N432 Newborn Care Plan #2

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 9/25/19 0730

Date/time of birth **9/24** **1611**	**Patient Initials** **C.W.**	**Age at time of assessment in hours.** **15 hours**	**Gender** **Male**
Race/Ethnicity **Caucasian**	**Weight at birth** (gm) 3,317 gm (lb.) 7 (oz.) 5	**Weight at time of assessment*** (gm) 3, 268 gm (lb.) 7 (oz.) 3	**How old was the infant when weighed last (In hours).** **15 hours**
Length at birth Cm 53.34 Inches 21	**Head circumference at birth** Cm 33.5 Inches 13.18	**Chest Circumference at birth** Cm 33 cm Inches 12.99	

- **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: Prenatal care started at 4 weeks gestation.
Abnormal Prenatal labs/diagnostics: Positive GBS, BMI >30 (51). Mother was given 2 doses of penicillin prior to delivery for positive GBS.
Prenatal complications: Gestational Hypertension, Obesity
Smoking/Drugs in pregnancy: None

Labor History of Mother

- Gestation at onset of labor: 39 weeks
- Length of labor: 6 hours
- ROM: MAEW
- Medications in labor: Continuous epidural
- Complications of labor & delivery: No complications

Family History

- Pertinent to infant: None

Social History

- Pertinent to infant: None
- Father/co-parent of baby involvement? Involved, married.
- **Living situation: Baby will be taken home to live with both parents.**
- **Education level of parents: Both parents graduated high school. Mother graduated college with an Associate's degree.**

If applicable to parents' learning barriers or care of infant: N/A

Birth History

- **Length of Second stage labor: Not documented in chart**
- **Type of Delivery: Vaginal**
- **Complications of birth: None**
- **APGAR scores: 1 minute: 8. 5 minutes: 9. 10 minutes: N/A**
- **Resuscitation methods beyond the normal needed: None**

FEEDING TECHNIQUES (8 points)

Feeding technique type: Breastfeeding

If breastfeeding, LATCH score. 7

If bottle feeding, positioning of bottle, suck strength, amount N/A

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)**. 1.5%

3.317 – 3.268 = 0.049. 0.049 x 3.317 = 0.015. 1.5%

What is normal weight loss for this age infant? A 7-10% weight loss is expected within the first 2-3 days of life.

Is this neonate's wt. loss within normal limits? This infant is only 15 hours old, so his weight loss percentage is hopefully going to trend upward and reach the average of 7-10%.

INTAKE AND OUTPUT (8 points)

Intake
If breastfeeding: feeding frequency, length of feeding session, one or both breasts? Cluster, 10 minutes, both breasts, latches and stimulates to suck. Has difficulty suckling.

If bottle feeding: frequency and volume of formula at a session. N/A

If NG or OG feeding: frequency & volume. N/A

If IV: then rate of flow and volume in 24 hours. N/A

Output
Age (in hours) of first void: 3.5 hours
Voiding patterns: (# of times/24 hours) 1/19 hours

Age (in hours) of first stool: 13 hours
Stools: (type, color, consistency and number of times in 24 hours) : Meconium, Dark green, Sticky, Small, 1/ 19 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	Glucose is the main source of fuel for the brain and body. Blood glucose levels will determine disorders of metabolism such as malabsorption syndrome, or help determine feeding issues. (Van Leeuwen & Bladh, 2017, p. 857).	N/A	30-100 mg/dL	N/A
Blood type and Rh factor	The mother's blood type and Rh factor could be incompatible with the newborn's, which could result in jaundice after birth. (Van Leeuwen & Bladh, 2017, p. 702)	O-	A, B, AB, O + or -	These results indicate that the client has O- blood. The newborn had no issues with jaundice.
Coombs test	This test is used to detect conditions or drug therapies that can result in cell hemolysis, such as hemolytic disease of newborns. (Van Leeuwen & Bladh, 2017, p. 600	N/A	Negative	N/A
Bilirubin level (all babies at 24 hours)	This test acts as an indicator for various diseases of the liver or conditions associated with RBC hemolysis. All newborns get	N/A (Baby was not yet 24 hours old)	<5/8 mg/dL According to the website, some of the major risk factors for	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 not had a biliscan (TCB) or

	bilirubin levels drawn at 24 hours to ensure their bilirubin is within normal range and they do not need phototherapy. (Van Leeuwen & Bladh, 2017, p. 191)		developing hyperbilirubinemia include jaundice seen in the first 24 hours of life, gestational age of 35-36 weeks, hemolytic disease, or a sibling receiving phototherapy previously. https://pediatrics.aappublications.org/content/114/1/297/T4	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)	This test is done on all newborns to evaluate for congenital abnormalities. (Van Leeuwen & Bladh, 2017, p. 1179)	Not available until after discharge	Negative	N/A
Newborn Hearing Screen	This test is done to evaluate newborns for hearing loss. (Van Leeuwen & Bladh, 2017, p. 1179)	Pass left and right	Normal pure tone average of -10 to 15 dB	These results indicate that the newborn has no hearing issues noted at this time.
Newborn Cardiac Screen (at 24 hours)	This test is used to screen for critical congenital heart defects in newborns before they are sent home. (Van Leeuwen & Bladh, 2017, p. 1179)	N/A (Baby was not yet 24 hours)	95-100%	N/A

Lab Correlations Reference (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2017). Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications (7th ed.). Philadelphia, PA: F.A. Davis Company.

NEWBORN MEDICATIONS (15 Points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin ointment)	HepB (Hepatitis B Vaccine)		
Dose	1 mg/ 0.5 ml	0.25 mg each eye	10 mcg/ 0.5 ml		
Frequency	1x	1x	1x		
Route	IM	Ophthalmic	IM		
Classification	Fat-soluble vitamins	Macrolides	Vaccination		
Mechanism of Action	Hepatic synthesis of blood coagulation factors II, VII, IX, and X. (Vallerand, Sanoski, & Deglin, 2015)	Bacteriostatic action against susceptible bacteria (Vallerand, Sanoski, & Deglin, 2015)	Stimulates the immune system to produce anti-HBs without exposing the patient to the risks of active infection (Vallerand, Sanoski, & Deglin, 2015)		
Reason Client Taking	Prevention of hemorrhagic disease of the newborn	Prevention of certain eye infections in newborn babies	Protection against Hepatitis B		
Contraindications (2)	Hypersensitivity Impaired liver function	Heart rate <50 Liver/Renal Disease	Hypersensitivity to Yeast Anaphylaxis		

Side Effects/Adverse Reactions (2)	**Gastric Upset Rash**	**Ototoxicity Torsade de Pointes**	**Local soreness Fever**		
Nursing Considerations (2)	**Monitor for side effects Monitor for unusual bleeding**	**Assess for infection Monitor for nausea, vomiting**	**Assess for fever Monitor for nausea/vomiting**		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor pulse and BP frequently Apply for signs of shock or bleeding**	**Monitor bowel function May cause increased bilirubin**	**Educate parents on importance of vaccine Assess parents' willingness to accept vaccine**		
Client Teaching needs (2)	**Advise mother to report symptoms of bleeding Advise mother why this medication is being given (Prevention of hemorrhagic disease in the newborn)**	**Tell parents to otify health care professional if fever and diarrhea occur Tell parents to report signs of superinfection**	**Educate parents on vaccine schedule Tell parents to report signs/symptoms of infection/rash**		

Medication Reference:
Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2015). Davis's Drug Guide for Nurses (14 ed.). Philadelphia, PA: F.A. Davis Company.

VITAL SIGNS (6 points)

Vital Signs at Birth	Vital signs 4 hours after birth	At the time of your Assessment
T: 36.9 C	T: 36.8 C	T: 36.8C

P: 127 P: 112 P: 140
R: 46 R: 42 R: 48
All vital signs remained within normal limits. The heart rate and respiratory rate trended down after birth, but then rose back up during my assessment because the baby was agitated with us messing with him.

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	Warm, dry, intact, elastic	Smooth, flexible, good skin turgor, warm	N/A
Head	Normal. 33.5 cm	Normal, varies with age, gender, ethnicity	N/A
Fontanels	Anterior- Soft, Flat Posterior- Soft, Flat	Soft, Flat	N/A
Face	Symmetrical	Normal, full cheeks, facial features symmetrical	N/A
Eyes	Normal, Symmetrical	Normal, Clear and Symmetrical, Online with ears	N/A
Nose	Normal, midline	Normal, midline and narrow	N/A
Mouth	Normal, midline, symmetrical, oral mucosa pink and moist	Normal, midline and small, symmetrical, intact soft and hard palate	N/A
Ears	Normal, soft, pliable.	Normal, soft and pliable, quick recoil when folded and released	N/A
Neck	Normal, short, head midline	Normal, short, moves freely, baby holds head midline	N/A
Chest	Normal, round, symmetric. 33 cm.	Normal, round, symmetric, smaller than head.	N/A
Breath sounds	Clear and equal bilaterally in all four lobes. Irregular	Clear and equal bilaterally in all four lobes.	Irregular respiratory rhythms are normal in

	rhythm.		newborns at this age. (Ricci, Kyle & Carman, 2017, p. 641)
Heart sounds	S1 and S2 noted. No murmurs, gallops, or rubs.	S1 and S2. No murmurs, gallops, or rubs.	N/A
Abdomen	Normal, rounded, three vessels in umbilical cord.	Normal, protuberant contour, soft, three vessels in umbilical cord	N/A
Bowel sounds	Active in all four quadrants.	Active in all four quandrats.	N/A
Umbilical cord	Clamped, clean, yellowish-green, free of signs of infection	Clamped, clean, yellowish-green, free of signs of infection	N/A
Genitals	Smooth glands, meatus centered at tip of penis.	Smooth glands, meatus centered at tip of penis.	N/A
Anus	Patent. No malformations of anus or rectum.	Patent, no malformations of anus or rectum.	N/A
Extremities	Symmetric. MAEW.	Symmetric with free movement	N/A
Spine	Normal. No tufts or dimples.	Normal. No tufts or dimples.	N/A
Safety Matching bands with parents Hugs tag Sleep position	Matching band with parents. Hugs tag. Sleeping on back in crib.	Matching band with parents. Hugs tag. Sleeping on back in crib or held by parents.	N/A

Reference:
Ricci, S., Kyle, T., Carman, S. (2017). Maternal and Pediatric Nursing. 3rd ed. Philadelphia, PA: Wolters Kluwer.

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? AGA

A weight of 3,317 g at birth put this newborn at right about the 50th percentile for weight at 39 weeks.
A length of 53.34 cm put this newborn at right about the 90th percentile for length at 39 weeks.
A head circumference of 33.5 cm put this newborn at about the 30th percentile for head circumference at 39 weeks.

All of these put the newborn into the “Appropriate for Gestational Age” category.

Are there any complications expected for a baby in this classification? (Discuss)

There are no complications for babies in the "Appropriate for Gestational Age" category. This means that all measurements are on track with where they should be.

PAIN ASSESSMENT (2 Points)

Pain Assessment including which pain scale you have used.
This patient scored a 3 on FLACC pain scale following circumcision.

SUMMARY OF ASSESSMENT (4 points)

Discuss the clinical significance of the findings from your physical assessment.

This neonate was delivered on 9.24.19 by vaginal delivery. Nuchal cord x1, loose, cord gases drawn per routine. Neonate is 39 weeks, 0 days, and AGA. Apgar scores 8/9. Prenatal hx complication by Gestational HTN and Obesity (BMI 51). Birth weight 7 lbs 5 oz (3,317 grams), 21" long (53.34 cm). Upon assessment, all systems are within normal limits. Last set of vitals 36.8/140/48. Neonate is breastfeeding and having trouble suckling with a latch score of 7. A lactation consultant is to meet with mother later this morning. Bilirubin level to be drawn later today. Neonate expected to be discharged with mother and father this evening and to see pediatrician 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. How to prevent SIDS

   This teaching session is to help the parents of the baby understand how to prevent SIDS upon discharge. Sudden Infant Death Syndrome, or SIDS, is the unexplained death of a seemingly healthy baby. It usually happens when the baby is in his or her crib, and is less than one year old. There is no guaranteed way to prevent SIDS, but there are ways to help the baby sleep more safely. Some ways include putting the baby on his back to sleep, keeping the crib as bare as possible, keeping the baby's head uncovered, and keeping the baby in a crib in the same bedroom as his parents. I would utilize print outs and discussion to do this teaching. I would allow the parents to look over materials provided and ask any questions they may have. I would provide the teaching while the baby is asleep and before discharge.

   An expected outcome of this teaching would be that the parents both have a better understanding of SIDS and ways to prevent it.

2. How to Look Out for Jaundice in a Newborn

This teaching session is to help the parents of the baby understand signs and symptoms of jaundice in her baby upon discharge. Signs of jaundice in babies include yellow tinge to the sclera and skin, weight loss, excess fussiness, and poor feeding. If these symptoms appear, a health care provider should be contacted. A good tip for the mother would be to put the baby near the window where he can get some sunlight for short periods during the day. I would utilize print outs to help with my teaching and send them home with the parents. I would provide this teaching during a time of the day that the baby is asleep, to ensure that the parents do not feel overwhelmed.

An expected outcome of the teaching would be that both of the parents have a better understanding of jaundice and signs to watch out for upon discharge. I would allow the parents to look over materials provided, and be available to answer any questions they may have.

Nursing Interventions (5 points)

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

Nursing Interventions:

Nursing interventions performed for this newborn included assessments, vital signs, I & Os, and feeding. These are the common newborn interventons that need to be performed. The newborn had a circumcision performed, and was then rated for pain using the FLACC scale. This intervention was performed to ensure that the baby had adequate pain management after his procedure.

Medical Treatments:

The client received Vitamin K, Erythromycin ophthalmic ointment, and the Hepatitis B Vaccine. Vitamin K helps to prevent hemhorragic disease of the newborn. Erythromycin helps to prevent certain eye infections of the newborn. The Hepatitis B Vaccine helps to protect the baby against the Hepatitis B virus.

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. **Imbalanced Nutrition: Less than body requirements r/t breastfeeding difficulty aeb LATCH score of 7.** **This diagnosis was chosen due to the patient's difficulty with breastfeeding due to inability to suck appropriately and a LATCH score of 7.**	The parents of the baby will learn to provide a calm, quiet environment during all feedings before discharge. They will verbalize and demonstrate understanding of this and the importance of it before being discharged home. The neonate will be weighed at the same time every day and will be within normal limits of weight for his age by time of discharge and at outpatient appointments. The mother will learn how to overcome some of the difficulties of breastfeeding after meeting with a lactation consultant. The baby's latch score will improve and the mother will demonstrate proper breastfeeding techniques prior to discharge.	Provide calm, quiet, non sitmulating environment while feeding. This will help limit excess stimulation that could interfere with feeding, Weigh neonate at the same time daily. This will help to determine if the infant's feeding has improved. Set up an appointment for the mother with a lactation consultant. This will help to identify the issues that the infant is having with feeding.	**Met/Not Met?** **This outcome was not yet met.** **This outome was met.** **This outcome was not yet met.** **Why?** **The mother had not been taught all of the techniqeus in providing a non-stimulating environment prior to the end of my shift.** **The baby was being weighed routinely and was WNL for weight.** **An appointment had been set up, but the mother had not yet met with the lactation consultant prior to the end of my shift.** **What next?** **The mother will be taught techniques when meeting with the lactation consultant later today to ensure she keeps a non-stimulating environment while breastfeeding.** **The baby will continue to be weighed routinely and stay WNL for weight.** **The mother will continue to utilize the techniques that she learned with the consultant.**
Diagnosis 2.	The parents will be assessed during my shift to better determine an individualized care plan for the the newborn and parents.	Assess the family's character, relationships, and role patterns. This will help the nurse better understand the	**Met/Not Met?** **This goal was not met.**

Interrupted Family Processes r/t situational transition aeb exhaustion of both parents and lack of prior knowledge about newborn care. **This diagnosis was chosen due to the newborn being the first baby for these parents. They have several questions and many educational topics that need addressed. They are also exhausted and ready to return home.**	The family will seek external support when necessary during my shift. The family will be kept informed and educated during my shift.	family unit and allow for the development of an individualized care plan. Acknowledge the family's involvement in care and promote strengths. This will help the family members to stay strong and motivated during hospitalization. Provide the family with information and guidance related to the patient, and encourage the family to schedule periods of rest. This will help the parents to stay motivated and well rested to ensure they will properly care for their baby.	**This goal was met.** **This goal was met.** **Why?** **The parents were not assessed during my shift regarding character and relationships.** **The parents asked questions about things that they were unsure about. They utilized external sources, including a lactation consultant.** **The parents were kept informed of what was going on during my shift. They were given a timeline of the day and told when to expect to be discharged.** **What next?** **An assessment could be done on the parents prior to discharge to ensure that their relationships with one another and the newborn are healthy and productive.** **The parents will continue to utilize external sources upon discharge.** **The parents will continue to be kept informed throughout the rest of the hospitalization and discharge process.**

Reference:
Swearingen, P. L. (2016). All-In-One Nursing Care Planning Resource (4th ed.). St. Louis, Missouri: ELSEVIER

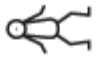
Ballard Gestational Age scale

A weight of 3,317 g at birth put this newborn at right about the 50th percentile for weight at 39 weeks.

A length of 53.34 cm put this newborn at right about the 90th percentile for length at 39 weeks.

A head circumference of 33.5 cm put this newborn at about the 30th percentile for head circumference at 39 weeks.

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

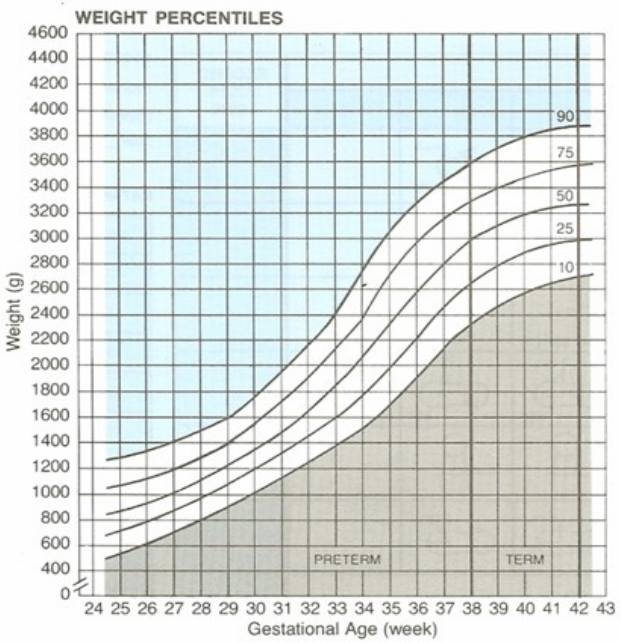
CLASSIFICATION OF NEWBORNS (BOTH SEXES) BY INTRAUTERINE GROWTH AND GESTATIONAL AGE [1,2]

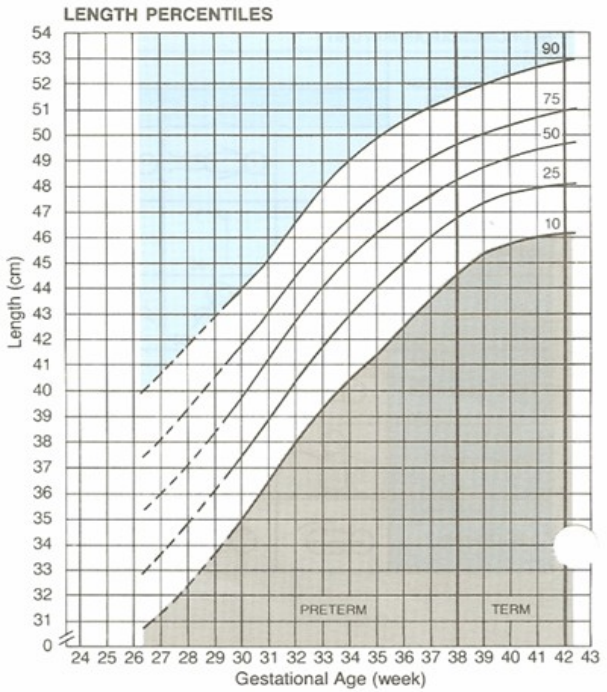
NAME _____ DATE OF EXAM _____ LENGTH _____

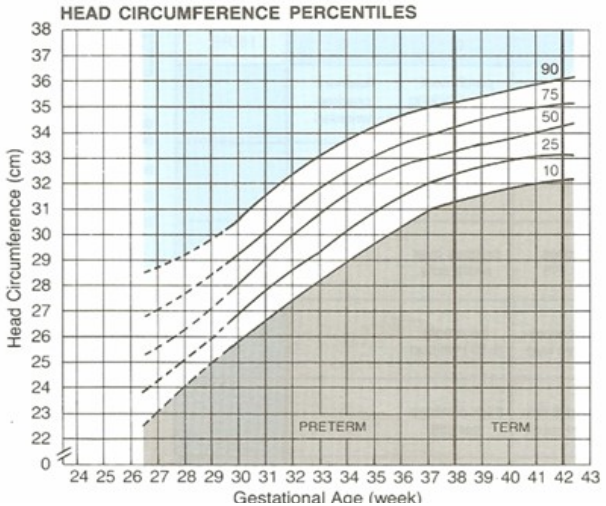
HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

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%	