N432 Newborn Worksheet

Name:

This assignment should be submitted to the Dropbox by date assigned before 2359. Please provide detail for each area. Complete table (40 points) Include in-text citations in APA format. Attach Reference page.

*A*rea	Normal Findings	Expected Variations
Skin	Skin is pink and warm with acrocyanosis. Milia are present on the bridge of the nose and chin. Lanugo is present on the back, shoulders, and forehead, which decreases with advancing gestation. Peeling or cracking is often noted on infants >40 weeks' gestation. Slate gray patches. Hemangiomas such as salmon-colored patch (stork bites), nevus flammeus (port-wine stain), and strawberry hemangiomas are developmental vascular abnormalities. Stork bites are found at the nape of the neck, on the eyelid, between the eyes, or on the upper lip. They deepen in color when the neonate cries. They disappear within the first year of life. Nevus flammeus are purple- to red-colored flat areas that can be located on various portions of the body. These do not disappear. Strawberry hemangiomas are raised bright red lesions that develop during the neonatal period. They spontaneously resolve during early childhood. Erythema	Central cyanosis after the first 10 minutes of life is caused by reduced oxygen saturation and hypoxia. Circumoral cyanosis with pink mucous membranes may be benign. Jaundice within the first 24 hours is pathological (see Chapter 17). Pallor occurs with anemia, hypothermia, shock, or sepsis. Greenish or yellowish vernix indicates passage of meconium during pregnancy or labor. Persistent ecchymosis or petechiae occurs with thrombocytopenia, sepsis, or congenital infection. Abundant lanugo is often seen in preterm neonates.

	toxicum, newborn rash (Durham et al, 2023).	Thin and translucent skin, and increased amounts of vernix caseosa, are common in preterm neonates. Nails are longer in neonates >40 weeks' gestation. Pilonidal dimple: A small pit or sinus in the sacral area at the top of the crease between the buttocks; the sinus can become infected later in life (Durham et al, 2023).

Head	32–36 cm (12.5–14 in.) Molding present (Durham et al, 2023).	Microcephaly: Head circumference is below the 10th percentile of normal for newborn's gestational age. This is often related to congenital malformation, maternal drug or alcohol ingestion, or maternal infection during pregnancy. Macrocephaly: Head circumference is >90th percentile. This can be related to hydrocephalus. Bruising and laceration are observed at the site of the fetal scalp electrode or vacuum extractor. Presence of caput succedaneum or cephalohematoma is observed (Durham et al, 2023).
Fontanels	Fontanels are open, soft, intact, and slightly depressed. They may bulge with crying. The anterior fontanel is diamond shaped, approximately 2.5–4 cm (closes by 18 months of age). The posterior fontanel is a triangle shape that is approximately 0.5–1 cm (closes between 2 and 4 months). May be difficult to palpate due to excessive molding. There are	Fontanels that are firm and bulging and not related to crying are a possible indication of increased intracranial pressure. Depressed fontanels are a possible indication of dehydration (Durham et al, 2023).

	overriding sutures when there is increased molding (Durham et al, 2023).	

Face	Swollen face or eyelids from birth pressure or IV fluids during labor Asymmetry one side of the face may look different at first (Durham et al, 2023).	Facial asymmetry that does not disappear (Durham et al, 2023).
Eyes	Eyes are equal and symmetrical in size and placement. The neonate is able to follow objects within 12 inches of the visual field. Edema may be present due to pressure during labor and birth or reaction to eye prophylaxes. The iris is blue-gray or brown. The sclera is white or bluish white. Subconjunctival hemorrhage may be present due to pressure	Absent red-light reflex indicates cataracts. Unequal pupil reactions indicate neurological trauma. Blue sclera is a possible indication of osteogenesis imperfect (Durham et al, 2023).

	during labor and birth. Pupils are equally reactive to light (Durham et al, 2023).	

Nose	The nose may be flattened or bruised related to the birth process. Nares should be patent. Small amount of mucus is present. Neonates primarily breathe through their noses (Durham et al, 2023).	Large amounts of mucus drainage can lead to respiratory distress. A flat nasal bridge is seen with Down syndrome. Nasal flaring is a sign of respiratory distress (Durham et al, 2023).
Mouth	Lips, gums, tongue, palate, and mucous membranes are pink, moist, and intact. Reflexes are positive. Dry lips are common after birth. Epstein’s pearls are present (Durham et al, 2023).	Cyanotic or bluish mucous membranes are a sign of hypoxia. Dry mucous membranes are a sign of dehydration Natal teeth, which can be benign or related to congenital abnormality. Thin philtrum may be indicative of fetal alcohol syndrome.

		Cleft lip or palate, which is a congenital abnormality in which the lip or palate does not completely fuse (Durham et al, 2023).

Ears	Top of the pinna is aligned with the external canthus of the eye. Pinna is without deformities, well-formed and flexible. The neonate responds to noises with positive startle signs. Hearing becomes more acute as Eustachian tubes clear. Neonates respond more readily to high-pitched vocal sounds (Durham et al, 2023).	Low-set ears are associated with genetic disorders such as Down syndrome. Absent startle reflex is associated with possible hearing loss. Skin tags, dimpling, or other lesions may be associated with kidney or other abnormalities (Durham et al, 2023).
Neck	The neck is short with skin folds. Positive tonic neck reflex may be present (Durham et al, 2023).	Webbing or large thick skin folds at the back of the neck is a possible indication of genetic disorders. Absent tonic neck reflex is an indication of nerve injury (Durham et al, 2023).
Chest	30.5–33 cm (12–13 in.) or 2–3 cm less than head circumference.	Pectus excavatum (funnel chest) is a congenital abnormality.

	The chest is barrel-shaped and symmetrical. Breast engorgement may be present in both male and female neonates related to maternal hormones and resolves within a few weeks. Clear or milky fluid from nipples related to maternal hormones (Durham et al, 2023).	Pectus carinatum (pigeon chest) can obstruct respirations. Chest retractions are a sign of respiratory distress (Durham et al, 2023).

Breath Sounds	Lung sounds are clear and equal. Scattered crackles may be detected during the first few hours after birth. This is due to retained lung fluid, which will be absorbed through the lymphatics. 30–60 breaths per minute Unlabored Irregular with pauses up to 15 seconds (periodic breathing), with no color change Diaphragmatic and abdominal breathing Rate increases when crying and decreases when sleeping (Durham et al, 2023).	Periods of apnea >20 seconds, especially if associated with color change. Tachypnea that may be related to sepsis, pain, hypothermia, hypoglycemia, or respiratory distress syndrome. Respirations <30; may be related to maternal analgesia or anesthesia during labor. Persistent crackles, wheezes, stridor, grunting, paradoxical breathing, decreased breath sounds, or prolonged periods of apnea (>15–20 seconds) are signs of respiratory distress. Decreased or absent breath sounds are often related to meconium aspiration or pneumothorax (Durham et al, 2023).
Heart Sounds	Point of maximal impulse (PMI) at the third or fourth intercostal space. S1 and S2 are present.	Dextrocardia: Heart on the right side of the chest. Displaced PMI occurs with cardiomegaly.

	Regular rhythm with some variability related to activity and respiratory changes. Murmurs in 30% of neonates, which disappear within 2 days of birth. Brachial and femoral pulses are present and equal (Durham et al, 2023).	Persistent murmurs indicate persistent or return to fetal circulation (opening of shunts with blood flow through them), or CHDs. Femoral pulses that feel weaker than brachial pulses may indicate a CHD (Durham et al, 2023).

Abdomen	The abdomen is soft, round, protuberant, and symmetrical. The cord is opaque or whitish blue with two arteries and one vein, and covered with Wharton's jelly. Skin around the umbilical cord should be assessed for infection and have no redness, swelling, drainage, or foul smell (Durham et al, 2023).	Asymmetrical abdomen indicates a possible abdominal mass. Hernias or diastasis recti are more common in Black neonates and usually resolve on their own within the first year. One umbilical artery and vein is associated with heart or kidney malformation (Durham et al, 2023).
Bowel Sounds	Bowel sounds are present but may be hypoactive for the first few days. Passage of meconium stool within 48 hours postbirth (Durham et al, 2023).	Failure to pass meconium stool is often associated with imperforated anus or meconium ileus (Durham et al, 2023).
Umbilical Cord	The cord is opaque or whitish blue with two arteries and one vein, and covered with Wharton's jelly. Skin around the umbilical cord	Spreading redness or warmth of surrounding skin Foul-smelling discharge or pus Continuous bleeding

	should be assessed for infection and have no redness, swelling, drainage, or foul smell. The cord becomes dry and darker in color within 24 hours postbirth and detaches from the body within 2 weeks (Durham et al, 2023).	Fever or signs of infection Bulging umbilicus with crying that doesn't reduce (possible hernia) (Durham et al, 2023).

Genitals	Labia majora covers the labia minora and clitoris. Labia majora and minora may be edematous. Blood-tinged vaginal discharge is related to the abrupt decrease of maternal hormones (pseudomenstruation). Whitish vaginal discharge is observed in response to maternal hormones. Urine may appear dark with urate crystals that appear as a red or rust-colored stain on the diaper (“brick dust”). This is normal the first few days of life. The neonate urinates within 24 hours.	Prominent clitoris and small, visible labia minora are often present in preterm neonates. Ambiguous genitalia; may require genetic testing to determine sex. No urination in 24 hours may indicate a possible urinary tract obstruction, polycystic disease, or renal failure. Hypospadias: The urethral opening is on the ventral (under) surface of the penis. Epispadias: The urethral opening is on the dorsal (upper) side of the penis. Undescended testes (cryptorchidism): testes are not palpated in the scrotum. Hydrocele is enlarged scrotum due to excess fluid. No urination in 24 hours may indicate possible urinary tract obstruction, polycystic disease, or renal failure.

	The urinary meatus is midline. The urinary meatus is at the tip of the penis. The scrotum is large, pendulous, and edematous with rugae (ridges or creases) present. Both testes are palpated in the scrotum. The neonate urinates within 24 hours with an uninterrupted stream. Urine may appear dark with urate crystals (“brick dust”) that appear as a red, orange, pink, or rust-colored stain on the diaper. This is normal the first few days of life (Durham et al, 2023).	Ambiguous genitalia may require genetic testing to determine sex. Inguinal hernia (Durham et al, 2023).

Anus	The anus is patent. Passage of stool within 24 hours (Durham et al, 2023).	Imperforated anus requires immediate surgery (Durham et al, 2023). Anal fissures or fistulas may be present (Durham et al, 2023).
Extremities	Arms are symmetrical in length and equal in strength. Legs are symmetrical in length and equal in strength. 10 fingers and 10 toes. Full range of motion is observed of all extremities. No clicks at joints. Equal gluteal folds. Extremities are flexed with symmetrical movements. Hands are clenched.	Polydactyly: Extra digits may indicate a genetic disorder (Durham et al, 2023). Syndactyly: Webbed digits may indicate a genetic disorder (Durham et al, 2023). Unequal gluteal folds or positive Barlow and Ortolani maneuvers are associated with congenital hip dislocation (Durham et al, 2023). Limp or floppy, or extension of extremities often related to prematurity; effects of medications given to mother during labor such as magnesium sulfate and analgesics or anesthesia; birth injuries; hypothermia; hypoglycemia; or hypoxia (late sign) (Durham et al,

	Neuro: Flexed position Rapid recoil of extremities to the flexed position Positive newborn reflexes (Durham et al, 2023).	2023). Decreased range of motion or muscle tone indicates possible birth injury, neurological disorder, or prematurity. Swelling, crepitus, or neck tenderness indicates possible broken clavicle, which can occur during the birthing process in neonates with large shoulders (Durham et al, 2023). Simian creases, short fingers, wide space between big toe and second toe are common with Down syndrome (Durham et al, 2023).
Spine	C-shaped spine with no openings is felt or observed in vertebrae. No dimpling or sinuses are observed (Durham et al, 2023).	Vertebrae openings may indicate spina bifida. Dimpling or sinuses may indicate pilonidal cyst or a more serious neurological disorder (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 for newborns? (5 points)

Parents and all caregivers should be educated on safe infant sleep. Keep small objects out of the reach of infants to prevent choking. Remove strings and ribbons from bedding, sleepwear, and pacifiers to prevent strangulation. Keep plastic bags out of reach. Keep all sharp objects in drawers or cabinets and out of the infant's reach. Check water temperature used for bathing. Water temperature should be 100°F to 100.4°F (37.8°C to 38°C). Set the water heater thermostat at 120°F or lower. Do not leave the infant in the bathtub unsupervised. Keep any guns unloaded and locked and out of the infant's reach. Install safety devices around swimming pools. Do not

cook while holding the infant. Do not drink hot liquids when holding the infant. Supervise infants when pets are in the room. Ensure infant crib, highchair, and other furniture or play equipment meet current safety standards (i.e., all four sides of cribs are fixed and unmovable). Cover electrical outlets. Car seats must be used for all infants and children when traveling in a motor vehicle, including on the day of discharge from the hospital. Fall prevention. Poisoning prevention (Durham et al, 2023).

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

30–60 breaths per minute. Unlabored. Irregular with pauses up to 15 seconds (periodic breathing), with no color change. Diaphragmatic and abdominal breathing. Rate increases when crying and decreases when sleeping (Durham et al, 2023).

110–160 bpm. Rate may increase (to 180 bpm) with crying and may decrease (to 90 bpm) when asleep. Murmurs may be heard, especially in the first 24 hours as shunts are closing; most are not pathological and disappear by 6 months (Durham et al, 2023).

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

   Place a clean temperature probe in the axillary area. Axillary temperatures are preferred in the hospital setting but rectal temperatures may also be done. Rectal temperatures are considered the most accurate (Durham et al, 2023).

   97.7°F–99°F (36.5°C–37.2°C) Axillary (Durham et al, 2023).

   Complete Table (10 points)

Medication	Dosage	Administration Site	Possible side effects	Why is this administered?
Vitamin K	0.5 to 1 mg (Durham et al, 2023).	intramuscularly (IM) (Durham et al, 2023).	Erythema, pain, and swelling at the injection site (Durham et al, 2023).	Prevention of vitamin K deficiency bleeding (-previously called hemorrhagic disease in neonate)

				(Durham et al, 2023).
Erythromycin	Apply a 1 cm bead of ointment (Durham et al, 2023).	bead of ointment lower eyelid of each eye (Durham et al, 2023).	Edema and inflammation of eyelids (Durham et al, 2023).	Prophylaxis treatment for gonococcal or - chlamydial eye infections. Prevents bacterial growth by suppressing protein - synthesis within bacterial ribosome (Durham et al, 2023).
Hepatitis B	10 mcg (Durham et al, 2023).	intramuscularly (IM) (Durham et al, 2023).	Pain, redness, or swelling at injection site, low-grade fever, irritability or fussiness (Durham et al, 2023).	Prevents vertical transmission of Hepatitis B from mother to baby during birth (Durham et al, 2023).

Complete Table (20 points)

Name of Test	Why is this test ordered?
Blood Glucose	Large quantities of glycogen and fat are stored by the

	fetus during the third trimester of pregnancy to meet energy requirements for the transition from intrauterine to extrauterine life. Immediately after birth, the neonate becomes independent of the mother's metabolism and must balance the increase in energy demands with glucose and glycogen availability. Glucose values normally are lower the first few hours after birth and slowly rise during the first 12 hours. Newborn glucose levels on the first day and after the first 4 hours range between 40 and 60 mg/dL, and after the first day between 50 and 90 mg/dL (Durham et al, 2023).
Blood type and Rh Factor	Blood type and Rh factor with antibody screening to identify isoimmunization. Patients found to be Rho(D)-negative should be rescreened in the second trimester and given RhoGAM at 26 to 28 weeks and again after delivery if the infant is Rho(D)-positive (Durham et al, 2023).
Coombs Test	Antiglobulin (Coombs') test: Used to determine hemolytic disease of the newborn related to Rh or ABO incompatibility. Direct antiglobulin (Coombs') test, which can be done on cord blood, is used to detect abnormal in vivo coating of the neonate's RBCs with antibody globulin (maternal antibodies); when present, the test is considered positive (Durham et al, 2023).
Bilirubin levels	Bilirubin levels are checked in newborns to detect and prevent complications of neonatal jaundice, which is very common but can be dangerous if levels get too high (Durham et al, 2023).
Newborn Screen	Screening tests are performed to assist the neonate's health-care provider to identify congenital and other common disorders not easily seen at birth. Newborn screening programs focus on disorders for which early detection and treatment improve health outcomes

	(Durham et al, 2023).
Hearing Screen	The screening test relies on physiological measures instead of behavioral responses but does not provide information on the type or degree of hearing impairment (Durham et al, 2023).
Newborn Cardiac Screen	Almost 3% of neonates are born with a birth defect, most often caused by congenital heart defects (CHDs). CCHDs make up a small portion of all CHDs. Certain CCHDs go undetected during the prenatal and immediate postnatal period as the neonate shows no signs or symptoms the first days after birth. Therefore, these neonates are thought to be healthy and are sent home where they may quickly deteriorate. CCHD screening is a simple pulse oximetry test that compares preductal and postductal oxygen saturation levels as well as the overall oxygenation levels (Durham et al, 2023).

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

The first few bathing experiences can be stressful for parents, but over time it typically becomes a very pleasurable experience for both the parents and the infant. Immersion (in a tub) or swaddled immersion bathing (loosely swaddled in a towel and immersed in water) are acceptable as is bathing with a sponge. Immersion or swaddled immersion bathing are ideal as the infant experiences less heat loss and cold stress, and maintains a calmer state. Daily bathing with soap is not necessary and can cause skin irritation. Bathing every few days is sufficient. Use of a mild preservative-free soap that has neutral pH is recommended to decrease the risk of skin irritation. The use of soap on the face is not recommended. Genital and rectal areas should be cleaned at each diaper change with water or diaper wipes (Durham et al, 2023).

A bulb syringe is used to assist the infant in clearing mucus from the nasopharynx. It is important for parents to learn how to properly use a bulb syringe and they should be given opportunities to practice before discharge. Newborns should have their own bulb syringe that is cleaned with soapy water and rinsed after each use (Durham et al, 2023).

The amount of clothing needed varies depending on whether the infant is inside or outside and the temperature of the environment. The amount and type of clothing can be influenced by cultural beliefs. Newborns are usually comfortable wearing a diaper, T-shirt, and loose-fitting outfit when inside. When outside, the infant's skin must be protected from the sun. Add additional layers of clothing or heavier blankets and a hat when outside in cooler weather. However, newborns and infants can become overheated with too many clothes or blankets, so it is important to explore what parents know and believe about infant dressing and educate them on risks of overheating and overbundling. Remind parents to avoid overbundling the infant at bedtime. An overheated infant has an increased risk of sudden unexpected infant death (SUID) during sleep (Durham et al, 2023).

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

Problem 1: Alteration in metabolic processes—hypoglycemia

Goal: Manage an episode of hypoglycemia.

Outcome: The neonate's glucose level is within normal range (Durham et al, 2023).

Problem 6: Impaired gas exchange—respiratory distress

Goal: Adequate gas exchange

Outcome: Pao2 is 60 to 70 mm Hg; Paco2 is 35 to 45 mm Hg; skin color is pink; lung sounds are clear; and no signs of retractions, grunting, or nasal flaring (Durham et al, 2023).

Attach Reference page:

N432 Newborn Worksheet Rubric

Criteria	40 points	20 points	0 points	Comments
▪ Head to toe assessment	Includes complete and accurate information on	Missing 3-4 or incorrect information of the	Missing 5 or more or incorrect information of	

○ Normal findings ○ Expected variations ▪ Include in-text citations in APA format.	**all criteria:** ▪ **Head to toe assessment** ○ Normal findings ○ Expected variations ▪ Include in-text citations in APA format.	**following:** ▪ **Head to toe assessment** ○ Normal findings ○ Expected variations ▪ Include in-text citations in APA format.	**the following:** ▪ **Head to toe assessment** ○ Normal findings ○ Expected variations ▪ **Contains no in-text citations.**	
Criteria	**5 points**	**2.5 points**	**0 points**	**Comments**
Newborn safety/security ▪ Safety measures identified ▪ Security measures identified ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Includes complete and accurate information on all criteria:** **Newborn safety/security** ▪ Safety measures identified ▪ Security measures identified ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Missing 1 or incorrect information of the following:** **Newborn safety/security** ▪ Safety measures identified ▪ Security measures identified ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Missing 2 or more or incorrect information of the following:** **Newborn safety/security** ▪ Safety measures identified ▪ Security measures identified ▪ Response not written in complete sentences. ▪ **Contains no in-text citations.**	
Criteria	**2 points**	**1 point**	**0 points**	**Comments**
Newborn vitals ▪ Normal range for heart rate ▪ Normal range for respiratory rate ▪ Response written in complete sentences.	**Includes complete and accurate information on all criteria:** **Newborn vitals** ▪ Normal range for heart rate ▪ Normal range for	**Missing 1 or incorrect information of the following:** **Newborn vitals** ▪ Normal range for heart rate ▪ Normal range for	**Missing 2 or more or incorrect information of the following:** **Newborn vitals** ▪ Normal range for heart rate ▪ Normal range for	

▪ Include in-text citations in APA format.	respiratory rate ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	respiratory rate ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	respiratory rate ▪ Response not written in complete sentences. ▪ **Contains no in-text citations.**	
Criteria	**2 points**	**1 points**	**0 points**	
Newborn ▪ Normal range for temperature ▪ Method for taking infants temperature ▪ Why is this method used for temperature? ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Includes complete and accurate information on all criteria:** ▪ Primary cause identified. ▪ Interventions listed to alleviate this issue. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format	**Missing 1 or incorrect information of the following:** ▪ Primary cause identified. ▪ Interventions listed to alleviate this issue. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format	**Missing 2 or more or incorrect information of the following:** ▪ Primary cause identified. ▪ Interventions listed to alleviate this issue. ▪ Response not written in complete sentences. ▪ **Contains no in-text citations.**	
Criteria	**10 points**	**5 points**	**0 points**	**Comments**

Medications ▪ Vitamin K o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Erythromycin o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Hepatitis B o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Response written in complete sentences. ▪ Include in-text citations in APA format	**Includes complete and accurate information on all criteria:** **Medications** ▪ Vitamin K o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Erythromycin o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Hepatitis B o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Response written in complete sentences.	**Missing 3 or incorrect information of the following**: **Medications** ▪ Vitamin K o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Erythromycin o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Hepatitis B o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Response written in complete sentences.	**Missing 4 or more or incorrect information of the following:** **Medications** ▪ Vitamin K o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Erythromycin o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Hepatitis B o Dosage o Administration site o Possible side effects o Why is this administered? ▪ Response not written in complete sentences.	

	▪ Include in-text citations in APA format	▪ Include in-text citations in APA format	▪ **Contains no in-text citations.**	
Criteria	**20 points**	**10 points**	**0 points**	**Comments**
▪ **Lab tests** o Blood glucose levels ▪ Why is this test ordered? o Blood type and Rh factor ▪ Why is this test ordered? o Coombs test ▪ Why is this test ordered? o Bilirubin levels ▪ Why is this test ordered? o Newborn screen ▪ Why is this test ordered? o Hearing screen ▪ Why is this test ordered?	**Includes complete and accurate information on all criteria:** ▪ **Lab tests** o Blood glucose levels ▪ Why is this test ordered? o Blood type and Rh factor ▪ Why is this test ordered? o Coombs test ▪ Why is this test ordered? o Bilirubin levels ▪ Why is this test ordered? o Newborn screen ▪ Why is this test ordered? o Hearing screen	**Missing 1 or incorrect information of the following:** ▪ **Lab tests** o Blood glucose levels ▪ Why is this test ordered? o Blood type and Rh factor ▪ Why is this test ordered? o Coombs test ▪ Why is this test ordered? o Bilirubin levels ▪ Why is this test ordered? o Newborn screen ▪ Why is this test ordered? o Hearing screen	**Missing 2 or more or incorrect information of the following:** ▪ **Lab tests** o Blood glucose levels ▪ Why is this test ordered? o Blood type and Rh factor ▪ Why is this test ordered? o Coombs test ▪ Why is this test ordered? o Bilirubin levels ▪ Why is this test ordered? o Newborn screen ▪ Why is this test ordered? o Hearing screen	

o Newborn cardiac screen ▪ Why is this test ordered? ▪ Response written in complete sentences. ▪ Include in-text citations in APA format	▪ Why is this test ordered? o Newborn cardiac screen ▪ Why is this test ordered? ▪ Response written in complete sentences. ▪ Include in-text citations in APA format	▪ Why is this test ordered? o Newborn cardiac screen ▪ Why is this test ordered? ▪ Response written in complete sentences. ▪ Include in-text citations in APA format	▪ Why is this test ordered? o Newborn cardiac screen ▪ Why is this test ordered? ▪ Response written not in complete sentences. ▪ **Contains no in-text citations.**	
Criteria	**6 points**	**3 points**	**0 points**	**Comments**
Education ▪ 3 topics that should be covered with caregivers regarding the infant. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Includes complete and accurate information on all criteria:** **Education** ▪ 3 topics that should be covered with the caregiver regarding the infant. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Missing 1 or incorrect information of the following:** **Education** ▪ 3 topics that should be covered with the caregiver regarding the infant. ▪ Response written in complete sentences. ▪ Include in-text citations in APA format.	**Missing 2 or more or incorrect information of the following:** **Education** ▪ 3 topics that should be covered with the caregiver regarding the infant. ▪ Responses not written in complete sentences. ▪ **Contains no in-text citations.**	
Criteria	**10 points**	**5 points**	**0 points**	**Comments**
Nursing diagnosis ▪ 2 complete diagnoses	**Includes complete and accurate information on**	**Missing 1-2 or incorrect information of the**	**Missing 3 or more or incorrect information of**	

identified that include related to and evidence by	**all criteria:** **Nursing diagnosis** ▪ 2 complete diagnoses identified that include related to and as evidenced by	**following:** **Nursing diagnosis** ▪ 2 complete diagnoses identified that include related to and as evidenced by	**the following:** **Nursing diagnosis** ▪ 2 complete diagnoses identified that include related to and as evidenced by	
Criteria	**5 points**	**2.5 points**	**0 points**	**Comments**
<u>APA Format</u> ▪ The student used appropriate APA in-text citations and listed all appropriate references in APA format. ▪ Source(s) utilized should be 5 or less years old. o Source(s) greater than 5 years old will not be accepted. ▪ Professional writing style, grammar, and spelling was used in all narrative sections.	▪ APA format was completed and appropriate. ▪ Grammar, spelling, and overall writing style were professional and without errors.	▪ APA format was used but not correct with 1-2 errors noted. ▪ 1-2 grammar, spelling, or overall poor writing style was used. ▪ Content was difficult to understand.	▪ No APA format or 3 or more errors noted. ▪ Source(s) utilized were greater than 5 years old. ▪ Grammar, spelling, or writing style did not demonstrate collegiate level writing with 3 or more errors noted	
Instructor comments:				**TOTAL /100**