N432 Newborn Care Plan

Lakeview College of Nursing

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Demographics (10 points)

Date & Time of Clinical Assessment 11-2-22 at 0930	Patient Initials JM	Date & Time of Birth 10-31-22 at 0802	Age (in hours at the time of assessment) 49 hours
Gender male	Weight at Birth (gm) 2870 (lb.) 6 (oz.) 5	Weight at Time of Assessment (gm) 2775 (lb.) 6 (oz.) 1	Age (in hours) at the Time of Last Weight 49 hours
Race/Ethnicity Caucasian	Length at Birth Cm 49.53 Inches 19.5	Head Circumference at Birth Cm 33 Inches 12.99	Chest Circumference at Birth Cm not in chart Inches not in chart

Mother/Family Medical History (15 Points)

Prenatal History of the mother:

GTPAL: 2-1-0-0-1

When prenatal care started: At 12 weeks gestation.

Abnormal prenatal labs/diagnostics: No abnormal labs charted**.**

Prenatal complications: Gestational diabetes from previous pregnancy.

Smoking/alcohol/drug use in pregnancy: Patient reports to smoking use during pregnancy, denies alcohol and drug use.

Labor History of Mother:

Gestation at onset of labor: 39 weeks gestation.

Length of labor: 30 hours.

ROM: 10-30-22 no time available in chart.

Medications in labor: Not available in chart.

Complications of labor and delivery: No complications noted in the chart.

Past Surgical History: No past surgeries noted in the chart.

Family History:

Pertinent to infant: No pertinent family history noted in the chart.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: Tobacco exposure via mother using tobacco during pregnancy.

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

Living Situation: At home with the father and first child.

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

Graduated high school. No learning barriers or care of infant at this time.

Birth History (10 points)

Length of Second Stage of Labor: Not noted in the chart**.**

Type of Delivery: Cesarean section

Complications of Birth: No complications at this time noted.

APGAR Scores:

1 minute: 8

5 minutes: 9

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

Feeding Techniques (10 points)

Feeding Technique Type: Bottle feeding

If breastfeeding: N/A

LATCH score: N/A

Supplemental feeding system or nipple shield: N/A

If bottle feeding:

Positioning of bottle: semi-upright

Suck strength: Slow flow

Amount: 13-15 mL per feed

Percentage of weight loss at time of assessment: 3.3%

2870-2775=95/2870x100=3.3%

What is normal weight loss for an infant of this age? Up to 10%

Is this neonate's weight loss within normal limits? Yes

Intake and Output (8 points)

Intake

If breastfeeding:

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): Enfamil Premium infant.

Frequency: Every three hours.

Volume of formula/EBM per session: 13-15 mL per feeding.

If EBM, is fortifier added/to bring it to which calorie content: No.

If NG or OG feeding:

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Void

Age (in hours) of first void: 2 hours

Number of voids in 24 hours: 2 voids

Stool

Age (in hours) of first stool: 23 hours old

Type: Meconium

Color: Black

Consistency: Tarry

Number of times in 24 hours: One

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why is this test ordered for any infant?	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	This test is ordered for small/large for gestational infants and mothers with diabetes.	45-100	56	The infants blood glucose is within normal limits.
Blood Type and Rh Factor	Blood type and Rh factor are important, so the bothers antibodies don't attack the infant.	Blood type and rh factor matches the mother.	Not found in chart.	N/A
Coombs Test	Checks for	No abnormal	Not found in	N/A

	antibodies that attack red blood cells (Cleveland Clinic Staff, 2022). Coombs test is especially important for infants with jaundice (Cleveland Clinic Staff, 2022).	antibodies.	chart.	
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	To test for bilirubin in the blood. High bilirubin can cause a multitude of adverse outcomes.	Less than 5 mg/dL (Longhurst, 2022).	Not found in chart.	N/A
Newborn Screen (At 24 hours)	The newborn screening is to detect any abnormalities and is performed on every infant.	No abnormalities noted.	Results will not be available.	N/A
Newborn Hearing Screen	This test is to identify any hearing abnormalities. This test is performed on every infant.	Pass bilaterally.	Pass bilaterally.	Results are within normal limits.
Newborn Cardiac Screen (At 24 hours)	This test is to identify any cardiac abnormalities. This is important for infants with abnormal heart sounds.	No cardiac abnormalities .	Not found in chart.	N/A

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

Longhurst, C. (2022). *Bilitool*. BiliTool. Retrieved December 9, 2022, from https://bilitool.org/

Cleveland Clinic Staff. (2022). *Coombs test: Purpose, procedure & results*. Cleveland Clinic. Retrieved December 9, 2022, from https://my.clevelandclinic.org/health/diagnostics/22978-coombs-test#:~:text=The%20Coombs%20test%20checks%20your,such%20as%20autoimmune%20hemolytic%20anemia.

Newborn Medications (7 points)

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**N/A**	**N/A**
Dose	1 mg	0.25 inches	10 mcg	N/A	N/A
Frequency	Once	Once	Once	N/A	N/A
Route	Intramuscular	Ophthalmic	Intramuscular	N/A	N/A
Classification	Pharmacologic: fat soluble vitamins (Jones & Bartlett, 2021). Therapeutic: antidote (Jones & Bartlett, 2021).	Pharmacologic: macrolide (Jones & Bartlett, 2021). Therapeutic: antibiotic (Jones & Bartlett, 2021).	Pharmacologic: immune globulin (Jones & Bartlett, 2021). Therapeutic: immunization (Jones & Bartlett, 2021).	N/A	N/A
Mechanism of Action	Catalyzes the post-translational carboxylation of glutamic acid stimulation factors II, VII, IX, and X (Jones & Bartlett, 2021).	Binds to rRNA, protein synthesis, and subsequent structure causes replication to be inhibited (Reynolds et al., 2022).	Trigger a specialized immune response against pathogens, building up immunological memory to fight the infectious disease if and when exposed to the pathogen in the future (Ingram & Yancey, 2022).	N/A	N/A
Reason Client Taking	To prevent bleeding.	To prevent infection of the eyes.	Prevent hepatitis B.	N/A	N/A
Contraindications (2)	Jaundice or if emergency	Family history of allergy and	Family history of allergic reaction	N/A	N/A

	resuscitation would be needed (Jones & Bartlett, 2021).	family eye disorders (Reynolds et al., 2022).	vaccine and moderate or severe active infections (Ingram & Yancey, 2022).		
Side Effects/Adverse Reactions (2)	Risk of gasping syndrome and eczematous reactions (Jones & Bartlett, 2021).	Mild eye irritation or redness of the eyes (Reynolds et al., 2022).	Local injection site reactions and flu-like symptoms (Ingram & Yancey, 2022).	N/A	N/A
Nursing Considerations (2)	Monitor for signs of allergic reaction and excessive clotting (Jones & Bartlett, 2021).	Ensure informed consent and assess eyes for drainage or crusting (Reynolds et al., 2022).	Select the correct needle length and injection site (Ingram & Yancey, 2022). Use age-appropriate interventions to reduce pain (Ingram & Yancey, 2022).	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Observe for jaundice and clotting (Jones & Bartlett, 2021).	Assess eyes for drainage (Reynolds et al., 2022).	Observe for at least 15 minutes for severe reaction. Assess for mother history of hepatitis B (Ingram & Yancey, 2022).	N/A	N/A
Client Teaching needs (2)	The importance of the prevention of bleeding and the signs of an allergic reaction (Jones & Bartlett, 2021).	Purpose of medication (Reynolds et al., 2022). Potential side effects (Reynolds et al., 2022).	Review common side effects and management (Ingram & Yancey, 2022). Review risk of the disease versus risk of side effects (Ingram & Yancey, 2022).	N/A	N/A

Medications Reference (1) (APA):

Ingram, T. & Yancey, R. (2022). *Vaccines: Nursing pharmacology*. Osmosis. Retrieved December 9, 2022, from https://www.osmosis.org/learn/Vaccines:_Nursing_Pharmacology

Reynolds, J., Roberts, M., Debevec-McKenney, E., & Narayanan, J. (2022). *Neonatal eye prophylaxis: Nursing pharmacology*. Osmosis. Retrieved December 9, 2022, from https://www.osmosis.org/learn/Neonatal_eye_prophylaxis:_Nursing_Pharmacology

Jones & Bartlett. (2021). *2022 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021.
Skin	Skin is warm, dry, and intact. No bruises, rashes, or wounds noted at this time. Appropriate for ethnicity. Turgor is elastic.	Smooth, elastic turgor, and warm.
Head	Head is appropriate for ethnicity.	Varies depending on the ethnicity.
Fontanels	Posterior and anterior fontanels are flat. No signs of bulging or sunken fontanels are present at this time.	Anterior and posterior fontanels are flat.
Face	Infant's facial features are symmetrical.	Facial features are symmetrical.
Eyes	Infant's eyes are clear, symmetrical and in-line with ears.	Clear and symmetrical in line with ears.
Nose	No signs of a deviated septum, nares are patent at this time.	Nares are patent and no signs of a deviated septum.
Mouth	The mouth is midline and symmetrical. Hard and soft palate are intact.	Mouth is midline, symmetric, with an intact soft and hard palate.
Ears	The ears are symmetrical, soft, and pliable with a quick recoil when folded.	Ears are soft, pliable with quick recoil when folded.
Neck	The neck is short and has creases. The head moves freely, infant is	The neck is short, has creases, moves freely, and the baby

	able to hold head midline briefly.	holds head in midline briefly.
Chest	The infant's chest is round, symmetrical, and smaller than the head.	The chest is round, symmetrical, smaller than head.
Breath Sounds	Lungs auscultated anteriorly and posteriorly and are clear bilaterally.	Anterior and posterior lung sounds and are clear bilaterally.
Heart Sounds	The pulse has a normal sinus rhythm.	The heart sounds are normal sinus rhythm.
Abdomen	The abdomen is soft and non-tender.	The abdomen is soft and non-tender.
Bowel Sounds	The bowel sounds are present in all four quadrants.	Bowel sounds are present in all four quadrants
Umbilical Cord	Three vesicles are visible in the umbilical cord.	Three vesicles are visible in the umbilical cord.
Genitals	Testicles are palpable. Urethral opening is located at the tip of the penis.	Testicles are palpable. Urethral opening is located at tip of the penis.
Anus	Patent with no bleeding present.	Patent with no bleeding present.
Extremities	Extremities are symmetrical and infant is able to move the extremities.	Extremities are symmetrical and infant is able to move the extremities.
Spine	Spine is midline, intact, and no masses or openings noted.	Spine is midline, intact, and no masses or openings noted.
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	The infant has a matching ID band with mother and father. A hugs tag is present on the infant's right ankle. Infant is sleeping supine in bassinette.	Infant has matching ID bands with mother and father. The infant is wearing a hugs tag. Infant is sleeping on supine.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**

Birth	36.5℃ axillary	116 beats per minute, apical	53 breaths per minute
4 Hours After Birth	37.5℃ axillary	142 beats per minute, apical	46 breaths per minute
At the Time of Your Assessment	36.8℃ axillary	122 beats per minute, apical	50 breaths per minute

Vital Sign Trends: Vital signs are stable throughout.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0930	NPASS	N/A	0/10	N/A	None at this time.

Summary of Assessment (4 points)

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

This neonate was delivered on10-31-22 at 0802 by cesarean section. The Apgar scores are 8/9. Prenatal history shows smoking tobacco throughout pregnancy and a previous gestational diabetes during first pregnancy. The birth weight is 2870 grams, length is 49.53 centimeters, head circumference is 33 centimeters, and the chest circumference was not noted in the patient's chart. During assessment the neonate is WNL for all systems. The last set of vitals are 36.8℃/122/50. The neonate is bottle feeding 13-15mL per feeding every three hours. All lab work is WNL. The neonate plans to be discharged within the next few hours. Neonate has appointment schedules with pediatrician at 4 from discharge.

Nursing Interventions and Medical Treatments for the Newborn (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

"N" after you list them, identify medical treatments with "M" after you list them.)		
Nursing assessment of the infant. (N)	Once per shift	To document any changes to the newborn. Identifying any changes to the infant is imperative to the health and well being of the child and be able to identify any abnormalities quickly.
Vitamin K shot (M)	Once after birth	Vitamin k injection is needed for bleeding prophylaxis.
Erythromycin ointment (M)	Once after birth	Erythromycin ointment is utilized for infection prophylaxis.
Hepatitis B shot (M)	Once after birth during this hospital stay. Future administrations will be needed.	Hepatitis injection is utilized for the prevention of hepatitis B.

Discharge Planning (2 points)

Discharge location: Discharge to home**.**

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): Pediatric appointment is scheduled for 4 days from discharge.

Education needs: Introduction to sibling at home.

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 bleeding related to impaired liver function as evidenced by lack of vitamin k production (Phelps, 2020).	Newborns do not make vitamin k.	1. Monitor for signs of bleeding (Phelps, 2020). Rationale: Early detection of bleeding is imperative for all neonates (Phelps, 2020). 2. Teach about the intended effects of vitamin k (Phelps, 2020). Rationale: The infant did receive a vitamin k shot to reduce the risk of bleeding (Phelps, 2020).	Goal met. Infant shows no signs of bleeding. Goal met. The parents are informed on the risk and benefits of vitamin k administration.
2. Risk for ineffective tissue perfusion related to tobacco exposure as evidenced by prenatal history (Phelps, 2020).	The mother states that she smoked tobacco throughout the pregnancy causing vasoconstriction	1. Assess extremities for cyanosis (Phelps, 2020). Rationale: Vasoconstriction can cause peripheral cyanosis (Phelps, 2020). 2. Evaluate parents understanding of lifestyle modifications (Phelps, 2020). Rationale: Reducing exposure to	Goal met. No signs of peripheral cyanosis noted. Goal met. Parents understand the adverse effects of secondhand smoke.

		secondhand smoke can decrease the risk of ineffective tissue perfusion (Phelps, 2020).	
3. Risk for infection related to immunosuppression as evidenced by neonatal immune system (Phelps, 2020).	A neonatal immune system is not yet working properly.	1. Wash hands when caring for infant (Phelps, 2020). Rationale: Washing hands will lower the risk of infection (Phelps, 2020). 2. Monitor temperature every four hours (Phelps, 2020). Rationale: A decrease in temperature is a sign of infection in infants (Phelps, 2020).	Goal met. Hands sanitized/washed every time walking into the room with infant. Goal met. Temperature is monitored every four hours.
4. Risk for ineffective thermoregulation related to fluctuation environmental temperature as evidenced by body temperature declining (Phelps, 2020).	The infant is getting ready to discharge to home which will because a temperature change. The infants body temperature is lower than the previous body temperature.	1. Maintain an environmental temperature at a comfortable setting (Phelps, 2020). Rationale: The patient is about to go outdoors where the temperature is colder (Phelps, 2020). 2. Instruct the parents to monitor for a temperature below 36.5℃ (Phelps, 2020). Rationale: The parents need to be able to recognize what a low temperature is due to colder weather (Phelps, 2020).	Goal met. The parents wrap blankets around the infant. Goal met. The parents use a teach back method of what a low temperature is.

Other References (APA):

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