N432 Newborn Worksheet

Name:

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	Skin may be covered in vernix caseosa - a whitish and waxy coating. The presence of fine hair known as lanugo. May also possess birthmarks. There may be some skin peeling at wrist or ankle creases.	Extremities may have slight cyanosis or rash that resolve within opening hours-to-days.
Head	Soft and flat Fontanel – an area along the top and front of the skull where cranial bones have not yet closed and fused in a suture line. Cranium usually constitutes about 1/4 of the newborns size. Some swelling may be present from the laboring process.	Cone-shaped molding or asymmetries may exist in the skull from the pressures experienced during labor on the soft and mobile skull bones. This will resolve in opening hours-to-days.
Fontanels	Soft, flat, roughly 5cm in diameter, and diamond shaped.	Pulse can be observed through the skin here. Variations however may even show bulging when crying, or depression if dehydrated.
Face	Symmetry of facial features throughout.	Some edema may be present. Possible for asymmetries to exist may be indicative of other issues.
Eyes	Clear in appearance with no discharge. Newborns do not produce tears in the opening ~x3days postpartum. Red reflex present.	Slow pupillary reflex. Edema present. Subconjunctival hemorrhage possible (blood in the whites of the eyes).
Nose	Nares are patent, sneezing reflex present.	Mild nasal flaring with respirations. Crackles may be auscultated from residual lung fluids still present.
Mouth	Pink in color, moist in consistency, with intact palate and tongue midline. Absence of teeth or injuries.	Rare potential for gum lesions of natal teeth. Bruising may be observed.
Ears	Of normal position and size; equal height/position bilaterally.	Flattening, irregularity/asymmetry of size (large/small) or folding of ears.

Neck	No masses or restrictions to motion. Rests in a neutral position	Lymph nodes may be swollen, or torticollis of the neck from birthing trauma (neck range of motion restriction resulting from injured sternocleidomastoideus musculature in the neck).
Chest	Barrel shaped thorax is common in newborns. Sternum is midline, firm, and palpable. Clavicles intact without fractures. Nipples formed and are present.	Possible congenital skeletal anomalies. Temporary nipple discharge known as “witch’s milk” during first week. Clavicular fractures may occur in traumatic deliveries.
Breath Sounds	Clear lung field sounds in all lobes A/P, w/ regular respiratory pattern/rhythm with normal rate of 40-60 respirations per minute. No adventitious sounds.	Crackles due to residual fluid in lungs.
Heart Sounds	110-160 BPM with regular rhythm. Possible to have some murmurs in first day.	Some variability in feeling of strength in pulses and ongoing murmurs. All of which usually resolve in opening days.
Abdomen	Soft, round, symmetrical, with cord-stump present (clamped and dry w/o significant irritation or bleeding). No organomegaly.	Umbilical hernia (protrusion of belly-button). Umbilical cord redness/discharge. Abdominal distention possible in first x1-2 days due to swallowed air/fluid.
Bowel Sounds	Audible and normoactive in all 4 quadrants.	May not hear anything in first hours after birth.
Umbilical Cord	Clamped. Dry and without redness at stump.	Some redness or discharge, but dries and falls off in 7-10 days.
Genitals	Clear urethral opening for male or female. Male: formed and descended testicles. Female: labial engorgement due to maternal hormones.	Males: Hydrocele may be present. Female: Vaginal secretions (mucus/blood) possible.
Anus	Fulled developed and patent.	Imperforate anus – absence of a normal anal opening. May have perianal redness from

		stool passage.
Extremities	Limbs symmetrical, mobile w/ full range of motion. No fractured bones.	Some distal extremity cyanosis visible. Fractures or bruising may exist from a traumatic delivery.
Spine	Straight spine w/ consistent spinous processes.	Skin dimpling, malformations or deformities of spinal alignment. Visible tuft of hair at lumbar from spina bifida. Sac-like protrusion called a myelomeningocele.

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 for newborns? (5 points)**

To prevent misidentification or mix-ups of babies, identification bands are placed on newborns. These bands match with their mothers. Moreover, these bands use electronic monitoring devices that sound alerts if a newborn is taken from the unit to prevent abductions. Newborn units are also often locked units that are closely monitored and limit outside access in order to protect the safety and privacy of newborns and their mothers. These units will require admission through front desk personnel, and family members coming and going from the unit may require their own issued badges, and/or escorts. These units also often feature continuous camera observation and recording. All of these and more are included in education provided to parents (Consolini, 2023; Sadowski & Casey, 2014).

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

Heart rate norms for newborns range from 100 – 160 beats per minute (Durham, Chapman, & Miller, 2022, p. 299).

Respiratory rate norms for newborns range from 40 – 60 respirations per minute (Sadowski & Casey, 2014).

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

Normal newborn temperatures range from 97.7*F to 99.5*F (36.5-37.5*C) (Consolini, 2023). Temperature is measured best from the rectum, but more frequently taken from the axilla to prevent injuries (Sadowski & Casey, 2014). Maintaining newborn warmth is critical, through use of warmers, blankets, or parental body heat due to immature thermoregulation resulting in rapid heat loss in newborns (Durham, Chapman, & Miller, 2022, p. 299).

Complete Table (10 points)

Medication	**Dosage**	**Administration Site**	**Possible side effects**	**Why is this administered?**
Vitamin K	0.5mg - 1mg, given x1 s/p birth.	Vastus Lateralis (lateral thigh musculature)	Redness at injection site with mild swelling. Allergic reactions are rare but possible.	Reduce potential for bleeds or hemorrhage (Consolini, 2023).
Erythromycin	0.5% ointment applied to each eye.	Conjunctival sacs of both eyes.	May cause temporary irritation, discharge, redness, and/or blurry vision.	Given prophylactically to protect against adverse effects of maternal sexually transmitted diseases (Sadowski & Casey, 2014).
Hepatitis B	0.5 mL dose for newborns as the first dose in a 3-	IM injection into the anterior lateral thigh.	Fever, irritability. Redness and/or	To prevent maternal transmission of hepatitis B

	step series occurring over the first 6 months of life.		swelling at the injection site.	virus during delivery (Consolini, 2023.

Complete Table (20 points)

Name of Test	**Why is this test ordered?**
Blood Glucose	To determine the presence of neonatal hypoglycemia. Particularly in newborns who are preterm, are significant large/small for age, or mother has diabetes Dx (Consolini, 2023).
Blood type and Rh Factor	To determine the newborn's blood type and rhesus factor. This can be critical if the newborn and mother have blood type mismatches and indicate a need for Rhogam shots to prevent autoimmune reactions (Sadowski & Casey, 2014).
Coombs Test	If there is a concern for a maternal-newborn blood-type mismatch, this test may be performed to assess whether maternal antibodies are coating newborn red blood cells. The concern being a risk for hemolysis and jaundice (Sadowski & Casey, 2014).
Bilirubin levels	May be used in the assessment of hyperbilirubinemia that can cause jaundice or even brain damage. Early detection is critical and can inform efforts to provide phototherapy treatments in response (Consolini, 2023).
Newborn Screen	This is a mandatory test in the United States that screens for metabolic, endocrine, hematological, and/or genetic disorders. Early detection improves outcomes and minimizes complications (Consolini, 2023).
Hearing Screen	This may be one or more tests used to identify congenital hearing loss. Language development and cognitive growth can be significantly impacted as a result, and therefore early identification is important (Sadowski & Casey, 2014).
Newborn Cardiac Screen	This can be performed via noninvasive testing such as pulse oximetry and is used to observe oxygen saturation and cardiac wave forms that may provide early detection of congenital heart defects that require immediate response (Consolini, 2023).

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

During the first year of the infants' life, it is advised to position them on their back for sleeping on a firm surface free of any and all pillows/toys/blankets, and to avoid co-sleeping. This is key to preventing sudden infant death syndrome (SIDS) (Centers for Disease Control and Prevention, 2024). Newborns usually breastfeed approximately 8-12 times a day, or roughly every 2-3 hours (Consolini, 2023; Sadowski & Casey, 2014). New parents would also benefit form education regarding signs or symptoms that warrant elevated concern – such as fever, poor feeding, vomiting, difficulty breathing with observable retractions, decreased urinary output demonstrated by reduced wet diaper frequency (Consolini, 2023).

2. **Identify 2 potential nursing diagnoses for a newborn patient. (10 points)**

#1: Risk for ineffective thermoregulation due to immature hypothalamic temperature control, as evidenced by low body temperature measurements when not addressed (warmer, swaddling, other).

#2: Risk for ineffective feeding pattern due to poor sucking reflex, as evidenced by poor latching.

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