N432 Newborn Worksheet

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

Area	Normal Findings	Expected Variations
Skin	Pink in color, warm, acrocyanosis; milia on nose and chin; lanugo on back, shoulders, and forehead; gray patches; vernix present (Durham et al., 2023)	Vascular abnormalities; central cyanosis; jaundice; pallor; green/yellow vernix; ecchymosis/petechiae; excessive lanugo; thin/translucent skin; long nails; pilonidal dimple (Durham et al., 2023)
Head	Head circumference: 32-36 cm (Durham et al., 2023) Molding (Durham et al., 2023)	Head circumference: below the 10th percentile and above the 90th percentile (Durham et al., 2023) Localized edema or hematoma (Durham et al., 2023)
Fontanels	Open, a little depressed, and soft; may bulge while the infant is crying (Durham et al., 2023) Anterior: 2.5-4 cm, diamond shape (Durham et al., 2023) Posterior: 0.5-1 cm and triangle shape (Durham et al., 2023)	Depressed; firm; bulging when not crying (Durham et al., 2023)
Face	Symmetrical; No lesions, tears, bruising	Some redness, bruising, lesions, a little flat
Eyes	Size/shape: Symmetrical (Durham et al., 2023) Blue/gray or brown iris; white sclera (Durham et al., 2023) PERRLA present; follow objects 12in within field (Durham et al., 2023) Positive red-light and blink reflex (Durham et al., 2023) No tear production (Durham et al., 2023)	Unequal pupil reactions; blue sclera; subconjunctival hemorrhage or edema from pressure during birth; nystagmus; transient strabismus (Durham et al., 2023) Absent red-light and blink reflex (Durham et al., 2023)
Nose	May be flat or bruised; patent nares; little bit of mucus (Durham et al., 2023)	Flat nasal bridge; nasal flaring; large amount of mucus (Durham et al., 2023)
Mouth	Tongue and mucous membranes: Intact, pink, moist (Durham et	Cyanotic, dry mucous membranes; teeth; thin philtrum; cleft palate/lip

	al., 2023) Lips: pink, intact, may be moist or dry (Durham et al., 2023) Positive swallowing, rooting, sucking, and gag reflexes (Durham et al., 2023) Epstein pearls (Durham et al., 2023)	(Durham et al., 2023) Absent reflexes (Durham et al., 2023)

Ears	Well-formed, no deformities; top of pinna aligned with external canthus (Durham et al., 2023) Positive startle reflex (Durham et al., 2023)	Low-set ears; lesions/deformities (Durham et al., 2023) Absent startle reflex (Durham et al., 2023)
Neck	Short, has neck folds, and a positive tonic neck reflex (Durham et al., 2023)	Webbing, large/thick neck folds, and absent tonic neck reflex (Durham et al., 2023) Crepitus, swelling (Durham et al., 2023)
Chest	Chest circumference: 30.5-33 cm or 2-3 cm less than head circumference (Durham et al., 2023) Barrel-shaped, symmetrical (Durham et al., 2023)	Funnel/pigeon chest; breast engorgement; clear/milky fluid from nipples (Durham et al., 2023)
Breath Sounds	Unlabored, irregular with 15 seconds pause with no color change; clear and equal (Durham et al., 2023)	Apena greater than 20 seconds long with color change; tachypnea; scattered crackles in first few hours; persistent abnormal lung sounds; decreased/absent lung sounds (Durham et al., 2023)
Heart Sounds	S1/S2 present; regular rhythm (Durham et al., 2023) PMI: third/fourth intercostal space LMC (Durham et al., 2023)	Murmurs but disappear after 2 days; displaced PMI; persistent murmurs (Durham et al., 2023)
Abdomen	Soft, round, symmetrical (Durham et al., 2023)	Asymmetrical, hard; hernia (Durham et al., 2023)
Bowel Sounds	Active bowel sounds (Durham et al., 2023)	Absent; Hypoactive during first days (Durham et al., 2023)
Umbilical Cord	Opaque, has one vein/two arteries, Wharton's jelly covering it (Durham et al., 2023) No signs of infection (Durham et al., 2023)	One artery and vein; Signs of infection (Durham et al., 2023)
Genitals	Female: Labia minora/clitoris covered by labia majora; urinary	Female: Small labia, prominent clitoris; ambiguous genitalia

	meatus midline (Durham et al., 2023) Whiteish discharge (Durham et al., 2023) Urinates within first 24 hours (Durham et al., 2023) Dark urine with crystals, normal within first days (Durham et al., 2023) Male: Testes palpated in scrotum; scrotum large, hangs down loosely, rugae; urinary meatus at penis tip (Durham et al., 2023) Urinates uninterrupted within first 24 hours (Durham et al., 2023) Dark urine with crystals, normal within first days (Durham et al., 2023)	(Durham et al., 2023) Slight bloody discharge (Durham et al., 2023) Anuria in first 24 hours (Durham et al., 2023) Male: Undescended testes; hydrocele; ambiguous genitalia; inguinal hernia; hypospadias/epispadias (Durham et al., 2023) Anuria in first 24 hours (Durham et al., 2023)
Anus	Patent; Meconium stool within 48 hours (Durham et al., 2023)	Fissures/fistulas; No meconium stool within 48 hours; imperforated anus (Durham et al., 2023)
Extremities	Symmetrical, equal strength, full ROM; no joint clicks (Durham et al., 2023) 10 fingers/toes (Durham et al., 2023) Gluteal folds equal (Durham et al., 2023)	Decreased ROM (Durham et al., 2023) Polydactyly, syndactyly; short fingers; wide gap between big toe and second; single palm crease (Durham et al., 2023) Unequal gluteal folds (Durham et al., 2023) Hypotonia, hypertonia (Durham et al., 2023)
Spine	C-shape with no vertebral openings (Durham et al., 2023) No dimpling/sinuses (Durham et al., 2023)	Vertebral openings (Durham et al., 2023) Dimpling/sinuses (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 newborns? **(5 points)**

After the newborn is delivered, the nurse will get an Apgar score and assess their vitals (Durham et al., 2023). They will also prevent the newborn from becoming hypothermic by immediately drying them after birth, placing a cap on their head, and wrapping them in dry, warm blankets (Durham et al., 2023). The nurse will also administer newborn immunizations and ointment (Durham et al., 2023). Parent-infant attachment is initiated immediately through skin-to-skin contact (Durham et al., 2023). Newborns' vitals continue to be monitored, and assessments are done at least once per shift (Durham et al., 2023). Footprints are taken of the newborn for identification (Durham et al., 2023). Armbands with the same identification number are placed on the mother, her partner, and the newborn (Durham et al., 2023). Security tags that trigger an alarm are also placed on the newborn to prevent abduction from the hospital (Durham et al., 2023).

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

The normal range for an infant's respiratory rate is 30-60 breaths per minute, and the normal range for an infant's heart rate is 110-160 beats per minute (Durham et al., 2023).

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

The normal range for an infant's temperature is 97.7 F-99 F (Durham et al., 2023). The temperature is taken at the axilla because it is the preferred method as it is the least invasive (Durham et al., 2023).

Complete Table (10 points)

Medication	**Dosage**	**Administration Site**	**Possible side effects**	**Why is this administered**
Vitamin K	0.5 – 1 mg (Durham et al., 2023)	Vastus lateralis; IM (Durham et al., 2023)	Redness, pain, and swelling at injection site (Durham et al., 2023)	Prevent vitamin K deficiency bleeding (Durham et al., 2023)
Erythromycin	0.5% (Durham et al., 2023)	Bilateral lower eyelids (Durham et al., 2023)	Eyelid inflammation (Durham et al., 2023)	Prophylaxis antibiotic for gonococcal or chlamydial eye infections (Durham et al., 2023)
Hepatitis B	1 mL (Durham et	Vastus lateralis; IM (Durham et	Redness, pain, and swelling	Prevent hepatitis B

	al., 2023)	al., 2023)	at injection site (Durham et al., 2023)	(Durham et al., 2023)

Complete Table (20 points)

Name of Test	**Why is this test ordered**
Blood Glucose	Blood glucose is ordered to ensure the newborn's glucose levels rise to normal (Durham et al., 2023). During the first few hours, they can be hypoglycemic, so blood glucose is drawn to ensure their levels rise to 50-90 mg/dL after the first day (Durham et al., 2023). They are also ordered for infants who are at high risk of hypoglycemia, such as ones born to diabetic mothers (Durham et al., 2023).
Blood type and Rh Factor	The blood type and Rh factor are important in determining if there will be any incompatibility between the mother and newborn that may lead to isoimmunization (Durham et al., 2023).
Coombs Test	The Coombs test is ordered to determine if the newborn has any hemolytic disease related to Rh/ABO incompatibility (Durham et al., 2023).
Bilirubin levels	Bilirubin levels are ordered to ensure they remain within the normal range and to determine if they may be experiencing hyperbilirubinemia (Durham et al., 2023).
Newborn Screen	A newborn screen consists of different screenings done to identify disorders that may not be seen at birth and to help improve outcomes with early treatment (Durham et al., 2023). The most common screenings required are a hearing screen, a hyperbilirubinemia screen, a genetic disease screen, and a critical congenital heart defect screen (Durham et al., 2023).
Hearing Screen	The hearing screen is ordered to test for hearing loss (Durham et al., 2023). It is done on all infants before discharge and relies more on physiological factors than behavioral ones (Durham et al., 2023). If the newborn fails, they must be rescreened in one month (Durham et al., 2023).
Newborn Cardiac Screen	The critical congenital heart defect screen is ordered to detect any heart defects that may show no signs or symptoms (Durham et al., 2023). It is done by comparing the oxygen saturation levels of the right hand and either foot (Durham et al., 2023).

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

One educational topic that could be discussed is bathing the newborn. The caregivers should be taught to bathe the newborn every few days (Durham et al., 2023). They can bathe the infant in a tub, loosely swaddle it while in a tub, or use a sponge bath (Durham et al., 2023). They should also use mild, neutral, preservative-free soap and should not use soap on the face (Durham et al., 2023). The most important part of bathing is never leaving the newborn unattended (Durham et al., 2023). Another educational topic is caring for the umbilical cord. The caregivers should be taught that the cord will become hard, dry, and black and fall off within a few days (Durham et al., 2023). While it is still attached, the caregivers should place the diaper below the cord and clean the area with only water (Durham et al., 2023). A third educational topic that could be discussed is follow-up care. The caregivers should be educated on the importance of follow-up care (Durham et al., 2023). The caregivers should have an appointment within 2-4 days following discharge and should have continued follow-up visits scheduled to monitor the newborn's growth and development (Durham et al., 2023).

2. Identify 2 nursing diagnoses that could be identified for a newborn patient. **(10 points**)
    a. Risk for impaired gas exchange related to excess mucus secretions (Phelps, 2023).
    b. Ineffective breastfeeding related to poor infant sucking reflex as evidenced by unsustained suckling at the breast (Phelps, 2023).

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.