N432 Newborn Worksheet

Name: Kaleb Kelly

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Area	Normal Findings	Expected Variations
Skin	A newborn's skin is pink and warm, has acrocyanosis of the hands and feet, milia on the nose and chin, lanugo on the back/shoulders/forehead, vernix caseosa covering the newborn typically washed off after the first bath, some mottling of the skin, and areas of petechia (Durham et al., 2023).	A newborn may have hemangiomas that develop and disappear within the first year, nevus flammeus that do not disappear, abundant lanugo of preterm neonates that go away within the first couple weeks, jaundice in the first 24 hours, and Mongolian spots that begin to fade within the first few years (Durham et al., 2023).
Head	Molding is present, the newborn has soft/intact fontanelles with a slight depression, the anterior fontanel is shaped like a diamond, and the posterior fontanel is shaped like a triangle (Durham et al., 2023). Suture lines may overlap with increased molding.	If a vacuum is used during delivery the newborn might have some bruising or lacerations observed (Durham et al., 2023). Caput succedaneum may be present due to the scalp going through the birth canal, which resolves within a few days (Durham et al., 2023). Cephalohematoma may be observed and take up to two weeks to disappear (Durham et al., 2023).
Fontanels	A newborn has 2 soft spots on the posterior and anterior parts of the head. The anterior fontanel is shaped like a diamond and the posterior fontanel is shaped like a triangle upon palpation (Durham et al., 2023). Fontanels are slightly depressed but may bulge with crying (Durham et al., 2023).	More than slight depression of fontanels may indicate dehydration (Durham et al., 2023). Intracranial pressure may be present if noted that a newborn's fontanels are firm and bulging unrelated to any episodes of crying (Durham et al., 2023).
Face	The face is symmetrical with no lesions, lumps, bruising, or other abnormalities (Durham et al., 2023).	There may be slight bruising or misshape temporarily due to increased pressure during the laboring process (Durham et al., 2023).
Eyes	The eyes are observed as symmetrical, able to follow objects within 12 inches of the visible field, sclera white, PERRLA, and the iris is blue-	Possible edema and subconjunctival hemorrhage are present due to increased pressure in the laboring process (Durham et al., 2023).

	gray or brown (Durham et al., 2023). The newborn has appropriate blink and red-light reflexes (Durham et al., 2023).	

Nose	The nose is symmetrical, has no septum deviation, and nares are patent with small amounts of mucus (Durham et al., 2023).	There may be some flattening and bruising due to the laboring process. In newborns with Down Syndrome the nasal bridge is flatter (Durham et al., 2023). Larger amounts of mucus drainage present and nasal flaring may indicate signs of respiratory distress (Durham et al., 2023).
Mouth	The lips/gums/tongue/palate/mucus membranes are all pink, moist, and intact upon inspection (Durham et al., 2023). Normal reflexes to sucking, swallowing, and gagging (Durham et al., 2023). Indication to open the mouth when placing slight pressure on the lower lip (Durham et al., 2023). Small white spots on the roof of the mouth or Epstein's pearls are present (Durham et al., 2023).	Fluid-filled cysts present around the gums will disappear within the first few weeks (Durham et al., 2023). Dry lips, but not dry mucus membranes which indicate signs of dehydration.
Ears	Ears are symmetrical and clear of any lesions, skin tags, dimples, or drainage. There are no deformities of the pinna, and the top is aligned with the eyes (Durham et al., 2023). Hearing test is performed, and the newborn responds appropriately (Durham et al., 2023). The newborn responds quickly to high-pitched vocal sounds (Durham et al., 2023).	Small skin tags or pits are common and can be removed. Folded or misshapen ears are common due to uterine position and will return to normal (Durham et al., 2023).
Neck	The neck is inspected and noted to be short with skin folds and a positive tonic reflex (Durham et al., 2023).	An absent tonic neck may indicate some sort of nerve injury (Durham et al., 2023). A genetic disorder may result in larger thicker neck folds (Durham et al., 2023).
Chest	Chest is symmetrical and barrel-shaped, present breast engorgement, and a clear or milky fluid observed from the	Breast engorgement observed in both males and females related to maternal hormones resolves within the first few weeks (Durham et al.,

	nipples (Durham et al., 2023). No signs of accessory muscle use or distress.	2023). A pigeon or funnel chest shape may indicate an abnormality (Durham et al., 2023).

Breath Sounds	Upon auscultation breath sounds a clear and equal bilaterally (Durham et al., 2023).	There could be scattered crackles heard within the first few hours post-delivery due to retention of fluid (Durham et al., 2023).
Heart Sounds	Upon auscultation S1 and S2 sounds are present, and in a regular sinus rhythm (Durham et al., 2023). Brachial and femoral pulses are palpated and present, along with the point of proximal impulse between the third and fourth intercostal space (Durham et al., 2023).	It is common for initial signs of heart murmurs; however, these will disappear within the first few days (Durham et al., 2023).
Abdomen	The abdomen is symmetrical, soft, and round, and bowel sounds are present (Durham et al., 2023). The cord should be assessed as opaque in color, with no redness, no swelling, no drainage, and no foul smell (Durham et al., 2023).	Asymmetry may indicate an abdominal mass. Hernias or diastasis recti may be present but should go away within the first year (Durham et al., 2023). Bowel sounds may be hypoactive in the first few days (Durham et al., 2023).
Bowel Sounds	Normal bowel sounds are auscultated in all four quadrants (Durham et al., 2023).	Bowel sounds may be hypoactive in the first few days (Durham et al., 2023).
Umbilical Cord	The cord should be assessed as opaque in color, with no redness, no swelling, no drainage, and no foul smell (Durham et al., 2023). The cord will also dry out within the first 24 hours and detach within 2 weeks post-birth (Durham et al., 2023).	If found to only have 1 umbilical artery and vein then this could indicate heart or kidney malformation (Durham et al., 2023).
Genitals	For females, it is common for labia majora to cover the labia minora and clitoris (Durham et al., 2023). The clitoris, vagina, and urinary meatus are all appropriate in location with no abnormalities. For males, the shape and location of the penis and urinary meatus are appropriate with no abnormalities (Durham et al.,	For females, the labia majora may appear swollen. Urine may appear dark with crystals which will go away after the first couple of days (Durham et al., 2023). For males, there is often swelling of the scrotum that will go away after the first few days (Durham et al., 2023). Urine may appear dark with crystals, a red-orange color, and this will go away within the first few days of life

	2023). The scrotum is palpated, and testicles are present with rugae (Durham et al., 2023).	(Durham et al., 2023).
Anus	The anus is inspected and determined to be patent with passage of stool in the first day post-birth (Durham et al., 2023).	Anal fissures, fistulas may be present; however, a conformed imperforated may indicate need for surgery (Durham et al., 2023).
Extremities	The arms and legs are symmetrical in length and strength, there are 10 fingers and toes, full range of motion is observed, there are no clicking of the joints, gluteal folds are equal (Durham et al., 2023).	Any abnormalities may include extra digits, webbed digits, unequal gluteal folds, decreased range of motion, Simian creases, and vertebral openings (Durham et al., 2023).
Spine	The spine is symmetric, no lesions, lumps, or masses present (Durham et al., 2023). Spine is C-shaped with no openings palpated or observed over vertebrae, in addition to no dimpling or sinuses (Durham et al., 2023).	Unusual skin tags or masses should be reported to a provider. Vertebral openings may indicate spina bifida, and any dimpling or cysts should be notified immediately (Durham et al., 2023).

This assignment is due at 2359 CST the evening before you are assigned to the nursery.

Complete table (40 points) Include in-text citations in APA format. Attach Reference page.

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis.

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

1. **What safety and security measure are in place at facilitates for newborns? (5 points)**

Facilities have major safety and security in place for the prevention of infant abduction. Newborns are transported in cribs, are not left unattended, have a footprint and photograph

identification, and have a matching band with the parents (Durham et al., 2023). In addition, there is car seat safety, infection prevention, and education on safe sleep (Durham et al., 2023).

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

An infant's heart rate typically ranges from 110 to 160 bpm, and their respiration from 30 to 60 a minute (Durham et al, 2023).

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

It is preferred to take the axillary temperature of an infant and the normal range is 97.7 F to 99 F (Durham et al., 2023). This is the preferred way of getting an infant's temperature due to it being the safest and most comfortable method.

Complete Table (10 points)

Medication	**Dosage**	**Administration Site**	**Possible side effects**	**Why is this administered**
Vitamin K	The typical dosage is 0.5 mg-1 mg (Durham et al., 2023).	Administration is intramuscularly located at the anterolateral thigh (Durham et al., 2023).	There are no associated side effects in newborns. Some potential side effects though may include tachycardia, shortness of breath, and bleeding from the injection site (Durham et al., 2023).	Vitamin K is needed to prevent the development of a hemorrhagic disease (Durham et al., 2023).
Erythromycin	The dosage should be 1cm in length (Durham et al., 2023).	This is administered the ophthalmic route as an ointment to the eyes shortly after birth (Durham et al.,	This can cause the eyes to appear cloudy or moist around the eyelids (Durham et al., 2023).	Erythromycin is needed as prophylaxis to prevent chlamydia and gonococcal infections (Durham et al.,

		2023).		2023).
Hepatitis B	The dosage given should be 0.5 ml (Durham et al., 2023).	Administration is intramuscularly located at the anterolateral thigh (Durham et al., 2023).	There may be indications of pain, redness, swelling, diarrhea, runny nose, or low-grade fever (Durham et al., 2023).	Hepatitis B is needed as a vaccination in the prevention of obtaining the potentially serious disease (Durham et al., 2023).

Complete Table (20 points)

Name of Test	**Why is this test ordered**
Blood Glucose	A blood glucose test is ordered due to the high risks with newborns and hypoglycemia when not initially detected. Hypoglycemia if left untreated may lead to more serious issues such as brain injury and developmental issues (Durham et al., 2023).
Blood type and Rh Factor	A blood type is ordered due to the high risk of developing jaundice, because of maternal and fetal blood mixing (Durham et al., 2023). The Rh factor test is ordered to determine whether the mixture of blood is compatible. If the baby's blood is Rh positive and the mother's blood Rh negative, there is a high risk for the mother producing antibodies that could attack the red blood cells of the baby (Durham et al., 2023).
Coombs Test	A Coombs test is ordered to screen a newborn's blood for antibodies that could potentially attack red blood cells. This could lead to the baby developing anemia or jaundice (Durham et al., 2023).
Bilirubin levels	Bilirubin levels are ordered to see how much bilirubin is in the blood, with a higher number indicating possible liver problems (Durham et al., 2023). This puts the newborn at high risk for developing jaundice if not monitored regularly.
Newborn Screen	A newborn screen is ordered to help identify any potentially serious health conditions (Durham et al., 2023). These are in most cases rare; however, can lead to the discovery of genetic and metabolic disorders.
Hearing Screen	A hearing screen is ordered for early detection of any congenital abnormalities resulting in partial or complete hearing loss (Durham et al., 2023). The test is most effective when conducted in a quiet room only when the newborn is calm or asleep.

Newborn Cardiac Screen	The newborn cardiac screen monitors all newborns for signs of congenital heart disease, for early detection and medical intervention (Durham et al., 2023).

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

The nurse may discuss the caregiver's education on comforting a fussy baby. This includes recognizing this means the baby needs something and should be responded to promptly and access their need (Durham et al., 2023). Another topic may include education on breastfeeding the baby. It is recommended the newborn is breastfed around 8 times in a span of 24 hours, and that it should be producing roughly 5 wet and poop diapers per day (Durham et al., 2023). Lastly, patient education may involve care of the umbilical cord. This includes keeping the umbilical cord dry and understanding that it will turn from yellow to black and fall off within the first couple of weeks (Durham et al., 2023).

2. **Identify 2 nursing diagnoses that could be identified for a newborn patient. (10 points)**

- Risk for hypothermia related to pre-term birth and low birth weight as evidenced by low body temperature

- Risk for neonatal jaundice related to hyperbilirubinemia as evidenced by yellow skin and yellow sclera

(Phelps, 2023)

Attach Reference page:

References

Durham, R., Chapman, L., & Miller, C. (2023). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis.

Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.