N432 Newborn Care

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N432: Maternal-Newborn Care

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Demographics (10 points)

Date & Time of Clinical Assessment 6/22/23 7am-11am	**Patient Initials** D. D.	**Date & Time of Birth** 06/21/23 10 am	**Age (in hours at the time of assessment)** 24hrs
Gender male	**Weight at Birth** **(gm) __3760_____** **(lb.) _8____ (oz.) _4.6____**	**Weight at Time of Assessment** **(gm) _3638_____** **(lb.) __8___ (oz.) 0.33_____**	**Age (in hours) at the Time of Last Weight** **14hr**
Race/Ethnicity white	**Length at Birth** **Cm _55.2_____** **Inches _21.75_____**	**Head Circumference at Birth** **Cm __36.0_____** **Inches __14.17_____**	**Chest Circumference at Birth** **Cm ___33.5_____** **Inches ___13.19_____**

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: G3T1P0A2L1

When prenatal care started: 12/02/22

Abnormal prenatal labs/diagnostics: Patient was COVID 19 + on 12/15/22. There is no additional information.

Prenatal complications: Prenatal complications did not occur.

Smoking/alcohol/drug use in pregnancy: Patient denies smoking, regular alcohol use and use of drugs in pregnancy.

Labor History of Mother:

Gestation at onset of labor: 39w 2d

Length of labor: 22hr

ROM: 6/20/23 artificially ruptured membranes

Medications in labor: Pitocin, epidural anesthesia.

Complications in labor and delivery: There were no complications in labor and delivery.

Family History Pertinent to infant: There is nothing in the family history that could affect the baby.

Social History (tobacco/alcohol/drugs) Pertinent to infant: Mother denies any use of tobacco, cigarettes, vapes or drugs. Mother had one drink in 2-3 weeks.

Father/Co-Parent of Baby Involvement: Father is involved in baby's wellbeing.

Living Situation of Family: Family lives in their house.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Both parents have college education. Mother also has master's degree in data analysis and working at the University of Urbana-Champaign.

Birth History (10 points)

Length of Second Stage of Labor: The second stage of labor lasted 3.5 hours.

Type of Delivery: Vaginal delivery

Complications During Birth: There were not complications during birth.

APGAR Scores:

1 minute: 7

5 minutes: 8

Resuscitation methods beyond the normal needed: Resuscitation methods were not needed.

Intake and Output (18 points)

Intake

If breastfeeding: The baby is breastfed.

Feeding frequency: Baby eats on every 2-3 hours.

Length of feeding session: 20-22minutes

One or both breasts: Both breasts are used.

If bottle feeding: No

Formula type or Expressed breast milk (EBM): N/A

Frequency: N/A

Volume of formula/EBM per session: N/A

Output

Void

Age (in hours) of first void: 6 hours

Number of voids in 24 hours: 3 depends changed

Stool

Age (in hours) of first stool: 8 hrs.

Type: soft

Color: dark green

Number of times in 24 hours: Baby had BM two times in 24 hours.

Percentage of weight loss at time of assessment: _3.24%**_____%**

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

(3760:3638) x 100% =96.75531915%

100% - 96.75531915% = 3.244680851% = 3.24%

What is normal weight loss for an infant of this age? Normal loss of weight in the first 24 hours is up to 7-10%.

Is this neonate's weight loss within normal limits? Yes, the loss of 3.24%of body weight is acceptable.

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 because baby can be born w/neonatal hypoglycemia or hyperglycemia (Ricci et al., 2021).	25-110mg/dL	In within normal limits	Baby's mother does not have DM or GDM and the baby has normal glycemia (Ricci et al., 2021).
Blood Type and Rh Factor	This test will show if infant is Rh+. In the case if mother is Rh-, baby's Rh+ RBCs can cross to mothers' circulation and induce the production of Rh+ Abs (Ricci et al., 2021).	Rh+ (Ricci et al., 2021)	Rh+	Mother and the baby are both Rh+. There will be no immune reaction or erythroblastosis fetalis (Ricci et al., 2021).

Coombs Test	This is a blood test that detects Abs against RBCs in the baby's body (Ricci et al., 2021).	negative	negative	There are no Abs against Baby's RBCs (Ricci et al., 2021).
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	Bilirubin can be elevated due to stress of birth and immaturity of the liver (Ricci et al., 2021).	0.3-1.0mg/dL Standard <5mg/dL	0.5mg/dL	There is no immune reaction, and liver is functional (Ricci et al., 2021).
Newborn Screen (At 24 hours)	This test determines if baby has PKU phenylketonuria and checks CBC (Ricci et al., 2021).	PKU negative CBC normal	Results will not be available.	Results not available at this time
Newborn Hearing Screen	The test determines if newborn has hearing loss (Ricci et al., 2021).	No hearing loss noted.	Newborn can hear	Newborn reacts to sounds and voices.
Newborn Cardiac Screen (At 24 hours)	The test measures oxygen level in baby's body and screens for a heart condition (Ricci et al., 2021).	Oxygen level appropriate.	Oxygen level appropriate.	No heart condition noted.

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

Ricci, S. S., Kyle, T., Carman, S. (2021). *Maternity and Pediatric Nursing.* Walters Kluwer.

Newborn Medications (10 points)

Contain in-text citations in APA format.

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine**	**n/a**	**n/a**
Dose	**0.5-1.0 mg IM (Ambrose et al., 2022).**	**1cm ribbon of ointment in each eye (Ambrose et al., 2022).**	**5-10mcgHbsAg/ 0.5mL (Ambrose et al., 2022).**	**n/a**	**n/a**

Frequency	**Once**	**Once, 1 hour after birth**	**Three doses in series**	**n/a**	**n/a**
Route	**SC or IM**	**In each conjunctival sac.**	**IM**	**n/a**	**n/a**
Classification	**Vitamin Phytonadione**	**Antibiotic Macrolide**	**vaccines**	**n/a**	**n/a**
Mechanism of Action	**Helps production of coagulation factors (Ambrose et al., 2022).**	**Bacteriostatic, prevent bacterial protein synthesis (Ambrose et al., 2022).**	**Induce production of HbsAb. (Ambrose et al., 2022)**	**n/a**	**n/a**
Reason Client Taking	**To prevent hemorrhagic disease of newborn (Ambrose et al., 2022).**	**Prevents ophthalmic infection by Chlamydia and Gonococcus in a newborn (Ambrose et al., 2022).**	**Prevents Hb infection (Ambrose et al., 2022)**	**n/a**	**n/a**
Contraindications (2)	**Rash, swelling, liver disease, hyperprothrombinemia.**	**Increases level of digoxin and increases toxicity of carbamazepine.**	**Hb infection, immune diseases**	**n/a**	**n/a**
Side Effects/Adverse Reactions (2)	**Rash, itching, swelling, dizziness (Ambrose etal., 2022)**	**Ocular redness, skin irritation**	**Fever, loss of appetite.**	**n/a**	**n/a**
Nursing Considerations (2)	**Nurse to check for blood disorders and check for liver disease.**	**Use new tube for each newborn. Gently massage eye after application.**	**Moderate to severe acute disease, fever. Guillain- Barre syndrome (Ambrose et al., 2022).**	**n/a**	**n/a**
Key Nursing Assessment(s)/Lab (s) Prior to Administration	**CBC and thrombin level**	**Safety and effectiveness of topical drug in**	**Assess for temperature, general disease develops,**	**n/a**	**n/a**

		children haven't been established.	**postpone vaccination.**		
Client Teaching needs (2)	**Parents to give medication as proscribed. If parents notice rash, itching, swelling call the doctor Ambrose et al., 2022)**	**This is given only once by a nurse to a newborn.**	**Teach parents if any unusual symptoms occur, like rash, temperature, lethargy occurs call doctor (Ambrose et al., 2023).**	**n/a**	**n/a**

Medications Reference (1) (APA):

Ambrose, P. J., Barros, M. C., Bednarczyk, M. E., Bello, C. E. (2022). *NDH Nurse's Drug Handbook.* Jones & Bartlet Learning.

Newborn Assessment (20 points)

Area	Your Assessment	Variations and Common Problems
Skin	Skin is soft, warm, has good turgor, flexible, well hydrated.	**Variations: acrocyanosis, Mongolian spot, stork bite, milia.**
Head	Head is round, symmetrical, normocephalic. Some molding present.	**Microcephaly, macrocephaly.**
Fontanels	Fontanels are present. Anterior fontanel is 3cm, posterior fontanel is 1cm.	**Enlarged fontanels**
Face	Face is symmetrical, with full cheeks. Facial nerve is intact.	**Facial nerve paralysis.**
Eyes	Eyes are symmetrically placed on the face and are clear. There is no redness or discharge.	**Chemical conjunctivitis.**
Nose	Nose is symmetrical and placed in midline. Nares are patent and septum is intact.	**Malformation or blockage.**
Mouth	Aligned in midline, symmetric, intact soft and hard palate.	**Epstein pearls, precocious teeth.**
Ears	Ears are soft, recoil quickly when folded. They are aligned with the outer canthi. Responsive to noise.	**Low-set ears, hearing loss.**
Neck	Baby holds head in midline and moves neck freely. Neck is short.	**Clavicular fractures.**
Chest	Chest is symmetric, smaller than head. Two nipples are present. Clavicles are intact.	**Nipple engorgement, white discharge.**
Breath Sounds	Normal breath sound heard bilaterally on inspiration and expiration.	**Diminished breath sounds**
Heart Sounds	S1 and S2 heart sounds are clear. Baby has normal sinus rhythm. The point of maximal impulse is lateral to midclavicular line in 4th intercostal space.	**Heart murmur, gallop.**
Abdomen	Protuberant contour, soft on palpation. No masses or tenderness present. Abdominal movements are synchronous with respirations.	Mases in the abdomen.
Bowel Sounds	Bowel sounds present in all four quadrants.	Absent or hyperactive bowel sounds.
Umbilical Cord	Umbilical cord has clamp on. There is no signs of bleeding, inflammation or infection.	Distended. Only 2 vessels in umbilical cord.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	36.6 C (97.8 F) axillary	158	44
4 Hours After Birth	36.6 C (97.8 F)	158	44
At the Time of Your Assessment	36.7 C (98.0 F)	152	42

Vital Sign Trends: Vital signs are stable.

Pain scale

Time	Scale	Location	Severity	Characteristics	Interventions
11 am	**The neonatal infant pain scale (facial expression, cry, breathing pattern, arms/legs, arousal).**	**No pain noted. Baby sleeps.**	**No pain noted. Baby sleeps.**	**No pain noted. Baby sleeps.**	**No interventions needed.**

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.
Circumcision M	once	It is a regular procedure done on male babies.
Taking care of the wound after	on every general	

circumcision procedure N	assessment	Nurse has to monitor for signs of infection and bleeding
Assessing the baby N	On every 3 hrs.	Nurse has to check vitals and monitor for changes on the baby's health.
24 hours blood test M	once	This test is done on 24 hours old baby to check for PKU and CBC.

Discharge Planning (3 points)

Discharge location: baby will be discharged and taken home with parents.

Follow up plan (include plan for newborn ONLY): Patient to be seen in 1-2 days.

Education needs: Parents will be educated on how to take care of the baby when orders are ready.

Nursing Diagnosis (30 points)

Must be NANDA approved nursing diagnosis and listed in order of 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 of infection due to immature immune	Newborn baby cannot	**1. Rationale** Baby will stay free	Parents were positive about nurses'

system in newborns and susceptibility to invasion and growth of pathogenic microorganisms which can compromise health as evidenced by scientific facts.	fight infection properly and has to be protected from it to avoid health problems. Also, baby has wounds (umbilical and post circumcision) that can get infected.	of infection for next two weeks. Provide teaching for parents to wash hands before touching the baby. Not to let visitors/relatives close to baby if coughing or sneezing. Make them wear masks. Avoid taking baby in places full of people (Carpenito, 2023).. 2. **Rationale** Early detection of infection and treatment is important. Parents to monitor for early signs like baby not eating, constantly crying, having temperature (Carpenito, 2023)..	interventions. Baby/client was good and did not have infection while in the hospital.
2. Risk for hypothermia related to high surface area to body volume ratio and inadequate amount of insulating subcutaneous fat, evidenced by baby shivering and crying when not covered.	Newborn struggles to adjust to the temperature changes in environment and needs constant monitoring and help regarding that problem.	1. **Rationale**: Help baby maintain good body temperature while in the hospital. Monitor body temperature every 4 hours. Monitor if baby is comfortable. Keep baby dry and tightly wrapped in blanket. Explain that skin to skin contact with mother can help. 2. **Rationale**: Control environment. Provide warm environment. Educate parents about that. Hypothermia can be	Mother understood the importance of baby be worm. She was also monitoring that baby is comfortable and warm. Since those actions baby is quiet and sleeps more.

		dangerous because baby will loose too much energy and will not grow (Carpenito,2023).	
3. Risk for imbalanced nutrition less than body requirements related to increased need for energy/food as evidenced by body weight loss of 3.24% in the first 24 hours.	Newborn is using more energy that it can produce in the first days/weeks of life. Some actions can improve this situation.	1. Measure baby's body weight regularly. 2. Breastfeed baby more often than on 3hrs.Try to save milk that baby did not suckle in a bottle for later to use (Carpenito, 2023).	Parents were positive about checking baby's body weight. Mother will breastfeed the baby more often. We will see if this plan will work and then make some changes if necessary.

4. Ineffective breast feeding related to baby not sucking well, evidenced by baby falling asleep during breastfeeding after 2 min.	Poor milk removal by baby can cause problems with weight gain because a baby does not get enough milk. Poor milk removal will decrease mother's milk production.	1. Help with breast feeding. **Rationale**: Some babies need time to learn how to do suck. Teach mother to massage breast toward the nipple to promote milk production. Feed baby more often than on 3 hrs. (Carpenito, 2023). 2. If there is not enough milk provide donor milk. If there is leftover milk after breastfeeding, collect milk and use later. Signs of good feeding is for baby to have 2BMs in 24hrs. (Carpenito, 2023).	Mother accepted all advices and she will do the best she can at home. Baby is comfortable

Two of the Nursing Diagnoses must be education related i.e., the interventions must be education for the client."

2 points for correct priority

Other References (APA):

Carpenito, L., J. (2023). *Handbook of Nursing Diagnoses*. Jones & Bartlett Learning.