

Newborn Clinical Experience Summary- Tracy Donaldson

The clinical experience in the Neonatal Intensive Care Unit on Thursday, 5/30/24, was rewarding yet challenging. Along with the neonatal nurse, we were attending to two patients. One patient was a five-month-old who was born at twenty-four weeks and five days and had a host of problems. These included gastrointestinal issues, heart issues, bone issues, breathing issues, and many more. The second patient was a newborn who was born a few days ago and was in the NICU for hypoglycemia due to the mother having type II diabetes with uncontrolled glucose levels while pregnant. He was not eating enough due to his low blood glucose and lethargy.

The main nursing diagnosis that I chose for the first patient who was severely premature was the risk for impaired gas exchange (Phelps, 2021). I believe that this nursing diagnosis is a priority for this patient because of his prematurity and ineffective breathing pattern, as evidenced by his history of apnea (Phelps, 2021). His chart showed an extensive respiratory history.

Since the nursing diagnosis for the first patient is the risk for impaired gas exchange, three nursing interventions support this. First, assess and record pulmonary status frequently (Phelps, 2021). Second, oxygen therapy should be administered as ordered, enhancing oxygenation, and detecting signs of decompensation (Phelps, 2021). Third, bronchial hygiene should be performed as ordered, and this could include suctioning (Phelps, 2021).

The evaluation of the first nursing intervention of assessing the pulmonary status is that the patient's respiratory rate will remain within established limits (Phelps, 2021). The second nursing intervention evaluation of administering oxygen will be that the patient will not experience dyspnea (Phelps, 2021). The third nursing intervention of performing bronchial hygiene evaluation will be that the patient has normal breath sounds (Phelps, 2021).

I met the parents of the second patient, and I would describe the culture as typical of the American culture. They were a married couple, very proud and interested in the care of their son. The mother had a cesarean section and used a full medical team to reduce any complications that could arise. They both wanted to have their son circumcised when he was able, and the mother was pumping breast milk for him. They also participated in skin-to-skin contact with the baby and seemed interested in wanting to bond with him. The parents also mentioned that his name was a family name, and the mother planned to take maternity leave upon discharge from the hospital.

I went into the neonatal unit not knowing what to expect at all. I figured it would mostly be a watch-and-see day from a distance, which would have been understandable due to the complications of the neonates in the NICU. The neonatal nurse that I was following was superb. She was a traveling nurse willing to teach me and let me assist her several times. I was able to hold and feed the baby who was hypoglycemic, and I was able to give premeasured medications and change and give a wipe-down bath to the preterm baby. One thing that put me out of my comfort zone was being in a very high-stress area of the hospital. After all, you are caring for a newborn in critical care. There were so many machines, wires, tubes, wires, and monitors, and the need for continuous vigilance was overwhelming. It no doubt takes exceptional nurses and physicians to work in the NICU.

There was great coordination and teamwork among the healthcare team in the NICU. When a nurse needed to step away momentarily, the nurse beside them was ready to watch their patients. I also witnessed the rounds where the doctors and nurses participated in a short meeting regarding the care of the neonate and a respiratory therapist visiting the patients. Even though it

was a high-pressure environment, everyone was cool, calm, and collected, impacting the lives of newborns and their families daily.

References

Phelps, L. L. (2021). *Nanda international nursing diagnoses: Definitions & classification, 2021-2023* (12th ed.). Thieme.

