# N432 Newborn Worksheet

**Name: Brittney Burns**

**Date: June 5, 2024**

**This assignment is due at 2359 CST, the evening before you are assigned to the nursery.**
**Complete the table (40 points). Include in-text citations in APA format. Attach Reference page.**

| Area | Normal Findings | Expected Variations |
|---|---|---|
| **Skin** | **Smooth, soft, and slightly moist. No rashes or lesions (Durham et al., 2023).** | **Mongolian spots, erythema toxicum, milia (Durham et al., 2023).** |
| **Head** | **Molding is present (Durham et al., 2023).** | **Caput succedaneum, cephalohematoma (Durham et al., 2023).** |
| **Fontanels** | **Fontanels are open, soft, intact, and slightly depressed (Durham et al., 2023).** | **They may bulge when crying and be slightly sunken if dehydrated (Durham et al., 2023).** |
| **Face** | **Symmetrical with no visible deformities (Durham et al., 2023).** | **Facial bruising from delivery, transient asymmetry (Durham et al., 2023).** |
| **Eyes** | **Clear with no discharge. Pupils are equal and reactive to light (Durham et al., 2023).** | **Subconjunctival hemorrhages, transient strabismus (Durham et al., 2023).** |
| **Nose** | **Nasal passages are clear, with no flaring, and nostrils are patent (Durham et al., 2023).** | **Occasional sneezing (Durham et al., 2023).** |
| **Mouth** | **Moist and pink, palate intact, strong suck reflex (Durham et al., 2023).** | **Epstein pearls, transient tongue-tie (Durham et al., 2023).** |
| **Ears** | **Symmetrical, responds to sound, no drainage (Durham et al., 2023).** | **Preauricular tags or pits (Durham et al., 2023).** |
| **Neck** | **Short with a good range of motion, no masses or webbing (Durham et al., 2023).** | **Slightly stiff from delivery, transient torticollis (Durham et al., 2023).** |
| **Chest** | **The chest is barrel-shaped and symmetrical (Durham et al., 2023).** | **Mild sternal retractions with crying (Durham et al., 2023).** |
| **Breath Sounds** | **Lung sounds are clear and equal (Durham et al., 2023).** | **Transient tachypnea (Durham et al., 2023).** |
| **Heart Sounds** | **Regular rate and rhythm, no murmurs, capillary refill less than 3 seconds (Durham et al.,** | **Transient murmurs (Durham et al., 2023).** |

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|---|---|---|
| | **2023).** | |
| **Abdomen** | **Rounded, soft, with bowel sounds present in all four quadrants (Durham et al., 2023).** | **Umbilical hernia (Durham et al., 2023).** |
| **Bowel Sounds** | **Active in all quadrants (Durham et al., 2023).** | **Slightly hypoactive immediately after birth (Durham et al., 2023).** |
| **Umbilical Cord** | **Three vessels (two arteries and one vein) are dry without redness or discharge (Durham et al., 2023).** | **Wharton's jelly present (Durham et al., 2023).** |
| **Genitals** | **Female: labia majora covering minora, slight discharge. Male: testes descended, scrotum with rugae, urethral opening at the tip of the penis (Durham et al., 2023).** | **Female: pseudomenstruation. Male: hydrocele (Durham et al., 2023).** |
| **Anus** | **Patent passes meconium within 24-48 hours (Durham et al., 2023).** | **Anal skin tags (Durham et al., 2023).** |
| **Extremities** | **Full range of motion, symmetrical movement, ten fingers, and ten toes (Durham et al., 2023).** | **Slightly bowed legs, transient positional deformities (Durham et al., 2023).** |
| **Spine** | **Straight and flexible with no masses or dimples (Durham et al., 2023).** | **Sacral dimple without tuft of hair (Durham et al., 2023).** |

**For the following questions and tables, include in-text citations in APA format. Attach Reference page.**

**1)** What safety and security measures are in place to facilitate for newborns? **(5 points)**

**Durham et al. (2023) highlight several essential practices for preventing infant abductions in hospitals:**

1. ***Taking footprints and photos of the infant for identification:*** **This helps establish a clear record of the infant's identity, which can be crucial for identification purposes.**
2. ***Using identification armbands:*** **These are placed on the mother, her partner, and the neonate, all bearing the same identification number. Regular checks should be**

**conducted to ensure consistency, particularly at the beginning of each shift and whenever neonates are moved to or from the mother's room.**

3. ***Implementing infant security tags:*** **These tags, typically attached to an ankle band or cord clamp, trigger alarms and security measures if the infant approaches within 4 feet of an exit or elevator. This helps alert staff to potential unauthorized movement of the infant.**
4. ***Ensuring personnel wear specific name tags:*** **Staff working in maternal-newborn units should wear name tags specific to that unit, aiding in identifying authorized personnel.**
5. ***Instructing parents:*** **Parents should be educated not to allow anyone without the appropriate maternity unit name tag to take their newborn. Additionally, they should not leave their newborn unattended in the mother's room, even briefly.**
6. ***Securing maternal-newborn units:*** **All entrances should be locked, allowing entry only to visitors with proper identification. This helps control access to the unit and reduces the risk of unauthorized individuals entering.**

**These practices collectively form a comprehensive approach to enhancing security and minimizing the risk of infant abductions in hospital settings.**

**2)** What are the normal ranges for an infant's heart rate and respiratory rate? **(2 points)**

**According to the American Academy of Pediatrics and American Heart Association (2016), the normal ranges for an infant's heart rate and respiratory rate are as follows:**

1. **Heart Rate:**
   - **Newborns (0 to 1 month): 70 to 190 beats per minute (bpm)**
   - **Infants (1 to 12 months): 80 to 160 bpm**
2. **Respiratory Rate:**
   - **Newborns (0 to 1 month): 30 to 60 breaths per minute (bpm)**
   - **Infants (1 to 12 months): 24 to 40 breaths per minute (bpm)**

3) What is the normal range and method for getting an infant's temperature? Why is this? **(2 points)**

i) **There are two main methods for assessing an infant's temperature: axillary and rectal (Durham et al., 2023).**

**ii) The normal range temperature for a neonate is 97.7°F–99°F (36.5°C–37.2°C) Axillary (Durham et al., 2023).**

**iii) Axillary temperatures are preferred in the hospital setting, but rectal temperatures may also be used. Rectal temperatures are considered the most accurate (Durham et al., 2023).**

**Rectal temperature monitoring with a digital thermometer is the most used technique for taking a baby's temperature. This approach provides the most accurate reading because it considers the infant's core body temperature.**

**Complete Table (10 points)**

| Medication | Dosage | Administration Site | Possible side effects | Why is this administered |
|---|---|---|---|---|
| **Vitamin K** | **0.5 to 1 mg (Durham et al., 2023).** | **Intramuscular, usually in the thigh (Durham et al., 2023).** | **Pain at the injection site, redness, or swelling (Durham et al., 2023).** | **To prevent Vitamin K deficiency bleeding (VKDB) in newborns, which can lead to severe bleeding (Durham et al., 2023).** |
| **Erythromycin** | **0.5% ointment (Durham et al., 2023).** | **Applied to both eyes (Durham et al., 2023).** | **Mild eye irritation and redness (Durham et al., 2023).** | **Prevent neonatal conjunctivitis caused by Neisseria gonorrhoeae and Chlamydia trachomatis (Durham et al., 2023).** |
| **Hepatitis B** | **5-10 µg (Durham et al., 2023).** | **Intramuscular, usually in the thigh (Durham et al., 2023).** | **Pain at injection site, fever (Durham et al., 2023).** | **To prevent Hepatitis B virus infection, which can lead to chronic liver disease (Durham et al., 2023).** |

**Complete Table (20 points)**

| Name of Test | Why is this test ordered |
|---|---|
| **Blood Glucose** | **To monitor for hypoglycemia in newborns, which can cause neurological damage if untreated (Durham et al., 2023).** |

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| **Blood type and Rh Factor** | **Identifying and Managing Rh Incompatibility Early: Early identification of Rh incompatibility allows for timely interventions and treatments that can improve outcomes for both the mother and the baby (March of Dimes, 2023).**<br><br>**Preventing Hemolytic Disease of the Newborn (HDN): If an Rh-negative mother carries an Rh-positive baby, her body may produce antibodies against the baby's Rh-positive blood cells. These antibodies can cross the placenta and attack the baby's red blood cells, causing HDN, which can lead to serious health problems or even death in the newborn (MedlinePlus, 2023).** |
| **Coombs Test** | **They are used to determine hemolytic disease of the newborn related to Rh or ABO incompatibility (Durham et al., 2023).** |
| **Bilirubin levels** | **It is used to identify neonates at risk for developing hyperbilirubinemia and correlates well with TSB (Durham et al., 2023).**<br><br>**Hyperbilirubinemia occurs in most newborns (60% of term and 80% of preterm) and is usually physiological and benign. However, extreme (pathological) levels of bilirubin can be toxic and cause acute bilirubin encephalopathy or kernicterus (Durham et al., 2023).** |
| **Newborn Screen** | **Newborn screening programs focus on disorders for which early detection and treatment improve health outcomes (Durham et al., 2023).** |
| **Hearing Screen** | **All states have established early hearing detection and intervention programs that mandate newborn hearing loss screening, usually in the hospital, before discharge (Durham et al., 2023).**<br><br>**Early identification of hearing loss in infants is imperative to maximize language development, social and emotional health, academic results, and general quality of life.** |
| **Newborn Cardiac Screen** | **Certain congenital heart defects are undetected during the prenatal and immediate postnatal period as the neonate shows no signs or symptoms the first days after birth. Therefore, these neonates are considered healthy and sent home, where they may quickly deteriorate (Durham et al., 2023).** |

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| | **By implementing universal screening for CHDs in neonates after 24 hours of age, healthcare systems can improve the early detection, management, and outcomes of these potentially life-threatening conditions, ultimately enhancing the health and well-being of affected infants and their families.** |

**1)** Identify 3 educational topics that could be discussed with caregivers of the infant. **(6 points)**

- **i)** ***Safe infant sleeping.*** **Teach parents, grandparents, and all caregivers about sleep safety, such as placing newborns on their backs to sleep, avoiding loose bedding, and not bed-sharing (Durham et al., 2023).**
- **ii)** ***Temperature taking.*** **There are two main methods for assessing an infant's temperature: axillary and rectal (Durham et al., 2023). The nurse should teach the parents not only how to take but also how to read a rectal temperature accurately. The parents should also note that Tympanic thermometers are not recommended for infants under 6 months of age (Durham et al., 2023).**
- **iii)** ***Crying and Colic.*** **The client should be educated on the difference between typical and colicky cries. Colic is a term used for excessive, inconsolable crying for no apparent reason in an otherwise healthy infant. Healthy infants who cry for at least 3 hours a day, for 3 or more days a week, for at least 3 weeks are considered colicky (Durham et al., 2023).**

1. Identify 2 nursing diagnoses that could be identified for a newborn patient. **(10 points**)
   **At risk for altered body temperature and hypothermia related to decreased amounts of subcutaneous fat or large body surface (Durham et al., 2023).**

   **At risk for impaired gas exchange related to transitioning from fetal to neonatal circulation, cold stress, or excessive mucus production (Durham et al., 2023).**

**Attach Reference page:**

American Academy of Pediatrics and American Heart Association. (2016). Textbook of Neonatal Resuscitation (NRP) (7th ed.). American Academy of Pediatrics.

Durham, R. F., Chapman, L., & Miller, C. S. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care*. F.A. Davis Company.

March of Dimes. (2023). Rh Incompatibility During Pregnancy - March of Dimes. Available at: March of Dimes. https://www.marchofdimes.org/find-support/topics/planning-baby/rh-disease

MedlinePlus. (2023). Hemolytic Disease of the Newborn - MedlinePlus. Available at MedlinePlus. https://medlineplus.gov/ency/article/001298.htm