

N432 Newborn Care Plan

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N432: Maternal-Newborn Care

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Demographics (10 points)

Date & Time of Clinical Assessment 0730 a.m.	Patient Initials C.W	Date & Time of Birth 9-26-2023 2243 p.m.	Age (in hours at the time of assessment) 31 hours old
Gender Female	Weight at Birth (gm) _3286_____ (lb.) _7____ (oz.) _3.9____	Weight at Time of Assessment (gm) __3155_____ (lb.) _6____ (oz.) _15.3____	Age (in hours) at the Time of Last Weight 22 hours old
Race/Ethnicity Non- Hispanic	Length at Birth Cm _50.8_____ Inches _20_____	Head Circumference at Birth Cm __33_____ Inches _12.99_____	Chest Circumference at Birth Cm _33_ Inches _12.99

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: G:3 T:2 P:0 A:1 L:2

When prenatal care started: 2-15-2023 patient was 6w5d.

Abnormal prenatal labs/diagnostics: WBC: 19.12 elevated, absolute neutrophil: 13.95 elevated, absolute monocytes: 1.23 elevated, absolute immature granulocyte: 0.16 elevated.

Prenatal complications: covid, maternal obesity syndrome in second trimester, history of asthma, Tobacco smoking affecting pregnancy antepartum, gestational diabetes mellitus in pregnancy, GBS bacteriuria (Group B streptococcus).

Smoking/alcohol/drug use in pregnancy: Patient states she smokes cigarettes but has never don't drugs or drink any alcohol.

Labor History of Mother:

Gestation at onset of labor: 38w4d

Length of labor: It was found in documentation only for the second stage of length of labor.

ROM: 2224/ 9-26-2023

Medications in labor: oxytocin in 0.9% sodium chloride 30unit/500mL, lactated ringer infusion bolus (volume based) 1000mL total volume, fentanyl 2mcg/mL, ropivacaine 0.2% 2 mg/mL in NS epidural.

Complications in labor and delivery: N/A

Family History Pertinent to infant: Mom smoked cigarettes while pregnant.

Social History (tobacco/alcohol/drugs) Pertinent to infant: Patient states she is a tobacco smoker (cigarettes) but never done drug and does not drink alcohol.

Father/Co-Parent of Baby Involvement: Dad is present in both the mom and the child's life.

Living Situation of Family: mom lives with her husband and her children.

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

Patient stated she attended and graduated high school but never attended college.

Birth History (10 points)

Length of Second Stage of Labor:

Type of Delivery: Patient had a vaginal birth.

Complications During Birth: GBS positive (group b strep).

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: N/A

Intake and Output (18 points)

Intake

If breastfeeding:

Feeding frequency: every 2 hours- patient is feeding on demand.

Length of feeding session: 15 minutes

One or both breasts: both breast

If 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: 13 hours

Number of voids in 24 hours: 2 times

Stool

Age (in hours) of first stool: 7 hours – 0523 a.m. first stool 9-27-2023

Type: Meconium

Color: Black, tarry

Number of times in 24 hours: 4 times

Percentage of weight loss at time of assessment: -3.99%

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

Birth(starting) weight minus the current weight equals the change, then divide the change by the birth (starting) weight times 100 equals the % of the weight loss.

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

Is this neonate's weight loss within normal limits? Yes, this neonate's weight loss is within normal limits.

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	Infants of mothers who have gestational diabetes, preterm newborns, and newborns with intrauterine growth restriction (IUGR). This test is done because blood glucose levels will fall in the first hours of life due to the source of maternal glucose being removed after the placenta is expelled (Ricci et al., 2021)	> 45 mg/dL (Ricci et al., 2021)	59,70,77,68	No abnormal results.
Blood Type and	To determine	AB, A, B, O-	O-negative	No abnormal results.

Rh Factor	blood compatibility between moms and baby when mixed. O moms and Rh- moms get this done. (Ricci et al., 2021)	negative, O-positive, A-negative, B-positive, B-negative. (Ricci et al., 2021)		
Coombs Test	To detect presence of antibodies against the circulating red blood cells, which induce hemolysis. (Ricci et al., 2021)	Negative (Ricci et al., 2021)	Negative	No abnormal results
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	To assess for jaundice in newborns (Ricci et al., 2021)	Under 15 mg for 24 - 48 hour old newborns (American Pregnancy Association, 2021).	5.9, 5.15	No abnormal results
Newborn Screen (At 24 hours)	This is test is standardized test for reportable illnesses, to assess for metabolic illnesses (Ricci et al., 2021)	Negative (Ricci et al., 2021).	Results will not be available.	No abnormal results
Newborn Hearing Screen	To identify newborns who are likely to have hearing loss and require further evaluation. It is a standardized screening (Ricci et al., 2021)	Pass or fail (Ricci et al., 2021).	Pass	No abnormal results
Newborn Cardiac Screen	This test is to identify heart	Above 95%, no more than 3%	97% right wrist and 100% left	No abnormal results.

(At 24 hours)	diseases, so that if found early enough they can be treated (Ricci et al., 2021)	difference (Ricci et al., 2021).	and right foot	
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Lab Data and Diagnostics Reference (1) (APA):

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

American Pregnancy Association. (2021, December 9). *Newborn jaundice*.

<https://americanpregnancy.org/healthy-pregnancy/first-year-of-life/newborn-jaundice/>

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 gram	0.5mL		
Frequency	Once	One time	One time at birth, 2 more times for complete series		
Route	Intramuscular	Both eyes	Intramuscular		
Classification	Pharmacological: Anticoagulant reversal agents Therapeutic: Vitamins (Ricci et al., 2021)	Pharmacological: Ophthalmic antibiotic Therapeutic: Ophthalmic anti-infectives (Ricci et al., 2021)	Pharmacological: Viral vaccines (Ricci et al., 2021)		
Mechanism of Action	Provides bactericidal and bacteriostatic actions to prevent <i>Neisseria gonorrhoeae</i> and <i>Chlamydia</i>	Provides bactericidal and bacteriostatic actions to prevent <i>Neisseria</i>	Provides the body the ability to produce its own antibodies against the Hepatitis B		

	trachomatis conjunctivitis; prevents vitamin K deficiency bleeding of the newborn (Ricci et al., 2021)	gonorrhoeae and Chlamydia trachomatis conjunctivitis; prevents ophthalmia (Ricci et al., 2021)	disease (Ricci et al., 2021)		
Reason Client Taking	Clotting	Prophylaxis for bacteria	Prevent Hepatitis B, which can cause liver damage		
Contraindications (2)	<ul style="list-style-type: none"> Hyperbilirubinemia Severe hemolytic anemia (Ricci et al., 2021) 	<ul style="list-style-type: none"> Parent with history of allergy to erythromycin Ocular irritation (Ricci et al., 2021) 	<ul style="list-style-type: none"> Parent with allergy to neomycin Newborn weighing less 2kg (Ricci et al., 2021) 		
Side Effects/Adverse Reactions (2)	<ul style="list-style-type: none"> Diaphoresis “Gasping syndrome” (Ricci et al., 2021) 	<ul style="list-style-type: none"> Eye irritation Redness (Ricci et al., 2021) 	<ul style="list-style-type: none"> Fever Swelling at injection site (Ricci et al., 2021) 		
Nursing Considerations (2)	<ul style="list-style-type: none"> Hold the leg firmly and inject medication slowly. Give as an IM injection at a 90-degree angle into the outer middle third of the vastus lateralis muscle (Ricci et al., 2021) 	<ul style="list-style-type: none"> Gently squeeze the tube or ampoule to apply medication into the conjunctival sac from the inner canthus to the outer canthus of each eye. Close the eye to make sure the medication permeates (Ricci et al., 2021) 	<ul style="list-style-type: none"> Use a 25-gauge needle to inject vaccine in vastus lateralis. Administer 1-2 hours after birth (Ricci et al., 2021) 		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Make sure consent is obtained prior to administration (Ricci et al., 2021)	Make sure consent is obtained prior to administration (Ricci et al., 2021)	Make sure consent is obtained prior to administration (Ricci et al., 2021)		

Client Teaching needs (2)	<ul style="list-style-type: none"> Advise parents to immediately report signs of new rashes. <p>Advise parents to monitor skin discoloration in newborns. (Ricci et al., 2021)</p>	<ul style="list-style-type: none"> Do not touch the tip of the newborn's eye. Inform parents about eye treatment and how it is done (Ricci et al., 2021) 	<ul style="list-style-type: none"> Educate parents on importance of vaccine. <p>Educate parents on when next vaccine is due (Ricci et al., 2021)</p>		
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Medications Reference (1) (APA):

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

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 appropriate for ethnicity, smooth, and good skin turgor, warm and no signs of dehydration are present. No rashes, bruises, or lesions in skin. No jaundice or cyanosis. No molding present. Lanugo is present on the body.	“Normal: smooth, flexible, good skin turgor, well hydrated, warm Variations: Jaundice, acrocyanosis, milia, Mongolian spots, stork bites” (Ricci et al., 2021)
Head	The head is normocephalic and proportionate to body. No sign of excess fluid in head region or abnormalities.	“Normal: varies with age, gender, and ethnicity. Variations: Microcephaly and macrocephaly” (Ricci et al., 2021)
Fontanel	Fontanel are non-bulging, no signs of dehydration (sunken), palpable anterior and posterior fontanel.	“Normal: Palpated anterior and posterior fontanel, non-bulging and not sunken Variations: Enlarged fontanel and sunken fontanel” (Ricci et al., 2021)
Face	Face is full and no signs of malnourishment. Ears, eyes, nose, and cheeks are symmetric. No signs of paralysis and no acne on face.	“Normal: full cheeks, facial features symmetric Variations: Facial nerve paralysis, nevus flammeus, nevus vasculosus” (Ricci et al., 2021)
Eyes	Eyes are aligned with ears, no signs of jaundice, conjunctivitis, or conjunctival hemorrhaging.	“Normal: clear and symmetrically placed on face; online with ears Variations: Chemical conjunctivitis, subconjunctival hemorrhages” (Ricci et al., 2021)
Nose	Nose is midline, proportionate to face. No presence of malformations or blockages of nasal passages.	“Normal: small, placement in the midline and narrow, ability to smell Variations: Malformation or blockage” (Ricci et al., 2021)
Mouth	Mouth is midline, hard palate	“Normal: aligned in midline,

	and soft palate are intact. No presence of thrush, or eruption of teeth.	symmetric, intact soft and hard palate Variations: Epstein pearls, erupted precocious teeth, thrush” (Ricci et al., 2021)
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Ears	Ears are soft and have quick recoil when folded and released. No preauricular pit on left or right ear. Ears have no rash.	“Normal: soft and pliable with quick recoil when folded and released. Variations: Low-set ears, hearing loss” (Ricci et al., 2021)
Neck	Neck has free movement, short, creases are present, and neck is midline. No sign of fractures or deformities.	“Normal: short, creased, moves freely, baby holds head in midline. Variations: Restricted movement, clavicular fractures” (Ricci et al., 2021)
Chest	Chest is round and not larger than head, symmetric to body. No signs of discharge from nipples or engorgement.	“Normal: round, symmetric, smaller than head Variations: nipple engorgement, whitish discharge” (Ricci et al., 2021)
Breath Sounds	Breath sounds upon auscultating show no signs of respiratory distress; by observation there is no use of accessory muscles. No rhonchi, stridor, wheezing, or crackles present.	“Normal: No wheezing, crackles, rhonchi, or stridor Variations: Wheezing, crackles, rhonchi, and stridor” (Ricci et al., 2021)
Heart Sounds	S1 and S2 upon auscultating are heard. No murmurs or gallops present.	“Normal: S1 and S2 Variations: S1 and S2 not heard, murmur, gallop” (Ricci et al., 2021)
Abdomen	Abdomen is soft and not distended. No presence of masses or hernias.	“Normal: protuberant contour, soft, three vessels in umbilical cord Variations: Distended, only two vessels in umbilical cord” (Ricci et al., 2021)
Bowel Sounds	Bowel sounds upon auscultation are normoactive. No signs of hyperactivity, hypoactivity, or absence.	“Normal: Normoactive Variations: Hypoactive, hyperactive, absent” (Ricci et al., 2021)
Umbilical Cord	Umbilical cord is intact, dry, shriveled, and blackened. No presence of bleeding or purulent drainage from cord.	“Normal: Drying within hours after birth, shriveled, and blackened by second or third day. Variations: Cord bleeding, cord

		drainage” (Ricci et al., 2021)
Genitals	Genitals have smooth glans, meatus is in alignment at the tip of the penis. No excess fluid is present in scrotum.	“Normal male: smooth glans, meatus centered at tip of penis. Variations: Edematous scrotum in males” (Ricci et al., 2021)
Anus	The anus is open for passage of stools, anal wink is present.	“Normal: Open passage for stool Variations: Closed passage” (Ricci et al., 2021)
Extremities	Extremities have free range of movement and are symmetric. No dislocation of hip or shoulder present.	“Normal: extremities symmetric with free movement Variations: Congenital hip dislocation” (Ricci et al., 2021)
Spine	Spine has free movement and is symmetric. No tuft or dimple(s) are present on spine.	“Normal: extremities symmetric with free movement Variations: Tuft or dimple on spine” (Ricci et al., 2021)
Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position 	On assessment identification band of newborn matched identification band of moms. Hugs tag is confirmed in the system and secure on baby’s ankle. Newborn sleeps in supine position.	“Normal: Both mother and newborn identification bands match each other. Hugs tag secure on newborn and confirmed in the system. Newborn sleeping in supine position Variations: Mother and newborn have mismatched identification bands. Hugs tag not confirmed in the system and not on newborn. Newborn sleeping in side-lying, Trendelenburg’s, or prone position.” (Ricci et al., 2021)

Vital Signs, 3 sets (6 points)

Time 0730 am	Temperature	Pulse	Respirations
Birth	36.6 C (97.9 F)	130	40
4 Hours After Birth	36.5 C (97.7 F)	135	55

At the Time of Your Assessment	36.6 C (97.8 F)	120	40

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0/10 using FLACC	N/A	N/A	Newborn appears comfortable by observation of nonverbal cues being absent.	Slow gentle handling of baby and minimizing disruptions during sleep

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.
This nursing student swaddled the newborn. (N)	Once throughout this clinical rotation/ mom did it for a second time.	This nursing intervention was done to provide the newborn with comfort.
This nursing student changed the newborn diaper. (N)	As needed.	This nursing intervention was done to provide the newborn with comfort, and so no rash develops on the infant’s bottom.
This nursing student did an infant assessment. (N)	Every 8 hours	This nursing intervention was done to because infant had a head-to-toe assessment and vital signs (temp, respiration and heart rate for a full

		minute.
This nursing student gave the infant to the mother so she could breastfeed. (N)	On demand of the baby. 8-10 times a day.	This nursing intervention was done because the baby was ready to eat.

Discharge Planning (3 points)

Discharge location: The newborn will discharge home with his mother and father, and 2 siblings.

Follow up plan (include plan for newborn ONLY): The newborn will need a follow up to the pediatric clinic within 1-3 days of being discharged from the postpartum unit to be evaluated for well-being and addressing any concerns mom may have concerning the newborn.

Education needs: The parents will need education on safe sleeping environment and breastfeeding techniques for newborns. This parent will need education on smoking sensation and not smoking the children in the home and this infant newborn.

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.
Deficit knowledge of SIDs related to	This nursing diagnosis was	1. Educate parent that being exposed to	The student nurse and nurse Jordan educated

<p>increased vulnerability as evidence by newborn being under the age of one and parent continuously smoking tobacco.</p>	<p>chosen because the patient should be educated about the risk of smoking and how can cause complications and lead to SIDs</p>	<p>secondhand smoke raises a baby's risk for SIDS. Rationale: This intervention was done to lower the chances of getting SIDS (Phelps, 2020). 2. Assess infant's sleeping position when entering the room to care for mom and newborn. Rationale: This intervention was done to ensure that the newborn is sleeping supine, which aids in reducing the risk of SIDS (Phelps, 2020)</p>	<p>the parent on smoking cessation and how smoking tobacco can be a contributing factor towards SIDS. The patient acknowledged the education given to her and is going to remove herself from the household when smoking.</p>
<p>Risk for hypothermia related to infants' inability to stabilize temperature as evidence by infants' temperature increasing and decreasing easily.</p>	<p>This nursing diagnosis was chosen due to the baby not being able to sufficiently regulate their own body temperature.</p>	<p>1. Monitor newborns' body temperature and ensure that the infants' body temperature does not go below 97.7 degrees Fahrenheit. Rationale: This intervention was done to prevent hypothermia from occurring (Phelps, 2020) 2. Swaddle and ensure that the blanket is tightly wrapped around the newborn. Rationale: This intervention was done to prevent the newborn from losing heat and promoting heat regulation (Phelps, 2020)</p>	<p>The student RN and RN Jordan spoke to the parents and talked about the importance of the newborn maintaining heat and having susceptibility to heat loss. The student RN gave examples of how to promote heat regulation and how to properly swaddle the newborn. The parents verbalized their understanding of education and demonstrated swaddling the newborn.</p>
<p>Knowledge deficit of breastfeeding related to lack of knowledge regarding breastfeeding</p>	<p>This nursing diagnosis was chosen because parent expressed to</p>	<p>1. assist in proper breastfeeding positioning Rationale: This intervention was chosen to assist in better let-down</p>	<p>This student nurse and nurse Jordan educated the parent on proper positioning to assist in better breastfeeding</p>

techniques as evidence by mother stating” not being able to produce enough milk in right breast.	the nurse that she was having a hard time producing milk from right breast.	reflexes (Phelps, 2020) 2. provide emotional support as needed and allow the patient to express her expectations. Rationale: This intervention was chosen to provide therapeutic communication and support between the nurse and the parent (Phelps, 2020)	techniques, the patient agreed to the nursing diagnosis and was happy to try positioning correctly to have better let-down reflexes.
Risk for injury related to improper placement of car seat as evidence by mom asking questions about car seat safety.	This nursing diagnosis was chosen because mom asked question about car seat safety.	1. Provided education about proper placement of care seat Rationale: This intervention was done to provide education to parent about care seat safety (Phelps, 2020) 2. Refer parent to a facility that assist with safety placement of car seat Rationale: This intervention was done because a facility can assist with better knowledge and showing of how to safely place a car seat in a vehicle (Phelps, 2020)	This student nurse and nurse Jordan educated the parent on safety related to car seat placement. Referred the parent to facilities that will show the parent how to safely place car seat in vehicle.

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.