N432 Newborn Care Plan

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N432: Maternal-Newborn Care

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Demographics (10 points)

Date & Time of Clinical Assessment 2/15/2023 0810	**Patient Initials** EB	**Date & Time of Birth** 2-11-24 0424	**Age (in hours at the time of assessment)** 100 hours
Gender Male	**Weight at Birth** 3840 gm 8.7 lbs	**Weight at Time of Assessment** 3610 gm 7.15 lbs	**Age (in hours) at the Time of Last Weight** 96 hours
Race/Ethnicity White/ Caucasian	**Length at Birth** 50.04 cm 19.7 inches	**Head Circumference at Birth** 34.04 cm 13.4 inches	**Chest Circumference at Birth** 36cm 14.2 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: The mom was incarcerated when she was in her first trimester and received a few prenatal visits. When she got out of jail, she stopped going until she was 29 weeks gestation.

GTPAL: G6T6P0A1L5

When prenatal care started: 11-30-24

Abnormal prenatal labs/diagnostics: Drugs, increase of WBCs

Prenatal complications: in an abusive relationship, schizophrenia, gonorrhea, chlamydia

Smoking/alcohol/drug use in pregnancy: The patient smoked 1 pack of cigarettes and used a vape daily. She drank alcohol but did not say how much she drank. She tested positive for methamphetamines and marijuana.

Labor History of Mother:

Gestation at onset of labor: 37 weeks and 3 days

Length of labor: 7 hours

ROM: Yes

Medications in labor: Lactated Ringers, Epidural, Pitocin

Complications in labor and delivery: There were no complications. The broke clavicles were due to trauma in utero.

Family History Pertinent to infant: Unable to obtain family history because there was no documentation.

Social History (tobacco/alcohol/drugs) Pertinent to infant: The mother smoked, drank alcohol, and tested positive for drugs.

Father/Co-Parent of Baby Involvement: No

Living Situation of Family: The baby will be put in a foster home that has adopted the patient's older siblings.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Unable to obtain because it was not on file

Birth History (10 points)

Length of Second Stage of Labor: 2 Hours

Type of Delivery: Vaginal

Complications During Birth: No complications

APGAR Scores:

1 minute: 4

5 minutes: 8

Resuscitation methods beyond the normal needed: No

Intake and Output (18 points)

Intake

The mother is not breastfeeding.

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similac 360

Frequency: Every 3 hours, or when the baby wants to eat before the 3 hours are up.

Volume of formula/EBM per session: 30 ml is the goal per feeding session. If the baby did not take 30ml orally, the nurse would give the rest via NG tube.

Output

Void

Age (in hours) of first void: 5.5. Hours

Number of voids in 24 hours: 5

Stool

Age (in hours) of first stool: 5.5 hours

Type: Tarry

Color: meconium green

Number of times in 24 hours: 2

Percentage of weight loss at time of assessment: -5.98%. (Baby was 100 hours old at assessment)

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

3610-3840=-230/3840= -0.059= -5.98

What is average 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 neonatal hypoglycemia ("Low blood sugar-Newborns," 2021).	Above 45	43, 69, 46, 67	The baby had low blood glucose levels due to inadequate nutrition. It levels out and was withing normal limits.
Blood Type and Rh Factor	To see if the mother and baby's blood type is compatible (Ricci et al., 2021)	O,AB,A,B	O+	His blood type is O+
Coombs Test	To check if the baby's and mother's blood are different types (Siroto, 2022).	Pos/neg	Neg	The mother and baby's blood are the same or did not mix during birth (Siroto, 2022).
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	To see if the infant is at risk for jaundice (Berska et al., 2020).	< 15 mg/dL (Berska et al., 2020).	.5 (53 hours)	The baby is not at risk for jaundice.
Newborn Screen (At 24 hours)	The newborn screen is blood test done that checks for hormone-related,	Pos/ Neg	Results will not be available.	If a diagnosis is positive for any condition, then the doctor might recommend further

	metabolic, and rare genetic conditions (Cellucci, 2022).			testing (Cellucci, 2022).
Newborn Hearing Screen	To see if the ears respond to sound and to look for any hearing loss ("Your baby's hearing screen and next steps," 2021).	Pass/Referral	Right/Left Ear passed	The baby has no hearing loss in either ear.
Newborn Cardiac Screen (At 24 hours)	To test for any heart defects or abnormalities ("Newborn screenings for critical congenital heart defect," 2023).	Greater than 95% and not greater then 3% apart	Right Hand-99 Foot- 100%	The baby's test are within normal range, so the baby has no heart defects detected.

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

Berska, J., Bugajska, J., & Sztefko. (2020). Newborns bilirubin concentration determined by different methods in relation to hematocrit and albumin level. *National Library of Medicine 39*(2), 171-177. 10.2478/jomb-2019-0030

Cellucci, M. (2022, July). *Newborn screening test.* KidsHealth. https: idshealth.org/en/parents/newborn-screening-tests.html

Low blood sugar-Newborns. (2021, November 9). Medline Plus. https://medlineplus.gov/ency/article/007306.htm

Newborn screenings for critical congenital heart defects. (2023, July 3). American Academy of Pediatrics. https://www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd/

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed., pp. 565). Wolters Kluwer

Siroto, J. (2022, May 6). *What does it mean to be coombs positive?* Verywellfamily. https://www.verywellfamily.com/coombs-positive-symptoms-causes-treatment-5206804

Your baby's hearing screening and next steps. (2021, November 9). National Institue on Deafness and Other Communication Disorders. https://www.nidcd.nih.gov/health/your-babys-hearing-screening-and-next-steps

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	1mg	1g	0.5ml
Frequency	Once	Once	Once
Route	IM injection	ophthalmic	IM injection
Classification	Anticoagulant	Antibiotic	Vaccine

Mechanism of Action	According to the article *Vitamin K*, it states, "is a cofactor of the enzyme γ-carboxylase, which modifies and activates precursors to coagulation factors II, VII, IX, and X (2024)."	According to the article *Erythromycin*, it states**, "**inhibition of protein synthesis by binding to the 23S ribosomal RNA molecule in the 50S subunit of ribosomes in susceptible bacterial organisms (2024)."	According to the article *Hepatitis B Vaccine*, it states, "ENGERIX®-B induces specific humoral antibodies against HBsAg HBs (2024)."
Reason Client Taking	Clotting	To prevent infection in both eyes ("*Erythromycin,*" 2024)	To help prevent Hep B virus by producing antigens
Contraindications (2)	1. Hypersensitive reaction with intramuscular use ("Vitamin K," 2024) 2. Hypersensitive with intravenous use ("Vitamin K," 2024)	1. Hypersensitive to Erythromycin 2. Hypersensitive to its components ("*Erythromycin,*" 2024)	1. Yeast allergy ("Hepatitis B Vaccine," 2024) 2. Anaphylaxes with a previous dose ("Hepatitis B Vaccine," 2024)
Side Effects/Adverse Reactions (2)	1. Low blood pressure 2. Bluish discoloration of the skin	3. Temporary redness of the eye ("*Erythromycin,*" 2024) **4.** Temporary burning of the eye ("*Erythromycin,*" 2024)	1. Redness at the injection site ("Hepatitis B Vaccine," 2024) 2. Fever ("Hepatitis B Vaccine," 2024)
Nursing Considerations (2)	1. Clean the site before injection **2.** Use the side of thigh for the shot as	3. Avoid contaminating the tip of the syringe **4.** Do not flush the eye after	1. Make sure the site of injection is the side of thigh 2. Clean the

	that's the fattiest part	administration	site before vaccine is administered
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Type of vaccine about to be administered and the right supplies that are needs like the band aid. Make sur the baby is 1-2 hours old.	Observe the eye to make sure it is clear of debris from the birth.	Make sure the needle is for an IM injection
Client Teaching needs (2)	Teach the parents how to look for adverse effects and the benefits of the medication that is administered.	Educate the parents about not wiping the ointment off and educate the parents about that it is only applied once.	Educate parents that this series of shots has multiple shots included. Educate about the importance of the vaccine

Medications Reference (1) (APA):

Erythromycin. (2024, February 20). DRUGBANK Online.

https://go.drugbank.com/drugs/DB00199

Hepatitis B Vaccine. (2024, February 20). DRUGBANK Online.

https://go.drugbank.com/drugs/DB11627

Vitamin K1. (2024, February 20). DRUGBANK Online.

https://go.drugbank.com/drugs/DB01022

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	The skin was smooth, and warm. There was some peeling on the bottom of feet. A stork bite was noted near the right eye. No rashes, jaundice, or milia noted.	The skin should be warm, well hydrated, smooth, flexible, and have good skin turgor. Variations may include jaundice, milia, stork bites, mongolian spots, or jaundice (Ricci et al., 2021)
Head	The head measurement was 34.04 cm. The head was easily moveable.	Normal findings vary with ethnicity, age, and gender. Measurements should be between 33-27 cm. Variations could be macrocephaly, microcephaly, and expanded fontanels (Ricci et al, 2021).
Fontanels	The fontanels were soft, flat, and palatable. Both were intact with the normal size.	Normal findings are the anterior fontanel is in a diamond shape, and the posterior fontanel is smaller and is a triangle shape. Both should be open, soft, and flat. Variations might include large or small fontanels (Ricci et al, 2021).
Face	All facial features were symmetrical with no noted abnormalities. No nerve paralysis was noted.	Normal findings would be facial features that are symmetric with full cheeks. Variations might include nevus flammeus, nevus vacuous, or facial nerve paralysis (Ricci et al, 2021).
Eyes	The eyes were clear and symmetrical on the face and to the ears. Both eyes had ruptures of membrane.	Normal finding are symmetrical on the face and clear. In line with ears. Variations might include subconjunctival hemorrhages and chemical conjunctivitis
Nose	The nose was small and narrow and was midline on the face.	Normal findings are that the nose is midline, small, and narrow and is able to smell. Variations might include blockage or malformation (Ricci et al, 2021).

Mouth	The mouth was symmetrical with the soft and hard palate intact. No teeth or thrush noted.	Normal findings are midline and aligned, soft, and hard palate intact. Variations might include erupted precocious teeth, Epstein pearls, and thrush (Ricci et al, 2021).
Ears	The ears were soft and had a fast recoil when they released after being folded.	Normal findings are pliable with fast recoil when folded and then released. They should be soft. Variations might include hearing loss and ears that are set lower (Ricci et al, 2021).
Neck	The neck moved freely and was midline to the body. Clavicles were broken bilaterally.	Normal findings are moves freely, baby hold head midline, short, and creased. Variations might include clavicular fractures and restricted movement (Ricci et al, 2021).
Chest	The chest measurement was 36 cm. It was symmetrical and round. No discharged noted.	Normal findings are smaller then heads, symmetrical, and round. Measurements should be between 30-33cm. Variations might include whitish discharge and nipple engorgement (Ricci et al, 2021).
Breath Sounds	Normal breath sounds that were clear and unlabored. The respiration rate was 53. No crackles, wheezes, or rhonchi.	Normal findings are respiration rate between 30-60 that symmetrical unlabored, and shallow. Variations might include wheezing, bradypnea, rhonchi, and crackles (Ricci et al, 2021).
Heart Sounds	The heart rate was 145 while the baby was awake. No gallops or murmurs.	Normal findings include the heart rate between 120-160 with variations with sleep and activity (Ricci et al, 2021).
Abdomen	The abdomen was soft and nondistended upon palpation.	Normal findings are soft and protuberant contour. Variations might include the abdomen being distended (Ricci et al, 2021).
Bowel Sounds	There were bowl sounds noted in all four quadrants.	Normal findings are bowel sounds in all four quadrants, no tenderness, mass upon palpations. Variations might include no bowel sounds or hyperactive bowel sounds (Ricci et

		al, 2021).
Umbilical Cord	The cord was drying up but was noted to have three vessels.	Normal findings are three vessels. Variations might include just two vessels in the umbilical cord (Ricci et al, 2021).
Genitals	The meatus was center with smooth glands.	Normal findings in males are meatus that is centered in the middle of the penis with smooth glands. Normal findings in females are swollen genitals. Variations might include vaginal discharge in females and edematous scrotum (Ricci et al, 2021).
Anus	The baby already passes stool. No fissures or fistulas noted.	Normal findings are patency and position that will allow meconium to pass. Variations might include anal fissure, no stool, or fistulas (Ricci et al, 2021).
Extremities	Lower extremities were free of movement and symmetrical. Upper extremities were not free of movement due to broke clavicles.	Normal findings are symmetrical and free of movement. Variations might include genetic hip dislocation (Ricci et al, 2021).
Spine	Spine was symmetrical to the body and of movement. No dimple noted.	Normal findings are symmetrical and free of movement. Variations might include dimple or tuft (Ricci et al, 2021).
Safety • **Matching ID bands with parents** • **Hugs tag** • **Sleep position**	Baby was on his back. Hugs tag was notes. The ID was not matched to the mother's because the mother was not there	There should be no expected variations (Ricci et al, 2021).

APA:

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed., pp. 518-522). Wolters Kluwer

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	97.7 F	176	36
4 Hours After Birth	98.5 F	144	45
At the Time of Your Assessment	98.F	148	44

Vital Sign Trends: Vital signs were steady**.** His oxygen saturation would go down when he was in a deep sleep but would steady back out after a few seconds.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**NIPS**	**0**	**0**	**Appears comfortable**	**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, identify medical treatments with "M" after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
Changing the baby's diaper N	As needed when the diaper is dirty	This was provided to the patient because the baby was in the nursery 1:1 with a nurse.
Feeding the Baby **N**	Every 3 hours or when the baby is hungry before the 3 hours are up	The intervention was provided because the baby was in the nursery 1:1 with a nurse. The family was not available.

Monitoring Vital Signs including oxygen N	Continuous	The baby had low oxygen while sleeping and was not gaining weight with feedings
Weighed the baby N	Once Daily	The intervention was provided to see if the baby was gaining the recommended weight per day.

Discharge Planning (3 points)

Discharge location: Going home with the foster mother.

Follow up plan (include plan for newborn ONLY): DCFS will take custody of the child and will give the child to the foster mother. Any standup follow-up or ell-check visit for other newborns was done at the hospital because the baby would almost be a week old at discharge. Education needs Circumcision care, formula education, car seat safety.

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)	Rational (1 pt each)	Intervention/Rational (2 per dx) (1 pt each)	Evaluation (2 pts each)
1. Risk for nutritional deficiency related to the neonate not eating the recommended amount as evidenced by the NG having to be placed	The nursing diagnosis was chosen because the neonate has an NG for the leftover formula that he will not drink per feed. He had trouble consuming the recommended	1. Monitor and record intake of ingested formula and monitor output (Phelps, 2021). Rationale: Body weight might change with fluid loss, and we need to know how much the neonate is	The patient responded well to the intervention because the baby was gaining weight and the NG was to be taken out that day. The goal was for the baby to receive the needed nutrients and to gain weight.

and the neonate eating less than 30ml per feeding.	amount.	taking in (Phelps, 2021). 2. Weight the neonate daily at the same time every day (Phelps, 2021). Rationale: To get accurate reading Body weight might change with fluid loss, and we need to know how much the neonate is taking in (Phelps, 2021).	
2. Risk for impaired skin integrity related to his pulse oximetry as evidence by his skin being peeling and irritated	The nursing diagnosis was chosen because the baby had a pulse oximetry continuously on his foot and the skin started to get dry and irritated.	**1.** Inspect and monitor the patient's skin every shift and then document and describe the condition of the skin (Phelps, 2021). **Rationale:** Inspecting the skin can will provide evidence about the skin's condition and if it is getting better or worse (Phelps, 2021). **2.** Change the patients pulse oximetry every few hours to the opposite foot (Phelps, 2021). **Rationale:** By changing the pulse oximetry to the opposite foot gives the irritated skin a break and to help reduce further skin breakdown (Phelps, 2021).	The patient responded well to the treatment. The goal is to reduce the skin breakdown and to stop the irritation. The goal hasn't been met. Ointment was going to start being applied.
3. Risk of deficient knowledge related to feeding the baby as evidence as the foster mother asking for help and how to do it.	This nursing diagnosis was chosen because the foster mother has not a baby in her house for 15 years and needed help on how to feed the baby.	**1**. Establish environment of trust and respect and mutual trust to enhance learning (Phelps, 2021) **Rationale:** The foster mother was nervous about feeding the infant, but with the nurse being calm bad very helpful, the foster mother started to ask more questions and to listen. She successfully fed the baby by	Foster mother was very receptive to the knowledge that was a provided. She wants to continue to practice feeding the baby with supervision before she takes him home.

		herself (Phelps, 2021). **2.** Communicate honesty and openly with the patient and encourage visits (Phelps, 2021). **Rationale:** When the foster mom visited, she was nervous about the NG tube, but the nurse explained that he would not go home with it. The more the foster mother visits, the more she would get comfortable with feeding the baby (Phelps, 2021).	
4. Risk of deficient knowledge related to car seat safety as evidence by the foster mother stating, "I do not know anything about car seat safety. I have not been with a newborn for 16 years."	This was nursing diagnosis was chosen because the foster mother had little to no knowledge about car seat safety.	1. Find a quiet place or environment for teaching the mother and showing her hands on about how to strap the infant in safely (Phelps, 2021). **Rationale:** The support person will learn more effectively if the education is more focused, and the atmosphere is quiet. (Phelps, 2021). 2. Providing written material explaining the skill to help further help the mother for when she is discharged with the infant (Phelps, 2021). **Rationale:** Pictures and written words will help emphasize the teaching (Phelps, 2021).	Mother was excited and anxious about learning the new skills she will have to remember and relearn. She was very honest about her lack of knowledge about the care of an infant. She wanted written material just in case she forgot some of the teaching.

Other References (APA):

Phelps, L. (2021). *Nursing diagnosis reference manual* (12th ed., pp. 143-311). Wolters Kluwer