

N432 Newborn Care Plan

Jessica Tillman

Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Jodi Bohlen, MSN RN

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Demographics (10 points)

Date & Time of Clinical Assessment 2/15/2024 08:00	Patient Initials R.M.	Date & Time of Birth 2/13/2024 15:18:25	Age (in hours at the time of assessment) 32 hours
Gender Female	Weight at Birth (gm) 3070 gm. (lb.) 6 lb. (oz.) 12.3 oz.	Weight at Time of Assessment (gm) 2910 gm. (lb.) 6 lb. (oz.) 6.7 oz	Age (in hours) at the Time of Last Weight 32 hours
Race/Ethnicity African American	Length at Birth Cm 48.3 cm. Inches 19 in.	Head Circumference at Birth Cm 33 cm. Inches 12.9 in.	Chest Circumference at Birth Cm 32.5 cm. Inches 12.7 in.

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:6 T:5 P:0 A:1 C:5. The newborn’s mother reports that five out of six of her pregnancies resulted in full to term live births with no complications experienced. She reports one pregnancy as a loss.

When prenatal care started: Prenatal care was initiated at 20 3/7 weeks of gestation.

Abnormal prenatal labs/diagnostics: Abnormal lab history during pregnancy for the mother consists of decreased HCT, HGB, MPV, and absolute lymphocytes. The CBC with differential was noted as abnormal, THC was abnormal and reported 50 NG/mL, and the UR Cannabinoid result was reported as detected/abnormal.

Prenatal complications: The newborn’s mother reports no complications during pregnancy or labor.

1/2/2024

Smoking/alcohol/drug use in pregnancy: Mother denies alcohol or tobacco use during pregnancy. Mother reports the use of marijuana five times daily throughout the pregnancy.

Labor History of Mother:

Gestation at onset of labor: Onset of labor occurred at 38 1/7 weeks of gestation.

Length of labor: The length of labor from the first stage to the third stage of labor was a total duration of one hour and twenty-seven minutes.

ROM: Rupture of membrane was reported as an artificial rupture of membrane that occurred 2/13/24 at 14:25.

Medications in labor: The medications utilized during the labor process included oxytocin and fentanyl bupivacaine.

Complications in labor and delivery: No complications were experienced during labor and delivery.

Past Surgical History: The newborn's mother denies any past surgical history.

Family History Pertinent to infant: The newborn's mother has a diagnosis of asthma. The newborn's maternal grandmother has a diagnosis of diabetes. And the newborn's father's family history is unknown.

Social History (tobacco/alcohol/drugs) Pertinent to infant: Mother denies alcohol or tobacco use during pregnancy. Mother reports the use of marijuana five times daily throughout the pregnancy.

Father/Co-Parent of Baby Involvement: The newborn's mother reports that the newborn's father is not involved currently.

Living Situation of Family: Upon discharge the newborn will reside in a home with her mother and four older siblings.

Educational level of Parents (If applicable to parents' learning barriers or care of infant):

The newborn's mother reports that she has a high school diploma and the father's information is unknown. No learning barriers are relevant to the care of the newborn.

Birth History (10 points)

Length of Second Stage of Labor: The second stage of labor consisted of twenty-three minutes.

Type of Delivery: Induced vaginal delivery is the type of delivery experienced.

Complications During Birth: The newborn's mother reports no complications occurred during the birthing process.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: No resuscitation methods reported.

Intake and Output (18 points)

Intake

If breastfeeding: N/A

Feeding frequency: N/A

Length of feeding session: N/A

One or both breasts: N/A

If bottle feeding:

Formula type or Expressed breast milk (EBM): Similac 360 total care sensitive formula reported as utilized as the newborn's only source of nutritional intake currently.

Frequency: The newborn's mother reports the infant's frequency of feeding is every two to three hours.

Volume of formula/EBM per session: The volume of formula consumption during each feeding is reported as five to fifteen milliliters.

Output

Void

Age (in hours) of first void: The newborn's age at first void was one hour.

Number of voids in 24 hours: The newborn experienced eight voids within the first twenty-four hours.

Stool

Age (in hours) of first stool: The newborn's age at first stool was thirty-two hours.

Type: The newborn's stool was small and tarry.

Color: The color of the newborn's first stool was reported as dark green.

Number of times in 24 hours: The newborn had one stool within the first twenty-four hours.

Percentage of weight loss at time of assessment: -5 %

Show your calculations: $2910 \text{ g.} - 3070 \text{ g.} / 3070 \text{ g.} \times 100 = -5.211172638$ (rounded to -5%).

What is normal weight loss for an infant of this age? It is normal for a newborn to experience five to ten percent weight loss within the first week of life.

Is this neonate's weight loss within normal limits? Yes, the newborn's weight loss is within the normal limits for weight loss during the first week of life.

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 performed if mother is diabetic or if newborn is over or under weight (Ricci et al., 2021).	Greater than 45	Test not needed.	Test not needed.
Blood Type and Rh Factor	These tests are performed to determine the newborn's blood type and if the newborn is positive or negative for the Rh factor. These tests provide clarification for possible blood incompatibility issues (Ricci et al., 2021).	Blood type: A, B, AB, O Rh factor: Positive or Negative	Blood type: A+ Rh: Negative	Newborn's blood type is A positive, and the newborn is negative for the RH factor.
Coombs Test	This testing is normally performed to detect foreign antibodies affecting RBCs. Commonly testing for RH and ABO incompatibility. If a newborn is positive for jaundice this testing is often performed (Capriotti &	Positive or Negative	Test not needed.	Test not needed.

	Frizzell, 2020).			
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	This test is performed to determine if the newborn's bilirubin levels are elevated which can result in jaundice (yellowing of the skin/sclera) (Ricci et al., 2021).	Normal range: >10 mg/dL	Test administered: 2/14/2024 at 08:05 Results: 9.1 mg/dL	The test resulted in a normal bilirubin level not requiring any further testing or treatment.
Newborn Screen (At 24 hours)	This testing is performed to detect disorders before symptoms occur (Ricci et al., 2021).	Positive or Negative	Test completed and results are pending.	Test completed and results are pending.
Newborn Hearing Screen	This test is performed to determine the newborn's ability to hear in each ear. This testing assists in the newborn's developmental needs from birth. If the infant does not pose the ability to hear it can cause multiple developmental delays within the child's life (Ricci et al., 2021).	Pass/Fail/Refer	Left Ear: Passed Right Ear: Passed	The test resulted in normal hearing performance and does not require further testing or treatment.
Newborn Cardiac Screen (At 24 hours)	This test is performed to determine if the newborn is experiencing any congenital heart	Greater than 95% and only 3% apart	97% Right wrist 98% Right foot	The test resulted in normal cardiac performance and does not require further testing or treatment.

	defects by measuring the percentage of hemoglobin in the blood that is saturated with oxygen (Ricci et al., 2021).			
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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.

Newborn Medications (10 points)

Contain in-text citations in APA format.

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine (Recombivax HB)
Dose	1 mg.	1 g.	10 mcg.
Frequency	Once	Once	Once
Route	Injection	Ointment in both eyes.	Injection
Classification	Therapeutic Class: Nutritive Agent Pharmacologic Class: Vitamin K (Drugs.com, 2023).	Therapeutic Class: Antibiotic Pharmacologic Class: Macrolide (Jones & Bartlett, 2022).	Therapeutic Class: Viral vaccine (Drugs.com, 2023)
Mechanism of Action	Promotion of hepatic synthesis of clotting factors (Drugs.com, 2023).	Prevention of the formation of peptide bonds and ribosome assembly	Vaccination used in the prevention of hepatitis B in infants, children, and

		<p>resulting in bacterial growth death (Jones & Bartlett, 2022).</p>	<p>teenagers. Assists with the development of immunity to hepatitis B. This will not however assist in the treatment of an active infection (Drugs.com, 2023).</p>
Reason Client Taking	Clotting prevention	Prevention of neonatal gonococcal or chlamydial conjunctivitis	Hepatitis B prevention
Contraindications (2)	<p>Injection of this medication directly into the vein can cause a deadly effect if newborn has an allergic reaction. This is possible with this being the first time that the drug has been introduced to the newborn's system (Drugs.com, 2023).</p> <p>When providing this injection to an infant attempt to provide the infant with the benzyl alcohol-free version of</p>	<p>Do not wipe off the medication once applied this could result in the infant not receiving the full effect of the medication (Jones & Bartlett, 2022).</p> <p>Inform the provider if the mother has had previous positive chlamydia or gonorrhea testing because this could result in an eye infection (Jones & Bartlett, 2022).</p>	<p>This medication can cause an infant to stop breathing in their sleep if an interaction occurs. Educate the care giver on proper monitoring techniques (Drugs.com, 2023).</p> <p>Be aware that if any side effects are experienced with this injection that the provider should be informed before the booster is</p>

	the medication (Drugs.com, 2023).		administered (Drugs.com, 2023).
Side Effects/Adverse Reactions (2)	Jaundice of the skin or sclera and cyanosis of the lips, skin, fingernails, or toes (Drugs.com, 2023).	The result of this medication could negatively affect the newborn by causing possible hearing loss and jaundice (Drugs.com, 2023).	Weakness and fussiness may occur with this medication (Drugs.com, 2023).
Nursing Considerations (2)	<p>Monitor patient for adverse reactions that can lead to serious adverse reactions, gasping syndrome, or death associated with the use of the injection that is not benzyl alcohol free (Drugs.com, 2023).</p> <p>Interactions from the injection can include trouble breathing, itching, redness, or burning at the injection site monitor patient and site of injection often (Drugs.com,</p>	<p>Monitor infants for vomiting or irritability during feeding. Because of the effects of the medication can lead to a diagnosis of pyloric stenosis (Drugs.com, 2023).</p> <p>Assess hearing often to ensure hearing impairment does not occur (Drugs.com, 2023).</p>	<p>Monitor the patient for loss of appetite which also could lead to dehydration in infants (Drugs.com, 2023).</p> <p>Monitor the patient for fever (Drugs.com, 2023).</p>

	2023).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor patients for respiratory issues. Gasping syndrome is a possibility while taking this drug and existing respiratory issues could provide the patient with a preexisting deficit (Drugs.com, 2023).	Monitor the newborn for signs and symptoms of jaundice. Monitor liver function labs (Drugs.com, 2023).	Monitor the newborn for unusual muscle weakness, respiratory depression, fever, chills, swollen glands, changes in behavior, severe skin reaction, crying for longer than 1 hour, and any swelling (Drugs.com, 2023).
Client Teaching needs (2)	<p>Provide the newborn's mother with proper education concerning the importance of reporting any bleeding that could result in hemorrhage (Drugs.com, 2023).</p> <p>Provide the mother of the newborn with proper educational concerning the importance of reporting any</p>	<p>Provide the newborn's mother with proper education concerning hearing impairment related to this medication (Drugs.com, 2023).</p> <p>Provide the newborn's mother with the proper educational information concerning signs of hepatic</p>	<p>Provide the newborn's mother with proper education concerning the hepatitis B vaccine series and when each dose should be received (Drugs.com, 2023).</p> <p>Provide the newborns mother with proper educational information concerning allergic</p>

	respiratory distress that may be associated with gasping syndrome and could result in death (Drugs.com, 2023).	dysfunction and jaundice (Drugs.com, 2023).	reactions to the vaccination and to contact their provider before receiving the next dose (Drugs.com, 2023).
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse’s drug handbook* (19th ed.). Jones & Bartlett Learning

Drugs.com Staff. (2023). *Drugs.com*. <https://www.drugs.com/cons/aquamephyton.html>.

Drugs.com Staff. (2023) *Drugs.com*. <https://www.drugs.com/mtm/onabotulinumtoxina.html>.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings
Skin	The newborn's skin is warm and dry with no signs of jaundice, lesions, or rashes. Mongolian spot noted on the patient's lower back and buttocks.	<p>Expected Variations and Findings</p> <p><i>*This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021.</i></p> <p>Usual findings for normal skin consist of skin that is smooth, flexible, well hydrated, warm, and good skin turgor.</p> <p>Acrocyanosis, milia, Mongolian spots, jaundice and stork bites are common problems or variations of the skin experienced by the newborn (Ricci et al., 2021).</p>
Head	The newborn's head is symmetrical, normocephalic, and fontanels are soft and flat with no abnormalities noted.	<p>Usual findings for a normal head assessment consists of variations with age, gender, and ethnicity.</p> <p>Microcephaly, macrocephaly, and enlarged fontanels are considered common problems or variations of the newborn's head (Ricci et al., 2021).</p>
Fontanels	The newborn's anterior and posterior fontanels are both soft and flat with no abnormalities noted.	<p>Common problems or variations include enlarged fontanels (Ricci et al., 2021).</p>
Face	The newborn's facial features are symmetrical with no abnormalities noted.	<p>Usual findings for an infant's face include full cheeks and symmetrical facial features.</p> <p>Common problems or variations include facial nerve paralysis, nevus flammeus, nevus variations (Ricci et al., 2021).</p>
Eyes	The newborn's eyes are symmetrical and in line with the newborn's ears with no abnormalities noted.	<p>Usual findings for a newborn's eyes include clear, symmetrically placed on face, and in line with the newborn's ears.</p> <p>Common problems or variations include chemical conjunctivitis and subconjunctival hemorrhage (Ricci et al., 2021).</p>

Nose	The newborn's nose is small, midline, and symmetrical with no obstruction, discharge, or abnormalities observed.	Usual findings for a newborn's nose features include small, midline, narrow, and the ability to smell. Common problems or variations include malformation or blockage (Ricci et al., 2021).
Mouth	The newborn's mouth is symmetrical, palate is intact, mucus membranes are moist, and suckling response is normal and strong. No teeth or abnormalities noted.	Usual findings for a newborn's mouth aligned midline, symmetrical, and soft and hard palate intact. Common problems or variations include Epstein pearls, erupted precocious teeth, and thrush (Ricci et al., 2021).
Ears	The newborn's ears are symmetrical with eyes and normal in outer appearance. No discharge or abnormalities noted for right or left ear.	Usual findings for a newborn's ears include soft, pliable, quick recoil when folded and released. Common problems or variations include low set ears and hearing loss (Ricci et al., 2021).
Neck	The newborn's neck is symmetrical, normal in appearance, moves freely, and can hold the head midline. No abnormalities noted.	Usual findings for a newborn's neck are short, creased, moves freely, and baby holds head midline. Common problems or variations include restricted movement and clavicular fractures (Ricci et al., 2021).
Chest	The newborn's chest is symmetrical, smaller than the head, and round. No abnormalities noted.	Usual findings for a newborn's chest include round, symmetrical, and smaller than the head. Common problems or variations include nipple enlargement and whitish discharge (Ricci et al., 2021).
Breath Sounds	The newborn's lung sounds are clear bilaterally with equal breath sounds noted. No wheezes, crackles, rhonchi, or cough noted. Normal respiration rate of 44 breaths a minute noted at time of assessment.	Usual finding for a newborn consists of clear and equal sounds, unlabored breathing, and a respiration rate of 30-60 breaths per minute. Common problems and variations include crackles, wheezes, and a respiration rate of lower than 30 or greater than 60 breaths per minute (Ricci et al., 2021).

Heart Sounds	Regular rate and rhythm of 128 bpm noted at time of assessment. S1 and S2 noted with no abnormalities noted.	Usual findings for a newborn's heart sounds include the presence of S1, S2, and murmurs that can resolve on their own. A heart rate of 110-160 beats per minute is the normal rate for a newborn. Common problems or variations include S3 heart sound, S4 heart sound, and a heart rate that is less than 110 or greater than 160 (Ricci et al., 2021).
Abdomen	The newborn's abdomen is soft and non-tender upon palpation. The umbilical cord is intact, and the stump is drying. No distention or abnormalities noted.	Usual findings for a newborn's abdomen include protuberant contour, soft, and three vessels in umbilical cord. Common problems or variations include distended and only two vessels in umbilical cord (Ricci et al., 2021).
Bowel Sounds	The newborn's bowel sounds are normoactive in all quadrants.	Usual findings for a newborn's bowel sounds consists of normoactivity in all four quadrants and include 10-30 bowel sounds heard per minute. Common problems or variations include hypoactive or hyperactive bowel sounds (Ricci et al., 2021).
Umbilical Cord	The newborn's umbilical cord is intact, stump is drying, and clamp removed. No drainage, cyanosis, or abnormalities noted.	Usual findings for a newborn's umbilical cord consists of three blood vessels within the umbilical cord and noted as being pale yellow in color. Common problems or variations include only seeing two vessels within the cord and cyanosis (Ricci et al., 2021).
Genitals	The newborn's genitalia are slightly swollen/normal for the female anatomy. No discharge or abnormalities noted.	Usual findings for a newborn's genitals include smooth glans and meatus centered at tip of penis for male newborns. Female newborns are genitals are swollen as a result of maternal genitalia. Common problems or variations

		include edematous scrotum in males and vaginal discharge in females (Ricci et al., 2021).
Anus	The newborn's anal opening is patent. The newborn has produced stool within the first twenty-four hours.	The usual findings of the newborn's anus consist of the passing of stool, normal appearance, and normal position. Common problems or variations include swollen, enlarged, or fistulas (Ricci et al., 2021).
Extremities	The newborn moves all four extremities freely and extremities are symmetrical. Skin noted as warm and dry on all extremities. No abnormalities noted.	Usual findings for a newborn's extremities are symmetrical with free movement. Common problems or variations include congenital hip dislocation (Ricci et al., 2021).
Spine	The newborn's spine is symmetrical and flexible. No dimple noted.	The usual finding for a newborn's spine is symmetrical. Common problems or variations include a tuft or dimple on the spine (Ricci et al., 2021).
Safety <ul style="list-style-type: none"> • Matching ID bands with parents • Hugs tag • Sleep position 	Newborn and mother's bands matched, hugs tag in place on left leg, and sleep position was flat on back and safe for baby.	No expected variations are acceptable for safety.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	98.7 Axillary	160 bpm	46 min.
4 Hours After Birth	99.0 Axillary	136 bpm	40 min.
At the Time of Your Assessment	98.6 Axillary	128 bpm	44 min.

Vital Sign Trends: Vital signs are stable at birth, four hours after birth, and at the time of the newborn's most recent assessment. No unstable vital signs trends noted.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08:15	NIPS	None	None	Appears comfortable	None

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.
Diaper change (N).	Performed once.	This intervention was provided during the newborn assessment because the infant has a diaper containing urine and stool. The newborn’s mother attended to her care following the assessment.
Vitals taken (N).	Performed once.	This intervention was provided during the newborn assessment.
Bilirubin scan performed (N).	Performed once.	This intervention was provided during the newborn assessment.
Swaddled (N)	Performed once.	This intervention was provided during the newborn assessment. The newborn’s mother attended to her care following the assessment.

Discharge Planning (3 points)

Discharge location: Upon discharge the newborn will reside in a home with her mother and four older siblings.

Follow up plan (include plan for newborn ONLY): The newborn’s follow up plan includes a follow up appointment within twenty-four to forty-eight hours of discharge with the infant’s pediatrician.

Education needs: The newborn’s mother will be provided educational information upon discharge for proper car seat use, bathing, safety, feeding information, umbilical care, and signs or symptoms that warrant the mother to contact the pediatrician immediately.

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)
Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components	Explain why the nursing diagnosis was chosen.	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.	<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 weight loss related to a lack of family support mechanisms as evidenced by family dynamics and lack of resources.	The newborn’s family dynamics include many siblings that the mother is the soul caregiver for. The father of the newborn does not	<p>1. Rationale: The newborn’s mother was provided information for WIC assistance at discharge.</p> <p>2. Rationale: The newborn’s mother was provided a listing of assistance programs that she could contact at discharge.</p>	The newborn’s mother was accepting of the provided information. The goal for the newborn is to maintain proper nutritional needs. And to meet all future growth milestones by utilizing community resources to obtain the nutrition needed for

	provide support for the newborn. The mother and infants support system are minimal.		proper growth.
2. Risk for substance withdrawal related to mother's marijuana use during pregnancy as evidenced by mother's report of use and positive drug screening.	The newborn's mother reported using marijuana five times daily during pregnancy. This can have multiple effects on the infant from birth through childhood or longer.	<p>1. Rationale: The newborn's mother was provided educational information for cessation of substance abuse at discharge.</p> <p>2. Rationale: The newborn's mother was provided with listings of substance abuse assistance programs at discharge.</p>	The newborn's mother accepted the information provided. The goal is for the newborn's mother to be aware of the effects that substance abuse could have on the newborn now and in the future.
3. Knowledge deficit of inadequate knowledge of resources related to family's financial needs not being met as evidenced by newborn's mother requesting resource information for available assistance programs.	The newborn's mother requested resource information to assist her financially. This can be beneficial to her family dynamic not only during her period of recovery but also year around. The size of her family and source of income could possibly qualify the family for multiple	<p>1. Rationale: The newborn's mother was provided contact information for local assistance programs for food, energy, and clothing assistance.</p> <p>2. Rationale: The newborn's mother was provided contact information for local programs specifically aiding with rent payments.</p>	The newborn's mother accepted the information provided. The goal is for the newborn's mother to reduce factors of stress related to financial needs and stressors. This will allow the infant's mother to reduce stress and focus on meeting her and her children's needs.

	programs.		
<p>4. Knowledge deficit of decision-making challenges related to substance abuse impairment as evidenced by mother's report of substance abuse and positive drug screening.</p>	<p>The newborn's mother may experience challenges from the effects of impairment due to her use of marijuana. This could impact the mother's decision-making skills that could impact the newborn's safety negatively.</p>	<p>1. Rationale: The newborn's mother was provided educational information for cessation of substance abuse and the effects of the substance at discharge.</p> <p>2. Rationale: The newborn's mother was provided with listings of substance abuse assistance programs at discharge.</p>	<p>The newborn's mother accepted the information provided. The goal is for the newborn's mother to be aware of the effects that substance abuse could have on the newborn and her other children. This is directly related to her ability to properly make decisions without her judgement being impacted by the substance. Without proper understanding of possible consequences, the children could be placed in an unsafe environment or situation.</p>

Other References (APA):