

N432 Newborn Care Plan

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N432: Maternal-Newborn Care

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Demographics (10 points)

Date & Time of Clinical Assessment 3/21/24 0830	Patient Initials DS	Date & Time of Birth 3/20/24	Age (in hours at the time of assessment) 11 Hrs
Gender Female	Weight at Birth (gm) <u>2570 g</u> (lb.) <u>5</u> (oz.) <u>10.7</u>	Weight at Time of Assessment (gm) <u>2600 g</u> (lb.) <u>5</u> (oz.) <u>10.9</u>	Age (in hours) at the Time of Last Weight 12 Hrs
Race/Ethnicity Black	Length at Birth Cm <u>48.3 cm</u> Inches <u>19"</u>	Head Circumference at Birth Cm <u>32.5 cm</u> Inches <u>12.8</u>	Chest Circumference at Birth Cm <u>31</u> Inches <u>12.5</u>

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: G8 T3 P4 A4 L4

When prenatal care started: 11 w/3d

Abnormal prenatal labs/diagnostics: 9/28 Glucose 152. Passes 3-hour test

Prenatal complications: Chronic hypertension, Hx of preeclampsia with previous birth, anemia, postpartum hemorrhage

Smoking/alcohol/drug use in pregnancy: No smoking or alcohol use thru pregnancy

Labor History of Mother:

Gestation at onset of labor: 36w 2d

Length of labor: Pt didn't labor and had schedule C/S

ROM: AROM 2138 3/20/24

Medications in labor: Spinal epidural, labetalol 200 mg, Magnesium Sulfate 4g

Complications in labor and delivery:

Family History Pertinent to infant: Mother hx: anemia, GERD, gestational hypotension, Heart murmur, Hypertension, ovarian cyst, Preeclampsia, Psychiatric disorder, Sleep apnea syndrome

Social History (tobacco/alcohol/drugs) Pertinent to infant: No tobacco, No vape, No drinking

Father/Co-Parent of Baby Involvement: Coparent is involved and lives with significant other

Living Situation of Family: Lives with significant other and 3 kids

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

GED/Associates

Birth History (10 points)

Length of Second Stage of Labor: 0 minutes as pt had spinal

Type of Delivery: Caresean Section

Complications During Birth: Preeclampsia; C-section low transverse; Left Occiput Anterior

APGAR Scores:

1 minute: 7

5 minutes: 9

Resuscitation methods beyond the normal needed: N/A

Intake and Output (18 points)

Intake

If breastfeeding:

Feeding frequency: 2-3 hrs

Length of feeding session: 8-10 min

One or both breasts: Both

If bottle feeding:

Formula type or Expressed breast milk (EBM):

Frequency: N/A

Volume of formula/EBM per session: N/A

Output

Void

Age (in hours) of first void: 13 hr

Number of voids in 24 hours: One

Stool

Age (in hours) of first stool: 13 Hrs

Type: Meconium

Color: Black

Number of times in 24 hours: ONE

Percentage of weight loss at time of assessment: Child was within the first 24 hrs since birth

****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? 4.5 % within the first 24 hrs

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 if metabolism is within normal	>50	71	Baby's BG is fine. (M. & Bladh, 2023).
Blood Type and Rh Factor	To ensure compatibility between mother and baby, as mothers body could try to destroy the	N/A	O positive Rh +	Both mother and baby are positive factors which mean no need for administration of Rhogam (M. & Bladh, 2023).
Coombs Test	To test for circulating antibodies	Negative	N/A	To test circulating antibodies.
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	Functioning of the pts bile.	Below 6 in 24 hr period. (M. & Bladh, 2023)	N/A	Make sure bile is being excreted from the body.
Newborn Screen (At 24 hours)	Checking for deficits/ abnormalities	No detected abnormalities. (M. & Bladh, 2023)	Results will not be available.	Making sure there is not abnormalities or deficits.
Newborn Hearing Screen	Check for hearing deficits	Pass in both ears. (M. & Bladh, 2023)	N/A	Making sure pt doesn't need accommodations for hearing aids.
Newborn Cardiac Screen (At 24 hours)	Checking for heart/perfusion issues	Perfusion rate 95 % above. (M. & Bladh, 2023)	N/A	Pt might possibly need a cardiology consult if there is a heart issue.

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

M., V. L. A., & Bladh, M. L. (2023). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications*. F.A. Davis Company.

Newborn Medications (10 points)

Contain in-text citations in APA format.

		Illotycin	Hepatitis B
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Brand/Generic	Aquamephyton (Vitamin K)	(Erythromycin Ointment)	Vaccine
Dose	0.5 mg	10 mg	40 mcg
Frequency	Q.D.	BID	Q.D.
Route	Subcutaneous	Topical	IM
Classification	Vitamin K replacement	Macrolide antibiotics	Genus orthohepadnavirus
Mechanism of Action	gamma-carboxy-glutamic acid residues convert precursors into active coagulation factors that are subsequently secreted by liver cells into the blood. <i>2023 Nurse's Drug Handbook.</i> (2023).	inhibition of protein synthesis by binding to the 23S ribosomal RNA molecule in the 50S subunit of ribosomes in susceptible bacterial organisms. <i>2023 Nurse's Drug Handbook.</i> (2023).	Hepatitis B virion binds to the hepatocyte via the preS domain of the viral surface antigen. <i>2023 Nurse's Drug Handbook.</i> (2023).
Reason Client Taking	To treat bleeding or clotting problems	To treat certain eye infections	preventing long-term illness in infants
Contraindications (2)	Avoid intravenous administration, arrhythmias/dysrhythmias	Any allergic reactions to the drug family. No mixing with other penicillins	Have a current infection/weak immune system
Side Effects/Adverse Reactions (2)	Sweating, shortness of breath, dizziness	Swelling of the face, skin rash, hives	Abdominal pain, fever, nausea and vomiting
Nursing Considerations (2)	Consult the doctor before breastfeeding and watch for bleeding/bruising	Monitor for infant irritability with possible effects on	Obtain consent, monitor temperature and eat

	<i>g. 2023 Nurse’s Drug Handbook. (2023).</i>	gastrointestinal flora. <i>2023 Nurse’s Drug Handbook. (2023).</i>	small frequent meals
Key Nursing Assessment(s)/Lab(s) Prior to Administration	K levels and H/H	Urine test and WBC	ALT/AST and IGM study
Client Teaching needs (2)	Notify PCP of any bleeding and spontaneous bruising	Apply 1/3 inch strip to the area. Keep eyes closed for 1 or 2 minutes post-application.	You will have to receive multiple doses over time for full immunity. Wash hands after bathroom. <i>2023 Nurse’s Drug Handbook. (2023).</i>

Medications Reference (1) (APA):

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

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings <i>*This can be found in your book on page 622 in Ricci, Kyle, & Carman 4th ed 2021.</i>
Skin	No rashes or petechiae	“Normal: smooth, flexible, good skin turgor, well hydrated, warm” (Ricci et al., 2021, p 622).
Head	Normal; Symmetrical	“Varies with age, gender, and ethnicity” (Ricci et al., 2021, p 622).
Fontanel	Firm and symmetrical	Fontanel “should be soft, flat, and open” (Ricci et al., 2021, p 614).
Face	Eyes/nose/mouth symmetrical	“Full cheeks, facial features symmetric” (Ricci et al., 2021, p 622).
Eyes	Eyes symmetrical and Perra is normal	“Clear and symmetrically placed on face; online with ears” (Ricci et al., 2021, p 622).
Nose	midline and narrow	“Small, placement in the midline and narrow, ability to smell” (Ricci et al., 2021, p 622).
Mouth	midline and symmetrical with intact soft and hard palate	“Aligned in midline, symmetric, intact soft and hard palate” (Ricci et al., 2021, p 622).
Ears	recoil when released from being folded	“Soft and pliable with quick recoil when folded and released” (Ricci et al., 2021, p 622).
Neck	creases present, is midline and moving freely	“Short, creased, moves freely, baby holds head in midline” (Ricci et al., 2021, p 622).
Chest	symmetrical and round	“Round, symmetric, smaller than head” (Ricci et al., 2021, p 622).
Breath Sounds	Symmetrical sounds with symmetrical inspiration/expiration	“Breath sounds unlabored and symmetrical with no wheezes, crackles, or rhonchi noted. Respirations between 30 and 60 times per minute” (Ricci et al., 2021).
Heart Sounds	Normal rate and rhythm	“Murmurs may be auscultated

		following birth. A normal heart rate is 110-160 bpm. S1 and S2 heart sounds are accentuated at birth” (Ricci et al., 2021, 618).
Abdomen	+ BS. soft, non-tender. No mass	“Protuberant contour, soft, three vessels in umbilical cord” (Ricci et al., 2021, p 622).
Bowel Sounds	+ BS, with no masses palpated	“bowel sounds in all four quadrants and no masses or tenderness on palpation” (Ricci et al., 2021, p 618).
Umbilical Cord	2 venous and 1 arterial vessels present	“soft, three vessels in the umbilical cord” (Ricci et al., 2021, p 618).
Genitals	Vagina intact	“Smooth glans, meatus centered at tip of penis” (Ricci et al., 2021, p 622).
Anus	Intact	Patency and normal position (Ricci et al., 2021).
Extremities	Symmetrical and Spontaneous ROM	“Normal: extremities symmetric with free movement”(Ricci et al., 2021, p 622).
Spine	No CF and no open wounds	“Normal: extremities symmetric with free movement”(Ricci et al., 2021, p 622).
Safety <ul style="list-style-type: none"> ● Matching ID bands with parents ● Hugs tag ● Sleep position 	Sleeping on back in crib Matching bands with parents and newborn are present, with hug tags present	Matching bands with parents and newborn are present, with hugs tag present. Newborn sleeping on the back for safety.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	37.1	136	42

4 Hours After Birth	36.8	130	39
At the Time of Your Assessment	37.1	110	38

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0936	non-verbal indicators	None	0-10	0-10	0-10

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.
Newborn Assessment N	8 hrs	The routine assessment is to ensure for the safety of the newborn by making sure growth and development areas are met and the child is not at risk of becoming malnourished.
Blood Sugar Assessment N	2-3 hrs	This is due to the patient having a post-term pregnancy, as going over 39 weeks. This BG assessment is to make sure the child is not malnourished
Hearing Screening N	q.d.	To see if child has deficits and possibly could need hearing aids later on in life
Safety for SIDS N	q1hr	Education is done to prevent a SIDS case from happening as there is

		positions the caregiver shouldn't put the newborn in.
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Discharge Planning (3 points)

Discharge location: Home with other kids and significant other

Follow up plan (include plan for newborn ONLY): Pt to go to 2 week check up with child and immunizations would start as well as making sure they match on the growth and development chart.

Education needs: Feeding, diapers, formula preparation, blood sugars, temperature control, skin to skin, safe sleep, 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) Identify problems that are specific to this patient. Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational (1 pt each) Explain why the nursing diagnosis was chosen	Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours." List a rationale for each intervention and using APA format, cite the source for your rationale.	Evaluation (2 pts each) <ul style="list-style-type: none"> ● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
<ul style="list-style-type: none"> ➤ Risk for imbalanced nutrition: less than body requirement related to inadequate breast milk intake as 	Newborn's temperature and mother doesn't remember the last time she fed.	<ol style="list-style-type: none"> 1. instruct the mother on breastfeeding positions and latching Rationale: For child to receive feeding every 2-3 hours(Ricci et al., 2021). 2. Monitor weight, growth, and development Rationale: Babier lose 	Family/caregivers see an increase in feedings and newborns weight is able to increase by 2 week check-up. By increasing the feedings to every 2 hours

evidenced by poor output		approximately 10% weight after birth then regain within 1-2 weeks(Ricci et al., 2021).	
➤ Risk for hypothermia related to temperature as evidence by low Temperature	The Newborn's temperature was 96.7 at time of assessment.	1. Keep newborn dry and tightly wrapped in a blanket(Ricci et al., 2021). Rationale: to keep newborn dried and swaddled to prevent heat loss 2. Provide a warm environment Rationale: Newborns don't have extra adipose tissue and lose heat nearly 4 times quicker (Ricci et al., 2021).	Family/caregivers are able to keep newborn between 96.8 and 99.5 F, by increasing the temperature of the room
➤ Risk for impaired skin integrity related to proper hygiene as evidence by bowel elimination	Newborn just had first bowel elimination so teaching is to be had	1. Assessment of skin Rationale: to identify potential skin issues (Ricci et al., 2021). 2. Change diapers immediately Rationale: urine and feces can cause skin irritation and discomfort (Ricci et al., 2021).	Newborn able to maintain an intact skin appearance and turgor. As newborn skin integrity is assess with each bowel movement
➤ Risk for infection related to inadequate acquired immunity as evidence by C-section	Acquired immunity is from going through the vaginal canal and since pt had C-section that flora was not spread to the child.	1. Assess for presence or absence of immunity Rationale: To see if pt is creating antibodies following an infection 2. Encourage breastfeeding Rationale: Breast milk has natural immunoglobulins necessary to protect against preventable infections (Ricci et al., 2021).	Caregivers will demonstrate a protected environment for the newborn. Child will remain free from infection.

Other References (APA):

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.