N432 Newborn Care Plan #1

Lakeview College of Nursing

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N432 Newborn Care plan

Instructions: The care plan is to be typed into a WORD document and submitted to the Newborn Drobox within 72 hours after your clinical has ended. Be sure and compare your work with the attached rubric before submitting this to the dropbox. The care plan is worth 150 points. In order to pass you must achieve at least 116 points to acquire a pass. If you do not pass, you will have one opportunity to do a newborn care plan on a different patient. You must pass the care plan in order to pass your clinical and thus your course.

DEMOGRAPHICS (10 points)

Date/time of clinical assessment_____

Date/time of birth	**Patient Initials**	**Age at time of assessment in hours.**	**Gender**
9/8/2019 & 11:51 a.m.	L.B.	27 hr	Male
Race/Ethnicity	**Weight at birth**	**Weight at time of assessment***	**How old was the infant when weighed last (In hours).**
Caucasian	(gm)_____2,850_____ (lb.)__6____ (oz.)__4.5___	(gm)____2,840_____ (lb.)___6___ (oz.)__4___	3 hr
Length at birth Cm___49.5_____ Inches___19.5_____	**Head circumference at birth** Cm___35.5_____ Inches__13.98_____	**Chest Circumference at birth** Cm___31.5_____ Inches___12.4____ _	

- **There are times when the weight at the time of your assessment will be the same as at birth.**

MOTHER/FAMILY MEDICAL HISTORY (15 points)

Prenatal History of the mother

When Prenatal care started____2/21/2019_____
Abnormal Prenatal labs/diagnostics __None_____
Prenatal complications__None_____
Smoking/Drugs in pregnancy___None_____

Labor History of Mother

- Gestation at onset of labor__37.6_____
- Length of labor_1st stage 9 hr 27 min; 2nd stage 1 hr 24 min; 3rd stage 6 min_____
- ROM__PPROM_____
- Medications in labor____Oxytocin (PITOCIN) 30 u/500 mL at 0002_____
- Complications of labor & delivery___Gestational Hypertension_____

Family History

- Pertinent to infant_Both parents are overweight/obese, but are young and appear healthy._____

Social History

- Pertinent to infant__None. Parents do not smoke, drink alcohol, or take illicit drugs_____
- Father/co-parent of baby involvement? __Father involved with pregnancy and delivery. Grandfather also seen with newborn at NICU and traveled from Mississippi to see his grandson._____

- **Living situation**__Mother and father are married and live together._____
- **Education level of parents**
  If applicable to parents' learning barriers or care of infant__Mother is college-educated and father is currently attending business college.__

Birth History

- **Length of Second stage labor**__1 hr 24 min_____
- **Type of Delivery**__Induction/vaginal delivery_____
- **Complications of birth**__None_____
- **APGAR scores__1 minute**__8_____**5 minutes**___8_____**10 minutes**___N/A_____
- **Resuscitation methods beyond the normal needed**__None_____

FEEDING TECHNIQUES (8 points)

Feeding technique type__Breastfeeding via OG feeding_____

If breastfeeding, LATCH score. __Newborn is NPO_____

If bottle feeding, positioning of bottle, suck strength, amount

Percentage of weight loss at time of assessment (**Show your calculations; if today's weight is not available please show how you would calculate weight loss i.e. show the formula**). ___0.35_____% 2,850g – 2840g = 10g/2850g = 0.0035 x 100 = 0.35%

What is normal weight loss for this age infant? _Up to 10% for the first 3-4 days after birth_____

Is this neonate's wt. loss within normal limits? _Yes_____

INTAKE AND OUTPUT (8 points)

Intake

If breastfeeding: feeding frequency, length of feeding session, one or both breasts? __Newborn is NPO and feeding via OG tube._____

If bottle feeding: frequency and volume of formula at a session.__N/A_____

If NG or OG feeding: frequency & volume__OG feeding breastmilk at 10 mL every 3 hr; however rate currently set at 9.5/143.4 mL_____

If IV: then rate of flow and volume in 24 hours__N/A_____

Output

*Age (in hours) of first void*__13 hr_____
Voiding patterns: (# of times/24 hours)__# of times: 3; total urine output 90 mL_____

*Age (in hours) of first stool*__None_____
Stools: (type, color, consistency and number of times in 24 hours)_____

NEWBORN LABS AND DIAGNOSTICS TESTS (15 Points)

Highlight All Abnormal Lab results.

Name of test	**Why was this test ordered for *this* client? Complete this even if these labs have not been completed.**	**Client's results**	**Expected results**	***Interpretation of* this *client's results***
Blood glucose levels	Newborns are at risk for hypoglycemia and should have their blood sugar level measured every few hours after birth.	61mg/dL	40-99mg/dL	Within the normal range
Blood type and Rh factor	Determines whether the Rh antigen is present on the surface of the RBCs; Rh-positive or Rh-negative, and if the mother will produce antibodies against the fetus's blood.	A+	Fetus will be safe from mother producing antibodies.	Mother carries O+ blood type, so will not produce antibodies to harm her fetus.
Coombs test	The Coombs test is used to detect antibodies or complement proteins attached to RBCs. It is used to test for autoimmune hemolytic anemia.	Negative	Negative	Rh compatible
Bilirubin level (all babies at 24 hours)	Measures the amount of bilirubin in the blood and that the liver is breaking down	5.5	1-15	Use www.bilitool.org to "plug in" your baby's 24 hour bilirubin level. Discuss baby's risk according to this website. If your infant has

	waste properly.			not had a biliscan (TCB) or bili serum drawn, talk with your instructor and she will provide you with a number to use. Copy and paste the risk factor webpage stating your infant's risk status and include it at the end of this document.
Newborn Screen (at 24 hours)	Every newborn is tested for a group of health disorders that are not found at birth that can cause serious health problems.	Not available until after discharge	No abnormalities found	Unable to interpret until after newborn screen is taken and observed
Newborn Hearing Screen	To measure sound waves produced in the inner ear and to identify if the newborn is deaf or hard of hearing.	Hearing screen has not yet been done.	No abnormalities found	Unable to interpret until after hearing screen has been taken and observed
Newborn Cardiac Screen (at 24 hours)	Identifies low blood oxygen levels and if the newborn is affected with critical congenital heart disease (CCHD).	No values recorded	No abnormalities found	Unable to interpret until after the cardiac screen has been taken and observed

Hour-Specific Nomogram for Risk Stratification

Infant age 27 hours

Total bilirubin 5.5 mg/dl

Risk zone

Low Intermediate Risk

Risk zone is one of several risk factors for developing severe hyperbilirubinemia.

Recommended Follow-up

Hyperbili Risk Level	Interval
Lower Risk (>= 38 weeks and well)	If discharge age <72 hours, follow-up according to age and other clinical concerns
Medium Risk (>=38 weeks + hyperbili risk factors OR 35 to 37 6/7 weeks and well)	If discharge age <72 hours, follow-up within 48 hours
Higher Risk (35 to 37 6/7 weeks and hyperbili risk factors)	If discharge age <72 hours, follow-up within 48 hours, consider TcB/TSB at follow-up

AAP Phototherapy Guidelines (2004)

Neurotoxicity Risk Level	Start phototherapy?	Approximate threshold at 27 hours of age
Lower Risk (>= 38 weeks and well)	No	12.2 mg/dl
Medium Risk (>=38 weeks + neurotoxicity risk factors OR 35 to 37 6/7 weeks and well)	No	10.4 mg/dl
Higher Risk (35 to 37 6/7 weeks and neurotoxicity risk factors)	No	8.4 mg/dl

It is an option to provide conventional phototherapy in the hospital or at home at TSB levels 2-3 mg/dl (35-50 µmol/L) below those shown. Home phototherapy should not be used in infants with risk factors.

If phototherapy threshold is exceeded, please also review AAP Guidelines for Exchange Transfusion.

NEWBORN MEDICATIONS (15 Points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin ointment)	Hepatitis B Vaccine	Ampicillin (OMNIPEN)	Gentamicin
Dose	Subcut, IV (Children >1 mo): 1– 2 mg single dose. PO (Children >1 mo): 2.5– 5 mg/day.	PO (Neonates): Ethylsuccinate—20– 50 mg/kg/day divided q 6-12 hr	IM (Neonates): 0.5 mL within 12 hr of birth.	189mg	11.6mg
Frequency	PO 6-12 hr SubQ 1-2 hr IV 1-2 hr	Every 6-12 hr	Within 12 hr of birth	Every 8 hr	Every 24 hr
Route	PO, SubQ, IV	Topical	IM	IV	IV
Classification	Fat-soluble vitamin	Macrolide (antibiotic)	Vaccine	Antibiotic	Antibiotic
Mechanism of Action	Required for hepatic synthesis of blood coagulation factors II (prothrombin), VII, IX, and X. Prevention of bleeding due to hypoprothrombinemia (2019 Nurse's Drug Handbook, 2019).	Suppresses protein synthesis at the level of the 50S bacterial ribosome. Bacteriostatic action against susceptible bacteria. Active against many gram-positive cocci, including: Streptococci, Staphylococci. Gram-positive bacilli, including: *Clostridium*, *Corynebacterium*. Several gram-negative pathogens, notably: Neisseria, *Legionella pneuomophila*,	An immune gamma-globulin fraction containing high titers of antibodies to the hepatitis B surface antigen. Confers passive immunity to hepatitis B infection. Prevention of hepatitis B infection 2019 Nurse's Drug Handbook, 2019).	Inhibits bacterial cell wall synthesis. Binds to bacterial cell wall, resulting in cell death (Swearingen, 2018).	Binds to negatively charged sites on the outer cell membrane of bacteria, thereby disrupting the membrane's integrity. Gentamicin also binds to bacterial ribosomal subunits and inhibits protein synthesis. Both actions lead to cell death 2019 (Nurse's Drug Handbook, 2019).

		Mycoplasma and *Clamydia* are also usually susceptible.			
Reason Client Taking	Vitamin K helps the blood to clot and prevents bleeding. Vitamin K can prevent vitamin K deficiency bleeding (hemorrhagic disease of the newborn).	To minimize risk of bacterial infection, such as neonatal conjunctivitis (pink eye) and e-coli. Newborn is exposed to several bacteria during the birthing process.	Prevents perinatal infection. The American Academy of Pediatrics (AAP) recommends that newborns receiv e their first dose of the hepatitis B vaccine within the first 24 hours of their life.	To minimize risk of bacterial infection. Newborn is exposed to several bacteria during the birthing process, such as sepsis and meningitis.	To minimize risk of bacterial infection. Newborn is exposed to several bacteria during the birthing process.
Contraindications (2)	* Hypersensitivity or tolerance to benzyl alcohol (injection only). * Impaired liver function	* Hypokalemia, Hypomagnesemia; Heart rate <50 bpm. * Tartrazine sensitivity (some products contain tartrazine—FDC yellow dye #5)	* Hypersensitivity to immune globulins, glycine, or thimerosal. * May interfere with immune response to live-vaccines.	* Severe renal impairment * Hypersensitivity to penicillin, or their components; infection caused by penicillinase-producin g organism	* Products containing benzyl alcohol should be avoided in neonates. *Hypersensitivit y to gentamicin, other aminoglycosides, or their components.
Side Effects/Adverse Reactions (2)	GI: gastric upset, unusual taste; Derm: flushing, rash, urticarial; Hemat: hemolytic anemia; Local: erythema, pain at injection site, swelling; Misc: allergic reactions, hyperbilirubinemia (large doses is very premature infants), kernicterus.	CNS: seizures (rare); EENT: ototoxicity; CV: torsade de pointe, ventricular arrhythmias, QT interval prolongation; GI: pseudomembranou s colitis, nausea, vomiting, abdominal pain, cramping, diarrhea, hepatitis, infantile hypertrophic pyloric stenosis, pancreatitis (rare); GI: interstitial	CNS: dizziness, faintness, malaise, weakness; Derm: pruritus, rash, urticarial, erythema at IM site, pain, swelling, tenderness; MS: joint pain; Misc: allergic reactions including anaphylactic shock and angioedema.	CNS: seizures (high doses); GI: Pseudomembranous colitis, diarrhea, nausea, vomiting; Derm: rash, urticarial; Hemat: blood dyscrasias; Misc: allergic reactions including anaphylaxis and serum sickness, superinfection.	CNS: ataxia, vertigo; EENT: ototoxicity (vestibular and cochlear); GU: nephrotoxicity; MS: muscle paralysis (high parenteral doses); Misc: hypersensitivity reactions.

		nephritis; Derm: rash, phlebitis; Misc: allergic reactions, superinfection.			
Nursing Considerations (2)	* Monitor for side effects and adverse reactions. Children may be especially sensitive to the effects and side effects of vitamin K. Neonates, especially premature neonates, may be more sensitive than older children. * Monitor for frank and occult bleeding (guaiac stools), Hematest urine, and emesis). Monitor pulse and BP frequently; notify health care professional immediately if symptoms of internal bleeding or hypovolemic shock develop. Inform all personnel of patient's bleeding tendency to prevent further trauma. Apply pressure to all venipuncture sites for at least 5 min; avoid unnecessary IM injections.	* Assess for infection (vital signs; appearance of wound, sputum, urine, and stool; WBC) at beginning of and during therapy. * Monitor bowel function. Diarrhea, abdominal cramping fever, and bloody stools should be reported to health care professional promptly as a sign of pseudomembranous colitis. May begin up to several weeks following cessation of therapy.	* For passive immunity, determine the date of exposure to infection. Hepatitis B immune globulin should be administered preferably within 24 hr but not later than 7 days after exposure to hepatitis B. * Assess patient for signs of anaphylaxis (hypotension, flushing, chest tightness, wheezing, fever, dizziness, nausea, vomiting, and diaphoresis) after administration. Epinephrine and antihistamines should be available for treatment of anaphylactic reactions.	* Observe patient for signs and symptoms of anaphylaxis (rash, pruritus, laryngeal edema, wheezing).Discontinue the drug and notify health care professional immediately if these occur. Keep epinephrine, an anti-histamine, and resuscitation equipment close by in the event of an anaphylactic reaction. * Monitor bowl function. Diarrhea, abdominal cramping, fever, and bloody stools should be reported to health care professional promptly as a sign of pseudomembranous colitis. May begin up to several weeks following cessation of therapy.	* Be aware that when giving pediatric injectable form of drug, be alert for allergic reactions—including anaphylaxis and possibly life-threatening asthmatic episodes—because drug contains sodium bisulfite. * Know that drug should not be given to a pregnant patient because it can cause hearing loss in fetus.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	* Monitor prothrombin time (PT) prior to and throughout vitamin K therapy to determine	* Monitor liver function tests periodically on patients receiving high-dose,	* Monitor patient for thrombocytopenia and IgA deficiency, as well as vital signs for any complications	* May cause increase AST and ALT. May cause transient decrease estradiol, total conjugated	* Monitor renal function by urinalysis, specific gravity, BUN, creatinine,

	response to and need for further therapy.	long-term therapy. * May cause increase serum bilirubin, AST, ALT, and alkaline phosphatase concentrations. * May cause false increase of urinary catecholamines.	before, during, and after vaccine administration.	estriol, estriol-glucuronide, or conjugated estrone in pregnant women. May cause a false-positive Coombs' test result. May cause a false-positive urinary glucose. * Closely monitor results of renal and liver function tests and CBCs if long-term or high-dose ampicillin therapy is required.	and CCr before and throughout therapy. * May cause increase BUN, AST, ALT, serum alkaline phosphatase, bilirubin, creatinine, and LDH concentrations.
Client Teaching needs (2)	* Instruct patient to take phytonadione as directed. Take missed doses as soon as remembered unless almost time for next dose. Notify health care professional of missed dose. * Advise patient to report any symptoms of unusual bleeding or bruising (bleeding gums; nosebleeds; black, tarry stools; hematuria; excessive menstrual flow).	* Caution patient to notify health care professional if fever and diarrhea occur, especially if stool contains blood, pus, or mucus. Advise patient not to treat diarrhea without consulting health care professional. May occur up to several weeks after discontinuation of medication. * Instruct patient to notify health care professional if symptoms do not improve.	* Explain to patient the use and purpose of hepatitis B immune globulin therapy. * Discuss methods of transmission and vaccination for prophylaxis.	* Emphasize the importance of taking the full course of ampicillin exactly as prescribed. * Advise female patient to notify health care professional if breastfeeding. * Contact health care professional if fever and diarrhea occur, especially if stool contains blood, pus, or mucus. Do not treat diarrhea without consulting health care professional. May occur up to several weeks after discontinuation of medication.	* Emphasize importance of completing full course of gentamicin therapy. * Instruct patient to report immediately adverse reactions, such as hearing loss, to avoid permanent effects.

VITAL SIGNS (6 points)

Vital Signs at Birth	Vital signs 4 hours after birth	At the time of your Assessment @ 14:30
T__37.6 C_____	T__37.2 C_____	T__37_____
P__164_____	P__164_____	P__140_____
R__40_____	R__52_____	R__52_____

NEWBORN ASSESSMENT (25 Points)

Area	**Your Assessment**	**Expected Variations And Findings** (This can be found in your book p.645)	**If assessment finding different from expectation what is the clinical significance?**
Skin	Pink, warm and dry (PWD); no noted lesions or rashes.	Normal: smooth, flexible, good skin turgor, well hydrated; warm.	Jaundice, acrocyanosis, milia, Mongolian spots, stork bites
Head	Head has normal cone-shape for newborn and appear symmetric and round; moist mucous membranes, no noted exudate, lesions, or erythema.	Normal: varies with age, gender, and ethnicity.	Microcephaly, macrocephaly, enlarged fontanels
Fontanels	Both posterior and anterior fontanels are soft and flat.	Both fontanels should be soft, flat, and open.	Macrocephaly, enlarged fontanels, small or closed fontanels
Face	Face is symmetric with full cheeks.	Normal: full cheeks, facial features symmetric.	Facial nerve paralysis, nevus flammeus, nevus vasculosus
Eyes	Eyes and eyelids look symmetrical. Stayed closed, so was unable to check blinking or if reactive to light.	Normal: clear and symmetrically placed on face; online with ears.	Chemical conjunctivitis, subconjunctival hemorrhages
Nose			

	Size is midline, small and narrow. The position of the nose is symmetrical, with patent nares, and intact septum.	Normal: small, placement in the midline and narrow, ability to smell.	Malformation or blockage
Mouth	Lips have symmetric movement and are midline. No noted lesions.	Normal: aligned in midline, symmetric, intact soft and hard palate.	Epstein pearls, erupted precocious teeth, thrush
Ears	Ears are soft and pliable, recoil quickly when folded and released. Size and shape are normal for age. No noted lesions. Hearing screen test has not yet been taken.	Normal: soft and pliable with quick recoil when folded and released.	Low-set ears, hearing loss
Neck	Neck is short and moves freely in all directions. Neck is able to hold head in a midline position.	Normal: short, creased, moves freely, baby holds head in midline.	Restricted movement, clavicular fractures
Chest	Chest size and barrel-shape is normal for newborn's age. Chest is round and symmetric, slightly smaller than head, and with no noted lesions.	Normal: round, symmetric, smaller than head.	Nipple engorgement, whitish discharge
Breath sounds	Normal breath sounds are heard with inspiration and expiration. No noted crackles, wheezes, or rhonchi bilaterally.	Normal breath sounds should be heard with little difference between inspiration and expiration. Fine crackles can be heard on inspiration soon after birth as a result of amniotic fluid being cleared from the lings.	May indicate tension pneumothorax, cardiomegaly, or heart disease.
Heart sounds			

	S1 and S2 noted at the fourth intercostal space near the left sternum. Regular rate and rhythm (RRR). No noted murmurs, gallops, or rubs.	S1 and S2 heart sounds are accentuated at birth. Murmurs are common during the first few hours as the foramen ovale is closing.	May indicate tension pneumothorax, cardiomegaly, or heart disease.
Abdomen	Abdomen does not appear distended and has a soft protuberant contour.	Normal: protuberant contour, soft, three vessels in umbilical cord (2 arteries, and 1 larger vein).	Distended, only two vessels in umbilical cord
Bowel sounds	Bowel sounds present in all four quadrants. No masses or tenderness upon palpation.	Normal findings include bowel sounds in all four quadrants and no masses or tenderness on palpation.	May indicate intestinal obstruction, ascites, obstruction, infection, masses, or an enlarged abdominal organ.
Umbilical cord	Umbilical cord has three blood vessels present.	There are three vessels in the umbilical cord (2 arteries, and 1 vein).	May indicate bleeding and infection (omphalitis)
Genitals	There is a penis and smooth scrotum present. Tip of penis is reddened.	Normal male: smooth glans, meatus centered at tip of penis. Normal female: swollen female genitals as a result of maternal estrogen.	Edematous scrotum in males, vaginal discharge in females
Anus	Anus appears patent. No anal fissures or fistulas noted.	Passage of meconium indicates patency. If meconium is not passed, a lubricated rectal thermometer can be inserted or a digital examination can be performed to determine patency.	May indicate anal fissures or fistulas
Extremities	Extremities appear normal for newborn age;	Normal: extremities symmetric with free	Congenital hip dislocation; tuft or

	symmetric with free movement.	movement.	dimple on spine
Spine	Spine appears symmetric and intact. No noted deformities.	Spine should appear symmetric with no deformities, such as tuft or dimple on spine.	Congenital hip dislocation; tuft or dimple on spine
Safety Matching bands with parents Hugs tag Sleep position	Newborn has ID bracelet, but I was not able to see if parents had matching bands. Newborn is constantly monitored by grandfather, mother and father, and nurse. Newborn sleeps on his back, and feeds on mother's breastmilk often.	Newborn should have ID bracelet.	May put the newborn in risk for receiving wrong medication, or given to wrong parent(s).

Complete the Ballard scale grid at the end to determine if this infant is SGA, AGA or LGA (Show your work)? What was your determination? __Age=((2*score)+120)) / 5: 2 x 8 + 120 / 5 = 27.2; newborn is LGA according to my Ballard scale calculations._____

Are there any complications expected for a baby in this classification? (Discuss)
_Common risks in LGA babies include hypoglycemia, hip subluxation, shoulder dystocia, metatarsus adductus, and talipes calcaneovalgus due to intrauterine deformation. Babies who are LGA are also at higher risk for respiratory breathing syndrome, and polycythemia that the liver may not be able to handle; leading to high levels of bilirubin in the blood resulting in jaundice. Further testing/screening is required to make certain newborn is not at risk for the above mentioned complications.
_____
_____

PAIN ASSESSMENT (2 Points)

Pain Assessment including which pain scale you have used.__I was unable to assess patient's pain level_____

SUMMARY OF ASSESSMENT (4 points)

Discuss the clinical significance of the findings from your physical assessment. Note the example here: The significant finding during the assessment was the newborns respiratory rate. At times the newborn would show signs of very fast breathing (over 60) every so often. I spoke with the nurse about this and she had witnessed the same finding during her assessments.

This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). Nuchal card x 1. Apgar scores 1/3/9. EDD 5.10.14 by US. Dubowitz revealed neonate is 39 2/7 weeks and LGA. Prenatal hx complicated by PIH and GDM (diet controlled). Birth weight 9 lbs 4 ozs (4440 grams), 21" long (53.34 cms). Upon assessment all systems are within normal limits. Last set of vitals: 38.4/155/48. BS x 3 after delivery WNL with lowest being 52. Neonate is breastfeeding and nursing well with most feedings 20"/20" q 2 – 3 hrs. Bilirubin level at 24 hours per scan was 4.9. Neonate expected to be discharged with mother later today and to see pediatrician in the office for first well baby check within 48 hours.

NURSING CARE/INTERVENTIONS (12 Points)

Teaching Topics (5 points)

Include how you would teach the information & an expected outcome

1. The baby was born on 5/15/19 at 0522 by normal vaginal birth. Nuchal cord x 1 indicates that the umbilical cord was wrapped around the baby's neck, but usually does not cause complications. The Apgar scores quickly summarize the physical health of the baby, with 10 representing the best possible condition. The baby has a gestational age of 39 weeks and 2 days and has a large gestational age (LGA), which indicates high prenatal growth rate. The prenatal history of the mother show pregnancy-induced hypertension (PIH) and gestational diabetes (GDM). The baby was born with a weight of 9 lbs & 4 oz (4,440 grams), 21" in length (53.34 cm). After completing a head-to-toe assessment, everything looks to be within normal limits. The last set of vitals show the baby's temperature at 38.4 degrees Celsius, a pulse of 155 beats per minute, and a respiratory rate of 48 breaths per minute. Normal breath sounds (BS) for a newborn is between 30-60 breaths per minute, so BSx3 indicates normal breath sounds, with 52 being the lowest. The baby is breastfeeding and nursing well, spending 20 minutes on feeding on each breast every 2-3 hours. The baby's bilirubin level is at 4.9 and is within normal limits. The baby is expected to be discharged with the mother later today, and is to see the pediatrician in the office for her first well baby check within 48 hours.

2. After taking the laboratory tests/screenings, the expected outcomes include:

* Appropriate therapy will be instituted for any complications.

* If therapy is necessary, the newborn will suffer no harmful sequelae.

* The newborn will remain free from infection.

* Parents will begin interacting and caring for newborn and be involved in his/her care.

* Parents will maintain self-esteem by understanding that their role as parents is important to the infant's well-being.

* Infant exhibits appropriate weight gain.

Nursing Interventions (5 points)

Include a rationale as to why the intervention is being provided to client

Nursing Interventions: Infant exhibits appropriate weight gain (Swearingen, 2018).

- Observe for feeding cues indicating readiness for interaction (quiet alertness, rooting) and feed frequent small amounts and burp well to diminish vomiting and aspiration.
- Monitor weight daily and maintain strict intake and output to evaluate success of feeding.
- If intake is insufficient, feed by oral gavage per physician order to ensure ingestion of needed nutrients.
- Modify environment of feeding area as necessary to decrease stimuli that detract from feeding process and interaction with caregiver.

Medical Treatments: Low blood sugar (Swearingen, 2018).

- Receive extra feedings of breastmilk or formula.
- Sugar solution may be given intravenously if unable to eat by mouth, or if the blood sugar is very low.
- Treatment to be continued until the baby can maintain blood sugar level.
- Medication may be prescribed to increase blood sugar level.
- In the most severe cases, surgery may be needed to remove part of the pancreas to reduce insulin production.

References:

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Philadelphia: Lippincott, Williams & Wilkins. ISBN: 978-1-60913-747-2

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PRIORITY NEWBORN NURSING DIAGNOSES (15 Points)

Identified Problem or potential problem	Expected Outcomes/Goals	Interventions	Goals/Outcomes Met/Not Met
Identify problems that are specific to this patient. Write 2 nursing diagnosis. In order of priority. Must include a related to (R/T) and an as evidenced by (AEB)	**Include an expected outcome for each intervention. What do you expect to happen when you implement each intervention? Expected outcomes should be specific and individualized for THIS patient. The expected outcomes/goals MUST be measurable..**	**Include 3-5 interventions for each problem. Interventions should be specific and individualized for THIS patient. Be sure to include a time interval when appropriate, such as "Assess vitals q 12 hours". Interventions could include assessment, client teaching, procedures and prn medications.. Include a rationale for each intervention and using APA format , list your sources.**	**Include whether the goal/outcome has been met or not met and why.** **Then write what you would do next.**
Diagnosis 1. Risk for Injury related to LGA as evidenced by preterm labor.	Be free of injury related to preterm labor.	* Position extremities so they may be periodically checked for safety, circulation, nerve pressure, and alignment. Monitor peripheral pulses, skin color and temperature. Prevents accidental trauma, hands, fingers, and toes could inadvertently be scraped, pinched, or amputated by moving table attachments; positional pressure of brachial plexus, peroneal, and ulnar nerves can cause serious problems with extremities; prolonged plantar flexion may result in foot drop. * Reposition slowly at transfer from table and in bed. Myocardial depressant effect of various agents increases risk of hypotension and/or bradycardia. * Review patient's history, noting age, weight, height, nutritional status, physical limitation, and preexisting conditions that may affect choice of position and skin or tissue integrity. Diabetes, obesity, hydration status and temperature are some factors.	**Met/Not Met?** Met **Why?** Upon assessment, newborn did not show any signs or symptoms of injury. **What next?** Further monitoring and screenings to make sure newborn is free from injury before discharge.
Diagnosis 2. Risk for impaired breathing related to tachypnea as evidence by having over 60 breaths per minute.	Newborn's respiratory rate remains within established limits.	* Assess and record respiratory rate and depth. The average rate of respiration for newborns is 30 to 60 breaths per minute. It is important to take action when there is an alteration in the pattern of breathing to detect early signs of respiratory compromise. * Assess ABG levels, according to facility policy. This monitors oxygenation and ventilation status. * Utilize pulse oximetry to check oxygen saturation and pulse rate. Pulse oximetry is a helpful tool to detect alterations in oxygenation initially; but, for CO2 levels, end tidal CO2 monitoring or arterial blood gases (ABGs) would require being obtained.	**Met/Not Met?** Met **Why?** Newborn's breathing pattern will return to normal limits.

		* Observe presence of sputum for amount, color, consistency. These may be indicative of a cause for the alteration in breathing pattern.	**What next?** Continue to monitor that newborn maintains an effective breathing pattern, as evidence by relaxed breathing at normal rate and depth and absence of tachypnea before discharge.

Ballard Gestational Age scale

Neuromuscular Maturity

Score	–1	0	1	2	3	4	5
Posture							
Square window (wrist)	 > 90°	 90°	 60°	 45°	 30°	 0°	
Arm recoil		 180°	 140–180°	 110–140°	 90–110°	 < 90°	
Popliteal angle	 180°	 160°	 140°	 120°	 100°	 90°	 < 90°
Scarf sign							
Heel to ear							

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few veins	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	
Plantar surface	Heel-toe 40–50 mm: –1 < 40 mm: –2	> 50 mm, no crease	Faint red marks	Anterior transverse crease only	Creases anterior 2/3	Creases over entire sole	
Breast	Imperceptible	Barely perceptible	Flat areola, no bud	Stippled areola, 1–2 mm bud	Raised areola, 3–4 mm bud	Full areola, 5–10 mm bud	
Eye/Ear	Lids fused loosely: –1 tightly: –2	Lids open; pinna flat; stays folded	Slightly curved pinna; soft; slow recoil	Well curved pinna; soft but ready recoil	Formed and firm, instant recoil	Thick cartilage, ear stiff	
Genitals (male)	Scrotum flat, smooth	Scrotum empty, faint rugae	Testes in upper canal, rare rugae	Testes descending, few rugae	Testes down, good rugae	Testes pendulous, deep rugae	
Genitals (female)	Clitoris prominent, labia flat	Clitoris prominent, small labia minora	Clitoris prominent, enlarging minora	Majora and minora equally prominent	Majora large, minora small	Majora cover clitoris and minora	

Maturity Rating

Score	Weeks
–10	20
–5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

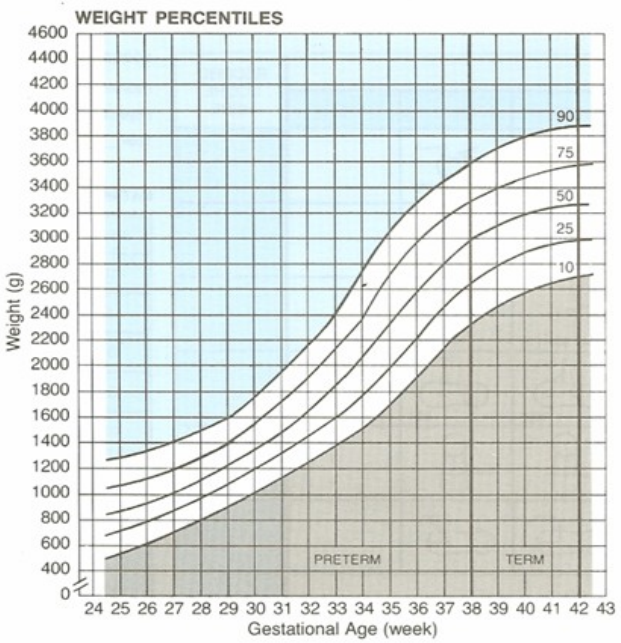
CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

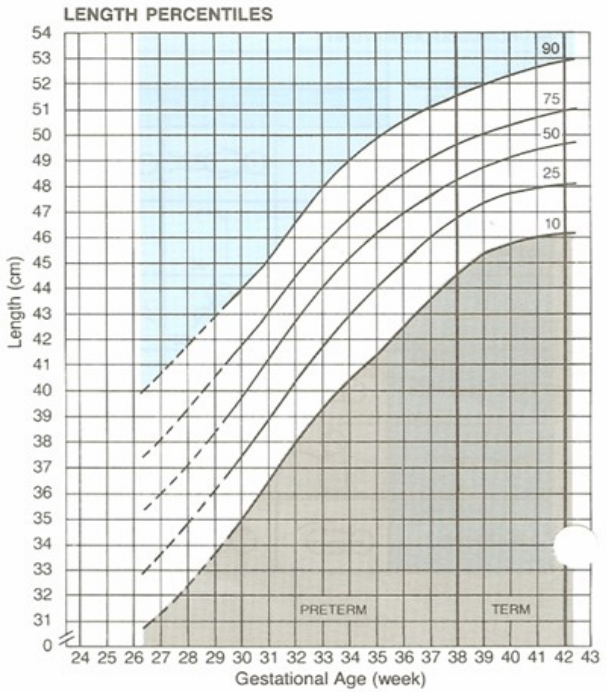
NAME _____ DATE OF EXAM _____ LENGTH _____

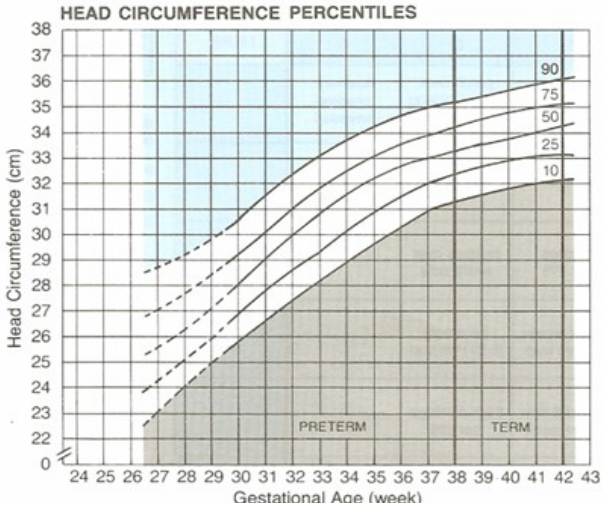
HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____







CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
Small for Gestational Age (SGA) (<10th percentile)			

*Place an "X" in the appropriate box (LGA, AGA or SGA) for weight, for length and for head circumference.

N305 Care Plan Grading Rubric: Newborn Student Name:

Demographics	10 Points	5 Points	0 Points	Points/ Comments
Demographics • Date/time of clinical assessment • Date & time of birth • Patient initials • Age in hours at clinical assessment • Gender • Race/Ethnicity • Weight at birth and at time of assessment • Length at birth • Head circumference at birth • Chest circumference at birth	Includes complete information regarding the patient. Each section is filled out appropriately with correct labeling.	Two or more of the key components are not filled in correctly.	5 or more of the key components are not filled in correctly and therefore no Points were awarded for this section	
Mother/Family Medical History	**15 Points**	**10 Points**	**0 Points**	**Points/ Comments**
Prenatal History of the mother When Prenatal care started Abnormal Prenatal labs/diagnostics Prenatal complications Smoking/Drugs in pregnancy **Labor History of Mother** • Gestation at onset of labor • Length of labor • ROM • Medications in labor • Complications of labor & delivery **Past Surgical History** • All previous surgeries should be listed **Family History** • Pertinent to infant **Social History** • Pertinent to infant • Father of baby involvement	Includes each section completed correctly with a detailed list of pertinent medical history, surgical history, family history and social history. If patient is unable to give a detailed history, look in the EMR and chart.	1 or more of the key components is missing detailed information.	More than two of the key components are not filled in correctly	

Living situation **Education level** • If applicable to parents' learning barriers or care of infant				
Birth History	**10 Points**	**5 Points**	**0 Points**	**Points/ Comments**
Birth History • Length of second stage labor • Complications of birth • APGAR scores • Resuscitation methods beyond the *normal needed*	Every key component of the birth history is filled in correctly with information	Two of the key components are missing in the birth history. The birth history is lacking important information to help determine what has happened to the patient.	No birth history included.	
Feedings techniques	**8 Points**	**4 Points**	**0 Points**	**Points/ Comments**
Latch score assessment **Bottle feeding technique assessment** Weight loss calculation	All key components are filled in correctly. The student was able to identify the effectiveness of the feeding technique Calculation of weight loss is accurate	One of the key components is missing or not understood correctly.	Student did not complete this section.	
Intake and Output	8 Points	1-7 Points	0 Points	Points/Comments
Intake • Measured and recorded appropriately—what the patient takes IN— • Includes: Oral intake i.e. frequency and length of breastfeeding sessions or frequency and volume of formula feeding; NG or OG feeding; or IV fluid intake. **Output** • Age in hours of first void and stool	All of the key components of the intake and output were addressed. Student demonstrates an understanding of intake and output.	One of the key components of the intake and output is missing. Difficult to determine if the student has a thorough understanding of the intake and output.	Student did not complete this section	

provided • Measured and recorded appropriately—what the client puts OUT • Includes: urine, stool, drains/tubes, emesis, etc.				

Laboratory /Diagnostic Data	15 Points	5-14 Points	4-0 Points	Points/ Comments
Normal Values • Should be obtained from the chart when possible as labs vary some. If not possible use laboratory guide. • Normal values should be listed for all laboratory data. **Laboratory Data** • Admission Values • Most recent Values (the day you saw the patient) • Prenatal Values **Rational for abnormal values** • Written in complete sentences with APA citations • Explanation of the laboratory abnormality in this client • For example, elevated WBC in patient with pneumonia is on antibiotics. • Minimum of 1 APA reference, no reference will result in zero Points for this section	All key components have been addressed and the student shows an understanding of the laboratory norms and abnormalities. Student had 1 reference listed and is able to correlate abnormal laboratory findings to the client's particular disease process.	1 or more of the client's labs were not reported completely with normal values or patient results. Lab correlation did not completely demonstrate student's understanding of correlation.	Student did not have an understanding of laboratory values and the abnormalities. More than 2 labs were excluded. Student did not discuss the abnormal findings in APA format with a minimum of 1 reference.	

Current Medications	15 Points	1-14 Points	0 Points	Points/ Comments
Current Medications • Requirements of all inpatient hospital medications given to	All key components were listed for	1 point will be lost for each medication with incomplete	There was noted lack of effort on the student's	

the newborn • Each medication must have brand/generic name • Dosage, frequency, route given, class of drug and the action of the drug • Reason client taking • 2 contraindications must be listed o Must be pertinent to your patient • 2 side effects or adverse effects • 2 nursing considerations • Key nursing assessment(s)/lab(s) prior to administration o Example: Assessing client's HR prior to administering a beta-blocker o Example: Reviewing client's PLT count prior to administering a low-molecular weight heparin • 2 client teaching needs • Minimum of 1 APA citation, no citation will result in loss of all Points in the section	each of the medications, along with the most common side effects, contraindications and client teachings. Student had 1 APA citation listed.	information.	part to complete this section or there was no APA citation listed.	
Physical Exam	**25 Points**	**1-29 Points**	**0 Points**	**Points/ Comments**
• Gestational Age assessment using Ballard scale • Completion of a head to toe assessment done on the students own and not copied from the client's chart • Safety risk assessment • **No safety risk assessment will result in a zero for the section**	All key components are met including a complete head to toe assessment, safety risk assessment.	One or more of the key components is missing from a given section. Each body system is worth Points as listed on care plan	More than half of the key components are missing. Therefore, it is presumed that the student does not have a good understanding of the head to	

			toe assessment process.	
Vital Signs	**6 Points**	**3 Points**	**0 Points**	**Points/ Comments**
Vital signs • 3 sets of vital signs are recorded with the appropriate labels attached • Includes a set at birth, 4 hours after birth and at the time of your assessment. • Student highlighted the abnormal vital signs • Student wrote a summary of the vital sign trends	All the key components were met for this section (with 3 sets of vital signs) and student has a good understanding of abnormal vital signs.	Only one set of vital signs were completely recorded and one of the key components were missing	Student did not complete this section	
Pain Assessment	2 Points	1 point	0 Points	**Points/ Comments**
Pain assessment • Pain assessment was addressed and recorded once throughout the care of this client It was recorded appropriately and stated what pain scale was used	All the key components were met (1 pain assessments) for this section and student has a good understanding of the pain assessment.	One assessment is incomplete or not recorded appropriately.	Student did not complete this section	

Summary of Assessment	**4 Points**	**2-0 Points**	**Points/ Comments**
• Discussion of the clinical significance of the assessment findings • Written in a paragraph form with no less than 5 sentences	All the key components of the summary. It is written in a paragraph form, in the student's own words. This is developed in a paragraph format with no less than 5 sentences.		

Nursing Care/Interventions	**12 Points**	**2-0 Points**	**Points/ Comments**
Nursing Interventions • List the nursing interventions utilized with your client • Includes a rationale as to why the intervention is carried out or should be carried out for the	All the key components of the summary of care (2 Points) and discharge summary (2 Points) were addressed. Student demonstrated an understanding of the nursing care.	One or more of the key components of the nursing care was missing, therefore it was difficult to determine if the student had a thorough understanding of the nursing care.	

client **Teaching topics** • List 2 priority teaching items • Includes 1 expected outcome for each teaching topic				
Nursing Diagnosis	**15 Points**	**5-14 Points**	**4-0 Points**	**Points/ Comments**
Nursing Diagnosis • List 2 nursing diagnosis o Include full nursing diagnosis with "related to" and "as evidenced by" components • Appropriate nursing diagnosis • Appropriate rationale for each diagnosis o Explain why the nursing diagnosis was chosen • Minimum of 2 interventions for each diagnosis • Rationale for each intervention is required • Correct priority of the nursing diagnosis • Appropriate evaluation	All key components were addressed. The student demonstrated an appropriate understanding of nursing diagnoses, rationales, interventions and listed diagnosis in correct priority.	One or more of the nursing diagnosis/rationale/intervention sections was incomplete or not appropriate to the patient Each section is worth 3 Points. Prioritization was not appropriate.	More than 2 of the nursing diagnosis sections were incomplete or inappropriate. Prioritization is dangerously inappropriate.	
Overall APA format	**5 Points**	**1-4 Points**	**0 Points**	**Points/ Comments**
APA Format • The student used appropriate APA in text citations and listed all appropriate references in APA format. • Professional writing style and grammar was used in all	APA format was completed and appropriate. Grammar was professional and without errors	APA format was used but not correct. Several grammar errors or overall poor writing style	No APA format. Grammar or writing style did not demonstrate collegiate level writing.	

narrative sections.		was used. Content was difficult to understand.		

		Points
- Instructor Comments:	**Total Points awarded**	
Description of Expectations	**/150= %**	
	Must achieve 116 pt =77%	