N432 Newborn Care Plan

Tirae Littles

Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Kumbrat

7/4/23

Demographics (10 points)

Date & Time of Clinical Assessment 6/29/23	**Patient Initials** P. P	**Date & Time of Birth** 6:28pm 6/25/23	**Age** **(in hours at the time of assessment)**
Gender Male	**Weight at Birth** (gm) 3240 (lb.) 7 (oz.) 3	**Weight at Time of Assessment** (gm) 3112 (lb.) 6 (oz.) 8	**Age (in hours) at the Time of Last Weight** 64 hours
Race/Ethnicity White/Caucasian	**Length at Birth** Cm 53 21 inches	**Head Circumference at Birth** Cm 34 14 inches	**Chest Circumference at Birth** Cm 32.5 14 Inches

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: G1T1P0A0L1

When prenatal care started: 6-25-23

Abnormal prenatal labs/diagnostics: N/A

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: None

Labor History of Mother:

Gestation at onset of labor: 40w2d

Length of labor: C-section

ROM: Not documented

Medications in labor: Acetaminophen, and Lactated ringers

Complications in labor and delivery: N/A

Family History Pertinent to infant: Mother is anemic

Social History (tobacco/alcohol/drugs) Pertinent to infant: N/A

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

Living Situation of Family: The infant will live at home with both parents.

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

No learning barriers present, both parents went to college.

Birth History (10 points)

Length of Second Stage of Labor: Not experienced patient had a c-section

Type of Delivery: C-section

Complications During Birth: No complications

APGAR Scores:

1 minute: 9

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Intake and Output (18 points)

<u>Intake</u>

If breastfeeding:

Feeding frequency: baby is feeding 1x an hour

Length of feeding session: 30 minutes

One or both breasts: both breasts are alternated.

If bottle feeding: pt not bottle feeding

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: 16 hours

Number of voids in 24 hours: 1

Stool

Age (in hours) of first stool: 16 hours

Type: soft

Color: Meconium is muddy/black

Number of times in 24 hours: 1

Percentage of weight loss at time of assessment: -8 %

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

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

Is this neonate's weight loss within normal limits? Yes, this appropriate, this is a well appearing newborn.

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	This test is	Not applicable	Test not needed.	No results, test not

Levels	ordered when mothers have gestational diabetes or when infants are delivered preterm.	due to test needed**.**		conducted yet.
Blood Type and Rh Factor	Blood typing is ordered per the protocol and to characterize blood cells or abnormalities.	A.B.AB. O	O positive	Mom is A positive.
Coombs Test	This test is ordered to screen for jaundice.	Negative	Results not received at time of clinical.	No results, test not conducted yet.
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	This test is ordered to determine bilirubin levels to prevent jaundice, brain	>13 mg/dL	Could not be recorded due to time.	No results, test not conducted yet.

	damage, or other medical attention.			
Newborn Screen (At 24 hours)	This test screens infants for abnormalities not seen during birth.	Within normal limits	Results will not be available.	No results, test not conducted yet.
Newborn Hearing Screen	To diagnose any hearing impairment prior to discharge.	Pass/fail	Could not be recorded.	Not results, test not conducted yet
Newborn Cardiac Screen (At 24 hours)	Helps determine oxygen saturation, hemoglobin levels, and pulse rate. To find any missed congenital heart	Pass/Negative in range	Results will not be available	No results test not conducted.

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

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1 mg	1 g	0.5 ml		
Frequency	Once	Once	Once		
Route	IM	Ophthalmic	IM		
Classification	Pharmacologic Class: Phytonadione injection Therapeutic Class: Fat-soluble vitamin	Pharmacologic Class: Ophthalmic anti-infectives Therapeutic Class: Macrolide antibiotic	Pharmacological Class: Vaccines Therapeutic Class: Inactivated, Viral		
Mechanism of Action	Cofactor for gamma-glutamyl carboxylase, which converts the inactive forms of coagulation factors II, VII, IX, and X into them active forms	Binds to and blocks the 50S subunit of bacterial ribosomes to inhibit protein synthesis, thereby stopping bacterial growth and replication.	Induces specific humoral antibodies against HBsAg. It is generally accepted that an anti-HBs titer greater than 10IU/L correlates with protection against hepatitis B virus infection.		
Reason Client Taking	Prevention of hemorrhage caused by vitamin K deficiency	As an adjunct to prevent ophthalmia neonatorum	Prevention of infection caused by all known		

		due to Neisseria gonorrhea or Chlamydia trachomatis	subtypes of hepatitis B virus.		
Contraindications (2)	1.Liver disease 2.Hypersensitivity to phytonadione	1.History of hypersensitivity y to erythromycin 2.Inherited blood disorder call porphyria	1.Hypersensitivit y to yeast 2. Severe allergic reaction to a vaccine component		
Side Effects/Adverse Reactions (2)	1.Hyperbilirubinemia 2. Pain and erythema at the injection site	Minor ocular irritation 2. Prolonged used may result in overgrowth of no susceptible organisms, including fungi	1.Reddenin g of the skin 2. Difficult or labored breathing.		
Nursing Considerations (2)	1.Administration is IM in the vastus lateralis 2.Monitor for skin rash or urticaria and hypersensitivity reactions	1.Avoid contaminating tip of ointment tube with material from eye, fingers, or other source. 2. When used for prophylaxis of gonococcal ophthalmia neonatorum, placed specified amount of ointment into each of neonate's lower conjunctival sacs and massage gently to spread	1.Give IM injection in lateral side of middle 3 rd. vastus lateralis muscle 2. Document receipt of vaccine in electronic medical record and provide a card to neonate's parents for their records		

		ointment; after 1 minute, wipe away excess ointment with sterile cotton.			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain blood same for PT, INR, and aPTT labs. Assess mom history for hereditary hypoprothrombinemia	Assess eyes for drainage or crusting, monitor for side effects after administration	Obtain original HBsAg laboratory results of mother for current pregnancy. Upon determining positive HBsAg status, administer HBIG and Hepatitis B single antigen vaccine within 12 hours of birth.		
Client Teaching needs (2)	1.Educate mom of neonate that they are unable to produce the vitamin K needed for certain coagulation factors making them at risk for bleeding. 2. Provide comfort during and after administration	1.Educate mom of neonate about the purpose of the medication 2. Education mom of neonate about potential side effects and to avoid wiping away ointment.	1.Educate mom of neonate to offer breastmilk or formula more often. It is normal for some babies to east less during the 24 hours After getting vaccines. 2. Educate mom to swaddle neonate after administration of vaccines to		

			provide comfort.		

Medications Reference (1) (APA): Osmosis from Elsevier. (n.d.). Neonatal eye prophylaxis: Nursing pharmacology. Retrieved June 29, 2023, from https://www.osmosis.org/learn/Neonatal_eye_prophylaxis:_Nursing_Pharmacology

Jones & Bartlett Learning. (2021). 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	Smooth, flexible, good skin turgor, well hydrated, warm	Jaundice, acrocyanosis, milia, Mongolian spots, stork bites.
Head	Varies with age, gender, and ethnicity	Microcephaly, macrocephaly, enlarged fontanels
Fontanels	Anterior fontanel palpable, posterior fontanel palpable	Enlarged fontanels
Face	Full cheeks, facial features symmetric	Facial nerve paralysis, nevus flammeus, nevus vacuous
Eyes	Clear and symmetrically placed on face; in line with ears	Chemical conjunctivitis, subconjunctival hemorrhages
Nose	Small, placement in the midline and narrow, ability to smell	Malformation or blockage
Mouth	Aligned in midline, symmetric, intact soft and hard palate	Epstein pearls, erupted precocious teeth, thrush
Ears	Soft and pliable with quick recoil when folded and released	Low-set ears, hearing loss
Neck	Short, creased, moves freely, baby holds head midline	Restricted movement, clavicular fractured
Chest	Round, symmetric smaller than head	Nipple engorgement, whitish discharge
Breath Sounds	Equal and clear, normal respiratory rate, breathing appears easy	Hoarse cry, whistling sound
Heart Sounds	S1 and S2 present, no murmurs present	Murmur
Abdomen	Protuberant contour, soft, three vessels in the umbilical cord	Distended, only two vessels in the

		umbilical cord
Bowel Sounds	5-12 gurgling sounds were heard in all four quadrants	Reduced, rippling bowel sounds
Umbilical Cord	Jelly like and decent size	Withered, thin
Genitals	Smooth glans, meatus centered at the tip of the penis.	Edematous scrotum
Anus	Present, patent and not covered by a membrane	Narrow, blocked by a thin or thick layer of tissue, imperforated
Extremities	Extremities symmetric with free movement	Congenital hip desolation
Spine	Free spinal movement	Tuft or simple on spine
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	- Yes - Yes - Infant is laid on back	

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	98.8	140	62
4 Hours After Birth	98.1	132	42
At the Time of Your Assessment	98.2	140	50

Vital Sign Trends:

The patient's vital signs were within normal limits but did fluctuate minimally. The patient temperature moved .7 degrees down during the first four hours of life, then raised by .1 degrees during the assessment. The patients pulse fluctuated between the low

30s and 40s. Within the three sets of vitals, the patients' respirations fluctuated more. It started in the low 60s at birth, dropped by 20 at four hours, and rose to 50 at the time of the assessment.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00am	NIPS Scale 0-7	Non-verbal indications	None	None	Continue monitoring

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.
Swaddle (N)	At all times	This intervention is performed to keep infants warm always. Infants lose heat fast and can become hypothermic quickly.
Suction of nose and mouth (N)	At birth	This intervention is performed to get secretions out of the infant right after birth.
Diaper change (N)	Every 2 to 3 hours	To minimize infants' risk of infection, rash, or other health issues.
Put baby under warmer	PRN	Incubators and radiant warmers are used to keep newborn newborns' bodies warm. This is best done to reduce the energy expended for metabolic heat production.

Discharge Planning (3 points)

Discharge location: Patient will be going home

Follow up plan (include plan for newborn ONLY): The infant should see the pediatrician in the next 24 hours of being discharged.

Education needs: This nursing student will educate the parents about the importance of self-care, SIDS, and establishing a regular feeding and sleep schedule. This nursing student would also educate the parents about the importance of bonding with their infant, head, and neck support, burping baby, and signs of trouble breathing. This nursing student also made aware to the patients' parents that if she notices anything abnormal it should be reported immediately.

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.
Risk for hypothermia related to the birthing process, as evidenced by the infant being transferred to	Due to infants losing body heat quickly.	1.Monitor body temperature every 1 to 3 hours by the axillary route. Rationale: Helps detect developing complications (Phelps, 2020). 2.Instruct parents about	- Patients skin is warm and dry. - Parents of Patient will follow measures to prevent cold stress episodes.

a heated bed after being born.		preventative measures, such as dressing appropriately. Rationale: These precautions may prevent a cold stress episode (Phelps, 2020).	
Risk for aspiration related to the birthing process, as evidenced by suctioning mouth and nose.	Due to excess amniotic fluid in the baby's body after birth.	1. Hold the infant with head elevated during feeding. Rationale: Such positioning uses gravity to prevent regurgitation of stomach contents and promotes lung expansion. (Phelps, 2020). 3. Always keep suction equipment available, especially when feeding the patient. Rationale: Ensure the ability to maintain airway clear (Phelps, 2020).	- Respiration rate will remain in normal limits. - Patient's family will apply measures to prevent aspiration.
Interrupted family process related to addition to the family, as evidenced by the birth of a newborn.	Due to bringing a newborn home.	1. Teach family to communicate clearly and honestly. Rationale: To express thoughts and feelings in a positive way (Phelps, 2020). 2. Identify individual assuming role as head of family. Rationale: Establish family hierarchy and functional ability (Phelps, 2020).	-Family members demonstrate understanding of roles and responsibilities. -Family members openly share feelings about present situation.
Knowledge deficient related to breastfeeding, as evidenced by interest in the benefits of breastfeeding.	This is the patients first baby, so she is not 100 percent sure on the best breastfeeding technique.	Have the patient incorporate learned skills into daily routine during hospitalization. Rationale: This allows the patient to practice new skills and receive feedback (Phelps, 2020). 2. Answer questions in terms the patient can understand.	-Family members demonstrate understanding of roles and responsibilities. -Family members openly share feelings about present situation.

		Rationale: To ensure the patient is understanding all the information given (Phelps, 2020).	

Other References (APA): Phelps, L.L. (2020). Sparks and Taylor's nursing diagnosis reference manual (11th ed.). Wolters Kluwer.