

N432 Newborn Care Plan

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N432: Maternal-Newborn Care

Clinical Instructor Name

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Demographics (10 points)

| | | | |
|--|---|--|--|
| Date & Time of Clinical Assessment 07/13/23 1040 | Patient Initials S.N | Date & Time of Birth 07/12/23 1035 | Age (in hours at the time of assessment) At birth |
| Gender Male | Weight at Birth (gm) 3860 g 8 (lb.) 5(oz.) | Weight at Time of Assessment (gm) 3860 g 8 (lb.) 5(oz.) | Age (in hours) at the Time of Last Weight At birth |
| Race/Ethnicity White | Length at Birth 53 Cm 21 Inches | Head Circumference at Birth 36.5 Cm 14.37 Inches | Chest Circumference at Birth 36 Cm 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: G2T1P0A0L1

When prenatal care started: 9 weeks 6 days, 9/07/22.

Abnormal prenatal labs/diagnostics: Low hemoglobin and hematocrit, arcuate uterus.

Prenatal complications: Anemia, history of polyhydramnios, placenta previa at the beginning of pregnancies, transverse baby.

Smoking/alcohol/drug use in pregnancy: None.

Labor History of Mother:

Gestation at onset of labor: 39 weeks.

Length of labor: 10 hrs; 30 min

ROM: Spontaneous.

Medications in labor: Cefazolin, Acetaminophen, Reglan, Lactated Ringers.

Complications of labor and delivery: Minor complication when trying to get spinal block to be effective.

Family History Pertinent to infant: Infants older sibling has a history of umbilical hernia, and mom's sister's son has hearing loss in both ears.

Social History (tobacco/alcohol/drugs): None.

Father/Co-Parent of Baby Involvement: Father of the baby is present.

Living Situation: The infant will be living at home with married parents and older sibling.

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

No learning barriers are present.

Birth History (10 points)

Length of Second Stage of Labor: Not experienced due to repeat c-section.

Type of Delivery: C-section.

Complications of Birth: No complications.

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: Not documented due to time.

Length of feeding session: Not documented due to time.

One or both breasts: Not documented due to time.

If bottle feeding:

Formula type or Expressed breast milk (EBM): Not documented due to time.

Frequency: Not documented due to time.

Volume of formula/EBM per session: Not documented due to time.

Output

Void

Age (in hours) of first void: Not documented due to time.

Number of voids in 24 hours: Not documented due to time.

Stool

Age (in hours) of first stool: Not documented due to time.

Type: N/A

Color: N/A

Number of times in 24 hours: Not documented due to time.

Percentage of weight loss at time of assessment: _____%

****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?

- Less than 10%.

Is this neonate's weight loss within normal limits?

- This neonate's weight loss is WNL.

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 when mothers have gestational diabetes or when infants are delivered preterm. | Not applicable due to test not needed. | Test not needed. | No results, test not 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 | Results not received at time of clinical. | No results, test not conducted yet. |
| 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 damage, or other medical attention. | >13 mg/dL | Could not be recorded due to time. | No results, test not conducted yet. |
| Newborn Screen (At 24 hours) | This tests screens infants for abnormalities not seen during birth. | With in normal limits | Results will not be available. | No results, test not conducted yet. |
| Newborn Hearing Screen | To diagnose any hearing impairment prior | Pass/Fail | Could not be | No results, test not |

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| | to discharge. | | recorded. | conducted yet. |
| Newborn Cardiac Screen (At 24 hours) | Helps determine oxygen saturation, hemoglobin levels, and pulse rate. To find any missed congenital heart diseases. | Pass/Negative/ In Range | Results will not be available. | No results, test not conducted yet. |

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 (Engerix-B) | | |
|----------------------------|---|--|--|--|--|
| 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, | Binds to and blocks the | Induces specific humoral | | |

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| | which converts the inactive forms of coagulation factors II, VII, IX, and X into their active forms | 50S subunit of bacterial ribosomes to inhibit protein synthesis, thereby stopping bacterial growth and replication. | 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 due to Neisseria gonorrhoea or Chlamydia trachomatis | Prevention of infection caused by all known subtypes of hepatitis B virus. | | |
| Contraindications (2) | 1.Liver disease 2.Hypersensitivity to phytonadione | 1.History of hypersensitivity to erythromycin 2.Inherited blood disorder call porphyria | 1.Hypersensitivity to yeast 2. Severe allergic reaction to a vaccine component t | | |
| 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 nonsusceptible organisms, including fungi | 1.Reddening 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 | 1.Give IM injection in lateral side of middle 3 rd vastus lateralis muscle | | |

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| | | for prophylaxis of gonococcal ophthalmia neonatorum, placed specified amount of ointment into each of neonate's lower conjunctival sacs and massage gently to spread ointment; after 1 minute, wipe away excess ointment with sterile cotton. | 2. Document receipt of vaccine in electronic medical record and provide a card to neonate's parents for their records. | | |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | Obtain blood same for PT, INR, and aPTT labs. Asses 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 | 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 eat less during the | | |

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| | administration | | 24 hours After getting vaccines. 2. Educate mom to swaddle neonate after administra tion of vaccines to provide comfort. | | |
|--|----------------|--|--|--|--|

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). 2021 Nurse's drug handbook (19th ed.). Jones & Bartlett Learning

Osmosis from Elsevier. (n.d.). Neonatal eye prophylaxis: Nursing pharmacology. Retrieved January 29, 2023, from

https://www.osmosis.org/learn/Neonatal_eye_prophylaxis:_Nursing_Pharmacology

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 fontanel |
| Fontanel | Anterior fontanel palpable, posterior fontanel palpable | Enlarged fontanel |
| Face | Full cheeks, facial features symmetric | Facial nerve paralysis, nevus flammeus, nevus vasculosus |
| Eyes | Clear and symmetrically placed on face; inline 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 fractures |
| 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 dislocation |
| Spine | Free spinal movement | Tuft or dimple on spine |
| Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position | <ul style="list-style-type: none"> - 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's temperature moved .7 degrees down during the first four hours of life, then raised by .1 degrees during the assessment. The patient's pulse fluctuated between

the low 30s and 40s. Within the three sets of vitals, the patient's 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 |
|-------------|------------------|-----------------------------|-----------------|------------------------|----------------------|
| 1035 | NIPS Scale (0-7) | No pain noted on assessment | 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 at all times. 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. |

Discharge Planning (3 points)

Discharge location: Home

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

Education needs: This nursing student will educate the patient's parents about the importance of self-care, SIDS, and establishing a regular feeding and sleep schedule. This nursing student would also educate the patient's parents about the importance of bonding with their infant, head, and neck support, burping baby, and signs of trouble breathing.

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 hypothermia related to the birthing process, as evidenced by the infant being transferred to a heated bed after being born. | 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 preventative measures, such as dressing appropriately. Rationale: These precautions may prevent a cold stress episode (Phelps, 2020). | <ul style="list-style-type: none"> - Patients skin is warm and dry. - Parents of patient follow measures to prevent cold stress episodes. |
| 2. Risk for aspiration related to the | Due to secretion build-up after | 1. Hold the infant with head elevated during feeding. Rationale: Such positioning | <ul style="list-style-type: none"> - Respiration rate will remain in normal limits. |

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| birthing process, as evidenced by suctioning mouth and nose. | birth. | 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). | - Patient's family will apply measures to prevent aspiration. |
| 4. Knowledge deficient related to breastfeeding, as evidenced by interest in the benefits of breastfeeding. | Due to not breastfeeding with last child. | 1. 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. Rationale: To ensure the patient is understanding all the information given (Phelps, 2020). | - The patient will be motivated to learn. - The patient will demonstrate the ability to perform new skills as they are taught. |
| 5. 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. |

Other References (APA):

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

