N432 Newborn Care Plan

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N432: Maternal-Newborn Care

Professor Bohlen

2/8/2024

Demographics (10 points)

Date & Time of Clinical Assessment 2/8/2024 0755	**Patient Initials** JM. J. P.	**Date & Time of Birth** 2/6/2024 1035	**Age (in hours at the time of assessment)** 45 hours 20 minutes
Gender Female	**Weight at Birth** **(gm) __**3070**_____** **(lb.) _**6**_ (oz.) _**12.3**__**	**Weight at Time of Assessment** **(gm) _**3120**_____** **(lb.) _**6**__ (oz.) _**14.1**__**	**Age (in hours) at the Time of Last Weight** 45 hours 20 minutes
Race/Ethnicity African American and Caucasian	**Length at Birth** **Cm ___**50.2**_____** **Inches ___**19.75**_____**	**Head Circumference at Birth** **Cm __**33**_____** **Inches ___**12.99**_____**	**Chest Circumference at Birth** **Cm ___**28**_____** **Inches __**11.02**_____**

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: 3/2/0/1/2

When prenatal care started: 8/7/2023 at 13 weeks and 3 days

Abnormal prenatal labs/diagnostics: Elevated WBC, Neutrophils, Lymphocytes, and Monocytes

Prenatal complications: None

Smoking/alcohol/drug use in pregnancy: Mother states she did not use drugs, alcohol or smoke while she was pregnant.

Labor History of Mother:

Gestation at onset of labor: 39 weeks and 4 days

Length of labor: 1st stage 3 hours and 15 minutes; 2nd stage 4 hours and 50 minutes; 3rd stage 9 minutes

ROM: 2/6/2024 at 0545. Fluid was clear without odor

Medications in labor: Continuous Epidural that was stopped 2/6/2024 at 1110; Continuous Pitocin that was stopped 2/6/2024 at 1619; Continuous LR stopped 2/6/2024 at 1619

Complications in labor and delivery: Spiked fever due to Chorioamnionitis and baby's heart rate spiked as well.

Past Surgical History No past surgical history to note

Family History Pertinent to infant: Maternal grandfather had DMII, Paternal grandmother had DMII

Social History (tobacco/alcohol/drugs) Pertinent to infant: Mother states she didn't smoke, drink, or use drugs while pregnant.

Father/Co-Parent of Baby Involvement: Father lives in the home with mother and 6 other children. Father is very involved with the family.

Living Situation of Family: Mother and Father live in Danville together in a house with their 6 children.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Mom and dad both graduated high school and this is their highest level of education.

Birth History (10 points)

Length of Second Stage of Labor: 4 hours and 50 minutes

Type of Delivery: Spontaneous Vaginal

Complications During Birth: Chorioamnionitis

APGAR Scores:

1 minute: 9

5 minutes: 9

Resuscitation methods beyond the normal needed: None needed

Intake and Output (18 points)

Intake

If breastfeeding: Not applicable

Feeding frequency: Not applicable

Length of feeding session: Not applicable

One or both breasts: Not applicable

If bottle feeding:

Formula type or Expressed breast milk (EBM): Formula used is Similac Sensitive. Mother is not using breast milk just formula.

Frequency: Feeding tracking form showed baby was eating every 2.5 to 3 hours.

Volume of formula/EBM per session: Feeding tracking form showed baby was consuming 1.5 to 3 ounces each feeding.

Output

Void

Age (in hours) of first void: At Delivery (0 hours old)

Number of voids in 24 hours: 5

Stool

Age (in hours) of first stool: At Delivery (0 hours old)

Type: Medium Soft Meconium

Color: Green

Number of times in 24 hours: 9

Percentage of weight loss at time of assessment: __1.63**____% ** today's weight in grams minus birth weight in grams totaling the change in weight. Change of weight divided by the birth weight. Take that number multiplied by 100 with provide the percentage of weight loss at the time of assessment. 3120-3070= 50/3070= 0.0162 * 100%= 1.63%

****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? The baby'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	To check for hypoglycemia (Pagana et al., 2022).	**1.5-6 mmol/L**	Test Not Completed	Test Not Completed
Blood Type and Rh Factor	Type and cross; ensure the Rh factor of the mother won't harm the baby (Pagana et al., 2022).	**A,B,AB,O, RH +,or RH -**	O+	Baby is O+ blood type

Coombs Test	Can detect any antibodies that are attached to the surface of blood cells (Pagana et al., 2022).	**Positive or Negative**	Negative	Negative
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	Checks the bilirubin level that could cause jaundice (Pagana et al., 2022).	**1-15 mg/dL**	8	Biliruben results within normal range
Newborn Screen (At 24 hours)	Routine screening to detect any defects (Health Resources & Services Administration, 2023).	**Positive or Negative**	Results will not be available.	Test completed but results not available
Newborn Hearing Screen	Routine screening to detect possible hearing loss (Health Resources & Services Administration, 2023).	**Positive or Refer**	Passed both ears	Passed both ears
Newborn Cardiac Screen (At 24 hours)	Routine screening to detect any abnormalities prior to discharge (Center for Disease Control and Prevention, 2022).	**>95% cannot be more than three degrees apart**	Wrist 97% and Right foot 100%	Test came back normal

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

Pagana, K.D., Pagana T.J., & Pagana, T. P. (2022) *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Mosby.

Newborn Medications (10 points)

Contain in-text citations in APA format.

Brand/Generic	**Aquamephyton (Vitamin K)**	**Illotycin (Erythromycin Ointment)**	**Hepatitis B Vaccine (Engerix-B)**	**Ampacillin (Omnipen)**	**Gentamicin (Cidomycin)**
Dose	1mg	1G	10mcg	204mg	12.4mg
Frequency	Once	Once	Once	Q 8 hours	Q 24 hours
Route	IM	Opthalmic	IM	IV	IV
Classification	Vitamin replacement (Drugs.com, 2024).	Antibiotic (Jones & Bartlett Learning, 2022).	Vaccination (Drugs.com, 2024).	Antibiotic (Jones & Bartlett Learning, 2022).	Antibiotic (Jones & Bartlett Learning, 2022).
Mechanism of Action	Helps with improving the clotting factor to prevent possible hemorrhaging (Drugs.com, 2024).	To prevent infection in both eyes post birth (Jones & Bartlett Learning, 2022).	Provides the newborn in building antibodies to help prevent disease (Drugs.com, 2024).	To treat infection or possible infection (Jones & Bartlett Learning, 2022).	To treat infection or possible infection (Jones & Bartlett Learning, 2022).
Reason Client Taking	Clotting factor	Prophylactic	Protects baby and others from contracting Hepatitis B	Prophylactic due to mom having Chorioamnionitis	Prophylactic due to mom having Chorioamnionitis

Contraindications (2)	Hypersensitivity to Vitamin K Renal impairment	Hypersensitivity to erythromycin or its components Hypersensitivity to Illotycin	Hypersensitivity to yeast Anaphylaxis shock	Hypersensitivity to ampicillin or their components; infection caused by penicillinase organisms	Hypersensitivity to gentamicin or its components. Renal impairment
Side Effects/Adverse Reactions (2)	Hyperbilirubinemia & rash.	Stinging & burning of the eyes.	Possible apnea in children, diarrhea and loss of appetite	Possible laryngeal stridor; clostridium difficile-associated diarrhea.	Can cause laryngeal edema. Nephrotoxic
Nursing Considerations (2)	Medication should be given 1 to 2 hours after birth. Medication should be given via IM injection into the vastus lateralis.	Observe for signs of hepatic impairment. Avoid touching or rubbing ointment off of eyes.	Monitor for adverse reactions. Cleanse the area thoroughly prior to injection.	Monitor patient closely for anaphylaxis. Closely monitor results of renal and liver functions.	Monitor patient closely for anaphylaxis. Closely monitor results of renal functions due to drug being nephrotoxic.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Check dosages before administration and make sure it is the correct dose for infants	Apply drops directly in the inner corner of the eyes.	Have a second nurse double-check the dosage of the vaccine prior to administration to make sure it is the correct dose for infants	Monitor labs prior to administration of antibiotic.	Monitor labs prior to administration of antibiotic.
Client Teaching needs (2)	Explain the purpose of the medication to parents prior to	Explain the purpose of the medication to parents	Explain the purpose of the medication to parents	Explain the purpose of the medication to parents	Explain the purpose of the medication to parents

	administration. Report any abnormalities or changes in status after administration of medication (Jones & Bartlett Learning, 2022).	prior to administration. Educate parents on potential side effects of medication (Jones & Bartlett Learning, 2022).	prior to administration. Educate parents on potential side effects of medication (Jones & Bartlett Learning, 2022).	prior to administration. Educate parents on potential side effects of medication (Jones & Bartlett Learning, 2022).	prior to administration. Educate parents on potential side effects of medication (Jones & Bartlett Learning, 2022).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed. Pp 77-80, 622-624, 1469). 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	No rashes present, clean skin, and showed signs of jaundice.	Skin should be smooth and flexible, present with a good skin turgor, be well hydrated, and warm upon touch. Variations include the presence of jaundice, acrocyanosis, milia, Mongolian spots, and stork bites (Ricci et al., 2021).
Head	Normocephalic, symmetrical. Baby moves their head easily with no signs of abnormalities.	Findings will vary based on age, gender, and ethnicity. There should be soft fontanels with a head circumference of 33-37 cm. Variations include microcephaly, macrocephaly, and enlarged fontanels (Ricci et al., 2021).
Fontanels	Fontanelle flat and soft, symmetrical and 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	Midline, symmetrical and no noted discharge.	Usual findings include a midline position, narrow nose and the ability

		to smell. Variations include malformation or blockage (Ricci et al., 2021).

Mouth	Tongue is in normal position, palates are intact. Mucosa is pink, no cyanosis. No cleft lip or tongue tie noted.	Usual findings should include the tongue being midline, symmetrical, and having an intact soft and hard palate. Variations include Epstein pearls, erupted precocious teeth, and candidiasis thrush (Ricci et al., 2021).
Ears	Ears are symmetrical with the eyes.	Usual findings have a quick 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 moving head and neck without difficulty. Neck is symmetrical with head and no noted abnormalities.	Usual findings include the neck moving freely and the baby holding their head in midline position (if possible). Variations include clearly restricted movements with palpable masses noted (Ricci et al., 2021).
Chest	Symmetrical, rise and fall. No labored breathing and respiratory status is equal and clear.	Typical findings of the chest are round, symmetric, being smaller than the infant's head. A normal chest circumference is between 30-33 cm. Variations include nipple engorgement with abnormal discharge (Ricci et al., 2021).
Breath Sounds	No wheeze, rhonchi, crackles present. Respiratory rate is within normal range. No signs of respiratory distress.	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	RRR, S1 & S2 heard.	Usual findings are murmurs that resolve on their own, 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 less than 110 or greater than 160 (Ricci et al., 2021).

Abdomen	Soft, nontender upon palpation. No masses are noted and umbilical cord still intact.	The usual findings are a protuberant contour, soft, and three vessels in the umbilical cord. Variations are distention and the presence of two vessels in the umbilical cord (Ricci et al., 2021).
Bowel Sounds	Normoactive and heard in all four 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.
Umbilical Cord	Intact, normal. No signs of cyanosis. Cord clamp removed.	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	Vagina is no longer swollen. Free of discharge. No odor noted.	Typical finding are swollen female genitals as a result of maternal estrogen Variations include vaginal discharge in females (Ricci et al., 2021).
Anus	Anus patent. Passing stool.	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	Moves symmetrically and well. Strength is good, extremities are warm and dry.	Usual findings in the extremities include them being symmetric bilaterally with free movement. Variations are congenital hip dislocation (Ricci et al., 2021).
Spine	No abnormalities noted, flexible when turned.	Typical findings are straight, flat, and flexible. Variations include tufted or dimple in spine (Ricci et al., 2021).
Safety	Matched ID band with mom's	No expected variations for safety

• **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	band anytime baby left the room and came back in. Hugs tag was placed on left foot Sleep position is flat on back	

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth 2/6/2024 at 1035	101.3 ax (38.5)	158	60
4 Hours After Birth 2/6/2024 at 1530	99.9 ax (37.7)	158	58
At the Time of Your Assessment 2/8/2024 at 0755	98.7 ax (37.1)	130	54

Vital Sign Trends: Baby's temperature is trending down shortly after birth and in a normal range two days post delivery. Baby is being treated prophylactically for possible infection. Pulse rate and respirations are all in the normal range but trending towards the lower end of the normal ranges.

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0750	NIPS	0	0	Relaxed facial expression, arms, breathing, and legs. Awake	No interventions indicated at this time.

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

Nursing Interventions and Medical Treatments (Identify nursing interventions with	**Frequency**	**Why was this intervention/ treatment provided to this patient? Please give a short rationale.**

"N" after you list them, identify medical treatments with "M" after you list them.)		
IV antibiotics administered M	Every 8 hours	Prophylactic due to mom having Chorioamnionitis
Diaper Change N	PRN	Void and BM in diaper
Swaddle N	PRN	Provide comfort and sense of security to baby
Feeding N	PRN	Provide nutrition for growth and development of baby.

Discharge planning (3 points)

Discharge location: Home in Danville Il

Follow up plan (include plan for newborn ONLY): 24 to 48 hours post discharge

Education needs: Car seat safety. It's been 13 years since mom has had her previous child.

Mom requested education on how to swaddle her baby.

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.
1. Risk for infection related to	Mom was diagnosed with Chorioamnioniti	**1.** Follow facility infection control protocol. Rationale- Minimizes the	Mom utilized hand sanitizer or washed her hands before handling

prolonged rupture of amniotic membrane as evidenced by mom having Chorioamnionitis	s during labor	risk of passing pathogens to a person with an underdeveloped immune system (Phelps, 2023, p 363-367). 2.Monitor labs per facility protocol Rationale- Hematological labs and blood cultures help to identify organisms for proper treatment with antibiotics, and help to identify if the current treatment is working (Phelps, 2023, p 363-367).	her baby. Mom was understanding of why hand hygiene is important with preventing the spread of germs. Mom understood why baby needed antibiotics and what could happen if baby wasn't treated prophylactically for Chorioamnionitis.
2. Risk for neonatal jaundice related to being susceptible to build up of bilirubin in blood circulation as evidenced by yellow skin tone upon assessment.	Yellow skin tone upon assessment. Bilirubin score is 8	1. Inject vitamin K into the vastus lateralis muscle as prescribed. Rationale- Vitamin K provides a primary chemical for clotting factor to reduce risk of bleeding and causing jaundice as red blood cells are reabsorbed (Phelps, 2023, p 329-331). 2.Adhere to facility protocol for heel sticks Rationale- to identify normal physiologic hyperbilirubinemia from a serious hemolytic disorder (Phelps, 2023, p 329-331).	Vitamin K administered. Monitoring of bilirubin levels was continuous. Last reading was 8.
3. Knowledge deficit of family dynamics related to new baby as evidenced by a 13 year age gap between youngest child and infant.	There is a 13 year age gap between the youngest child and the newborn child	1. Encourage infant's siblings to be part of the care of the infant. Rationale- Enhances family rolls and family bonds (Phelps, 2023, p 245-248). 2. Provide family with resources on social support and community resources. Rationale- reinforces	Not able to assess due to none of the other family members can into the hospital during my time there. Mom knows there are resources she can utilize if she needs it.

		family strength and assists when families are experiencing stress (Phelps, 2023, p 245-248).	
4. Knowledge deficit of swaddling related to in ability to swaddle baby as evidenced by mom's expressed lack of knowledge of how to swaddle.	Mother expressed desire to learn how to swaddle her baby because she didn't know how.	1. Assess patient's level of knowledge Rationale- Establishes a baseline of what patient knows vs what their deficit is (Phelps, 2023, p 380-382). 2. Have patient give return demonstration. Rationale- to be able to evaluate if mom needs further education or explanation (Phelps, 2023, p 380-382).	Mom was appreciative of being shown how to swaddle and stated with practice she may get the hang of it.

Phelps, L.L. (2023). *Nursing Diagnosis Reference Manual (*12th ed., pp 329-331, 363-367, 380-382). Wolters Kluwer.

Other References (APA):

Center for Disease Control and Prevention (2022, January 24). *Critical congenital heart defects*. https://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html#:~:text=These%20babies%20are%20at%20risk,or%20death%20early%20in%20life.

Drugs.com (2024, February 4). *Aquamephyton*. http://www.drugs.com/search.php?searchterm=Aquamephyton&a=1

Drugs.com (2024, February 4). *Engerix-B Pediatric*. http://www.drugs.com/search.php?searchterm-EngerixB+Pediatric&a=1

Health Resources & Services Administration (2023, December). *Newborn screening process*. https://newbornscreening.hrsa.gov/newborn-screening-process#:~:text=Babies%20need%20screening%20during%20the,1%20and%202%20days)%20old.