

N432 Newborn Care Plan

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N432: Maternal-Newborn Care

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4/11/24

Demographics (10 points)

Date & Time of Clinical Assessment 4/11/24 2300	Patient Initials SD	Date & Time of Birth 1158 4/11/24	Age (in hours at the time of assessment) 11 hr
Gender Female	Weight at Birth (gm) <u> 4090 </u> (lb.) <u> 9 </u> (oz.) <u> </u>	Weight at Time of Assessment (gm) <u> 4075 </u> (lb.) <u> 8 </u> (oz.) <u> 9 </u>	Age (in hours) at the Time of Last Weight 11 hr
Race/Ethnicity Caucasian	Length at Birth Cm <u> 54 </u> Inches <u> 21.3 </u>	Head Circumference at Birth Cm <u> 36 </u> Inches <u> 14.2 </u>	Chest Circumference at Birth Cm <u> 24 </u> Inches <u> 13.4 </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: G1 P0 T0 A0 L1

When prenatal care started: 12 weeks

Abnormal prenatal labs/diagnostics: Glucose tolerance test failed

Prenatal complications: Gestational diabetes, week 28

Smoking/alcohol/drug use in pregnancy: Pt denies use of alcohol, smoking or using any drugs

Labor History of Mother:

Gestation at onset of labor: 36 weeks

Length of labor: 22 hours

ROM: Premature rupture of membranes @1158

Medications in labor: oxytocin, fentanyl, ropivacaine, zofran, ampicillin

Complications in labor and delivery: Premature rupture of membranes

Family History Pertinent to infant: Mother Hx: laparoscopy at age 20 for an ovarian cyst and wisdom teeth removed at 18

Social History (tobacco/alcohol/drugs) Pertinent to infant: PT denies using alcohol, smoking, or any drugs

Father/Co-Parent of Baby Involvement: The mother's parents are the support system, as he is a single female who attends the local community college and works part-time.

Living Situation of Family: Mother lives with her parents

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

The mother is attending a community college and works at a clothing store.

Birth History (10 points)

Length of Second Stage of Labor: 2 hours

Type of Delivery: Vaginal, spontanrous

Complications During Birth: N/A

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Intake and Output (18 points)

Intake

1/2/2024

If breastfeeding:

Feeding frequency: 2-3 hrs

Length of feeding session: @2350 left 7 min, 1500 both 10 mins; 1700 right 19 min

One or both breasts: both breasts by the end of the shift

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 hrs

Number of voids in 24 hours: 1

Stool

Age (in hours) of first stool: 1 hr

Type: Meconium stool

Color: Black

Number of times in 24 hours: 2

Percentage of weight loss at time of assessment: ____0.36____%

****Show your calculations; if today's weight is not available, please show how you**

would calculate weight loss (i.e. show the formula) ** $(4090 - 4075) / 4090 \times 100$

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.

Name of Test	Why is this test ordered for any infant?	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	This indicates if the child is hypoglycemic and if the child is able to maintain normal glucose levels.	>50	56 @ 1215 pm 40 @ 1500 42 @ 4 hours after birth	The newborn's glucose level is within the normal range, then is low before feedings (M. & Bladh, 2023).
Blood Type and Rh Factor	To examine if the mother's blood is compatible with the newborn. Since Rh-blood can't receive Rh+ blood,.	A, B, AB, O	A+	The newborn's blood type is, and the RH factor is which is normal (M. & Bladh, 2023).
Coombs Test	To examine for antibodies in the newborn's red blood cells	Negative or positive	positive	A positive Coombs test indicated that the newborn is positive for antibodies in the blood. Which can induce Autoimmune hemolytic anemia (M. & Bladh, 2023).
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	To check if a child's liver is functioning properly and can be excreted from the GI tract. Many to avoid hyperbilirubine mia.	Below 6 in 24 hr period. (M. & Bladh, 2023)	N/A	Ensure the liver is capable of breaking down bilirubin and excreting it from the body (M. & Bladh, 2023).
Newborn Screen (At 24 hours)	Checking for deficits/ abnormalities	There were no detected abnormalities (M. & Bladh, 2023).	Results will not be available.	A newborn screen was not obtained yet.
Newborn	Check for	Pass in both	Held to a later	The results suggest

Hearing Screen	hearing deficits	ears (M. & Bladh, 2023).	date	the newborn may have hearing difficulties. The newborn should follow up with an audiologist (Ricci et al., 2021).
Newborn Cardiac Screen (At 24 hours)	Checking for heart/perfusion issues	Perfusion rate 95 % above. As making sure the body can exchange gas properly with no sign of cyanosis (M. & Bladh, 2023).	Pass	Results suggest newborn has normal cardiac function

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.

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
Dose	1mg	1gm	10mcg/5ml
Frequency	Once	Once	Once
Route	Subcutaneous	Topical	IM
Classification	Vitamin K replacement	Macrolide antibiotics	Genus orthohepadnavirus
Mechanism of Action	Gamma-carboxy-glutamic acid	Inhibition of protein synthesis by	Hepatitis B virion binds to the

	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).	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).	hepatocyte via the preS domain of the viral surface antigen. <i>2023 Nurse's Drug Handbook.</i> (2023).
Reason Client Taking	To prevent bleeding or clotting problems	To treat certain eye infections caused by bacteria	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, and 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. <i>2023 Nurse's Drug Handbook.</i> (2023).	Monitor for infant gastrointestinal issues with feeding, as can cause hypertrophic pyloric stenosis. <i>2023 Nurse's Drug Handbook.</i> (2023).	Obtain consent, monitor temperature, and eat 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	Instruct parents not to clean the remainder of	You will have to receive

	spontaneous bruising 2023 <i>Nurse's Drug Handbook.</i> (2023). .	the ointment from the eye area/ wash hands before administration 2023 <i>Nurse's Drug Handbook.</i> (2023).	multiple doses over time for full immunity. 2023 <i>Nurse's Drug Handbook.</i> (2023).
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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	Skin is appropriate for ethnicity, slightly pink, warm, smooth, hydrated, has good skin turgor, and is intact. No rashes, lesions, bumps, or jaundice were noted. slight yellow discoloration of the torso.	“Normal: smooth, flexible, good skin turgor, well hydrated, warm” (Ricci et al., 2021, p 622).
Head	Minimal abnormal shaping or molding, and hard despite vaginal birthing.	“Varies with age, gender, and ethnicity” (Ricci et al., 2021, p 622).
Fontanel	Fontal noted, soft, symmetrical, and palpable with suture lines present	Fontanel “should be soft, flat, and open” (Ricci et al., 2021, p 614).
Face	The patient’s cheeks are full, soft, and symmetric.	“Full cheeks, facial features symmetric” (Ricci et al., 2021, p 622).
Eyes	Eyes are symmetrical. The sclera is white. No drainage was noted.	“Clear and symmetrically placed on face; online with ears” (Ricci et al., 2021, p 622).
Nose	There was no visible bleeding or polyps. The nose is small, soft, narrow, and non-tender to palpation.	“Small, placement in the midline and narrow, ability to smell” (Ricci et al., 2021, p 622).
Mouth	The mouth is soft, moist, moveable, and midline, with a soft and hard palate intact, tongue is midline.	“Aligned in the midline, symmetric, intact soft and hard palate” (Ricci et al., 2021, p 622).
Ears	Ears are symmetrical and soft	“Soft and pliable with quick recoil when folded and released” (Ricci et

		al., 2021, p 622).
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Neck	The neck is soft and short, with creases visible. Baby moves his neck at free will.	“Short, creased, moves freely, baby holds head in midline” (Ricci et al., 2021, p 622).
Chest	Chest circumference is 13 cm, and the chest is smaller than the head, round, and symmetrical	“Round, symmetric, and smaller than head” (Ricci et al., 2021, p 622).
Breath Sounds	Breath sounds are clear anterior and posterior bilaterally. Respirations occur 44 - 56 RR and are unlabored with no wheezes, crackles, or rhonchi noted one 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	Heart sounds S1 and S2 are heard without gallops or rubs with a normal rate and rhythm of 130 -155 BPM	“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	The abdomen contour is protuberant and soft, with no organomegaly or masses noted on palpation in all four quadrants	“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 vessel are present	“soft, three vessels in the umbilical cord” (Ricci et al., 2021, p 618).
Genitals	The vaginal area is patent and in normal placement with a prominent clitoris, with flat labia to labia majora covering the labia minora and clitoris.	“Swollen female genitals as a result of maternal estrogen” (Ricci et al., 2021, p 622).
Anus	Patent as meconium passing: normal placement	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 defects, hair tufts, or changes in pigmentation were noted. No teratomas or meningomyeloceles are present.	“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 newborns are present, with hug tags present	Matching bands with parents and newborns are present, with hug tags present. A newborn sleeps on the back for safety.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	97.6	155	56
4 Hours After Birth	97.6	146	46
At the Time of Your Assessment	98.3	136	42

Vital Sign Trends: The newborn’s temperature has been trending upward and within normal limits, between 97.7 and 99.5, which is normal. The pulse is within the normal range of between 110 - 160 bpm. The pulse is trending downward between birth and the time of assessment. Respiration is trending downward through the shift but is within the normal range of 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,	N/A

				sleeping and at rest	
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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. but if below 50 then repeat is done.	The placenta delivers glucose from the mother to the child during pregnancy, which is then lost after delivery. During the first few hours of life, newborns must manage their own glucose levels for energy. The newborn's blood sugar level was within normal limits, and the mother did not have gestational diabetes. The infant receives glucose from the nursing mother.
Hearing screen referral (M)	Screening will be performed once and repeated if unsuccessful. Once is the usual practice, and twice is due to a failed screening. Newborns automatically have a hearing screening. This patient received a "REFER" because they did not pass their screening. The infant failed both right and left ear hearing tests.	To see if the child has deficits and possibly could need hearing aids later on in life.
Change baby’s diaper (N)	This step should be performed after a baby has soiled their diaper. I did it	The purpose of this activity is to stop skin deterioration. Prolonged dampness applied directly to the baby's skin might lead to skin deterioration.

	once. The nurse also performed this activity. I witnessed myself performing this behavior three times. This activity is performed on a regular basis.	
Observe latch and provide breastfeeding education if needed (N)	I performed this action once. The mother was responsive to schooling since she breastfed every four hours.	For the infant to receive the right nourishment during nursing, a firm latch onto the nipple is essential. It will be necessary to provide alternate feeding techniques if the infant is unable to do this. The mother can be educated on how to create a healthy latch and other feeding techniques, which can be done through the lactation consultant. A strong latch was put in place.

Discharge Planning (3 points)

Discharge location: The mother plans on going back home with her parents, as that is her support system.

Follow-up plan (include plan for newborn ONLY): Newborns are scheduled to have a follow-up appointment within 72 hours after discharge, routine well-child visits, and maintain vaccination schedule

Education needs: Education on several aspects of newborn care like breastfeeding, diaper changes, hearing screening, and feeding. also the importance of keeping vaccine schedules, breast & bottle feeding, safe sleeping, and keeping track of a baby's intake and output.

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	Explain why	Interventions should be	

that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components	the nursing diagnosis was chosen	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 imbalanced nutrition: less than body requirement related to inadequate breast milk intake as evidenced by poor output	The mother said she was “anxious and asked if they should give the infant a bottle of formula since she didn’t have any milk yet”	<ol style="list-style-type: none"> 1. instruct the mother on breastfeeding positions and latching Rationale: For a child to receive feeding every 2-3 hours (Ricci et al., 2021). 2. Educate how to express and store breast milk if breastfeeding Rationale: Breast milk through pumping can still provide infants with nutrients and antibodies (Ricci et al., 2021). 	Family/caregivers see an increase in feedings, and the newborn is able to have 8 stools through a 24-hour period.
2. Risk for hypothermia related to temperature as evidenced by alterations in temperature	Newborns are unable to regulate their temperature, and it is important to keep warm. Since not being able to thermoregulate	<ol style="list-style-type: none"> 1. encourage swaddling Rationale: Swaddling not only provides comfort but helps keep the newborn warm 2. Provide heat loss barriers like hats and blankets. Rationale: This helps with the prevention of heat loss and minimizes hypothermia (Ricci et al., 2021). 	Parents verbalized understanding of swaddling to promote warmth and provide adequate temperature control for the newborn.
3. Risk for impaired skin integrity related to proper hygiene as evidenced by bowel elimination	Newborn has had multiple bowel movements since birth, and teaching is done to help the mother understand the importance of	<ol style="list-style-type: none"> 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). 	The newborn maintains an intact skin appearance and turgor. Also, there is no presence of diaper dermatitis. Also, the caregiver is able to verbalize understanding and demonstrate proper intervention to promote skin health.

4. The risk of infection is related to inadequately acquired immunity, as evidenced by preterm labor and an immature immune system.	Newborns have an immature immune system that is unable to protect them against pathogens for the first few months of life	1. encourage breastfeeding Rationale: breastfeeding can help newborns acquire passive immunity through the mother's breast milk 2. proper hand hygiene Rationale: Hand washing is needed to protect against illnesses (Ricci et al., 2021).	Parents verbalized two infection prevention measures and the newborn is able to remain free from infection.
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Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. Wolters Kluwer.

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