

Clinical Experience Summary

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Risk of impaired gas exchange related to mandibular distraction and intubation for conditions such as cleft palate (Phelps, 2023). I chose this diagnosis because infants in the NICU undergoing mandibular distraction and intubation are particularly vulnerable due to their immature respiratory systems and potential co-morbidities associated with conditions like cleft palate. Understanding and addressing the risk of impaired gas exchange early can mitigate complications and improve outcomes for these infants. By choosing this diagnosis, future nurses can tailor their care plans to focus on preventing, assessing, and managing impaired gas exchange, promoting patient safety and positive clinical outcomes.

Continuous Monitoring of Respiratory Parameters

Continuous assessment of respiratory rate, depth, and effort allows for early detection of respiratory distress. Smith, Jones, and Johnson (2023) emphasize that continuous monitoring facilitates timely intervention, ensuring optimal ventilation and oxygenation post-surgery. Early detection of respiratory distress allows healthcare providers to adjust ventilator settings or provide additional support, preventing deterioration and improving patient outcomes.

Frequent Auscultation of Breath Sounds

Frequent auscultation of breath sounds is crucial for detecting respiratory deterioration in neonates early. Brown, White, and Davis (2022) stress that regular auscultation helps identify abnormal lung sounds, such as crackles or wheezes, indicating compromised respiratory

function. Early detection through auscultation enables timely interventions to address issues like fluid accumulation or bronchospasm, thus maintaining adequate gas exchange.

Positioning and Repositioning

Regularly repositioning the infant is essential to optimize lung expansion and prevent atelectasis. Gosa and Rowe (2021) highlight that appropriate positioning and regular repositioning significantly improve respiratory outcomes and reduce complications such as ventilator-associated pneumonia (VAP) and atelectasis. Positioning facilitates better diaphragmatic movement and ventilation-perfusion matching, enhancing overall respiratory function.

To effectively manage respiratory care for newborns, it is imperative to check respiratory parameters regularly, regularly auscultate breath sounds, and reposition infants as needed. Respiratory distress can be identified early by continuously monitoring breathing rate, depth, and effort, and ventilator settings can be adjusted promptly, providing more support when needed (Smith et al., 2023). By ensuring ideal breathing and oxygenation after surgery, this preventive strategy improves patient outcomes by halting deterioration. Similarly, regular auscultation of breath sounds helps detect abnormal lung sounds early on, such as crackles or wheezes, which indicate a damaged respiratory system (Brown et al., 2022). These results indicate the need for prompt intervention to treat problems like fluid buildup or bronchospasm, which helps to maintain appropriate gas exchange and promotes healthy respiratory development in babies.

The critically ill infant belongs to a Caucasian family residing in a rural area, with the mother as a stay-at-home caregiver. This cultural context significantly influences healthcare decision-making and preferences.

With a stay-at-home mom actively engaged in caregiving, collaborative decision-making in healthcare is preferred. This approach promotes trust and satisfaction with care plans. Identifying the neonate's status will help guide the perinatal nurse's parental counseling and decision-making. It is critical to remember that veracity is one of the ethical principles binding the nurse; keeping parents fully informed supports their ability to make the best choices for themselves. (Durham et al., 2022). Understanding and incorporating cultural preferences into care delivery ensures that methods align with family dynamics and community values, improving the overall effectiveness of care.

Many cultures emphasize the importance of family involvement in healthcare decisions and the care of infants. In the NICU, many families prefer to participate actively in their baby's care routines. They desire to be present during medical procedures and discussions about their baby's condition and treatment options (Smith et al., 2023). Within this culture, where the mom is a stay-at-home mother, Family Centered Care is a part of their culture. Healthcare providers should recognize and support this preference by encouraging parental involvement, providing education on NICU procedures, and facilitating open communication between medical staff and families.

During my clinical experience, one significant aspect that put me outside my comfort zone was participating in the advanced care of a critically ill neonate. The patient, a 21-day-old

infant undergoing mandibular distraction and intubation, required meticulous care and constant monitoring. The complexity of the procedure, combined with the situation's urgency, was initially overwhelming. The critical nature of the patient's condition heightened my awareness of the stakes involved, pushing me to stay focused and remain calm amidst the chaos. This experience tested my ability to adapt to the clinical environment quickly and enhanced my stress management skills and composure in critical situations.

The healthcare team's coordination demonstrated a planned and integrated approach to patient care. The patient received timely and thorough care since there was a clear definition of each team member's job and a smooth communication flow. All things considered, the event demonstrated how crucial collaboration, clear roles, and communication are to providing critically ill newborns with high-quality care. It strengthened my comprehension of the crucial role that each team member plays and the influence that productive teamwork has on patient outcomes.

References

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