hyperthyroidism in the first trimester

Smoking/alcohol/drug use in pregnancy: Never smoker, never tobaccoless smoker, no alcohol, marijuana stopped at 6 weeks gestation

Labor History of Mother:

Gestation at onset of labor: 40 weeks 4/7 days

Length of labor: 1st stage: 12h 48m

2nd stage: 1h 14m

3rd stage: 0h 04m

ROM: Spontaneous rupture of membranes 11/14/22 15:17

Medications in labor: Oxytocin, Fentanyl citrate-Ropivacaine-NaCl

Complications of labor and delivery: Ineffective contraction pattern

Past Surgical History: None

Family History: Breast cancer - paternal grandmother

Cancer - maternal and paternal grandfather

Hypertension - father and paternal grandmother

Pertinent to infant: None

Social History (tobacco/alcohol/drugs): Never smoker, never tobaccoless smoker, no alcohol, marijuana stopped at 6 weeks gestation

Pertinent to infant: Mother stopped marijuana at 6 weeks gestation

Father/Co-Parent of Baby Involvement: Father is involved

Living Situation: Living with mom’s parents with the father of the child

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

Birth History (10 points)

Length of Second Stage of Labor: 1h 14m

Type of Delivery: Vaginal

Complications of Birth: Ineffective contraction pattern, second degree laceration of the perineum

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: 7

Supplemental feeding system or nipple shield: Medela nipple shields

If bottle feeding: Exclusively breastfeeding

Positioning of bottle: Exclusively breastfeeding

Suck strength: Exclusively breastfeeding

Amount: Exclusively breastfeeding

Percentage of weight loss at time of assessment: <u>1.84</u>**%**

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

% of weight loss = (birth weight – current weight/birth weight) x 100

= (3265 – 3205/3265) x 100

= 1.84%

What is normal weight loss for an infant of this age? Normal weight loss for a 1 day old is no greater than 10% of their birth weight.

Is this neonate's weight loss within normal limits? The newborn should not lose more than 10% of their birth weight. Weight loss of 1.84% is within normal limits.

Intake and Output (8 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: 2-3 hours

Length of feeding session: 10-15 minutes

One or both breasts: Both breasts

If bottle feeding: Mom plans to breastfeed exclusively.

Formula type or Expressed breast milk (EBM): Discharge planning included discussing preparedness of supplementing with formula in case milk does not come in.

Frequency:

Volume of formula/EBM per session:

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

If NG or OG feeding: No tube feedings required, mom is breastfeeding.

Frequency:

Volume:

If IV: Mom is breastfeeding.

Rate of flow:

Volume in 24 hours:

<u>Output</u>

Void

Age (in hours) of first void: 18h

Number of voids in 24 hours: 1

Stool

Age (in hours) of first stool: 7h

Type: Meconium

Color: 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	Glucose is ordered to screen for hypoglycemia (Ricci et al., 2020).	Glucose is expected to be above 45mg/dL (Ricci et al., 2020).	Glucose was not drawn on this client.	Glucose was not drawn on this client.
Blood Type and Rh Factor	Blood incompatibility may lead to the mother's serum containing naturally occuring anti-A and anti-B to cross the placenta and hemolyze fetal RBCs. Rh incompatibility can lead to the woman's immune system to create antibodies against fetal Rh blood factors (Ricci et al., 2020).	Expected results are A, B, O, with Rh positive, or Rh negative (Ricci et al., 2020).	The neonate and mom were A+.	The neonate is not at risk for blood or Rh incompatibility with mom.

Coombs Test	The Coombs Test is used to identify hemolytic disease of the newborn (Ricci et al., 2020).	A positive result indicates that the newborn's RBCs have been coated with antibodies and thus sensitized. A negative result means no antibodies on the newborn's RBCs (Ricci et al., 2020).	The newborn and mom were A+.	The newborn and mom were A+.
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	Elevated serum bilirubin levels manifest as jaundice in the newborn. The imbalance in the rate of bilirubin production and elimination causes high levels of bilirubin that can lead to kernicterus or bilirubin encephalopathy (Ricci et al., 2020).	Serum bilirubin levels reach up to 10 mg/dL and then decline rapidly over the first week of birth (Ricci et al., 2020).	Transcutaneous bili at 24 hours of age was 5.4 mg/dL.	The neonate has a low-intermediate risk for jaundice. Breast-fed newborns typically have peak bilirubin levels on the fourth day of life. The rate of bilirubin decline is also less rapid in breast-fed newborns due to having less frequent bowel movements compared to bottle-fed newborns.
Newborn Screen (At 24 hours)	The newborn screen is an early detection tool for possible genetic abnormalities Ricci et al., 2020).	Expected results are positive or negative for genetic, metabolic, and developmental conditions (Ricci et al., 2020).	**Results will not be available.**	Newborn screen sent after 24 hrs of age, results to be sent to PMD.
Newborn Hearing Screen	Delays in the identification and intervention	Electrodes placed around the newborn's	ABR hearing screen passed bilaterally on	The test indicates the newborn's ears and nerves leading to the

	of hearing loss may affect the child's language development, academic performance, and cognitive development (Ricci et al., 2020).	head, neck, and shoulders record neural activity from the infant's brain stem in response to the tapping noises emitted from the earphone (Ricci et al., 2020).	11/16/22.	brain work (Ricci et al., 2020).
Newborn Cardiac Screen (At 24 hours)	The screening can identify newborns with critical congenital heart defects (Centers for Disease Control and Prevention [CDC], 2022)	Newborns are expected to pass the screening with an oxygen saturation that is ≥ 95% in the right hand or foot with a ≤ 3% absolute difference between the right hand and right foot (CDC, 2022).	CCHD screen after 24 hrs of age, negative 97%/97%.	Negative screening results indicate the newborn is not at risk for types of critical congenital heart defects such as Tetralogy of Fallot, atrial septal defects, or ventricular septal defects (CDC, 2022).

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

Centers for Disease Control and Prevention. (2022). *Critical congenital heart defects screening methods*. https://www.cdc.gov/ncbddd/heartdefects/hcp.html

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's manual of diagnostic and laboratory tests* (7th ed.). Elsevier.

Ricci, S. S., Kyle, T., & Carman, S. (2022). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Newborn Medications (7 points)

Brand/ Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Engerix-B (Hepatitis B Vaccine)**		
Dose	1g	1g	0.5 mL		
Frequency	Once	Once	Once		
Route	Intramuscularly	Ophthalmic ointment	Intramuscularly		
Classification	Anticoagulant reversal agent	Ophthalmic antiiinfective, Macrolide	Viral vaccine		
Mechanism of Action	Vitamin K helps clot blood (Skidmore-Roth, 2022).	Inhibits protein synthesis, thereby decreasing bacterial replication (Skidmore-Roth, 2022).	Prevention of hepatitis B virus in exposed patients, including passive immunity in neonates born to HbsAg-positive mother (Skidmore-Roth, 2022).		
Reason Client Taking	Newborns have low levels of vitamin K. Giving newborns vitamin K by mouth or as a shot into the muscle helps prevent bleeding (WebMD, 2022).	Prevention of ophthalmic neonatorum (Skidmore-Roth, 2022).	Prevents the newborn from contracting hepatitis B (Skidmore-Roth, 2022).		
Contraindications (2)	Dialysis, severe liver disease (Drugs.com, 2022).	Hypersensitivity to erythromycin or macrolides, minor ocular irritation (Khan, 2022).	Hypersensitivity to immune globulins, coagulation disorders (Skidmore-Roth, 2022).		
Side Effects/ Adverse Reactions (2)	Local hematoma with IM route, bluish color or the fingernails, lips, skin, palms, or nail beds (Drugs.com, 2022).	Eye redness, mild eye irritation (Khan, 2022).	Severe skin reaction, difficulty breathing (Drugs.com, 2022).		
Nursing	Prothrombin time	Assess: Allergic	Withhold		

Considerations (2)	(PT) and INR times, may cause trouble breathing (Drugs.com, 2022).	reaction: assess for hypersensitivity; discontinue product (Skidmore-Roth, 2022).	administration if newborn has an adverse reactions to latex, assess for muscle twitching (Drugs.com, 2022).		
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess for hypersensitivity (Skidmore-Roth, 2022).	Assess for hypersensitivity (Skidmore-Roth, 2022).	Assess for infection, vaccine may exacerbate symptoms of fever and infection (Drugs.com, 2022).		
Client Teaching needs (2)	Prevention of a serious disease called hemorrhagic disease of the newborn (HDN). Vitamin K does not cross the placenta to the developing baby, and the gut does not have any bacteria to make vitamin K before birth (Better Health Channel, 2021).	Apply ribbon of ointment directly to the eye (Skidmore-Roth, 2022). Do not let tip of applicator touch eyes, avoid contamination (Khan, 2022).	There is a 3 dose schedule, newborn, 1, and 6 month. Hepatitis B vaccine does not give protection against other hepatitis viruses (Drugs.com, 2022).		

Medications Reference (1) (APA):

Better Health Channel. (2021). *Vitamin k and newborn babies*. https://www.betterhealth.vic.gov.au/health/healthyliving/vitamin-k-and-newborn-babies#informed-consent-for-vitamin-k

Drugs.com. (2022). *Aquamephyton (Injection)*. https://www.drugs.com/cons/aquamephyton.html

Drugs.com. (2022). *Engerix-B*. https://www.drugs.com/engerix-b.html

Khan, S. (2022). *Erythromycin ophthalmic: Generic, uses, side effects, dosages, interactions, warnings*. RxList. https://www.rxlist.com/consumer_ilotycin_erythromycin_ophthalmic/drugs-condition.htm

Skidmore-Roth, L. (2022). *Mosby's 2022 nursing drug reference*. (35th ed.). Elsevier.

WebMD. (2022). *Vitamin k: Uses, side effects, and more*.

https://www.webmd.com/vitamins/ai/ingredientmono-983/vitamin-k

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	Heels were peeling. Normal skin pigment, slightly jaundiced on chest and face. Milia on the nose. Slight newborn rash noted on the inner thighs.	Expected skin variations include vernix caseosa, stork bites (or salmon patches), milia, Mongolian spots, erythema toxicum, harlequin sign, nevus flammeus (Ricci et al., 2021).
Head	Head circumference measured 34.5 cm.	Variations include microcephaly, macrocephaly, and enlarged fontanels. Other common variations include molding, caput succedaneum, and cephalhematoma (Ricci et al., 2021).
Fontanels	Anterior fontanel diamond shaped and larger than the posterior fontanel. Posterior fontanel triangular shape the size of a fingertip.	Anterior fontanel is diamond shaped and typically measures 4 to 6 cm at the largest diameter. The posterior fontanel is triangular shaped and the size of a fingertip (0.5 to 1 cm) (Ricci et al., 2021).
Face	Eyes, ears, cheeks, nose, and mouth are symmetric with full cheeks.	Common problem include facial nerve paralysis, nevus flammeus, nevus vasculosus (Ricci et al., 2021).
Eyes	Eyes are clear and symmetrical placed and online with ears.	Common problems include chemical conjunctivitis, subconjunctival hemorrhages (Ricci et al., 2021).
Nose	Placed midline with patent nares, and an intact septum. The nostrils are equal size and patent.	Common problems are malformations and blockage (Ricci et al., 2021).
Mouth	Lips are intact with symmetrical movement and positioned midline. Intact soft and hard palate, free working tongue, and the ability to form a vacuum with the lips. Uvula midline.	Variations include cleft upper lip or thin upper lip associated with fetal alcohol syndrome. Epstein pearls, erupted natal teeth, and thrush are normal variations (Ricci et al., 2021).
Ears	Ears are soft and pliable nd recoil quickly. Ears are aligned with the outer canthi of the eyes.	Expected variations include hearing loss and low-set ears (Ricci et al., 2021).
Neck	Clavicles intact. Neck moves freely in all directions and	Expected variations include restricted movement and clavicular

	capable of holding the head in midline position.	fractures (Ricci et al., 2021).
Chest	Chest is round, symmetric, and slightly smaller than the head circumference. Chest circumference measured 33 cm. Barrel-shaped chest with equal anteroposterior and lateral diameters.	Expected variations include nipple engorgment and whitish discharge from the nipples (Ricci et al., 2021).
Breath Sounds	Clear, unlabored breath sounds. Forty-eight breaths per minute without crackles.	Expected variations include fine crackles on auscultation due to amniotic fluid being cleared from the lungs. Normal respirations between 30-60 breaths/min (Ricci et al., 2021).

Heart Sounds	Heart rate 148 bpm without murmurs, absent S3 and S4 sounds.	Normal heart rate 110-160 beats per minute and can increase (Ricci et al., 2021).
Abdomen	Abdomen is protuberant and soft.	Variation includes a distended abdomen, only two vessels in umbilical cord (Ricci et al., 2021).
Bowel Sounds	Normal bowel sounds in all four quadrants with no masses or tenderness on palpation.	Normal bowel sounds in all four quadrants with no masses or tenderness on palpation. Absent bowel sounds might indicate an intestinal obstruction (Ricci et al., 2021).
Umbilical Cord	Cord stump is black on the end.	Two visible blood vessels are an expected variation of the umbilical cord (Ricci et al., 2021).
Genitals	The labia majora did not cover the labia minora. The labia minora was visible without any discharge.	Female genitalia will be engorged and the labia majora and minora may both be edemous. The labia majora is large and covers the labia minora. Variations include a labial bulge, indicating a inguinal hernia, ambiguous genitial, a rectovaginal fistula with feces present in the vagina, and an imperforate hymen (Ricci et al., 2021).
Anus	Passage of meconium indicates patency of the anus.	Passage of meconium that indicates patency of the anus. Abnormal findings include anal fissures or fistulas and no meconium passed within 24 hours after birth (Ricci et al., 2021).
Extremities	The upper and lower extremities are symmetric and move through a range of motions without hesitation.	Polydactyly or syndactyly may occur in the hands. A single palmar crease, a simian line is frequently associated with Down syndrome. Brachial plexus injury may occur during labor. Clubfoot may occur secondary to intrauterine positioning (Ricci

		et al., 2021).
Spine	The newborn's spine is midline.	Hair tufts and dimples along the spine are expected variations. (Ricci et al., 2021).
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	The newborn is placed supine in the basinett. The ID band matches with parents ID bands. The hugs tag number on the baby was recorded into their chart.	Documentation of the hugs tag is for safety and identification purposes. The alarm will sound if the newborn is taken off the unit. The supine sleeping position reduces the risk of SIDS. The ID bands matches with the parents for idenitification purposes. Patient identification prevents inappropriate tests, misdiagnoses, and medication errors. ID tags also prevent infant abduction. The ID bracelets are checked by all nurses to validate the correct newborn is brought to the right mother if they are separated for any period of time (Ricci et al., 2021).

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	37.7°C	170	48
4 Hours After Birth	37.3°C	156	58
At the Time of Your Assessment	36.6°C	136	48

Vital Sign Trends: The newborn's temperature was slightly elevated 0.2°C above normal range (36.5°-37.5°C). The newborn's pulse has decreased from birth and remains within normal limits (110-160; can increase to 180 duringcrying). The increase in heart rate at birth possibly related to labor augmentation with oxytocin. The newborn's respiration remained within normal range between 30-60 breaths per minute.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	NIPS	Generalized irritation	3	The infant has a vigourous cry and fussy.	The infant was held and cuddled by mom. The nurse encouraged skin-to-skin and swaddling the infant.

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 11/15/2022 at 1347 via normal spontaneous vaginal delivery (NSVD). The Apgar scores were 8 and 9. The EDD was on 11/11/2022 by ultrasound. Based on EDD, the neonate is 40 4/7 weeks and AGA. The prenatal history shows this pregnancy was complicated by hypertension, hyperthyroidism, and insufficient weight gain during pregnancy in the first trimester. The birth weight was 7 lbs 3.2 ozs (3265 grams); the length was 20" (50.08 cms); the head circumference was 13.6" (34.5 cms), and the chest circumference was 12" (33 cms). Upon assessment, all systems are within normal limits. The last set of vitals was: 36.6/136/48. Breath sounds x3 after delivery were WNL, with the lowest being 48. The neonate is breastfeeding and nursing well with most feedings 15"/15" q2-3 hrs. The bilirubin level at 24 hours per scan was 5.4 mg/dL. The neonate is expected to be discharged with her parents after 15:00 and scheduled for the first well-baby check with the pediatrician in the office within 24 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.
Sleep position on the back (N)	At all times when sleeping	Placing an infant to sleep on the back reduces the risk of SIDS.

Nothing in the crib (N)	At all times	Reduces the risk of SIDS.
Erythromycin ointment (M)	Once	Provides bactericidal and bacteriostatic actions to prevent *Neisseria gonorrhea* and *Chlamydia trachomatis* conjunctivitis. Also prevents ophthalmia neonatorum (Ricci et al., 2021).
Assessing body temperature (N)	Every 30 minutes for the first 2 hours or until the temperature has stabilized, and then every 8 hours until discharge or follow hospital protocol.	The newborn's temperature was 0.2°C above the normal range (36.5°-37.5°C). Newborns have trouble regulating their temperature, especially in the first few hours after birth (Ricci et al., 2021).

Discharge Planning (2 points)

Discharge location: The newborn is going home with mom and dad. They will be living with the maternal grandparents.

Equipment needs (if applicable): Breast pump, nipple shields, breast milk storage supplies

Follow up plan (include plan for newborn ONLY): Well-baby check up within 24 hours.

Education needs:

- Car safety
- SIDS Prevention
- Breastmilk storage
    - Up to 4 hours countertop 77°F (25°C),
    - Up to 4 days in the refrigerator 40°F (4°C)
    - Within 6 months best, up to 12 months acceptable in the freezer 0°F (-18°C) or colder

- Umbilical cord care
- General newborn safety (emergency phone numbers, not leaving infant alone in any room without portable intercom on, providing smoke-free environment, safety plugs in outlets)
- Breast-feeding education (feeding positions)

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. Ineffective oral intake related to insufficient emptying of each breast per feeding as evidenced by fussing or crying within 1 hour after breastfeeding (Doenges et al., 2022).	The infant fusses within an hour after breastfeeding. Mom is a first time mom learning how to breastfeed.	**1.**Discuss and demonstrate breastfeeding aids such as infant slings, nursing footstools, or pillows. Suggest using a variety of nursing positions to find the most comfortable for mom and baby (Doenges et al., 2022). **Rationale** Comfort for mom and baby will promote successful breastfeeding (Doenges et al., 2022). **2.**Evaluate the baby latching and note observable signs of inadequate infant intake (Doenges et al., 2022). **Rationale** A lactation consultant can assist in the establishment and maintenance of successful breastfeeding (Doenges et	Mom will demonstrate techniques to enhance the breastfeeding experience. A relaxed environment and comfortable position for the mom and the infant prior to breastfeeding will promote successful breastfeeding. The infant will continue to breastfeeding every 2-3 hours for 20 minutes on each breast.

		al., 2022).	
2. Risk for ineffective breastfeeding related to insufficient infant suckling reflex secondary to breastfeeding as evidenced by LATCH score of 7 out of 10.	The infant has a LATCH score of 7 out of 10.	**1.** The mother should keep an eye out for indicators of suckling issues in the baby during every feeding session (Doenges et al., 2022). **Rationale** Early intervention for the infant's suckling problems will help mom and baby resolve the issue as soon as possible (Doenges et al., 2022). **2.**Examine any visible indicators of an infant's inadequate intake of milk after each feeding (Doenges et al., 2022). **Rationale** A good latch will help the mother feel comfortable and help the infant get the most milk (Doenges et al., 2022).	Mom will tickle the infant's lips with her nipple to help open the infant's mouth wide. Promote latching-on by instructing the mother to use the C or V hold of the breast to ensure the mother's hand is well away from the nipple for the infant to latch on (Ricci et al., 2021).
3. Risk for infection related to undeveloped immune system as evidenced by temperature increase of 0.2°C above normal range, poor feeding, and irritability.	The neonate's temperature measured 37.7°C (99.9°F) at birth.	**1.** Thorough handwashing hygiene for all staff before and after all infant care procedures (Ricci et al., 2021). **Rationale** This measure is carried out to prevent hospital-acquired infections (Ricci et al., 2021). **2.** Monitor vital sign changes and observe for subtle signs of infection (Ricci et al., 2021). Vital signs are taken once in the labor and birth room, once every 30 minutes until the newborn has been stable for 2 hours, and then every 4 to 8 hours until discharge (Ricci et al., 2021). **Rationale** Appropriate timing of interventions can help identify, prevent, and minimize risk for infection	The new parents will understand the importance of hand hygiene before and after providing care or feeding the infant.

		(Ricci et al., 2021).	
4. Risk for pain related to scoring a three on the NIPS scale as evidenced by a vigorous cry and fussy state of arousal.	The infant was irritable and scored a three on the NIPS scale.	**1.** Skin-to-skin is recommended for bonding with the infant and providing comfort care for the infant (Ricci et al., 2021). **Rationale** Skin-to-skin is an effective therapy to relieve preocdural pain and improve neurodevelopment of the infant (Ricci et al., 2021). **2.** Swaddling of the infant provides a sense of comfort and security (Ricci et al., 2021). **Rationale** Swaddling the infant tightly decreases irritability behaviors (Ricci et al., 2021).	The infant was swaddled and sleeping peacefully in mom's cradle hold.

Other References (APA):

Centers for Disease Control and Prevention. (2022). *Proper storage and preparation of breast milk*. https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nursing diagnosis manual: Planning, individualizing, and documenting client care*. (7th ed.). F.A. Davis.

Ricci, S. S., Kyle, T., & Carman, S. (2022). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.