

N432 Newborn Care Plan

Student: Justin Munoz

Lakeview College of Nursing

N432: Maternal-Newborn Care

Clinical Instructor: Debra Kamradt

Date: July 7th, 2023

Demographics (10 points)

Date & Time of Clinical Assessment 06-29-2023 @ 1000	Patient Initials D.C.	Date & Time of Birth 06-27-2023 @9000	Age (in hours at the time of assessment) 49 hrs
Gender Male	Weight at Birth (gm) _2980_ (lb.) _6_ (oz.) _9_	Weight at Time of Assessment (gm) _2993_ (lb.) _6_ (oz.) _7_	Age (in hours) at the Time of Last Weight 42 hrs
Race/Ethnicity Caucasian	Length at Birth Cm _50.8cm_ Inches _20''_	Head Circumference at Birth Cm _36cm_ Inches _14.17''_	Chest Circumference at Birth Cm _31.5cm_ Inches _1'0.4''_

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: G1 - T1 - P0 - A0 - L1

When prenatal care started: 1/30/2023

Abnormal prenatal labs/diagnostics: MPV: 8.8 (**low!**) - (normal range is 9.0 - 12.0 fL)

Prenatal complications: Chronic HTN

Smoking/alcohol/drug use in pregnancy: None

Labor History of Mother:

Gestation at onset of labor: 39 weeks and 4 days

Length of labor: 16 hrs after admission of

ROM (rupture of membrane): medication induction

Medications in labor: Cervidil, Cytotec, and Pitocin

Complications in labor and delivery: failure to progress past stage 1 of labor.

Family History Pertinent to infant: None

Social History (tobacco/alcohol/drugs) Pertinent to infant: None

Father/Co-Parent of Baby Involvement: Father is involved with the baby and mother

Living Situation of Family: all will live together in the same home.

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

Wife has a Bachelor's Science of Nursing and Husband has associates in business.

Birth History (10 points)

Length of Second Stage of Labor: Did not go past stage 1

Type of Delivery: C-Section

Complications During Birth: Signs of Preeclampsia

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Intake and Output (18 points)

Intake

If breastfeeding:

Feeding frequency: Every 3 - 4 hrs

Length of feeding session: 15 min or more

One or both breasts: Both was used with nipple cream

If bottle feeding: not yet but wants to attempt to breastfeeding first before using formula

Formula type or Expressed breast milk (EBM): None

Frequency: None

Volume of formula/EBM per session: None

Output

Void

Age (in hours) of first void: 28 hours

Number of voids in 24 hours: 2 voids within 24 hours

Stool

Age (in hours) of first stool:

Type: seed-like

Color: brown, light olive color

Number of times in 24 hours: 3

Percentage of weight loss at time of assessment: 9%

****Show your calculations; if today's weight is not available, please show how you**

would calculate weight loss (i.e. show the formula) ** 2.9% Birth weight in grams

minus today's weight in grams totaling the weight change. Change of weight divided by

the birth weight. Take that number multiplied by 100 with the weight loss percentage at

the assessment time. $6.9 - 6.7 = 0.2 / 6.9 = 0.0289855072 \times 100 = 2.9\%$

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

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

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	To check for hypoglycemia (Pagana et al., 2018).	60-99 mg/dL	No Test needed or tested	N/a
Blood Type and Rh Factor	Type and cross; ensure the Rh factor of the mother won't harm the baby (Pagana et al., 2018).	Results vary; Rh negative or Rh positive.	No Test needed or tested	N/a
Coombs Test	Can detect any antibodies that are attached to the surface of blood cells (Pagana et al., 2018).	Negative	N/a	N/a
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	Checks the bilirubin level that could cause jaundice in the baby (Pagana et al., 2018).	1-15 mg/dL	7.9mg/dL	Bilirubin level is WNL.
Newborn Screen (At 24 hours)	Routine screening to detect any defects (Pagana et al., 2018).	Passed	Results will not be available.	Results will not be available.
Newborn Hearing Screen	Routine screening to detect possible hearing loss (Pagana et al., 2018).	Passed	Passed	Newborn hearing screen WNL.
Newborn Cardiac Screen (At 24 hours)	Routine screening to detect any	Passed	Passed	Newborn cardiac screen WNL.

	abnormalities Negative Passed No impairments noted during screening before discharge (Pagana et al., 2018).			
--	--	--	--	--

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

Newborn Medications (10 points)

Contain in-text citations in APA format.

Brand/Generic	Aquamephyton (Vitamin K)	Ilotycin (Erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1mg	5mg/gram 0.5%	10 mcg/0.5 mL		
Frequency	One time	One time	One dose		
Route	IM injection	Ointment to both eyes	IM injection		
Classification	Vitamin replacement	Antibiotic	Vaccination		
Mechanism of Action	Helps with improving the clotting factor in preventing possible hemorrhaging (Jones & Bartlett Learning, 2022).	To prevent infection in both eyes post birth (Jones & Bartlett Learning, 2022).	Provides the newborn in building antibodies to help prevent disease (Jones & Bartlett Learning, 2022).		
Reason Client Taking	Clotting factor	Prevention of conjunctivitis	Building immunity		
Contraindications (2)	Hypersensitivity to Vitamin K;	Hypersensitivity to	Hypersensitivity		

	Renal impairment (Jones & Bartlett Learning, 2022).	erythromycin or its components; Hypersensitivity to Illotycin (Jones & Bartlett Learning, 2022).	to yeast; Anaphylaxis Shock (Jones & Bartlett Learning, 2022).		
Side Effects/Adverse Reactions (2)	Hyperbilirubemia & rash (Jones & Bartlett Learning, 2022).	Stinging & burning (Jones & Bartlett Learning, 2022).	Soreness & discomfort (Jones & Bartlett Learning, 2022).		
Nursing Considerations (2)	Medication should be given 1 to 2 hours after birth. Medication should be delivered via IM injection into the vastus lateralis (Jones & Bartlett Learning, 2022).	Observe for signs of hepatic impairment. Avoid touching or rubbing ointment off eyes (Jones & Bartlett Learning, 2022).	Rotate sites of injections. Cleanse the area thoroughly before injection (Jones & Bartlett Learning, 2022).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check dosages before administering (Jones & Bartlett Learning, 2022).	Apply drops directly in the inner corner of eyes (Jones & Bartlett Learning, 2022).	Have a second nurse double-check the dosage of the vaccine prior to administration (Jones & Bartlett		

			Learning, 2022).		
Client Teaching needs (2)	Provide comfort After administration. Report any abnormalities or changes in status after administration of medication (Jones & Bartlett Learning, 2022).	Explain the purpose of the medication to parents before administration. Educate parents on the potential side effects of medication (Jones & Bartlett Learning, 2022).	Breastfeed the patient after the vaccination as a comfort measure. Swaddle the patient after the vaccination is administered as a comfort measure (Jones & Bartlett Learning, 2022).		

Medications Reference (1) (APA):

Jones & Bartlett Learning (2022). *2022 Nurse's Drug Handbook (19th ed.)*. Jones and Bartlett Learning.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings
		<i>*This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021.</i>
Skin	Skin is smooth, warm in the central areas with skin turgor. The baby does have jaundice in the thoracic area anteriorly and posteriorly. Mongolian spot is noted on the top of the sacrum section of the buttox in between the creases.	The skin should be smooth and flexible, have good skin turgor, be well hydrated, and be warm upon touch. Variations include the presence of jaundice, acrocyanosis, milia, Mongolian spots, and stork bites (Ricci et al., 2021).
Head	Head circumference is 36 cm in diameter. Normocephalic/symmetric head is noted. Baby is able to move head quickly in a normal	Findings will vary based on age, gender, and ethnicity. Soft fontanels should have a head circumference of 33-37 cm. Variations include microcephaly, macrocephaly, and enlarged fontanels (Ricci et al., 2021).
Fontanels	Soft/flat fontanelles are noted in all sections with no abnormalities.	Typical findings are open, soft, and flat. Variations include enlarged fontanels (Ricci et al., 2021).
Face	Symmetrical with no abnormalities noted.	Face findings include full cheeks, and all facial features are symmetrical. Variations include facial nerve paralysis, nevus flammeus, and nevus vasculosus (Ricci et al., 2021).
Eyes	Clear of discharge, open and close independently, symmetrical.	Typical findings include symmetrical eyes, free of drainage, clear sclera, and ear alignment. Variations include chemical conjunctivitis and subconjunctival hemorrhages (Ricci et al., 2021).

Nose	No discharge and the nose is symmetrical.	Usual findings include a midline position, a narrow nose, and the ability to smell. Variations include malformation or blockage (Ricci et al., 2021).
Mouth	tongue is midline, palate is intact, mucosa is moist, a pinkish-color. No signs of cleft lip or tongue tie, or cyanosis.	Characteristic findings should include the tongue being midline, symmetrical, and intact soft and hard palate. Variations include Epstein pearls, erupted precocious teeth, and candidiasis thrush (Ricci et al., 2021).
Ears	ears are leveled with the eyes.	Characteristic findings quickly recoil when folded and released, and the ears should be soft upon palpation. Variations include low-set ears and hearing deficit or loss (Ricci et al., 2021).
Neck	Baby is able to move neck freely with no masses noted.	Characteristic findings include the neck moving freely and the baby holding their head in a midline position (if possible). Variations include restricted movements with palpable masses noted (Ricci et al., 2021).
Chest	Chest rises/falls. No labored breathing. Breaths are equal and clear.	Typical findings of the chest are round, symmetric, and smaller than the infant's head. An average chest circumference is between 30-33 cm. Variations include nipple engorgement with abnormal discharge (Ricci et al., 2021).
Breath Sounds	No adventitious breathe sounds notes. Rate is WNL. No distress is noted.	Usual findings include clear and equal sounds in all lobes, unlabored breathing, and a respiration rate of 30-60 breaths per minute. Variations include the presence of crackles, wheezes, and respirations lower than 30 or greater than 60 (Ricci et al., 2021).

Heart Sounds	Rate/Rhythm is regular, S1/S2 is present. No sings of S3/S4 sounds.	Usual findings are murmurs that resolve independently, S1 and S2 sounds, regular rhythm, and a heart rate of 110-160 beats per minute. Variations include notable S3 or S4 sounds and a heart rate of less than 110 or greater than 160 (Ricci et al., 2021).
Abdomen	Nontender upon palpation. No masses present. Umbilical cord is still intact and WNL.	The characteristic findings are a protuberant contour, softness, and three vessels in the umbilical cord. Variations include distention and two umbilical cord vessels (Ricci et al., 2021).
Bowel Sounds	Bowel sounds are heard in all 4 quadrants.	Typical findings are bowel sounds being active in all four quadrants with 10-30 bowel sounds per minute. Variations include hyperactive or hypoactive bowel sounds (Ricci et al., 2021).
Umbilical Cord	Intact, with no signs of cyanosis. Cord clamp is intact.	Typical findings are seeing three vessels in the umbilical cord and the appearance being a pale-yellow color. Variations include seeing two vessels in the umbilical cord (Ricci et al., 2021).
Genitals	Did not assess Genitals	Typical findings in male genitals include normal placement of the urinary meatus on the glans penis. Variations include hypospadias, phimosis, and paraphimosis (Ricci et al., 2021).
Anus	Did not assess Anus	Typical findings of the anus include the passing of stool with a normal appearance and position. Variations include being enlarged/swollen and having the presence of fistulas (Ricci et al., 2021).
Extremities	all extremities is symmetrical. Strength is well.	Usual findings in the extremities include them being symmetric bilaterally with free movement.

		Variations are congenital hip dislocation (Ricci et al., 2021).
Spine	Spine is straight/midline, flat and is flexible.	Typical findings are straight, flat, and flexible. Variations include tufted or dimple in spine (Ricci et al., 2021).
Safety <ul style="list-style-type: none"> ● Matching ID bands with parents ● Hugs tag ● Sleep position 	Wristband matched parent. Hugs tag on baby. Sleep position on back.	Typical findings are matching ID bands with parents, hugs tags are in place, and positioned supine. Variations include the hugs band being attached to the bed (Ricci et al., 2021).

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	98.4	158	64
4 Hours After Birth	98.1	144	46
At the Time of Your Assessment	98.2	138	40

Vital Sign Trends: Stable

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	FLACC Scale	N/a	1	N/a	N/a

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

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them,	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.

identify medical treatments with “M” after you list them.)		
Temperature Fluctuations (N)	q2hrs	The baby was born with a low temp and with no other abnormalities. The baby had to be in a lamp warmer to increase core body temperature. The parents also had the baby covered up in extra blankets to retain body heat and also do skin to skin contact.
Post labor vaccines Comforting (M)	After Vaccine administration	Feeding the baby after giving vaccines is comforting.
Breastfeeding support (N)	q3hrs	The mother really wants to breastfeed the baby. Encouragement for education on latching and proper positioning to enhance baby overall feeding.
Neonate Comfort interventions (N)	Daily	Proper swaddling and skin-to-skin is educated and encouraged.

Discharge Planning (3 points)

Discharge location: discharge plan is to return home and continue care

Follow up plan (include plan for newborn ONLY): Plan is to set up new newborn appointments with pediatrician for regular check-ups and vaccinations.

Education needs: Educational needs are for breastfeeding for the infant to insure proper nutrients are being given to the infant. Keeping the baby warm to assist with insufficient thermoregulation.

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) <ul style="list-style-type: none"> How did the patient/family respond to the nurse's actions? Client response, status of goals and outcomes, modifications to plan.
1. Risk for impaired gas exchange related to cold stress as evidenced by cyanosis at birth.	When babies are first born, they are cyanotic d/t the introduction to oxygen and air outside of the womb.	1. Assess the client's respiratory status. Rationale: The respiratory assessment reflects the effectiveness of alveolar ventilation. Low Pao ₂ levels may indicate the need for ventilatory support (Phelps, 2020). 2. Note the presence of symptoms of labored breathing. Rationale: Observe for nasal flaring, grunting, chest wall retractions, and cyanosis. These symptoms may suggest increased oxygen usage and energy expenditures (Phelps, 2020).	<ul style="list-style-type: none"> Patient will be able to maintain ABGs within normal limits. Patient will be able to maintain oxygen saturation within normal limits. Patient will remain absent of nasal flaring and chest wall retractions.
2. Risk for hypothermia related to inadequate insulating subcutaneous fat as evidenced by the transition from inside the	Babies are used to be nice and warm inside the uterus.	1. Keep the newborn dry and tightly wrapped in a blanket. Rationale: The newborn may lose heat quickly due to wet skin. The baby should be dried soon and swaddled (Phelps, 2020). 2. Provide heat loss barriers.	<ul style="list-style-type: none"> Patient will be able to maintain a body temperature within normal limits. Parents/caregivers will verbalize their understanding of hypothermia and its prevention.

<p>uterus to the outside world.</p>		<p>Rationale: Newborns, especially preterm and/or low-birth-weight infants, require barriers to prevent heat loss. Active rewarming while regularly monitoring temperature is needed. Blankets, isolettes, and radiant warmers can be utilized. Encourage skin-to-skin contact of the newborn with the mother. Studies have shown that this helps minimize the risk of hypothermia (Phelps, 2020).</p>	
<p>3. Ineffective Breastfeeding related to mothers' multiple attempts to feed the baby as evidence by have feedings every 3 hours but none successfully, consultation from a lactation specialist from the hospital visiting every 4 hours, and the baby gets supplemental formula when breast feeding attempt is unsuccessful.</p>	<p>The signs of frustration during breastfeeding were very apparent on the mother when assessing the infant.</p>	<p>1. Assess if the baby is able to properly for baby Rationale: to ensure the baby has latched to the nipple instead of the areola aids in milk expression.(Phelps, 2020).</p> <p>2. Assess exhaustion level and the rest/sleep patterns of mother. Rationale: Exhaustion and inability to rejuvenate depresses milk production.(Phelps, 2020).</p>	<ul style="list-style-type: none"> ● Mother will achieve successful and sustained breastfeeding sessions ● Mother will be free of emotions related to low self-esteem, poor body image, and guilt.
<p>4. Readiness for enhanced parenting is related to</p>	<p>The patient was able to learn many ways to</p>	<p>1. Discuss with parents about their wishes to achieve their goals</p>	<ul style="list-style-type: none"> ● Mother will have a positive self-sense of confidence to care for the the infant

<p>readiness to learn more on caring for the infant as evidenced by the mother being consulted multiple times, and having advised multiple techniques on how to breastfeed.</p>	<p>provide milk to the infant even when it wasn't successful. The patient remained optimistic about the process and continued forward.</p>	<p>Rationale: Verbalization allows one to provide an opportunity to increase parents' attitude towards education.(Phelps, 2020).</p> <p>2. Offers parents to express doubts or convictions about the adequacy of their parenting skills. (Phelps, 2020).</p> <p>Rationale: an open attitude provides an atmosphere for increased trust and enhanced learning. (Phelps, 2020).</p>	<ul style="list-style-type: none"> ● Mother will state a satisfaction role as a new parent.
--	---	---	--

Other References (APA):

Phelps, L.L. (2020). *In Spark's & Taylor's Nursing Diagnosis Reference Manual (11th ed.)*

Essay. Wolters Kluwer.

Ricci, S., Ricci, S. S., Kyle, T., Kyle, T., & Carman, S. (2020). *Maternity and Pediatric Nursing.*

LWW.