

**N432 Newborn Care Plan**

Margaret Casey

Lakeview College of Nursing

N432: Maternal-Newborn Care

Professor Kamradt

03/05/2024

### Demographics (10 points)

<b>Date &amp; Time of Clinical Assessment</b> 02/28/2024 2052 (8:52 pm)	<b>Patient Initials</b> B.S.	<b>Date &amp; Time of Birth</b> 02/27/2024 2357 (11:37 PM)	<b>Age</b> (in hours at the time of assessment) 21 hours and 15 minutes
<b>Gender</b> Male	<b>Weight at Birth</b> (gm) 3240__ (lb.) _7_ (oz.) _2.3__	<b>Weight at Time of Assessment</b> (gm) __3060____ (lb.) __6__ (oz.) __11.9__	<b>Age (in hours) at the Time of Last Weight</b> 21 hours and 15 minutes
<b>Race/Ethnicity</b> White	<b>Length at Birth</b> Cm __48.26_ Inches ____19____	<b>Head Circumference at Birth</b> Cm __13.583__ Inches __1.319	<b>Chest Circumference at Birth</b> Cm 33__ Inches __12.999__

\*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: 5 T: 4 P: 4 A: 1 L: 4

**When prenatal care started:** 07/19/2023

**Abnormal prenatal labs/diagnostics:**

08/28/23: Mucus present; Normal: (none seen)

08/28/23: Creatinine random urine 129.47 mg/dL; Normal: (47.00 – 110.00 mg/dL)

08/28/23: MPV 12.7 fL; Normal (9.0 – 12.0 fL)

11/30/23: Parvovirus B19 AB, IGG, S 6.77 IV; Normal: (<0.90 IV)

02/28/24: Glucose 111 mg/dL; Normal: (74 - 100 mg/dL)

02/28/24: Chloride 108 mmol/L; Normal: (98-107 mmol/L)

11/30/23: HSV 1 and/or 2 ABS, IGM by elisa 2.35 IV; Normal: (<= 0.89)

1/2/2024

12/12/23: Chloride 108 mmol/L; Normal: (98 – 107 mmol/L)

12/12/23: CO2 21.0 mmol/L; Normal: (22.0 – 29.0 mmol/L)

12/12/23: Albumin 3.4 g/dL; Normal: (3.5-5.0 g/dL)

12/12/23: Platelet 133  $10^3/uL$  Normal: (140-400  $10^3/uL$ )

12/12/23: MPV 12.3 fL; Normal: (9.0 – 12.0 fL)

02/06/24: Glucose 66 mg/dL; Normal: (74-100 mg/dL)

02/06/24: Calcium 8.7 mg/dL; Normal: (8.9 – 10.6 mg/dL)

02/06/24: Albumin 3.0 g/dL; Normal (3.5-5.0 g/dL)

02/06/24: Platelet 137  $10^3/uL$ ; Normal: 140-400  $10^3/uL$ )

02/06/24: MPV 13.0; Normal: (9.0 – 12.0 fL)

**Prenatal complications:** Gestational thrombocytopenia, AMA (advanced maternal age), history of gestational hypertension, pyelectasis of fetus, polyhydramnios affecting the pregnancy, elevated blood pressure affecting pregnancy in the third trimester, obesity.

**Smoking/alcohol/drug use in pregnancy:** The mother denies smoking or using smokeless tobacco during her pregnancy. The mother denies using alcohol or drugs while pregnant.

**Labor History of Mother:**

**Gestation at onset of labor:** 39w0d

**Length of labor:** 14 hours

**ROM:** AROM 02/27/2024 at 2256

1/2/2024

**Medications in labor:** Oxytocin, Misoprostol

**Complications in labor and delivery:** None

**Family History Pertinent to infant:** Hypertension – Father, Thyroid – Mother, GI – Father, Cancer – Maternal Grandfather, Cancer – paternal grandmother, Thyroid – Sister, Preeclampsia – sister, DVT - negative, PE - negative

**Social History (tobacco/alcohol/drugs) Pertinent to infant:** The mother has smoked in the past but claims to have quit in 2021 and denies smoking while pregnant. The mother denies drinking alcohol while pregnant, the mother denies using drugs. The mother denies using smokeless tobacco.

**Father/Co-Parent of Baby Involvement:** The father is involved in the newborn's sibling's lives, is married to the newborns mother, and is present in the patient's room. The father is involved in the newborn's life as of the current date.

**Living Situation of Family:** Mother and father live together in their home.

**Education Level of Parents (If applicable to parents' learning barriers or care of infant):** Mom is a CNA, she has some college credits but no degree. Father has obtained a associates degree.

### **Birth History (10 points)**

**Length of Second Stage of Labor:** 0h 5m

**Type of Delivery:** vaginal, spontaneous

**Complications During Birth:** None

**APGAR Scores:**

**1 minute:** 8

**5 minutes: 9**

**Resuscitation methods beyond the normal needed: None**

## **Intake and Output (18 points)**

### **Intake**

#### **If breastfeeding:**

**Feeding frequency:** Currently every 4 hours, aims to breastfeed every 2-3 hours.

**Length of feeding session:** 30 minutes, 15 each breast.

**One or both breasts:** Both breasts.

#### **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:** 2 hours

**Number of voids in 24 hours:** 4

#### **Stool**

**Age (in hours) of first stool:** 2 hours

**Type:** Meconium

**Color:** Brown

**Number of times in 24 hours:** 5

**Percentage of weight loss at time of assessment:** 5.56 %

**\*\*Show your calculations; if today's weight is not available, please show how you would calculate weight loss (i.e. show the formula) \*\***  $(3240 - 3060) / 3240 \times 100$

**What is normal 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.**

<b>Name of Test</b>	<b>Why is this test ordered for any infant?</b>	<b>Expected Results</b>	<b>Client's Results</b>	<b>Interpretation of Results</b>
<b>Blood Glucose Levels</b>	The blood glucose levels indicate hypoglycemia, normal glucose levels, or hyperglycemia. Hypoglycemia is undesired and not highly uncommon in newborns.	60 – 99 mg/dL	80 mg/dL	The newborn's glucose is within normal range.
<b>Blood Type and Rh Factor</b>	This test is conducted to examine if the mother's blood is compatible with the newborns. Rh-blood cannot receive Rh+ blood. This is a factor in blood transfusions (American Red Cross, 2023).	Negative or positive Rh factor; A, B, AB, O blood type.	A +	The newborn's Blood type is A, and the Rh factor is positive which is normal.
<b>Coombs Test</b>	The Coombs test tests for antibodies in the newborn's red blood cells (Ricci et al., 2021).	Negative or positive	Negative	A negative coombs test indicates that the infant is negative for antibodies in the blood.
<b>Bilirubin Level</b>	This test is	1-12 mg/dL	9.8 mg/dL	The newborn's

<b>(All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*</b>	conducted to check for hyperbilirubinemia (Pagana et al., 2022).	(Pagana et al., 2022).		bilirubin is within the normal range.
<b>Newborn Screen (At 24 hours)</b>	Newborn Screening is used to recognize disorders the newborn may have (Ricci et al., 2021).	Negative or positive.	<b>Results will not be available.</b>	Results not available to interpret.
<b>Newborn Hearing Screen</b>	This is a standard test for newborns. This allows for early detection of hearing loss which improves intervention outcomes (Ricci et al., 2021).	Pass	Referred due to failing right and left hearing test.	The results suggest the newborn may have hearing difficulties. The newborn should follow up with an audiologist (Ricci et al., 2021).
<b>Newborn Cardiac Screen (At 24 hours)</b>	This is a screening to reveal any cardiac abnormalities that may be threatening to the newborn (Centers for Disease Control and Prevention, 2022).	Pass: $\geq 95\%$ pulse ox in right hand or foot with less than 3% difference comparatively to the opposite hand or foot (Centers for Disease Control and Prevention, 2022).	Pass	These results suggest the patient has normal cardiac function.

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

American Red Cross. (2023, June 28). *What Is The Rh Factor? Why Is It Important?* American Red Cross

Blood Services. <https://www.redcrossblood.org/local-homepage/news/article/what-is-the-rh-factor--why-is-it-important-.html#:~:text=The%20Rh%20factor%20is%20one,child%20be%20determined%20during%20pregnancy>

Centers for Disease Control and Prevention. (2022, January 24). *Critical Congenital Heart Defects*. <https://www.cdc.gov/ncbddd/heartdefects/cchd-facts.html#:~:text=Newborn%20screening%20for%20critical%20CHDs%20involves%20a%20simple%20bedside%20test,placed%20on%20the%20baby's%20skin>

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

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

### Newborn Medications (10 points)

**Contain in-text citations in APA format.**

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine (Engerix-B)	Lidocaine (Xylocaine-MF) 1 % PF Injection
<b>Dose</b>	1 mg	5 mg/g	None; refused	1 cc
<b>Frequency</b>	Once	Once	Once	Once
<b>Route</b>	Intramuscular	Ophthalmic	IM	IV Infiltration
<b>Classification</b>	Anticoagulant reversal agents, Vitamins (Drugs.com, 2023).	Pharmacologic Class: Macrolide Therapeutic class: Antibiotic (NDH, 2023).	Viral vaccine (Drugs.com, 2024).	Pharmacologic class: Amide derivative Therapeutic class: Class IB antiarrhythmic, local anesthetic (NDH, 2023).

<b>Mechanism of Action</b>	To prevent excessive bleeding (Ricci et al., 2021).	“To treat conjunctivitis in newborns” (NDH, 2023, p 480).	To prevent hepatitis B infection (Drugs.com, 2024).	To provide anesthesia to mucous membranes or skin (NDH, 2023).
<b>Reason Client Taking</b>	Babies are born with a small amount of vitamin K which places them at risk for bleeding, this medication provides improved clotting factor (Ricci et al., 2021).	Preventative treatment of conjunctivitis (Ricci et al., 2023).	The newborn did not take this medication. The reason the newborn would take this medication is prevention of contracting hepatitis B (Ricci et al., 2021).	Client took lidocaine for numbing of the area for a circumcision (Ricci et al., 2021).
<b>Contraindications (2)</b>	Hypersensitivity, Congenital liver disease (Drugs.com, 2023).	Hypersensitivity to macrolide antibiotics, simvastatin therapy (NDH, 2023).	Infant weighing less than 4.4 lbs., premature newborn (Drugs.com, 2024).	Hypersensitivity, congenital heart disease (Mayo Clinic, 2024).
<b>Side Effects/Adverse Reactions (2)</b>	Allergic reaction, Hives, itching, skin rash (Drugs.com, 2023).	Infantile hypertrophic pyloric stenosis (NDH, 2023). Thrush (Farzam et al., 2023).	Allergic reaction, burning, numbness, dizziness, feeling fussy, runny nose (Drugs.com, 2024).	Methemoglobinemia, blue colored lips, fingernails or palms, hives, itching (Mayo Clinic, 2024).
<b>Nursing Considerations (2)</b>	“Use a 25-gauge, 5/8 needle for injection” (Ricci et al., 2021, p 607). “Assess for bleeding at the injection site” (Ricci et al., 2021, p 607).	“Monitor infants for vomiting or irritability with feeding because hypertrophic pyloric stenosis has been reported”	“The first dose can also be given by age 2 months if the mother is HbsAg negative.” (Ricci et al., 2021, p 650). “If the	If toxicity occurs, which can present as dizziness, notify provider, and expect to stop infusion (NDH, 2023). Use caution in patients with

		(NDH, 2023, p 482). Monitor for superinfection and notify provider if this occurs (NDH, 2023).	mother is HbsAg positive, then the newborn should receive hepatitis B vaccine and hepatitis B immunoglobulin within 12 hours of birth” (Ricci et al., 2021, p 650).	hepatic or renal disease due to an increased risk of accumulation of lidocaine and lidocaine toxicity (NDH, 2023).
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	A vital nursing assessment prior to administration of vitamin K includes ensuring the correct dose is administered based on this infant’s weight (Hand, et al., 2022).	Ensure the newborn’s eyes are cleaned prior to application of the ointment (Elsevier, 2024).	Ensure the vaccine is to be administered intramuscularly. Monitor for adverse effects of the vaccination such as feeling fussy, not hungry, diarrhea, and runny nose (Drugs.com, 2024).	“Check premixed solutions carefully to ensure correct solution is being used” (NDH, 2023, p 784).
<b>Client Teaching needs (2)</b>	<ol style="list-style-type: none"> <li>1. Educate the parents on the side effects of vitamin K administration.</li> <li>2. Educate the parents “to make parents aware of the benefits of vitamin K</li> </ol>	<ol style="list-style-type: none"> <li>1. Educate the infant’s parents to refrain from wiping away the ointment.</li> <li>2. Educate the</li> </ol>	<ol style="list-style-type: none"> <li>1. Educate the infant’s parents on why the medication is being given.</li> <li>2. Educate the parents that informed consent is necessary prior to administration of the vaccine</li> </ol>	<ol style="list-style-type: none"> <li>1. Educate the parents that informed consent is necessary prior to administration.</li> <li>2. Educate the parents on why the medication is being given. (Ricci et al., 2021).</li> </ol>

	prophylaxis, the risk for not receiving it, and the lack of evidence for any serious harms” (Ricci et al., 2021).	infant’s parents on why the medication is being given (Elsevier, 2024).	(Ricci et al., 2021).		
--	---	---	-----------------------	--	--

**Medications Reference (1) (APA):**

CDC. (2023, February 8). *Critical congenital heart defects screening methods*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/heartdefects/hcp.html>

Drugs.com. (2023). *Aquamephyton advanced patient information*. <https://www.drugs.com/cons/aquamephyton.html#side-effects>

Drugs.com. (2024). *Hepatitis B vaccine (Recombinant)*. <https://www.drugs.com/cdi/hepatitis-b-vaccine-recombinant.html#side-effects>

Elsevier. (2024). *Neonatal eye prophylaxis: Nursing pharmacology*.  
Osmosis. <https://www.osmosis.org/learn/>

Neonatal eye prophylaxis: Nursing Pharmacology

Farzam, K., Nessel, T. A., & Quick, J. (2023, July 2). *Erythromycin - StatPearls - NCBI bookshelf*.

Hand, I., Noble, L., & Abrams, S. A. (2022, February 22). *Vitamin K and the newborn infant*. American Academy of Pediatrics.

<https://publications.aap.org/pediatrics/article/149/3/e2021056036/184866/Vitamin-K-and-the-Newborn-Infant?autologincheck=redirected>

National Center for Biotechnology Information.

<https://www.ncbi.nlm.nih.gov/books/NBK532249/>

Mayo Clinic. (2024). *Lidocaine (Injection Route)*.

<https://www.mayoclinic.org/drugs-supplements/lidocaine-injection-route/proper-use/drg-20452273?p=1#:~:text=This%20medicine%20may%20cause%20a,patients%20with%20certain%20inborn%20defects>

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

2023 Nurse's Drug Handbook. (2023). Jones & Bartlett Learning

## **Newborn Assessment (20 points)**

<b>Area</b>	<b>Your Assessment</b>	<b>Expected Variations and Findings</b> <i>*This can be found in your book on page 622 in Ricci, Kyle, &amp; Carman 4<sup>th</sup> ed 2021.</i>
<b>Skin</b>	Skin is appropriate for ethnicity, slightly pink, warm, smooth, hydrated, good skin turgor, and intact. No rashes, lesions, bumps, or jaundice noted.	“Smooth, flexible, good skin turgor, well hydrated, warm” (Ricci et al., 2021, p 622).
<b>Head</b>	Minimal abnormal shaping or molding, and hard despite vaginal birthing.	“Varies with age, gender, and ethnicity” (Ricci et al., 2021, p 622).
<b>Fontanel</b>	Frontals noted, soft, symmetrical.	Fontanel “should be soft, flat, and open” (Ricci et al., 2021, p 614).
<b>Face</b>	Patient’s cheeks are full, soft, and symmetric.	“Full cheeks, facial features symmetric” (Ricci et al., 2021, p 622).
<b>Eyes</b>	Eyes are symmetrical. Sclera is white. No drainage noted.	“Clear and symmetrically placed on face; online with ears” (Ricci et al., 2021, p 622).
<b>Nose</b>	No visible bleeding or polyps. Nose is small, soft, narrow, and nontender to palpation.	“Small, placement in the midline and narrow, ability to smell” (Ricci et al., 2021, p 622).
<b>Mouth</b>	Mouth is soft, moist, moveable, midline, with soft and hard palate intact, tongue is midline.	“Aligned in midline, symmetric, intact soft and hard palate” (Ricci et al., 2021, p 622).
<b>Ears</b>	Ears are symmetrical and soft.	“Soft and pliable with quick recoil when folded and released” (Ricci et al., 2021, p 622).
<b>Neck</b>	Neck is soft and short with visible creasing. Baby can move neck.	“Short, creased, moves freely, baby holds head in midline” (Ricci et al., 2021, p 622).
<b>Chest</b>	Chest circumference at birth is 13.583 cm. Chest is smaller than head, round, and symmetric.	“Round, symmetric, smaller than head” (Ricci et al., 2021, p 622).
<b>Breath Sounds</b>	Breath sounds are clear bilaterally and posteriorly. Respirations occur 46 times per minutes. Normal rate and pattern	Breath sounds should be unlabored and symmetrical with no wheezes, crackles, or rhonchi noted. Respirations should occur between

	of respirations. Respirations are on-labored and symmetrical with no wheezes, crackles, or rhonchi noted.	30 and 60 times per minute (Ricci et al., 2021).
--	---	--

<b>Heart Sounds</b>	Heart sounds S1 and S2 are prominent upon auscultation without gallops or rubs. Normal rate and rhythm.	Murmurs in the newborn may be auscultated following birth. A normal heart rate for a newborn is 110-160 bpm. “S1 and S2 heart sounds are accentuated at birth” (Ricci et al., 2021, 618).
<b>Abdomen</b>	Abdomen has protuberant contour and is soft. No organomegaly or masses noted upon palpation of all four quadrants.	“Protuberant contour, soft, three vessels in umbilical cord” (Ricci et al., 2021, p 622).
<b>Bowel Sounds</b>	Bowel sounds are normoactive in all four quadrants.	“Normal findings would include bowel sounds in all four quadrants and no masses or tenderness on palpation” (Ricci et al., 2021, p 618).
<b>Umbilical Cord</b>	Umbilical cord is slightly yellow, dry, and flexible.	“The umbilical cord is a flexible, tube-like structure that has a spongy appearance. A jelly-like substance surrounds the cord. After childbirth, your provider will clamp the cord and then cut it, leaving a stump (umbilicus) behind. Between one to three weeks, the stump dries up and falls off. As the stump dries, it shrinks and changes in color from yellowish-green to brown to black before falling off.” (Cleveland Clinic, 2022, para. 3).
<b>Genitals</b>	Genitals were not palpated due to recent circumcision. Dry, clean gauze located at tip of penis. Testes present. No hydroceles or hernias present.	“Smooth glans, meatus centered at tip of penis” (Ricci et al., 2021, p 622).
<b>Anus</b>	Patent as evidenced by meconium passing; normal placement.	Patency and normal position (Ricci et al., 2021).
<b>Extremities</b>	No simian crease, polydactyly, syndactyly, clinodactyly, ten fingers and toes noted. Range of motion is intact, extremities are symmetrical and freely	“Extremities symmetric with free movement” (Ricci et al., 2021, p 622).  “Tight flexion, good resistance to

	moveable, no clicks noted upon movement of hips. Clavicle intact.	extension with quick return to flexed position after extension” (Ricci et al., 2021, p 602).
<b>Spine</b>	No bony defects noted. No clefts, hair tufts, or change in pigmentation noted. No Meningomyelocele, teratomas, sinus tracts noted.	“The spine should be flexible, with good muscle tone and no rigidity” (Ricci et al., 2021, p 1150).
<b>Safety</b> <ul style="list-style-type: none"> <li>• <b>Matching ID bands with parents</b></li> <li>• <b>Hugs tag</b></li> <li>• <b>Sleep position</b></li> </ul>	Matching ID bands with parents present. Hugs tag present. Baby sleeps on their back (supine).	Appropriate safety is expected. Matching ID bands with parents present. Hugs tag present. Baby sleeps on their back.

### Vital Signs, 3 sets (6 points)

<b>Time</b>	<b>Temperature</b>	<b>Pulse</b>	<b>Respirations</b>
<b>Birth</b>	98.0 F (axillary)	160	40
<b>4 Hours After Birth</b>	98.4 F (axillary)	128	54
<b>At the Time of Your Assessment</b>	99.2 F (axillary)	134	46

**Vital Sign Trends:** The newborn’s temperature is trending upward but still within normal range. Normal range of temperature is 97.7–99.5°F. Normal pulse is 110-160 bpm; the patient is within this normal range. The patient’s pulse was trending downward between birth and four hours of life with an increase between four hours of life and twenty-one hours and fifteen minutes of life (at the time of assessment). Respirations were trending upward between birth and four hours of life with a trend downward between four hours of life and twenty-one hours and fifteen minutes. Respirations are normal as the normal range is 40-60 respirations per minute.

### Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Neonatal Infant Pain Scale (NIPS)	N/a	0, Appears comfortable	Relaxed facial expression, no crying, relaxed breathing, arms, and legs, sleeping.	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.
Check glucose (N)	One time, immediately after birth.	Glucose from the mother which is delivered via the placenta is lost after birth. The newborn must adjust to regulate their own glucose which is used for energy in the first hours of life. (Ricci et al., 2021). The mother did not have gestational diabetes and the newborn’s glucose was within range. The mother is breastfeeding which provides the newborn with glucose.
Hearing screen referral (M)	This screening will be carried out once and upon fail, will be repeated. Once is standard practice, twice is due to not passing the screening. Newborns automatically get their hearing screen preformed. Due to this patient not	The newborn did not pass his hearing screen in right and left ears. An additional hearing should be done in newborns who did not pass, and they will be referred to audiologist if this trend continues.

	passing the screening, they have gotten a “REFER”. The newborn did not pass the right or left ear hearing screening.	
Change baby’s diaper (N)	I preformed this action one time; this action should be performed when baby has soiled their diaper. The nurse also preformed this action. This action was observed being performed by myself a total of three times. Therefore, this action is prn.	This action is preformed to prevent skin breakdown. Skin breakdown may occur if there is wetness directly on the baby’s skin for a prolonged period.
Observe latch and provide breastfeeding education if needed (N)	I preformed this action one time. The mother was receptive to education due to breastfeeding at a current frequency of every four hours.	Since the baby is breastfeeding, it is imperative to establish a good latch onto the nipple for proper nutrition. If the baby is unable to perform this, alternative feeding methods will need to be suggested. Education on establishing a good latch and alternative feeding methods can be given to the mother. A good latch was established.

**Discharge Planning (3 points)**

**Discharge location:** The parents of the newborn have stated that newborn’s discharge location will be their home following discharge.

**Follow up plan (include plan for newborn ONLY):** The newborn will leave the unit with the mother and father. The newborn will go to the home of his mother and father and three siblings.

The newborn will be appointed a follow up 72 hours visit to be seen by a provider. I was unable to determine what specific provider this newborn will be seen by at the 72 hours follow up.

**Education needs:** Education was offered concerning several aspects of newborn care such as breastfeeding education, hearing screening education, and back to sleep. The mother and father of the newborn were receptive to the education provided.

### 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**

<b>Nursing Diagnosis (2 pt each)</b>	<b>Rational (1 pt each)</b>	<b>Intervention/Rational (2 per dx) (1 pt each)</b>	<b>Evaluation (2 pts each)</b>
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, <b>cite the source for your rationale.</b>	<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse's actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
1. Readiness for enhanced knowledge related to proper nutrition as evidenced by breastfeeding occurring every four hours.	The newborn is at risk for inadequate nutrition due to only breastfeeding every four hours. It is recommended to breastfeed every two to three hours.	1. Further educate the parents that breastfeeding should occur every two to three hours as well as when the newborn displays hunger for adequate nutrition.  <b>Rationale:</b> For proper nutrition of the newborn, the parents must ensure feedings occur more frequently than every four hours. "Encourage breast- or bottle-feeding every 2-3 hours" (Ricci et al., 2023, p 904).	The parents were receptive to the teaching due to the mother expressing that they aim to breastfeed every two to three hours. The mother listened to the teaching on breastfeeding frequency. This goal should not be modified. This goal has not yet been met due to the feedings are currently occurring every four hours. Monitoring the length of breastfeeding has been achieved. The baby has been breastfeeding for

		<p>2. Monitor the length of time the baby is breastfeeding for.</p> <p><b>Rationale:</b> The infant must feed for enough time to gain adequate nutrition. “Newborns differ in their feeding needs and preferences, but most breastfed ones need to be fed every 2 to 3 hours, nursing for 10 to 20 minutes on each breast” (Ricci et al., 2021, p 638).</p>	<p>the desired amount of time; 15 minutes on each breast. The goal does not need to be modified due to the goal being met. The parents were cooperative and participated in this intervention.</p>
<p>2. At risk for surgical site infection related to new surgical wound as evidenced by recent circumcision within a hospital setting.</p>	<p>Circumcisions are a surgical procedure and therefore increase the newborns’ risk for infection. Infections can be very serious and lead to life threatening conditions.</p>	<p>1. With every diaper change monitor the wound site and dressing to ensure proper healing.</p> <p><b>Rationale:</b> The wound site and dressing will reveal if the client has an infected surgical site. This may be evidenced by purulent drainage, foul odor, inflammation, redness, and bleeding (Ricci et al., 2021).</p> <p>3. Use appropriate hand hygiene and wear gloves for every interaction with the patient.</p> <p><b>Rationale:</b> Practicing proper hand hygiene prevents infection (Hinkle et al., 2022).</p>	<p>The nurse monitored the circumcision site and dressing with every diaper change. The nurse expressed this action was being done to monitor the healing of the surgical site. The surgical site appears to be healing appropriately. No signs of infection such as purulent drainage, foul odor, inflammation, redness, or bleeding is noted. The patient appears comfortable. No modifications are necessary due to the goal being met. The parents observe this action and appear receptive to this intervention. Appropriate hand hygiene and gloving techniques were met during interactions with the patient. No modifications are</p>

			necessary due to the goal being met. The parents observe this intervention and appear comfortable with the actions being taken.
<p>3. Risk for sudden infant death related to knowledge deficit of SIDS as evidenced by presence of stuffed animal in the crib.</p>	<p>It is important to educate the parents of a newborn about SIDS due to the fatality of the syndrome. The parents have three other children at home, increasing the risk for unawareness or distraction at times.</p>	<p>1. Educate the parents to ensure their newborn is sleeping on his back to reduce the risk of SIDS.  <b>Rationale:</b> Newborns should sleep on their backs to prevent SIDS (Ricci et al., 2021, p 948). “Sudden infant death syndrome (SIDS) has been associated with prone side-lying positioning of newborns and infants, so the infant should be placed to sleep alone (no pillows, stuffed animals, fluffy blankets), on his or her back, and in own crib” (Ricci et al., 2021, p 948). The parents will be the caregivers for the newborn therefore are responsible for the action of placing the baby on his back to sleep.</p> <p>4. Educate the parents to remove any stuffed animals or extra blankets  <b>Rationale:</b> Stuffed animals cause an increased risk of SIDS due to suffocation (Ricci et al., 2021). “Sudden infant death syndrome (SIDS) has been associated with prone side-lying positioning of newborns and infants, so the infant should be placed to sleep alone (no pillows, stuffed animals, fluffy blankets), on his or</p>	<p>The goal has been met due to the parents stating that they are aware the infant should lie on his back to sleep. The patient has been lying on his back to sleep. No modifications are necessary due to the goal being met. The parents appear receptive to this education. The family understands the importance keeping the infant separate from stuffed animals within the crib. No modifications are necessary due to the goal being met. The parents appear receptive to this education.</p>

		her back, and in own crib” (Ricci et al., 2021, p 948). The parents will be the caregivers for the newborn therefore are responsible for ensuring the infant is not at increased risk of SIDS.	
5. Risk for delayed child development related to decreased hearing as evidenced by infant did not pass hearing examination at the time of assessment.	The newborn is at risk for delayed development if hearing impaired. A hearing impairment cannot yet be confirmed but is possible due to the failure of the newborn hearing screen.	<p>1. Refer patient to audiologist for further examination.  <b>Rationale:</b> An audiologist specializes in identifying and treating possible ear disorders. Treatment available to the newborn includes follow up by an audiologist (Ricci et al., 2021).</p> <p>6. Educate the parents on understanding that the failed hearing test does not confirm a diagnosis of hearing impairment.  <b>Rationale:</b> Parents may be alarmed when being informed that their newborn has failed the hearing screening. The nurse educated the parents that failing the newborn hearing screen does not confirm a diagnosis of hearing impaired. The nurse should emotionally support the mother during this overwhelming transition phase (Ricci et al., 2021).</p>	The newborn has not yet been referred to an audiologist. This is anticipated and will continue to be a goal; no modifications are necessary. This goal has not yet been met. The family appears receptive to this intervention. The parents have been educated that failing a hearing screen does not definitively determine the presence of a hearing impairment. This goal has been met; no modifications are necessary. The family is receptive to this information. The family appears calm.

**Other References (APA):**

Cleveland Clinic. (2022). *Umbilical cord care & appearance.*

<https://my.clevelandclinic.org/health/treatments/11308-umbilical-cord-appearance-and-care>

Hinkle, J. L., Overbaugh, K. J., & Cheever, K. H. (2022). Brunner and Suddarth's textbook of medical-surgical nursing. Wolters Kluwer.

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

Wagner, M. (2023, October 25). *Breastfeeding: Nursing diagnoses, care plans, assessment & interventions*. NurseTogether. <https://www.nursetogether.com/breastfeeding-nursing-diagnosis-care-plan/#ineffective-breastfeeding>