N432 Newborn Worksheet

Name: Kaylee Andersen

Date: 04/25/2025

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 (in purple)	Expected Variations (in red)
Skin	- Should be pink, could have birthmarks, nevi, or stork bites - Presence of body hair, fine downy lanugo - acrocyanosis (normal and disappear with crying) - Mongolian spot (grayish/dark blue/black areas located over the sacral region) (Rudd & Kocisko, 2023)	- Pale or dusky can indicate congenital heart disease - Jaundice (yellow tone) - Petechiae, skin tags, breaks in the skin, forceps marks on the face/scalp, and electronic fetal marks on the scalp - Erythema toxicum (newborn rash) - Baby acne (small red pimples) (Rudd & Kocisko, 2023)
Head	- Head circumference from 33-37cm range (average is 5cm) - Molding of the head during a vaginal birth (misshapen or elongated) (Rudd & Kocisko, 2023)	- Bruising/swelling of the head may happen due to a difficult delivery or the use of a vacuum/forceps - Caput succedaneum (cone shape of the back of the head that crosses suture lines - Microcephaly (small head) - Intracranial calcification (Rudd & Kocisko, 2023)
Fontanels	- Anterior fontanel is diamond shaped (average 2-3cm wide by 3-4cm long) - Posterior fontanel is triangular (average 1-2cm wide) (Rudd & Kocisko, 2023)	- Anterior fontanel full/bulging, sunken, or closed suture lines - Crying or increasing intracranial pressure will cause bulging (Rudd & Kocisko, 2023)
Face	- Puffy - Symmetrel (Rudd & Kocisko, 2023)	- Brusing - Milia - Acne - Erythema toxicum (Rudd & Kocisko, 2023)
Eyes	- Eyelids may be edematous - Iris should be grayish-blue or gray brown - Sclera should be blue or white - Pupils should be equal, round,	- Glaucoma (increased tearing, swelling, pain, dullness of the iris) - Congenital cataracts (Rudd & Kocisko, 2023)

	and reactive to light (PERLA) - Cornea should be clear and red reflex should be resent - Inner epicanthal fold to the out canthus to the top notch of ear where it connects with the scalp should be symmetrical (within a line) (Rudd & Kocisko, 2023)	

Nose	- Obligatory nose-breather (Rudd & Kocisko, 2023)	- Nasal flaring (Rudd & Kocisko, 2023)
Mouth	- Symmetrical - Tongue should not protrude between the lips - Hard/soft palate should be intact and high arched (Rudd & Kocisko, 2023)	- Epstein pearls are yellow or white fluid-filled papules on palate (Rudd & Kocisko, 2023)
Ears	- Startle to noise - Respond to soothing sounds (Rudd & Kocisko, 2023)	- Cleft lip/palate - Malformation abnormalities - Cartilage abnormalities (Rudd & Kocisko, 2023)
Neck	- Move feely from side to side - Short and thick - Skin folds are present (Rudd & Kocisko, 2023)	- Masses - No head movement (Rudd & Kocisko, 2023)
Chest	- Symmetry (Rudd & Kocisko, 2023)	- Asymmetry due to a pneumothorax (Rudd & Kocisko, 2023)
Breath Sounds	- Very irregular, sporadic, shallow, diaphragmatic (Rudd & Kocisko, 2023)	- Gasping - Apnea - Grunting
Heart Sounds	- Apical pulse average 120-160 bpm (Rudd & Kocisko, 2023)	- increase pulse rate due to crying and/or decrease in sleep. (Rudd & Kocisko, 2023)
Abdomen	- Should appear cylindrical - Prominent (Rudd & Kocisko, 2023)	- Sunken abdomen should be reported to the provider immediately. - Scaphoid - Very flat (Rudd & Kocisko, 2023)

Bowel Sounds	- Normal peristalsis - Aur enters the stomach with first cry and reaches the rectum in 3-4 hours (Rudd & Kocisko, 2023)	- Hyperactive - Hight-pitched - Absence after 5 minutes needs to be reported. (Rudd & Kocisko, 2023)
Umbilical Cord	- Cord begins to dry after it is cut and becomes black/hard and will fall off within 2 weeks - Three vessels should be present (Rudd & Kocisko, 2023)	- Two vessel could indicate renal agenesis or lack of development (Rudd & Kocisko, 2023)
Genitals	Male: descended testes, urethra opening in the center of the penis, and scrotum at first appears edematous and disproportionately large. Female: labia majora are larger than labia minora. (Rudd & Kocisko, 2023)	Male: hypospadias (urethral opening is on the ventrum of penis), epispadias (urethral opening is on dorsum of penis). Female: observe for ambiguous genitalia (when the infant genitalia does not resemble either sex). (Rudd & Kocisko, 2023)
Anus	- Patent - Passage of stool within 24 hours (Durham et. al, 2023)	- Fissures - Fistulas - Imperforated (Durham et. al, 2023)
Extremities	- Acrocyanosis - Active motions - Completely pink (Durham et. al, 2023)	- Flaccid - Pale or blue color (Durham et. al, 2023)
Spine	- Longitudinal lie (Durham et. al, 2023)	- Transvers lie (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 at facilitates for newborns? (5 points)**
    - **a.** As soon as the baby is born, the facility will place an ID band on the infant that matches both parents' brand (Durham et. al, 2023, p. 523). With the ID band, the facility will place some kind of safety tag to be able to track the baby to reduce the risk of abduction from happening.
2. **What are normal ranges for an infant's heart rate and respiratory rate? (2 points)**
    - **a.** When taking the heart rate of an infant, you would auscultate the apical pulse for a full minute. The normal range is 110-160 bpm (Durham et. al, 2023, p. 309).
    - **b.** A normal respiratory rate is between 30-60 breath per minute (Rudd & Kocisko, 2023, p. 122). A nurse would count for a full minute because their normal is irregular, shallow, and diaphragmatic.
3. **What is the normal range and method for getting an infant's temperature? Why is this? (2 points)**
    a. The one that is the most accurate way to check the temperature is rectally (Durham et. al, 2023, p. 523). Normal rectal temperature is above 100.4℉. The other was a nurse can take the infant's temperature is axillary. Normal for axillary is above 99℉. Rectal the most accurate way because it is getting the core temperature of the infant while the axillary can give a false reading due to the infant moving, not holding the arm down to the side, and/or the baby being wrapped up could cause the temperature to read higher.

Complete Table (10 points)

Medication	**Dosage**	**Administration Site**	**Possible side effects**	**Why is this administered?**
Vitamin K (Rudd & Kocisko, 2023, p.121).	Single dose 0.5 or 1.0mg. 0.5mg is for preterm and 1.0mg is for full term.	Vastus lateralis muscle.	Pain at the site of injection.	This is given to prevent hemorrhagic disease that is caused by vitamin K deficiency.
Erythromycin (Rudd & Kocisko, 2023, p.121).	1cm thin ribbon.	The inner to the outer canthus of the lower eyelids.	Eye irritation, goopy discharge, or redness in the eyes.	This is given to prevent the spread of gonococcal/chlamydia infection to the infant then being delivered through a virginal birth.
Hepatitis B (Rudd & Kocisko, 2023, p.121).	0.5 mL IM injections.	Vastus lateralis muscle.	Pain at the site of injection.	This is giving to prevent the hepatitis B that could lead to liver disease.

Complete Table (20 points)

Name of Test	Why is this test ordered?
Blood Glucose	This is completed on infants that are at risk of developing metabolic acidosis (Durham et al., 2023, p. 127). The risk factors are the following: congenital metabolic conditions, birth defects, stress, or neonatal depression.
Blood type and Rh Factor	This is completed to know what type of blood the infant has and see if they have the Rh factor within their blood (Durham et. al, 2023, p. 68).
Coombs Test	This is to monitor red blood cells that are abnormal and how the blood breakdown (Rudd & Kocisko, 2023, p.130). The nurse would want to monitor closely when the mother has a Rh-negative test completed.
Bilirubin levels	This is done to evaluate the risk of developing jaundice and/or if the infant already has jaundice (Durham et al., 2023, p. 130).
Newborn Screen	This screening can reveal potential disorders that could develop and start early treatment to improve the outcome of the baby's life (Durham et. al, 2023, p. 511).
Hearing Screen	This is done on every infant that was born in the in hospital because it will detect any deviations in the hearing that could prevent the infant from reaching all development milestones (Rudd & Kocisko, 2023, p. 38).
Newborn Cardiac Screen	This is completed on every newborn in hopes of identifying critical congenital heart disease when it's in the early stage (Rudd & Kocisko, 2023, p. 123).

1. **Identify 3 educational topics that could be discussed with caregivers of the infant. (6 points)**
    a. I would educate about the risk of SIDs associated with suffocation factors that are in the crib.
    b. Car seat safety is a big one from the appropriate weight/height for the car seat to the proper way the seat should be facing in the car.
    c. How to support the infant head because the infant does not have control over their head/neck.
2. **Identify 2 nursing diagnoses that could be identified for a newborn patient. (10 points)**
    a. Constipation related to being born 48-hours ago as evidenced by not passing her first bowl movement within the 24-hour window.

b. Aspiration related to the ammonic fluid from the water breaking as evidenced by needing to suck out the fluid when they are born.

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.

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

Rudd, K. & Kocisko, D.M. (2023). *Davis advantage for pediatric nursing: Critical components of nursing care* (3rd ed.). F.A. Davis