

**N432 Newborn Care Plan**

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N432: Maternal-Newborn Care

Clinical Instructor Zoe Due

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### Demographics (10 points)

<b>Date &amp; Time of Clinical Assessment</b> 06/13/2023	<b>Patient Initials</b> TW	<b>Date &amp; Time of Birth</b> 06/13/23 0528	<b>Age (in hours at the time of assessment)</b> 5 hours old
<b>Gender</b> Male	<b>Weight at Birth (gm)</b> 2710 5(lb.) 15.6 (oz.)	<b>Weight at Time of Assessment (gm)</b> 2710 5(lb.) 15.6 (oz.) – not assessed yet, this is birth weight	<b>Age (in hours) at the Time of Last Weight</b> 0h 3 mins (right after being born)
<b>Race/Ethnicity</b> Caucasian/Non-Hispanic, Non-Latino	<b>Length at Birth</b> Cm 47 Inches 18.5	<b>Head Circumference at Birth</b> Cm 30.5 Inches 12.01	<b>Chest Circumference at Birth</b> Cm 30.5 Inches 12.01

**\*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:** 2 gravida, 2 para, 2 term, 0 pre-term, 0 AB, 2 living

**When prenatal care started:** 11/15/2022 at 7 weeks 3 days

**Abnormal prenatal labs/diagnostics:** RBC-3.34 mcL, WBC-14.75 mcL, HCT 32.3%,

Urine drug screen- positive cannabis

**Prenatal complications:** Pyelonephritis at 23 w 4 days, induction changed from 06/24/23 to 06/12/23 due to baby growth restriction.

**Smoking/alcohol/drug use in pregnancy:** No alcohol use during pregnancy, frequent marijuana with positive urine drug screen, ½ pack of tobacco cigarettes/day

**Labor History of Mother:**

**Gestation at onset of labor:** 37 weeks 3 days

**Length of labor:** 8h 16 mins- 2<sup>nd</sup> stage: 0h 21m, 3<sup>rd</sup> stage:0h 6 mins

**ROM:** Artificial

**Medications in labor:** Prophylactic antibiotic cefazolin (Ancef) injection 2g IV push one time to prevent infection to mother and baby with increased risk after SROM, misoprostol (Cytotec) 25 mg vaginal, one time for bleeding and hemorrhage; this causes the uterus to contract and prevents forcing the tissue out of the vagina.

**Complications in labor and delivery:** No complications in labor and delivery

**Family History Pertinent to infant:** N/A

**Social History (tobacco/alcohol/drugs) Pertinent to infant:** Marijuana and tobacco use during pregnancy

**Father/Co-Parent of Baby Involvement:** The baby's adoptive father is a cousin of the family.

**Living Situation of Family:** The adoptive family has no children; this is their first baby. The birth mother has a two-year-old at home.

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

No learning barriers, however education is needed on how to care for an infant due to being the first child.

### **Birth History (10 points)**

**Length of Second Stage of Labor:** 0h 21 m

**Type of Delivery:** Induced Vaginal

**Complications During Birth:** None

**APGAR Scores:**

**1 minute:** 8

**5 minutes:** 9

**Resuscitation methods beyond the normal needed:** N/A, none needed

## Intake and Output (18 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):** Similac Total Comfort

**Frequency:** Every 3 hours

**Volume of formula/EBM per session:** 1<sup>st</sup> session 0545- 12 cc (ml) for length of 15 minutes, 2<sup>nd</sup> session 1001- 18 cc (ml) for the length of 12 minutes

### Output

#### **Void**

**Age (in hours) of first void:** 5 ½ hours old

**Number of voids in 24 hours:** not assessed, 2x during this student's shift

#### **Stool**

**Age (in hours) of first stool:** no stool during shift

**Type:** N/A

**Color:** N/A

**Number of times in 24 hours:** N/A

**Percentage of weight loss at time of assessment:** Not performed, would be assessed by: Birth

wt. – Current wt. = Change; Change / Birth wt.; \* 100 = % change

**What is normal weight loss for an infant of this age?** Newborns can lose up to 10% of their initial birth weight by 3-4 days of age.

**Is this neonate’s weight loss within normal limits?** N/A no age loss

**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
<b>Blood Glucose Levels</b>	Most newborns experience hypoglycemia in the first hours of life. This test is used to monitor for hypoglycemia and hyperglycemia (Ricci et al., 2020).	60-99 mg/dL	70mg/dL@0635 61mg/dL@1001	The newborn does not require further blood glucose checks. The nurse made the mistake of thinking we needed to do one at 1001. The newborn’s blood glucose was within normal range and does not require further testing. “Report unstable glucose values if oral feedings do not maintain and stabilize the newborn’s blood glucose levels. If glucose levels are not stabilized, initiate IV glucose infusions as ordered and monitor that the infusions are flowing at the prescribed rate” (Ricci et al., 2020)
<b>Blood Type and Rh Factor</b>	Determines Rh status and any incompatibility of the newborn (Pagana et al., 2020). “If the	N/A individual basis (Ricci et al., 2020)	N/A	Test not performed.

	infant is Rh+ and the mother is Rh-, and the mother will need RhoGAM; In case of infant transfusion, the blood type and Rh factor must be known” (Ricci et al., 2020).			
<b>Coombs Test</b>	Identifies any hemolytic diseases of the newborn; positive results indicate that the newborn’s red blood cells have been coated with antibodies (Ricci et al., 2020).	Negative (Ricci et al., 2020)	N/A	Test not performed.
<b>Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*</b>	This test assesses for jaundice because newborns produce more than twice as much bilirubin as adults (Ricci et al., 2020).	1-15 (Ricci et al., 2020).	N/A	Test not performed.
<b>Newborn Screen (At 24 hours)</b>	This is a standardized screening tool for reportable illnesses (Ricci et al., 2020).	Negative (Ricci et al., 2020)	N/A	Test not performed.
<b>Newborn Hearing Screen</b>	To identify newborns who are likely to have a hearing loss and require further evaluation. It is a standardized screening in newborns to help	Pass/Negative = normal hearing (Ricci et al., 2020)	N/A	Test not performed.

	detect hearing deficits (Ricci et al., 2020).			
<b>Newborn Cardiac Screen (At 24 hours)</b>	Helps identify conditions called critical congenital heart disease because if they are found early, they may be able to be treated (Ricci et al., 2020).	Baby has high levels of oxygen which means the screening is negative (Ricci et al., 2020).	N/A	Test not performed.

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

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

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

**Newborn Medications (10 points)**

**Contain in-text citations in APA format.**

<b>Brand/Generic</b>	<b>Aquamephyton (Vitamin K)</b>	<b>Illotycin (Erythromycin Ointment)</b>	<b>Hepatitis B Vaccine</b>
<b>Dose</b>	1 mg	5mg/gram	10 mcg/0.5mL
<b>Frequency</b>	One time	One time	One time
<b>Route</b>	IM	Topical eye ointment	IM
<b>Classification</b>	Vitamin K-hemostatic, fat-soluble vitamins, antifibrinolytic agents	Pharmacologic: macrolide Therapeutic: antibiotic	Viral vaccines
<b>Mechanism of Action</b>	“Provides the newborn with vitamin K during the first week of birth until newborn can	“Inhibits RNA-dependent protein synthesis in bacterial cells,	“Induces specific humoral antibodies against HBsAg

	manufacture it. Prevents vitamin K deficiency of the newborn” (Ricci et al., 2020).	causing them to die” (Ricci et al., 2020).	(anti-HBs antibodies). It is generally accepted that an anti-HBs titre greater than 10 IU/L correlates with protection against hepatitis B virus infection” (Ricci et al., 2020).
<b>Reason Client Taking</b>	To help with clotting because newborns are not born with clotting factors immediately.	To protect the infant’s eyes in vaginal delivery from infection, prevent conjunctivitis	To prevent from Hepatitis B infection which is a serious liver infection.
<b>Contraindications (2)</b>	Parent refusal, hypoprothrombinemia	Parent refusal, ocular irritation	Weighing less than 2 kg, encephalopathy parental refusal
<b>Side Effects/Adverse Reactions (2)</b>	Injection site reactions, pruritus, scleroderma like lesions	Eye irritation, redness	Low fever, sore injection site
<b>Nursing Considerations (2)</b>	Administer within 1-2 hours after birth, use a 25-gauge 5/8 needle for injection in the vastus lateralis, hold firmly after to assess for bleeding	Wipe off excess ointment after 1 minute. Administer within one hour after delivery, clean eyes prior to administration.	Administer within 1-2 hours after birth, use a 25-gauge 5/8 needle for injection in the vastus lateralis, Monitor for adverse effects
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Explain the benefits and risk to parents prior to delivery, make sure parent consent is obtained	Be sure informed consent is obtained. Wash hands before,	Explain the benefits and risks to parents, obtain consent, assess

	prior to administration, assess site of injection	and wear gloves, clean eyes off and open eyes by placing thumb and finger above and below the eye without touching tip to eye.	injection site and clean.
<b>Client Teaching needs (2)</b>	Educate parents on the benefits of this administration to newborns; vitamin K is not produced in intestine until microorganisms have been introduced. Educate that a deficiency of vitamin K can delay clotting and potentially lead to hemorrhage.	Inform parents about the eye treatment, why it is recommended to prevent infection, and what problems can occur if the treatment is not given. Educate possible adverse effects.	Educate parents on the importance of vaccination and the risks that can occur without. Educate when the next immunizations will be due.

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2022). *2021 Nurse’s drug handbook* (20<sup>th</sup> ed.). Jones & Bartlett Learning.

**Newborn Assessment (20 points)**

<b>Area</b>	<b>Your Assessment</b>	<b>Expected Variations and Findings</b> <i>*This can be found in your book on page 622 in Ricci, Kyle, &amp; Carman 4<sup>th</sup> ed 2021.</i>
<b>Skin</b>	No sign of dryness or erythema, skin is flexible with a good skin turgor. No signs of dehydration upon inspection. No evidence of any skin breakdown. No cyanosis, jaundice or mottling.	“Normal: smooth, flexible, good skin turgor, well hydrated, warm  Variations: Jaundice, acrocyanosis, milia, Mongolian spots, stork bites” (Ricci et al., 2020)
<b>Head</b>	Head circumference is 30.5 cm or 12.01 inches. Skulls are soft, anterior and posterior fontanelle palpated. Hair evenly distributed and brown.	“Normal: varies with age, gender, and ethnicity  Variations: Microcephaly, macrocephaly, enlarged fontanels” (Ricci et al., 2020)
<b>Fontanels</b>	Soft/firm, flat and open	Normal: firm and flat  Variations: retractions, bulging, pulsing (Ricci et al., 2020)
<b>Face</b>	Symmetrical at rest with crying and sucking. Cheeks are full and without erythema.	“Normal: full cheeks, facial features symmetric  Variations: Facial nerve paralysis, nerve flammus, nevus vasculosus” (Ricci et al., 2020)
<b>Eyes</b>	Normal clear and symmetrical on face and in line with ears. No visible drainage.	“Normal: clear and symmetrically placed on face; online with ears  Variations: Chemical conjunctivitis, subconjunctival hemorrhages” (Ricci et al., 2020)
<b>Nose</b>	Small, midline, no visible drainage	“Normal: small, placement in the midline and narrow, ability to smell  Variations: Malformation or blockage” (Ricci et al., 2020)
<b>Mouth</b>	Midline and symmetric. Intact soft and hard palate. Frenulum is normal, and palate is intact moist and pink. Sucking reflex is present. Tongue rises while	“Normal: aligned in midline, symmetric, intact soft and hard palate  Variations: Epstein pearls, erupted precocious teeth, thrush” (Ricci et

	crying.	al., 2020)
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<b>Ears</b>	Soft, external meatus present, no skin tags observed	<p>“Normal: soft and pliable with quick recoil when folded and released</p> <p>Variations: low-set ears, hearing loss” (Ricci et al., 2020)</p>
<b>Neck</b>	Full range of motion from side to side, symmetric, moves freely and held midline.	<p>“Normal: short, creased, moves freely, baby holds head in midline</p> <p>Variations: Restricted movement, clavicular fractures” (Ricci et al., 2020)</p>
<b>Chest</b>	Chest circumference 30.5 cm or 12.01 inches. Round, symmetric, no concave or bulging chest appearance.	<p>“Normal: round, symmetric, smaller than head</p> <p>Variations: Nipple engorgement, whitish discharge” (Ricci et al., 2020)</p>
<b>Breath Sounds</b>	Clear, symmetric, unlabored breath sounds throughout anterior/posterior and bilaterally.	<p>Normal: symmetric, slightly irregular, shallow and unlabored/</p> <p>Variations: tachypnea, bradypnea, grunting, gasping, decreased chest expansion, asymmetry, rhonchi, crackles, or periods of apnea longer than 20 seconds (Ricci et al., 2020)</p>
<b>Heart Sounds</b>	Apical pulse is regular, S1 and S2 auscultated. Normal rate and rhythm.	Sinus arrhythmia is a normal finding, murmurs need to be evaluated further but can be a normal finding, normal heart rate 120-160 bpm (Ricci et al., 2020)
<b>Abdomen</b>	Soft and without distention. 3 vessels in umbilical cord.	<p>“Normal: protuberant contour, soft, three vessels in umbilical cord</p> <p>Variations: Distended, only two vessels in umbilical cord” (Ricci et al., 2020)</p>
<b>Bowel Sounds</b>	Auscultated normoactive in all four quadrants. Soft and slightly rounded, no visible peristalsis.	<p>“Normal: bowel sounds in all four quadrants and no masses or tenderness upon palpitation.</p> <p>Variations: absent or hyperactive bowel sounds, and abdominal distention” (Ricci et al., 2020).</p>

<b>Umbilical Cord</b>	Three vessels- two arteries and one vein. Color-bluish white, gelatinous, no drainage and moist up to 5 days.	“Normal: two arteries and one vein. Variations: single artery, bleeding, infection, and swelling” (Ricci et al., 2020)
<b>Genitals</b>	Urine stream adequate and urethral meatus at tip of penis	“Normal male: smooth glans, meatus centered at tip of penis Variations: Edematous scrotum in males, vaginal discharge in female” (Ricci et al., 2020)
<b>Anus</b>	Anal wink present, anal opening midline position	Normal: open passage for stool (Ricci et al., 2020)
<b>Extremities</b>	10 fingers, 10 toes, full ROM, no webbing	Variations: Congenital hip dislocation” (Ricci et al., 2020)
<b>Spine</b>	Symmetric and free movement, no dimples, spinal column intact	“Variations: tuft or dimple on spine” (Ricci et al., 2020)
<b>Safety</b> <ul style="list-style-type: none"> <li>• <b>Matching ID bands with parents</b></li> <li>• <b>Hugs tag</b></li> <li>• <b>Sleep position</b></li> </ul>	Matching ID with birth mom, adoptive parents have name tags. Hugs tag in place. Sleeping position is in bassinet on back.	The newborn normally receives 2 bands, and the mother receives a matching one. The ID bands have the same identification number for all family members (Ricci et al., 2020).

### Vital Signs, 3 sets (6 points)

<b>Time</b>	<b>Temperature</b>	<b>Pulse</b>	<b>Respirations</b>
<b>Birth 0528</b>	98.5°F (36.9C) axillary	156 bpm	50 breaths/min
<b>4 Hours After Birth 1001</b>	98.7°F (37.1C) axillary	130 bpm	44 breaths/min
<b>At the Time of Your Assessment 1119</b>	98.7°F (37.1C) axillary	122 bpm	55 breaths/min

**Vital Sign Trends:** Vital signs remain stable throughout shift, newborn is maintaining temperature, has clear breath sounds, and a normal heart rate for age.

**Pain Assessment, 1 set (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1119	rFLACC	N/A	Appears comfortable with no pain observed	N/A	N/A

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

<b>Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “M” after you list them.)</b>	<b>Frequency</b>	<b>Why was this intervention/ treatment provided to this patient? Please give a short rationale.</b>
Maintaining thermoregulation-N	Continuously	Newborns have trouble regulating their temperature. Therefore, we must keep them swaddled in blankets with a hat on their head.
Bathing-N	The first 24-48 hours	Bathing helps to get rid of blood and mucus from birth. This will help provide hydration to the skin helping maintain skin integrity.
Accucheck-N	Before feeding for first 2 feedings (if they don't stay in normal range then further glucose checks and assessment is required)	To make sure blood glucose is stable in newborn, with no hypo/hyperglycemia. The infant was inducted early due to fetal growth restriction, this required further blood glucose testing.
Vital Signs-N	Every hour for the first 6 hours	Routine assessment to make sure the newborn remains stable. To help identify and complications from birth and predict impending clinical deterioration based on trends of vital signs.

**Discharge Planning (3 points)**

**Discharge location:** Home with the newborn’s adoptive parents

**Follow up plan (include plan for newborn ONLY):**

The newborn will have a follow up appointment that will be made prior to discharge from the hospital.

**Education needs:** The adoptive parents will need to be educated on sign and symptoms to report to the pediatrician, safe sleeping, and proper feeding techniques. The parents don't require any further teaching, but before discharging the nurse will ask if they have any questions.

### 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**

<b>Nursing Diagnosis (2 pt each)</b>	<b>Rational (1 pt each)</b>	<b>Intervention/Rational (2 per dx) (1 pt each)</b>	<b>Evaluation (2 pts each)</b>
Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	Explain why the nursing diagnosis was chosen	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.	<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse's actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
1. Risk for infection related to increased susceptibility to infections as evidenced by inadequate acquired immunity (Phelps, 2020).	The newborn's immune system is immature and cannot protect against pathogens in the first few months. Newborns have no exposure to past pathogens to build up immunity.	1. Educate parents to monitor caregivers and visitors for any existing illnesses <b>Rationale-</b> To prevent exposure to infection, encourage sick guests to avoid contact with the newborn (Phelps, 2020). 1. Provide health teaching about infection and control measures <b>Rationale-</b> Educate on the importance of consistent hand hygiene, limiting public outings in the first few months, and the importance of vaccinations (Phelps, 2020)..	The adoptive parents verbalized two infection preventions measure to take when home. The parents responded well to the education and showed signs of understanding the importance of protecting the environment for the newborn and limiting their exposure.

<p>2. Risk for hypothermia related to impaired thermoregulation (Phelps, 2020).</p>	<p>Newborns have trouble regulating their temperature and lose heat through their heads.</p>	<p><b>1.</b> Keep the newborn dry and wrapped in a blanket  <b>Rationale--</b> Newborns can lose heat more quickly from wet skin. Drying the newborn quickly and swaddling will help regulate temperature (Phelps, 2020).  <b>2.</b> Skin-Skin contact with mother  <b>Rationale-</b> Helps with body temperature maintenance for thermoregulation. The mother's skin is similar to the temperature of being in the womb. The baby will hear the mother's heartbeat and find comfort in hearing it in the womb (Phelps, 2020).</p>	<p>The parents understood the importance of controlling a newborn's environment and keeping them dressed and warm. The parents demonstrated this by keeping the baby swaddled when not changing a diaper.</p>
<p>3. Risk for infant death syndrome related to deficient knowledge as evidenced by first-time parents (Phelps, 2020).</p>	<p>The cause of sudden infant death syndrome (SIDS) is unknown, but there are many measures to lower the risk of occurrence.</p>	<p><b>1.</b> Educate the family about sudden infant death syndrome (SIDS) risk factors.  <b>Rationale-</b> So that the parents will be aware of the current interventions to reduce risk and prevent its occurrence (Phelps, 2020).  <b>2.</b> Position the newborn on the back when placed in the crib. Ensure infants lie on a firm surface without loose blankets or toys in cribs.  <b>Rationale-</b> Infants have a higher risk of SIDS when sleeping prone. Using a firm surface and removing extra blankets from the crib decreases suffocation risk (Phelps, 2020).</p>	<p>Parents listened and cooperated with the learning. They demonstrated how to position their infant in the crib properly. The parents verbalized understanding of the importance of implementing safe sleeping precautions for the infant.</p>
<p>4. Ineffective infant feeding</p>	<p>First-time parents often</p>	<p><b>1.</b> Provide education to identify signs of hunger in</p>	<p>The parents were observed feeding the</p>

<p>dynamics related to a lack of knowledge of t infant developmental stages as evidenced by parent-verbalized concerns with feeding (Phelps, 2020).</p>	<p>have many questions about feeding. The parents need education on what formula to use, how to hold the infant during a feeding, how to store formula, and how easy it is to overfeed an infant due to their small stomach size.</p>	<p>an infant.  <b>Rationale-</b> It is important to feed babies when they display signs of hunger. Infants will show early signs of hunger, such as sucking on their hands, and a late sign is crying (Phelps, 2020).  2. Education on assessing if an infant is eating enough, how to prevent overfeeding, and signs the infant is full (Phelps, 2020).  <b>Rationale-</b> The infant's stomach size compared to the size of a toy marble; therefore, they will eat a tiny amount that will increase gradually. The best way to tell if a baby stay hydrated is by logging the number of dirty diapers daily (Phelps, 2020).</p>	<p>newborn sufficiently and correctly. They described normal feeding patterns and signs to observe when the infant is hungry. The parents verbalized they will keep a logbook recording bottle times and amount and number of dirty diapers at home.</p>
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**Other References (APA):**

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

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