

N432 Newborn Care Plan
Lakeview College of Nursing
Riley Doran

Demographics (10 points)

Date & Time of Clinical Assessment:

Date & Time of Birth 1/24/2020 0816	Patient Initials E.R.B	Age (in hours at the time of assessment) 120 hours	Gender Female
Race/Ethnicity Caucasian	Weight at Birth (gm) 2310g (lb.) 5 (oz.) 1.5	Weight at Time of Assessment (gm) 2230g (lb.) 4 (oz.) 14.7	Age (in hours) at the Time of Last Weight 109 hours
Length at Birth Cm 45.5cm Inches 17.91inches	Head Circumference at Birth Cm 31.5cm Inches 12.4inches	Chest Circumference at Birth Cm 29.5cm Inches 11.6inches	

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

Mother/Family Medical History (15 Points)

Prenatal History of the Mother:

When prenatal care started: 7/13/2019

Abnormal prenatal labs/diagnostics: Intrauterine growth restriction/ abnormal ultrasound

Prenatal complications: Gestational diabetes, intrauterine growth restriction, GBS positive

Smoking/alcohol/drug use in pregnancy: Former smoker (7 years ago), denies alcohol use, denies drug use

Labor History of Mother:

Gestation at onset of labor: 36w4d

Length of labor: Caesarean section

ROM: at delivery, clear with no odor

Medications in labor: Duramorph, Ancef, Bicitra, Reglan

Complications of labor and delivery: Respiratory distress

Family History:

Pertinent to infant: N/A

Social History (tobacco/alcohol/drugs):

Pertinent to infant: N/A

Father/Co-Parent of Baby Involvement: Yes, actively participating in care and feeding

Living Situation: At home with husband and 2-year-old daughter

Education Level of Parents (If applicable to parents' learning barriers or care of infant):

Both college graduates with Bachelor's degrees

Birth History (10 points)

Length of Second Stage of Labor: N/A

Type of Delivery: Caesarean section

Complications of Birth: Respiratory distress

APGAR Scores:

1 minute: 7

5 minutes: 8

Resuscitation methods beyond the normal needed: N/A

Feeding Techniques (10 points)**Feeding Technique Type:** Breast. NG tube and bottle**If breastfeeding:****LATCH score:** 9**If bottle feeding:****Positioning of bottle:** Side lying, upright with slow flow nipple**Suck strength:** Strong**Amount:** Goal: 30 mL**Percentage of weight loss at time of assessment:** 3.45 %

****Show your calculations; if today's weight is not available, please show how you would calculate weight loss (i.e. show the formula)****

$$2310\text{g (birthweight)} - 2230\text{g (current weight)} = 80\text{g (loss)}$$
$$80\text{g} / 2310\text{g} = 0.035$$
$$0.035 \times 100 = 3.45\%$$
What is normal weight loss for an infant of this age? < 10% (Ricci, 2017, pg 625)**Is this neonate's weight loss within normal limits?** YesReferences

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.

Intake and Output (8 points)**Intake****If breastfeeding:****Feeding frequency:** every 3 hours

Length of feeding session: 30 minutes

One or both breasts: one breast (alternating) plus NG feeding

If bottle feeding:

Frequency: with feeding cue (not stress)

Volume of formula per session: N/A

If NG or OG feeding:

Frequency: every 3 hours

Volume: Goal 30 mL

If IV:

Rate of flow: N/A

Volume in 24 hours: N/A

Output

Age (in hours) of first void: 9 hours

Voiding patterns: 6 stools, 4 voids

Number of times in 24 hours: 10, WDL

Age (in hours) of first stool: 5 hours

Stool patterns:

Type: normal

Color: yellow

Consistency: seedy

Number of times in 24 hours: 6 (with every feeding)

Laboratory Data and Diagnostic Tests (15 points)

Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Name of Test	Why was this test ordered for THIS client? *Complete this even if these labs have not been completed*	Expected Results	Client's Results	Interpretation of Results
Blood Glucose Levels	Determines glucose levels in the infant as it receives glucose from the placenta and through milk/formula	< 140	69 (1/24)	Within normal range
Blood Type and Rh Factor	Test determines baby and mom's blood cells crossing, potentially sensitizing the mom to the Rh factor	N/A	O+	Infant and mom have the same blood type
Coombs Test	Determines if antibodies in bloodstream are causing immune system to attack and destroy red blood cells. Condition called hemolytic	N/A	N/A	Mom and baby have the same blood type, therefore Coombs test not done

	anemia.			
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	Determines baby's liver efficiency	Low risk	9.1	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 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)	Detect potentially fatal or disabling conditions in newborns	N/A	(If available— these may be not available until after discharge for some clients)	
Newborn Hearing Screen	Allows babies with hearing	N/A	N/A	Screening not completed

	loss receive interventions within the first few weeks after birth			
Newborn Cardiac Screen (At 24 hours)	Measures how much oxygen is in the blood and identify babies with congenital heart conditions	N/A	N/A	Screening not completed d/t infant in NICU

Lab Data and Diagnostics Reference (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1mg	N/A	0.5mL		
Frequency	Once	Once	Once		
Route	IM	Both Eyes	IM		
Classification	Vitamin	Antibiotic	Vaccine		
Mechanism of Action	gamma-carboxyglutamic acid residues convert the precursor proteins to active coagulation factors that subsequently are secreted by liver cells	Treat and prevent eye infections	Stimulates the immune system to produce antiHBs without exposing patient to active infection		

	into the blood				
Reason Client Taking	Prevent Hypoprotrombinemia	Possible eye infection	Minimal immune system		
Contraindications (2)	-Hypersensitivity	-Hypersensitivity	- yeast hypersensitivity -severe allergic reaction		
Side Effects/Adverse Reactions (2)	-Tachycardia -Dyspnea	-ocular irritation -redness	-irritability -injection site reaction		
Nursing Considerations (2)	-Use benzyl alcohol free formulations on infants -beware of severe adverse reactions	-cleanse eyes before application - hold horizontally	-Does not protect against Hep A, C, E -No gluteal muscle injection		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-PT levels -Vitamin K deficiency levels	N/A	N/A		
Client Teaching needs (2)	-protect solution from light exposure -Do not exceed 1mg/min	-use up to 6x/day	-recommended for newborns - Vaccine comes in 3 doses		

Medications Reference (APA):

2018 Nurses drug handbook (17th ed.). (2018). Burlington, MA: Jones & Bartlett Learning.

Newborn Assessment (20 points)

Area	Your Assessment	Expected Variations and Findings *This can be found in your book on page 645*	If assessment finding different from expectation, what is the clinical significance?
Skin	Smooth, pink with visible veins, warm	Normal: smooth, flexible, good skin turgor, well hydrated, warm	N/A
Head	Appropriate for age, gender and ethnicity	Normal: varies with age, gender, ethnicity	N/A
Fontanelles	Soft, flat	N/A	N/A
Face	Symmetrical features	Normal: full cheeks, face feature symmetric	N/A
Eyes	Appropriate space, lids not swollen, sclera clear and white	Normal: clear and symmetrically placed on face, online with ears	N/A
Nose	Midline and patent	Normal: small, placement in the midline and narrow, ability to smell	N/A
Mouth	Lips and palate intact	Normal: aligned in midline, symmetric, intact soft and hard palate	N/A
Ears	Soft, equal, recoil quickly	Normal: soft and pliable with quick recoil when folded and released	N/A
Neck	Appropriate folds, normal clavicle formation, no crepitus	N/A	N/A
Chest	Symmetrical, nipples	Normal: round,	N/A

	even and appropriate, xyphoid visible	symmetric, smaller than head	
Breath Sounds	Clear and equal bilaterally	Respirations: 30-60 breaths/min	N/A
Heart Sounds	Normal rhythm, no murmur	Apical pulse: 110-160 bpm	N/A
Abdomen	Soft, slightly rounded, nontender	Normal: protuberant contour, soft, three vessels in umbilical cord	N/A
Bowel Sounds	Active	N/A	N/A
Umbilical Cord	Intact and drying	N/A	N/A
Genitals	Labia majora and minora appropriate per gestational age	N/A	N/A
Anus	Patent	N/A	N/A
Extremities	Appropriate	Normal: symmetrical with free movement	N/A
Spine	Intact, no dimple, no hair tuft	Normal: symmetrical with free movement	N/A
Safety <ul style="list-style-type: none"> • Matching bands with parents • Hugs tag • Sleep position 	sleeping on back	N/A	N/A

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer

Complete the Ballard Scale grid at the end to determine if this infant is SGA, AGA, or LGA—be sure to show your work

What was your determination? AGA

Are there any complications expected for a baby in this classification? No

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	97.9 F	140	44
4 Hours After Birth	99.2 F	140	60
At the Time of Your Assessment	98.3	124	39

Vital Sign Trends: Vitals had no consistent trends, however majority of vital signs were within normal limits.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

*No formal pain assessment occurred. However, while observing the patient, there was no visible signs of pain like crying. The baby slept soundly and began stirring when ready to eat.

Summary of Assessment (4 points)

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

****See the example below****

This neonate was delivered on 1.24.2020 at 0816by Caesarean section. Apgar score 7/8. Prenatal history complicated by GDM (insulin controlled). Birth weight 5 lbs 1.5 oz and 17.91 inches long. Upon assessment all systems are within normal limits. Last set of vitals 36.8/124/39.

Neonate is breast feeding, bottle feeding and receiving feedings from the NG tube. The feeding goals is 30mL every 3 hours. No discharge plans have been made to date.

This neonate was delivered on 5.15.14 at 0522 by normal spontaneous vaginal delivery (NSVD). Nuchal cord x1. 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 x3 after delivery WNL with lowest being 52. Neonate is breastfeeding and nursing well with most feedings 20”/20” q2-3 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 Interventions and Medical Treatments for the Newborn (6 points)

Nursing Interventions and Medical Treatments (Identify nursing interventions with “N” after you list them, identify medical treatments with “T” after you list them.)	Frequency	Why was this intervention/ treatment provided to this patient? Please give a short rationale.
1.) Encourage parent to verbalize concerns regarding the potential delay or loss in the bonding process.		<u>Rational:</u> This provides opportunity for assessment, confirmation and/or validation of their feelings (Swearingen 2016).
2.) Allow parent time with the infant based on gestational age		<u>Rational:</u> This validates their experience and importance while transitioning into the care giving process (Swearingen 2016).
2.) Position child with head elevated 15-30 degrees for 1-2 hours after meals		<u>Rational:</u> This position decreases incidence of aspiration of gastric contents, which could lead to aspiration pneumonia (Swearingen, 2016).
3.) Monitor VS q3h and notify health care provider on findings indicative of infection		<u>Rational:</u> Early recognition of abnormality enables prompt treatment and less serious infection (Swearingen 2016).

Discharge Planning (2 points)

Discharge location: Home with family

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): (not asked)

Education needs: Infant care in regard to gaining weight and keeping infants vitals strong

Nursing Diagnosis (30 points)

***Must be NANDA approved nursing diagnosis and listed in order of priority*
Two of them must be education related i.e. the interventions must be education for the client.”**

<p>Nursing Diagnosis (2 pt each) Identify problems that are specific to this patient. Include full nursing diagnosis with “related to” and “as evidenced by” components</p>	<p>Rational (1 pt each) Explain why the nursing diagnosis was chosen</p>	<p>Intervention/Rational (2 per dx) (1 pt each) Interventions should be specific and individualized for his patient. Be sure to include a time interval such as Assess vital signs q 12 hours.” List a rationale for each intervention and using APA format, cite the source for your rationale.</p>	<p>Evaluation (1 pt each)</p> <ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<p>1. Ineffective airway clearance related to respiratory distress as evidenced by birth complications</p>	<p>This nursing diagnoses was chosen because this neonate was in respiratory distress during birth</p>	<p>1. Assess respiratory status with initial assessment, with each vital sign check and PRN Rationale: Tracking vital sign trends is important in providing care 2. Position child in high Fowler’s position and encourage deep breathing Rationale: Opening airway for maximum respirations</p>	<p>Neonate’s bed positioned at 30 degrees and assessments occurred with every feeding. Patient’s airway stable</p>
<p>2. Fatigue related to high energy expenditure as</p>	<p>Neonate barely finishing feedings</p>	<p>1. Provide a calm and restful environment Rationale: Allow neonate to rest and preserve as much</p>	<p>Neonate slept throughout shift and stirred only for feedings but did not stay awake</p>

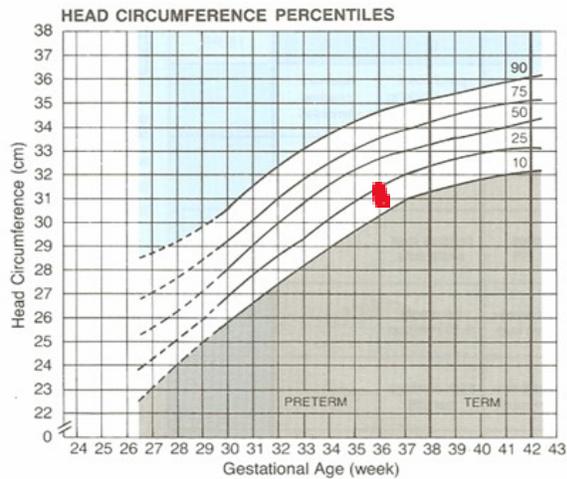
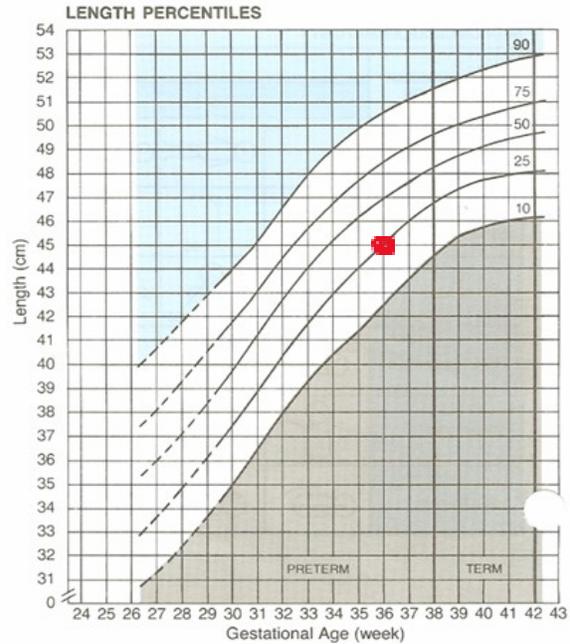
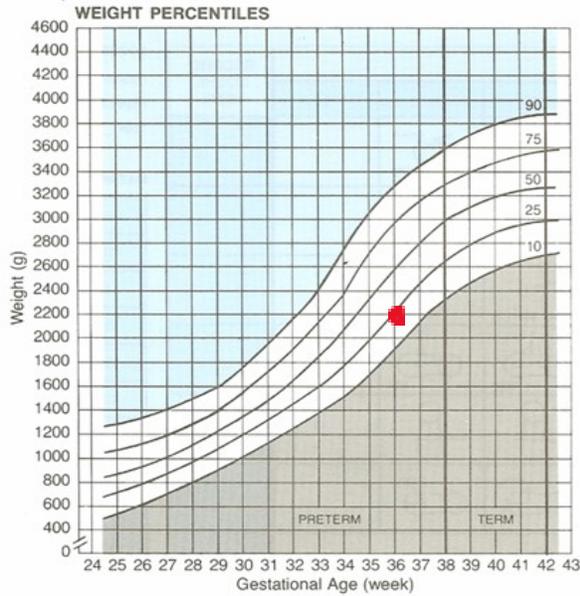
evidenced by neonate’s sleep schedule	throughout the day	energy as possible 2. Assess HR, RR for increases from child’s normal Rationale: Tracking vital sign trends is important in providing appropriate care	for the entire 30 minute feeding window
3. Anxiety related to medical and nursing interventions as evidenced by care in the NICU	Neonate not in mom’s room and is continuously being woken up by unfamiliar people	1. Encourage parents to stay with child if possible Rationale: promotes a sense of security which will decrease anxiety 2. Facilitate coordination of care Rationale: This avoids disturbing the child more than necessary	Neonate’s parents active in all possible care and neonate is increasing intake during feedings
4. Interrupted family processes related to neonate’s care as evidenced by neonate’s extended stay in the NICU	Neonate staying in NICU past the normal 48 hour going home standard	1. Reinforce importance of helping siblings cope with/adapt to having a sibling Rationale: This supports family centered care and increases the likelihood of more normal family processes 2. Refer family to appropriate support groups Rationale: these groups help child and family functions	Neonate’s family integrated older sibling into day to day care

Other References (APA):

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

**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)	X	X	X
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.

References
 1. Battaglia FC, Lubchenco LO: A practical classification of newborn infants by weight and gestational age. *J Pediatr* 1967; 71:1-10,103