N432 Newborn Worksheet

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

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

Area	Normal Findings	Expected Variations
Skin	The skin should be pink and warm with slight cyanosis of hands and feet (Durham et al., 2022). On the chin and nose there is milia present. There is lanugo on the shoulders, back, and forehead. There can be some Mongolian spots present and some peeling as cracking of the skin. Stork bites and hemangiomas can be present. Purple/red colored flat areas can be located on the body as well as a rash, called erythema toxicum.	Thee first ten minutes can show some central cyanosis on some babies and jaundice in the first 24 hours (Durham et al., 2022). Some babies might be pallor depending on if they are anemic or hypothermic. The baby will have green or yellow vernix. If the baby was preterm, they may have lanugo or thin skin, with increased amounts of vernix. Some babies may have longer nails if they are greater than 40 weeks. Some babies may have a pilonidal dimple on top of their sacral area.
Head	Modeling, open, soft, intact, and depressed fontanels that can bulge while they cry, anterior, diamond shaped fontanels that close later in the months are present on the baby (Durham et al., 2022). If there is overlapping sutures, you may not be able to palpate and there will be increased molding. Posterior fontanel is a triangle shape that closes between 2-4 months.	It can be possible the fontanels bulge and are firm meaning increases intracranial pressure (Durham et al., 2022). Dehydration can be a possibility if there are depressed fontanels. Depending on the delivery method, there can be bruising or scratches on the head. The baby can have visible swelling from fluid or blood from the delivery.
Fontanels	Soft and flat (Durham et al., 2022). They are intact and depressed and can bulge while they cry. The anterior is diamond shaped, and the posterior is triangle shape and closes sooner than the anterior.	Increased intracranial pressure can be seen when the fontanels are firm and bulging when the client is not crying (Durham et al., 2022). When the fontanels are depressed it can be a sign of dehydration.
Face	The eyes are to be symmetrical and equal in size (Durham et al., 2022). The pupils should be equal, reactive to light, sclera is white, iris is blue-gray or can be brown. There may be edema present from birth as well as hemorrhage from pressure of birth. The baby should follow	Cataracts can be present if there are no light reflex, unequal pupils, and blue sclera (Durham et al., 2022). There may be large amounts of mucus which can lead to a respiratory issue as well as nasal flaring (Durham et al., 2022). Down syndrome can be a possibility if the client has a flat nose. Hypoxia can

	objects well. The nose may be flat or have bruises related to birth (Durham et al., 2022). Nose should be patent with slight mucus. Moist and pink lips, gums, tongue, palate and membranes (Durham et al., 2022). The baby will have positive reflexes with dry lips and Epstein pearls.	be shown as cyanotic lips and membranes (Durham et al., 2022). Dehydration can be seen as dry mucous membranes. Natal teeth can be congenital. Fetal alcohol syndrome can be shown with thin philtrum. A cleft lip or cleft palate can be an abnormality.

Eyes	The eyes are to be symmetrical and equal in size (Durham et al., 2022). The pupils should be equal, reactive to light, sclera is white, iris is blue-gray or can be brown. There may be edema present from birth as well as hemorrhage from pressure of birth. The baby should follow objects well.	Cataracts can be present if there are no light reflex, unequal pupils, and blue sclera (Durham et al., 2022).
Nose	The nose may be flat or have bruises related to birth (Durham et al., 2022). Nose should be patent with slight mucus.	There may be large amounts of mucus which can lead to a respiratory issue as well as nasal flaring (Durham et al., 2022). Down syndrome can be a possibility if the client has a flat nose.
Mouth	Moist and pink lips, gums, tongue, palate and membranes (Durham et al., 2022). The baby will have positive reflexes with dry lips and Epstein pearls.	Hypoxia can be shown as cyanotic lips and membranes (Durham et al., 2022). Dehydration can be seen as dry mucous membranes. Natal teeth can be congenital. Fetal alcohol syndrome can be shown with thin philtrum. A cleft lip or cleft palate can be an abnormality.
Ears	Alignment with the top of the pinna and external canthus of the eye (Durham et al., 2022). No deformities of the pinna and the baby can respond to noises appropriately, such as high pitched and their hearing will become more acute.	Down syndrome can be shown with low set ears (Durham et al., 2022). Hearing loss may be detected if the baby does not reflex to noise. Kidney abnormalities or others can be seen as skin tags, dimpling, or lesions.
Neck	Neck reflex is positive and there are skin folds on the short neck (Durham et al., 2022).	No neck reflex can be a sign of a nerve injury (Durham et al., 2022). There can be webbing/thick neck folds on the neck which is genetic.
Chest	Symmetrical and barrel chest is normal in a baby (Durham et al., 2022). Maternal hormones cause breast engorgement in male and female babies with clear/milky fluid coming from the nipple.	A congenital abnormality can be funnel chest and pigeon chest (Durham et al., 2022).

Breath Sounds	Clear and equal breath sounds as well as crackles from the fluid absorbed (Durham et al., 2022).	Respiratory distress can be shown in retractions as well as crackles, wheezes, grunting, stridor's, or decreases breath sounds (Durham et al., 2022). Meconium aspiration or pneumothorax can be seen as decreased/absent breath sounds.
Heart Sounds	Apical pulse can be found at the third or fourth intercostal space with normal heart sounds present (Durham et al., 2022). The heart should be of regular rhythm with a slight murmur that will go away. Pulses in the brachial and femoral artery should be present and equal.	The heart should be on the opposite side of the chest (right), or of bigger size, which moves the apical pulse (Durham et al., 2022). Murmur should not be persistent and there should be no weak femoral or brachial pulse.
Abdomen	Soft, round, protruding, and symmetrical are normal findings (Durham et al., 2022). Opaque cord covered in Wharton jelly. No drainage, swelling, smell or sign of infection should be seen on the skin around the cord. Within 24 hours, the cord should become dark.	An abdominal mass can be indicated if there is an asymmetrical abdomen (Durham et al., 2022). African American babies are more at risk for a hernia or diastasis recti. The heart or kidney have one umbilical vein.
Bowel Sounds	Hypoactive bowel sounds can be present the first couple days (Durham et al., 2022). Passage of stool can be seen within 48 hours.	Babies failure to pass stool (meconium) can be from imperforated anus or ileus (Durham et al., 2022).
Umbilical Cord	Opaque cord covered in Wharton jelly (Durham et al., 2022). No drainage, swelling, smell or sign of infection should be seen on the skin around the cord. Within 24 hours, the cord should become dark.	The heart or kidney have one umbilical vein (Durham et al., 2022).
Genitals	The labia minora and clitoris are covered by the labia majora (Durham et al., 2022). The meatus should be midline. They can be swollen with some blood-tinged discharge coming from	A small labia minor and prominent clitoris can be common in preterm babies (Durham et al., 2022). There may need to be genetic testing done to determine sex if there is ambiguous genitalia. A UTI, kidney

	the vagina as well as white discharge from hormones. The urine may appear dark with red/rust stain on the diaper for the first few days. The baby should urinate within the first 24 hours. The meatus should be at the top of the penis. Testes and scrotum can appear large and swollen.	failure, or polycystic disease can be seen if there is not urination in 24 hours. A male may have his urethral opening in the upper (epispadias) or under (hypospadias) side of the penis. The testes cannot descend and can't be palpated or enlarged scrotum due to fluid. A male can have an inguinal hernia.
Anus	Patent anus and passage of stool within 24 hours (Durham et al., 2022).	Anus that is imperforated which is surgical (Durham et al., 2022). Fissures or a fistula can be present on the anus.
Extremities	Legs and arms are equal in strength and symmetrical (Durham et al., 2022). The baby will have ten fingers and ten toes. The babies joints will move easily with no clicks and equal folds on the glute.	The baby may have extra digits which is genetic (polydactyly) or webbed digits (syndactyly) (Durham et al., 2022). A hip dislocation can be seen in unequal folds on the glute. A birth injury, disorder, or prematurity can be indicated in decreased range of motion. A broken clavicle can be indicated by swelling or neck tenderness or an injury during birth. Down syndrome can be indicated in shorter fingers, a big space in the big and second toe or simian creases.
Spine	The spine needs to be C-shaped, and vertebrae has no openings (Durham et al., 2022). There is no dimpling or sinuses observed.	Spina bifida can be indicated with vertebrae openings and dimpling can be indicate a pilonidal cyst or a neurological disorder (Durham et al., 2022).

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)**

Several measures are in place to ensure the safety and proper identification of infants. Newborns have their footprints and photos taken for ID purposes (Durham et al., 2022). The mother and baby wear armbands with matching identification numbers, checked at each shift change and whenever the baby is moved. Infant security tags are attached to the baby, and hospital systems are in place to trigger alarms if a baby gets too close to exit. Staff in maternal-

newborn units must wear specific name tags, and parents should only allow individuals with the correct tag to take their baby. Parents are also advised not to leave their newborns unattended, even briefly, and all entrances to these units are locked, allowing access only to those with proper identification.

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

A typical range for heart rate for an infant is around 110-160 beats per minute (Durham et al., 2022). For respiratory rate, the standard is around 30-60 breaths per minute.

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

The normal method of obtaining a temperature is to place the probe in the axillary area (Durham et al., 2022). The reason we use the axillary since it is the easiest for a baby and not as invasive as a rectal temperature. The normal range for a temperature taken axillary is 97.7-99-degree Fahrenheit.

Complete Table (10 points)

Medication	**Dosage**	**Administration Site**	**Possible side effects**	**Why is this administered?**
Vitamin K	0.5-1 mg is given within 1 hour of birth (Durham et al., 2022).	Given intramuscularly, vastus lateralis muscle (Durham et al., 2022).	Pain, swelling, and redness at the site of injection (Durham et al., 2022).	Administered to prevent hemorrhagic disease from a deficiency in Vitamin K (Durham et al., 2022).
Erythromycin	0.5% ointment in a 1 cm bead (Durham et al., 2022).	This is given on the lower eyelid of each eye (Durham et al., 2022).	Common side effects can be edema and inflammation on the eyelids (Durham et al., 2022).	This is administered prophylactically to prevent gonococcal and chlamydia infection (Durham et al., 2022).
Hepatitis B	0.5 mL (Durham et al., 2022).	Given intramuscularly, vastus lateralis muscle (Durham et al., 2022).	Pain, swelling, and redness at the site of injection (Durham et al., 2022).	This is administered prophylactically or if there was a possible exposure to hepatitis B (Durham et al., 2022).

Complete Table (20 points)

Name of Test	Why is this test ordered?
Blood Glucose	This test is ordered and important to determine, assess, and treat for hypoglycemia (Durham et al., 2022).
Blood type and Rh Factor	This test is important to determine the blood type as well as the Rh factor and to compare it to the mothers (Durham et al., 2022).
Coombs Test	This test is done to determine a hemolytic disease related to the Rh factor or ABO compatibility (Durham et al., 2022).
Bilirubin levels	This test is done to determine if there are any extreme bilirubin levels that can lead to neurological damage (Durham et al., 2022).
Newborn Screen	This test is ordered to identify conditions that can affect the baby long term and early detection is important (Centers for Disease Control and Prevention, 2024).
Hearing Screen	This test is ordered to establish if there needs to be any interventions or education if the baby happens to have hearing loss (Durham et al., 2022).
Newborn Cardiac Screen	This is done to detect a heart defect before the infant shows signs (Durham et al., 2022).

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

Knowing to how to give the infant a bath is an important education point when becoming a new parent (Durham et al., 2022). Learning to support the head, clean from the cleanest to the dirtiest, and to clean appropriate areas efficiently is important. Using a bulb syringe is important to help with the babies secretions in their nose or mouth is important. Knowing to compress the bulb before inserting it, releasing slowly. Knowing the appropriate amount of clothing, and the amount per the environment is important so your baby doesn't overheat or become too cold.

2. Identify 2 nursing diagnoses that could be identified for a newborn patient. **(10 points**)
   Impaired skin integrity related to excessive moisture as evidence by rash (Phelps, 2023).
   Disturbed sleep pattern related to environmental factors as evidence by difficulty maintaining sleep (Phelps, 2023).

Attach Reference page:

Centers for disease control and prevention. (December 17, 2024). *About newborn screening.* https://www.cdc.gov/newborn-screening/about/index.html

Durham, R., Chapman, L., & Miller, C. (2022). *Davis advantage for maternal-newborn nursing: Critical components of nursing care* (4th ed.). F.A. Davis Company

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