

**N432 Newborn Care Plan**

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N432: Maternal-Newborn Care

Professor Kamradt

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### Demographics (10 points)

<b>Date &amp; Time of Clinical Assessment</b> 4/11/24 2300	<b>Patient Initials</b> SD	<b>Date &amp; Time of Birth</b> 4/11/24 @ 1158	<b>Age (in hours at the time of assessment)</b> 11 hours
<b>Gender</b> Female	<b>Weight at Birth</b>  (gm) 4090 <b>(lb.) 9 (oz.) 0</b>	<b>Weight at Time of Assessment</b> (gm) 4075  (lb.) 8 (oz.) 15.74	<b>Age (in hours) at the Time of Last Weight</b> 11 hours
<b>Race/Ethnicity</b> Caucasian	<b>Length at Birth</b>  Cm 54  Inches 21.6'	<b>Head Circumference at Birth</b>  Cm 36  Inches 14.1'	<b>Chest Circumference at Birth</b>  Cm 33  Inches 13'

**\*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:** G1T0P0A0L0

**When prenatal care started:** At 12 weeks gestation

**Abnormal prenatal labs/diagnostics:** Glucose levels

**Prenatal complications:** Gestational diabetes

**Smoking/alcohol/drug use in pregnancy:** Mother denies smoking, alcohol, and drug usage.

**Labor History of Mother:**

**Gestation at onset of labor:** 36 weeks

**Length of labor:** 22 hours (2 hours in second stage of labor).

**ROM:** Premature rupture of membranes

**Medications in labor:** Oxytocin, fentanyl, Ropivacaine, Zofran, and Ampicillin

**Complications in labor and delivery:** N/A

**Family History Pertinent to infant:** N/A

**Social History (tobacco/alcohol/drugs) Pertinent to infant:** Mother denies smoking, alcohol, and drug usage during pregnancy.

**Father/Co-Parent of Baby Involvement:** The father of the baby is not involved. The mother prefers he remains uninformed about any information regarding the baby. To the mother's knowledge, the father does not have any particular health issues.

**Living Situation of Family:** The mother resides at her parents' house in St. Joseph, Illinois. The mother states her parents are supportive and readily available. She works part time at a local retail clothing store, and attends the local community college.

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

The patient is currently enrolled in her local community college. Education level of the father is unknown.

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

**Length of Second Stage of Labor:** 2 hours and 0 minutes

**Type of Delivery:** Vaginal

**Complications During Birth:** N/A

**APGAR Scores:**

**1 minute:** 8

**5 minutes:** 9

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

## Intake and Output (18 points)

### Intake

#### If breastfeeding:

**Feeding frequency:** Every 2.5-3 hours

**Length of feeding session:** 7-20 minutes

**One or both breasts:** Both breasts

#### If bottle feeding:

**Formula type or Expressed breast milk (EBM):** Not applicable

**Frequency:** Not applicable

**Volume of formula/EBM per session:** Not applicable

### Output

#### Void

**Age (in hours) of first void:** 1 hr and 7 minutes

**Number of voids in 24 hours:** 1

#### Stool

**Age (in hours) of first stool:** 0 hrs and 57 minutes

**Type:** Large meconium stool

**Color:** Green

**Number of times in 24 hours:** 2

**Percentage of weight loss at time of assessment:** 0.36 %

$$\frac{\text{Birth weight (g)} - \text{Current weight (g)}}{\text{Birth weight (g)}} \times 100 = \frac{4090 \text{ g} - 4075 \text{ g}}{4090 \text{ g}} \times 100 = 0.36 \%$$

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

**What is normal weight loss for an infant of this age?** Less than 10%

**Is this neonate’s weight loss within normal limits?** The infant’s weight loss is within the normal limits.

**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
<b>Blood Glucose Levels</b>	To assess whether the infant’s blood sugar is within normal range to prevent hyperglycemia and hypoglycemia (Patolia, 2023).	Premature infant: <b>20-60 mg/ dL</b> (Patolia, 2023).  Neonate: <b>40-60 mg/ dL</b> (Patolia, 2023).	42 mg/dL @ 4 hrs. after birth  56 mg/dL @ 1215  40 mg/dL @ 1500  48 mg/dL @ 1700	The infant’s results are within normal range.
<b>Blood Type and Rh Factor</b>	To confirm the compatibility of blood types between mother and infant (Barnes, 2022).	<b>A,B,AB,O, RH +,or RH -</b>	<b>A+</b>	The infant’s blood type is A+.
<b>Coombs Test</b>	To identify antibodies in your blood that will target red blood cells (Cleveland Clinic, 2022).	<b>Positive or Negative</b>	<b>Positive</b>	Antibodies were detected in the infant’s blood. This is indicative of the infant’s jaundice (Cleveland Clinic, 2022).
<b>Bilirubin Level</b>	To determine if	<b>1-15 mg/dL</b>	10.1 mg/dL	The infant’s results

<b>(All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*</b>	the infant has jaundice (Cleveland Clinic, 2022).			are within normal range.
<b>Newborn Screen (At 24 hours)</b>	To identify any conditions that may impact the infant's health in the future such as endocrine and metabolic disorders (CDC, 2021).	<b>Positive or Negative</b>	Results not available at this time.	Not available at this time.
<b>Newborn Hearing Screen</b>	To detect if the infant has any hearing loss.	<b>Positive or Negative</b>	Results not available at this time.	Not available at this time.
<b>Newborn Cardiac Screen (At 24 hours)</b>	To detect any cardiac abnormalities the infant may have (CDC, 2023).	<b>&gt; 95% for both screens and cannot be greater than a 3% difference</b>	Results not available at this time.	Not available at this time.

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

Barnes, C. (2022, March 4). *Which parent determines baby's blood type*. Fairfax Cryobank.

<https://fairfaxcryobank.com/blog/which-parent-determines-babys-blood-type#:~:text=Each%20biological%20parent%20passes%20down,dominant%20A%20or%20B%20gene>

Centers for Disease Control and Prevention. (2023, February 3). *Critical congenital heart defects screening methods*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/ncbddd/heartdefects/hcp.html>

Centers for Disease Control and Prevention. (2021, November 29). *Newborn Screening Portal*.

Centers for Disease Control and Prevention.

<https://www.cdc.gov/newbornscreening/index.html>

Cleveland Clinic Staff. (2022, May 11). *Coombs test*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diagnostics/22978-coombs-test>

Cleveland Clinic Staff. (2022, January 17). *Jaundice in newborns*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/22263-jaundice-in-newborns>

Patolia, S. (2023, May 23). *Glucose*. Medscape.

<https://emedicine.medscape.com/article/2087913-overview?form=fpf#a1>

### Newborn Medications (10 points)

Contain in-text citations in APA format.

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine
Dose	1 mg	1 gm	10 mcg/ 5 mL
Frequency	1 dose	1 dose	1 dose
Route	IM	Ophthalmic	IM
Classification	Pharmacological : <b>Anticoagulant reversal agent</b> (Drugs.com, 2023). Therapeutic: <b>Vitamin</b> (Drugs.com, 2023).	Pharmacological : <b>Macrolide</b> (Nurse's Drug Handbook, 2022). Therapeutic: <b>Antibiotic</b> (NDH, 2022).	Pharmacological : <b>Vaccine</b> (Drugs.com, 2023).

<b>Mechanism of Action</b>	It stops hemorrhaging by activating clotting factors (Drugs.com, 2023).	It induces bacterial cell death by stopping the synthesis of RNA proteins (Drugs.com, 2023).	It triggers antibody production targeting HBsAg (Drugs.com, 2023).
<b>Reason Client Taking</b>	To address any possible bleeding or bleeding disorders related to blood clotting (Drugs.com, 2023).	To protect the infant from acquiring an eye infection following delivery (Drugs.com, 2023).	It provides protection from a Hepatitis B infection (Drugs.com, 2023).
<b>Contraindications (2)</b>	Allergic reaction to vitamin K (Drugs.com, 2023).  Excessive anticoagulation (Drugs.com, 2023).	Allergic reaction to macrolide components (Drugs.com, 2023).  Allergic reaction to erythromycin products (Drugs.com, 2023).	Allergic reaction to yeast (Drugs.com, 2023).  Muscle spasms (Drugs.com, 2023).
<b>Side Effects/Adverse Reactions (2)</b>	Rapid heartbeat (Drugs.com, 2023).  Temporary flushing (Drugs.com, 2023).	Cloudy appearance in the infant's eye (Drugs.com, 2023).  Eye redness (Drugs.com, 2023).	Swelling at injection site (Drugs.com, 2023).  Fever (Drugs.com, 2023).
<b>Nursing Considerations (2)</b>	Inject into the vastus lateralis muscle (Drugs.com, 2023).	Administer ointment within 1 hour following delivery (Drugs.com, 2023).	Minimize stress on the infant by consoling them post-injection (Drugs.com, 2023).

	Provide comfort to the infant post-injection to minimize stress (Drugs.com, 2023).	2023).  Prevent contamination of the applicator tip (Drugs.com, 2023).	2023).  Inject into the anterolateral thigh (Drugs.com, 2023).
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Observe the infant for a rash to confirm the absence of an allergic reaction (Drugs.com, 2023).  Assess the infant for pain or redness at site of injection (Drugs.com, 2023).	Observe the infant for any potential side effects (NDH, 2022).  Check the infant's eye for any discharge (NDH, 2022).	Observe for any signs of jaundice (Drugs.com, 2023).  Examine the results of the kidney and liver tests (Drugs.com, 2023).
<b>Client Teaching needs (2)</b>	Educate the mother that this is a supplement injection and not a vaccine (Drugs.com, 2023).  Inform the mother that newborns cannot naturally generate sufficient vitamin K levels essential for coagulation (Drugs.com, 2023).	Educate the mother about the purpose and significance of the ointment (NDH, 2022).  Advise the mother not to prematurely remove the eye ointment (NDH, 2022).	Evaluate the mother's understanding about the vaccine and discuss the risks and responsibilities if their infant remains unvaccinated (Drugs.com, 2023).  Educate the mother on the significance of receiving the vaccine and reducing the risk

			of Hep B transmission (Drugs.com, 2023).
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**Medications Reference (1) (APA):**

Cerner Multum Staff. (2023, August 4). Phytonadione (oral/injection). Drugs.com.\_

<https://www.drugs.com/mtm/phytonadione-oral-injection.html>

Drugs.com. (2023, September 21). *Hepatitis b vaccine recombinant*.

Drugs.com. <https://www.drugs.com/monograph/hepatitis-b-vaccine-recombinant.html>

*Nurse's drug handbook*. (2023). Burlington, MA: 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>	No signs of rashes, skin breakdown, dry skin. Slight jaundice present on torso.	Skin should display adequate turgor, hydration, warmth, as well as be flexible and smooth (Ricci et al., 2021).  Variations may include acrocyanosis, milia, jaundice, Mongolian spots and stork bites (Ricci et al., 2021).
<b>Head</b>	Symmetrical and normocephalic.	The structure of the head differs with age and ethnicity (Ricci et al., 2021).  Variations may include macrocephaly and microcephaly (Ricci et al., 2021).
<b>Fontanelles</b>	Symmetrical, soft and flat with no abnormalities.	The fontanelles should be flat, open, and soft (Ricci et al., 2021).  Variations may include bulging or sunken fontanelles (Ricci et al., 2021).
<b>Face</b>	Symmetrical when at rest, sucking, and crying.	Facial features should be symmetrical and cheeks are full (Ricci et al., 2021).  Variations may include vasculosus, facial paralysis within the nerves, and nevus flammeus (Ricci et al., 2021).
<b>Eyes</b>	Clear sclera, no discharge present, movement symmetrical.	Eyes should be symmetrical, clear, and lined up with the ears (Ricci et al., 2021).  Variations may include discharge, conjunctivitis, and sub-conjunctival hemorrhage (Ricci et al., 2021).
<b>Nose</b>	Septum midline, patent nostrils, and no discharge present.	Nose should be small, intact, and midline (Ricci et al., 2021).  Variations may include blockage or malformation (Ricci et al., 2021).
<b>Mouth</b>	Oral mucosa and palate is intact, pink, and moist. No cleft lip	Hard and soft palate should be intact. Mouth should be midline,

	noted.	symmetrical, and moist (Ricci et al., 2021).  Variations may include erupted teeth, tongue or cheek thrush, and Epstein pearls (Ricci et al., 2021).
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<b>Ears</b>	No drainage present. Responds to audible stimuli.	Ears should quickly recoil when folded and released. They should be soft and symmetrical (Ricci et al., 2021).  Variations may include hearing loss and low set positioning (Ricci et al., 2021).
<b>Neck</b>	Neck is symmetrical. Baby can move WDL without difficulty.	Infant should be able to hold it midline and independently move it (Ricci et al., 2021).  Variations may include restricted neck movement and clavicle fractures (Ricci et al., 2021).
<b>Chest</b>	Symmetrical expansion, no labored breathing.	It should be smaller than the infant's head. It should be symmetric and round (Ricci et al., 2021).  Variations may include engorgement of nipples and nipple discharge (Ricci et al., 2021).
<b>Breath Sounds</b>	Clear lung sounds at normal rate and rhythm. No wheezes, rhonchi, or crackles noted.	Breath sounds should be clear with no adventitious sounds. Breathing should be unlabored with no accessory muscle usage. Infant respirations range from 30-60 breaths/min (Ricci et al., 2021).  Variations may include labored breathing, respirations under 30 or above 60 breaths/min, and adventitious sounds such as wheezing, crackles, or rhonchi (Ricci et al., 2021).
<b>Heart Sounds</b>	Clear S1 and S2 sounds. Normal rate and rhythm.	Clear S1 and S2 sounds, "innocent" murmurs, and a heart rate of 110-160 beats per min (Ricci et al., 2021).  Variations may include a pulse under 110 or over 160 beats per min, rubs, or gallops (Ricci et al., 2021).
<b>Abdomen</b>	Slight discoloration of the torso.	Abdomen should be soft and with three identifiable vessels in the umbilical cord (Ricci et al., 2021).  Variations may include abdomen

		distention and only two identifiable vessels within the cord (Ricci et al., 2021).
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<b>Bowel Sounds</b>	Normal bowel sounds audible in all four quadrants.	Bowel sounds should be present and active in all four quadrants with 10-30 sounds per min (Ricci et al., 2021).  Variations may include hyperactive or absent bowel sounds in one or more quadrants (Ricci et al., 2021).
<b>Umbilical Cord</b>	Cord and clamp intact. Diaper is folded under the umbilicus.	There should be three identifiable vessels within the umbilical cord (Ricci et al., 2021).  Variations may include only two vessels present within the umbilical cord (Ricci et al., 2021).
<b>Genitals</b>	No irritants, rashes, or discharge noted.	Female genitalia may be swollen due to the mother's estrogen (Ricci et al., 2021).  Variations may include vaginal discharge (Ricci et al., 2021).
<b>Anus</b>	Anal opening is midline. Passing stool with a normal appearance.	The anal opening should have midline positioning and have normal appearance (Ricci et al., 2021).  Variations may include swelling of the anal opening (Ricci et al., 2021).
<b>Extremities</b>	Joints have full range of motion WDL. Reflexes present.	Infant moves extremities independently and extremities are symmetrical (Ricci et al., 2021).  Variations include a sacral dimple, tuft, and hip dislocation (Ricci et al., 2021).
<b>Spine</b>	No abnormalities noted, flexible when turned.	Infant moves extremities independently and extremities are symmetrical (Ricci et al., 2021).  Variations include a sacral dimple, tuft, and hip dislocation (Ricci et al., 2021).
<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</b></li> </ul>	Mother and baby's ID bands match. Hugs tag is activated and placed around the baby's ankle. The baby's sleep position was supine.	The ID bands between mother and infant should match. Hugs tags should be activated (Ricci et al., 2021).  Variations may include alarm tag

<b>position</b>		deactivated, mismatching, or it's not properly fitted (Ricci et al., 2021).
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### Vital Signs, 3 sets (6 points)

<b>Time</b>	<b>Temperature</b>	<b>Pulse</b>	<b>Respirations</b>
<b>Birth</b>	97.6 F Axillary	155	56
<b>4 Hours After Birth</b>	98.8 F Axillary	140	42
<b>At the Time of Your Assessment</b>	98.3 F Axillary	138	54

#### Vital Sign Trends:

The infant's temperature is trending upward after birth, but it is still within normal range post-delivery. Her pulse rate is trending downward gradually, however that is also still within normal range for a neonate even though it is now at the lower end. The infant's respirations are fluctuating slightly, but still within normal range.

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
2300	NIPS	0	0	Awake, very calm, and comfortable.	No interventions needed at this time.

### Nursing Interventions and Medical Treatments for the Newborn (6 points)

<b>Nursing Interventions and Medical Treatments (Identify nursing interventions with "N" after you list them, identify medical treatments with "M" after you list them.)</b>	<b>Frequency</b>	<b>Why was this intervention/ treatment provided to this patient? Please give a short rationale.</b>

Breastfeeding (N)	2-3 hrs.	To provide optimal nutrition for growth and development.
Pumping as an alternative (N).	PRN	Pumping can stimulate milk production while allowing the mother to measure the amount the infant is consuming.
<b>Diaper Change (N)</b>	PRN	Hygiene maintenance to prevent skin irritation and infections.
<b>Swaddling (N)</b>	PRN	Swaddling the infant contributes to their sense of tranquility and security.

### Discharge Planning (3 points)

**Discharge location:** The mother's parents' house in St. Joseph, Illinois.

**Follow up plan (include plan for newborn ONLY):** 24-48 post discharge

**Education needs:** Advise mother to stay in close contact with her pediatrician and attend all appointments. Educate the mother on possible signs and symptoms of neonate hypoglycemia. Encourage mom to continue to breastfeed and establish a routine.

### 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"	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	<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse's actions?</li> <li>• Client response,</li> </ul>

components		q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.	status of goals and outcomes, modifications to plan.
1. At risk for neonatal hyperbilirubinemi a related to mother’s gestational diabetes/large birth weight as evidenced by slight yellowing of the torso (Phelps, 2020).	The infant had a positive Coombs test as well as yellowing of the skin despite bilirubin level within range.	1. Assess infant for neonatal jaundice according to adherence of the hospital’s protocol (Phelps, 2020). 2. Adminster Accuchecks according to the provider’s chosen time intervals (Phelps, 2020).	The infant cried for the initial stick but was comforted and calm soon after. The mother was compliant with the infant receiving Accuchecks.
2. At risk for ineffective breastfeeding due to mother not producing enough milk as evidenced by the infant’s inability to nurse (Phelps, 2020).	The mother was anxious that the infant had not nursed and impulsively suggested the infant receive formula even though that was not her initial desire.	1. Continue to educate the mother on breast care and breastfeeding techniques to enhance proper nutrition and reduce anxiety (Phelps, 2020). 2. Assess the mother’s breastfeeding technique to identify problem areas and help make corrections (Phelps, 2020).	The mother was cooperative in learning new breastfeeding techniques. She seemed less anxious when problem areas were addressed, and the infant was able to latch.
3. At risk for readiness of enhanced parenting related to single parenthood as evidenced by lack of knowledge about parenting (Phelps, 2020).	The mother is young and this is her first child. It is important she is educated on infant care.	1. Educate the mother on infant care such as bathing, normal growth and development, feeding techniques etc. (Phelps, 2020). 2. Assess the mother’s level of understanding and praise her when she displays appropriate parenting skills to instill positive reinforcement	The mother demonstrated more confidence during feeds and when caring for the infant.

		(Phelps, 2020).	
4. At risk for interrupted family process related to the mother not having partner support as evidenced by the father not being involved in the infant's life (Phelps, 2020).	The mother stated that the father of the infant is not involved, and she does not want him to obtain any information in regards to the infant.	1. Provide emotional support to encourage the mother to express her feelings and concerns, especially regarding the infant and her emotional state (Phelps, 2020).  2. Offer the mother postpartum resources in case she should need them after discharge (Phelps, 2020).	The mother appreciated the resources and safe environment provided for her to express herself fully. She stated that she would utilize the resources if she noticed any signs or symptoms of postpartum depression.

**Other References (APA):**

Phelps, L.L. (2023). *Nursing Diagnosis Reference Manual* (12th ed). Wolters Kluwer.