

Newborn Clinical Experience Summary

Natalie Zizumbo

Lakeview College of Nursing

N432: Maternal-Newborn Nursing

Debra Kamradt, MSN, RNC-OB, C-EFM

October 13, 2024

Newborn Clinical Experience Summary

The priority nursing diagnosis for my patient is impaired nutrition related to necrotizing enterocolitis as evidenced by weight loss and inability to eat orally (Phelps, 2023). I chose this nursing diagnosis due to the patient developing necrotizing enterocolitis while he was in the NICU. The patient was having symptoms of abdominal distention, vomiting, bloody stools, and lethargy, which are common signs of necrotizing enterocolitis (Durham et al., 2023). His abdominal x-ray also showed pneumatosis intestinalis, another sign of the disease (Durham et al., 2023). The patient had also begun to lose a little weight due to the patient needing to be immediately put on NPO orders and have an OG tube placed to decompress his gastrointestinal tract.

A nursing intervention that should be implemented is establishing intravenous access, such as an umbilical venous catheter (UVC), to administer continuous fluids and medications over a long period (Phelps, 2023). Another intervention that should be done is initiating total parental nutrition (TPN) due to the inability to get nutrition by mouth (Phelps, 2023). One last intervention should be keeping track of daily weights and labs to ensure his nutritional status remains normal (Phelps, 2023).

An umbilical venous catheter was placed in the patient to infuse his medications and other fluids. The providers initially attempted to place a central venous catheter but were unsuccessful in threading it through. As a result, a UVC was placed through the infant's umbilicus and sewn in place. The patient had a transparent dressing over the line as well. Since the patient could not communicate if the UVC or the surrounding area was painful, the nurse relied on visual cues of pain when inspecting the line during the assessment. She looked for areas of redness, swelling, and tenderness. The patient also had orders for TPN and lipid emulsions to

be infused through the UVC. These ensured the infant received proper nutrition, calories, and fatty acids (Durham et al., 2023). The patient tolerated these infusions well. The nurses monitored his weight daily to ensure he was gaining and not losing any, which he had gained back.

The patient's mother is a part of the culture of mothers who have a sexually transmitted infection (STI). The patient's mother was not present at the bedside, so her preferences could not be determined precisely. However, because she was young and had an STI, one of her preferences could be about maintaining privacy. Although healthcare workers always maintain patient privacy, this patient may want more discretion due to her circumstances. Also, the mother was a first-time mom and would want to breastfeed or formula-feed her infant. However, she cannot feed him due to his circumstances, which could add additional stress to the mother.

One thing that put me out of my comfort zone during this clinical was observing care in general for infants who were very ill. It should not feel different from caring for an adult who is severely ill, but for infants, it feels harder because they are unable to do or say anything and have just been born into the world. It was also challenging to see the infants who were only 20 weeks old and then see how many lines and pumps of medications and fluid they had. All the nurses and members of the patient care team work together well. For one of our patients, the nurse would wait until the physical therapist came, and while they were doing some assessments, the nurse would go ahead and do her head-to-toe assessment so as not to move and disturb the infant so many times. The nurse would then work with the doctor and nurse practitioner to update the infant's status and change anything in their care plan. The nurses also did a terrific job at keeping the parents updated and involved in their infants' care. Being in the NICU opened my eyes to different parts of nursing and was a great learning experience.

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.