

N432 Newborn Care Plan
Lakeview College of Nursing
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Demographics (10 points)

Date & Time of Clinical Assessment: 3/2/20, 1400

Date & Time of Birth 3/1/20 2041	Patient Initials DG	Age (in hours at the time of assessment) 17 hrs.	Gender M
Race/Ethnicity Caucasian	Weight at Birth (gm) ___3555___ (lb.) _7_ (oz.) _13.4_	Weight at Time of Assessment (gm) ___3498___ (lb.) _7_ (oz.) _11.38_	Age (in hours) at the Time of Last Weight 10hrs 3505g
Length at Birth Cm ___52___ Inches _20.4___	Head Circumference at Birth Cm ___34.5___ Inches __13.58___	Chest Circumference at Birth Cm _34___ Inches __13.38___	

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:

Abnormal prenatal labs/diagnostics: SVT noted on EKG, Echo EF 60%

Prenatal complications: LEEP procedure, marginal cord insertion, palpitations.

Smoking/alcohol/drug use in pregnancy: Mother did not smoke, use alcohol, or drugs during pregnancy

Labor History of Mother:

Gestation at onset of labor: 37 weeks 6 days

Length of labor: Labor started at 0359 and ended at 2041. Labor length of 16h42m

ROM: Mother did not have AROM during labor

Medications in labor: epidural was requested and Pitocin was administered for irregular contraction patterns.

Complications of labor and delivery: 3 min decelerations were noted. Resolved with positional changes, oxygen, and bolus

Family History: Hypertension grandmother, stroke grandmother

Pertinent to infant: No family history pertinent to infant

Social History (tobacco/alcohol/drugs): Mother does not use tobacco, alcohol, or drugs

Pertinent to infant: Social history does not pose a threat to infant

Father/Co-Parent of Baby Involvement: Father is involved. Married and lives with mother and infant.

Living Situation: Mother, father and infant live together.

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

Not applicable; No learning barriers. Well educated.

Birth History (10 points)

Length of Second Stage of Labor: Started pushing at 2005. Born 2041. Length of second stage 36min. Skin to skin at 2053.

Type of Delivery: Vaginal

Complications of Birth: Bradycardia with decelerations. Vacuum assist was used for delivery.

APGAR Scores: Minimal or no difficulty with adjusting to extrauterine life

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: N/a

Feeding Techniques (10 points)

Feeding Technique Type: Breastfeeding

If breastfeeding:

LATCH score: 7: Having to hold nipple in mouth to stimulate suck, nipple erects with stimulation, few audible swallows with stimulation, soft-nontender, minimal assist.

If bottle feeding:

Positioning of bottle: N/a

Suck strength: N/a

Amount: N/a

Percentage of weight loss at time of assessment: ____-1.6____%

Starting weight (3555g)- current weight (3498g) = 57g

Weight difference (57g) / Starting weight (3555g) = 0.016g x 100= 1.6

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

What is normal weight loss for an infant of this age? Newborns can lose up to 10% of their birth weight within the first 3-4 days.

Is this neonate's weight loss within normal limits? This weight loss is within normal limits .

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: Approximately every 2 hours

Length of feeding session: Approximately 30 min

One or both breasts: Both

If bottle feeding:

Frequency: N/a

Volume of formula per session: N/a

If NG or OG feeding:

Frequency: N/A

Volume: N/a

If IV:

Rate of flow: N/a

Volume in 24 hours: N/a

Output

Age (in hours) of first void: 7hrs 4 min (0345)

Voiding patterns:

Number of times in 24 hours: 2 times at time of assessment from birth (<24 hrs)

Age (in hours) of first stool: 7hrs 4 min (0345)

Stool patterns: 1 stool from birth to time of assessment. Per Nurses documentation “No Intake/ Output data recorded.” No observable stool was available during assessment.

Type: N/a

Color: N/a

Consistency: N/a

Number of times in 24 hours: 1

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	'Blood glucose is done to evaluate for hypoglycemia" (ATI, pg 160)	40-60	47	Glucose within expected rang
Blood Type and Rh Factor	Use to determine "ABO blood type and Rh status if the mother's blood type is "O" or she is Rh-negative" (ATI, pg 160) The mother is O+.	Father is A+ Mother is O+ Highest probability is A+	A+	Within expected values
Coombs Test	Checks blood for antibodies that attack red blood cells (Ricci, Kyle, & Carman, 2017)	Negative	N/a	Test had not been completed at time of assessment
Bilirubin Level (All babies at 24 hours) *Utilize bilitool.org for bilirubin levels*	This lab is used to assess the bilirubin level that can be deposited in the skin and mucous membranes (Ricci, Kyle, Carman, 2017)	<5 mg/dL	N/a	Test had not been completed at time of assessment
Newborn Screen (At 24 hours)			(If available—these may be not available until after	

			discharge for some clients)	
Newborn Hearing Screen	Required by the state to detect possible hearing loss	>160 in both ears	Pass	Expected values observed.
Newborn Cardiac Screen (At 24 hours)	Test is completed to find potential congenital heart defects in newborn (ATI, 2016)	O2 sat of >95% expected on both the finger tip and toe on opposite sides. There is also to be less than a 3% difference between the two.	N/a	Test was not completed at time of assessment

Lab Data and Diagnostics Reference (APA):

ATI Nursing Education (2016). *RN Maternal newborn nursing* (10th ed.) Assessment

Technologies Institute, LLC.

Ricci, 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	0.5mg	1-2cm ribbon	10mcg		
Frequency	One time	One Time	One time		
Route	IM	Conjunctival sac, starting from inner	IM		

		canthus and moving outward		
Classification	Phytonadione	Antibacterial	Vaccine	
Mechanism of Action	Cofactor in production of active clotting factors	Inhibit protein synthesis; bactericidal	Induces antibody formation	
Reason Client Taking	Prevents hemorrhagic disorders. Vit K not produced in GI tract until day 7.	Mandatory to prevent ophthalmia neonatorum- can cause blindness	Prevention of hepatitis B	
Contraindications (2)	Hypersensitivity Over-anticoagulation	Hypersensitivity N/a	Hypersensitivity Immunocompromised	
Side Effects/Adverse Reactions (2)	Flushing Injection pain	Ocular irritation erythema	Injection site reaction headache	
Nursing Considerations (2)	Monitor for bleeding Do not overdose	No routine tests or labs recommended	Administer medication quickly to prevent pain. Explain vaccination to mother before administering	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	N/a	No routine tests or labs recommended	No routine tests or labs recommended	
Client Teaching needs (2)	Mothers should be educated on the potentially fatal bleeding disorder that this shot prevents.	Mothers should be educated on the importance of administration	Mother should be educated on the importance of administration	

Medications Reference (APA):

Epocrates.com

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	Bruises on head from vacuum assist. Pink with no jaundice	Smooth, flexible, good turgor, well hydrated; warm	Bruising as expected with vacuum assist.
Head	Molding present from vacuum assist.	Normocephalic	Molding common with vaginal delivery.
Fontanel s	Soft and open.	Soft, flat and open.	
Face	Symmetrical, cheeks full	Full cheeks, symmetric	
Eyes	Clear eyes, symmetrical	Clear and symmetrical	
Nose	Small nose, midline.	Small, midline and narrow, ability to smell	
Mouth	Soft and hard palate palpable. Midline and symmetrical	Midline, symmetric, soft and hard palate	
Ears	Quick recoil. Soft and pliable	Soft and pliable with quick recoil when folded and released	
Neck	Holding head midline. Short neck with creases. Moving freely	Short, creased, moves freely, holds head midline	
Chest	Chest smaller than head. Round and symmetrical	Round, symmetric, smaller than head	
Breath Sounds	Equal and normal	Equal and normal with minimal variation.	

Heart Sounds	No murmur. Clear S1 and S2.	Clear S1 and S2. Murmur may be present.	
Abdomen	Soft, umbilical cord intact.	Soft, three vessel umbilical cord	
Bowel Sounds	Bowel sounds present	Present in all four quadrants	
Umbilical Cord	3 vessels present. No signs of infaction.	3 vessels. No bleeding, inflammation, or redness	
Genitals	Meatus centered at tip of penis. Some swelling noted in scrotum.	Smooth glans, meatus centered at tip of penis	Swelling within expected range d/t fluid accumulation in body.
Anus	Patent anus. Stool moveable	Present, patent	
Extremities	Symmetrical. L arm in flexed position. Free movement	Symmetrical with free movement	Lower neuromuscular score on Ballard Scale. Adjustments made with swaddling arm across chest
Spine	Midline	Center, symmetric	
Safety <ul style="list-style-type: none"> • Matching bands with parents • Hugs tag • Sleep position 	Hugs tag in place on ankle. Bands match mothers. Baby sleeping on back.	Sleeps on back Matching bands with parents.	

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- 38 weeks

Are there any complications expected for a baby in this classification? N/a

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	98.2 F (axillary)	124bpm	52
4 Hours After Birth	98.6 F (axillary)	120	44
At the Time of Your Assessment	98.7 F (axillary)	102	58

Vital Sign Trends: Within normal limits.

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	NIPS	Head	3/7	Bruising on head from vacuum/headache . Mild intermittent cry, changes in breathing pattern, fussy	Comfort with holding, rocking, dark room, quiet area

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 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.

This neonate was delivered on 3/1/2020 at 2041 by NSVD with vacuum assist. APGAR score 8 at 1 minutes, 9 at 5 minutes. Neonate is 37 weeks and 6 days and AGA. Prenatal hx complicated by SVT and EF 60%, LEEP procedure, and marginal cord insertion. Birth weight 3555 grams (7lbs. 13 oz), 20.4 inches long (52cm). All systems within normal limits. VS: 98.7/102/58. BS WNL at 47. Neonate is breastfeeding well. Most feedings 20-30min q2hrs. Neonate expected to be discharged with mother tomorrow (3/3/20) and scheduled to see pediatrician 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.
Effective Breastfeeding- N Educating mother on proper techniques-I	Constant	This intervention is needed to ensure adequate nutrition for optimal growth.
Skin health and integrity- N Parent education on proper bathing and diaper care- T	Constant	Skin should be kept warm and dry to prevent skin breakdown and irritation
Administer prescribed medications- T Prevention of disorders- N	One time	Vitamin K and erythromycin are commonly ordered during the immediate newborn period to prevent bleeding disorders and transmission infection into mucous membranes.
Ensuring proper identification- N	Constant	Infant abduction is a threat. ID bracelets on infant ankle and wrist should match the mother

Discharge Planning (2 points)

Discharge location: Home with mother and father

Equipment needs (if applicable): N/a

Follow up plan (include plan for newborn ONLY): Follow up appoint scheduled with pediatrician on 3/5.

Education needs: Car seat education, breastfeeding, and bathing/hygiene education have all been completed.

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. Acute pain related to vacuum assist as evidence by bruising on head</p>	<p>This nursing diagnosis was chosen d/t the pain expressed by the newborn with crying</p>	<p>1. Assess pain frequently. Rationale The neonate Infant Pain Scale is useful for assessing pain based onn behavior (Ricci, Kyle, & Carman, 2017). 2. Keep newborn comfortable and relaxed. Rationale</p>	<p>Newborn was able to calm down easily with a tight swaddle, rocking motion, and quiet area.</p>
<p>2. Risk of jaundice with related to bilirubin passing into infant during pregnancy as evidence by</p>	<p>This diagnosis was chosen d/t the risk of jaundice all newborns face within the first hours/days of life.</p>	<p>1. Promoted breast-feeding Rationale Keeping newborn well hydrated and stooling frequently helps promote the elimination of bilirubin (Ricci, Kyle, & Carman, 2017) 2. Avoid supplementation</p>	<p>Mother was patient and understanding of the importance of keeping newborn hydrated and promoting stool movement.</p>

<p>elevated bilirubin levels and yellowing of skin.</p>		<p>with water Rationale Hydration by water does not promote bilirubin loss</p>	
<p>3. Risk of skin breakdown related to moist skin as evidence by diaper application</p>	<p>This diagnosis was chosen as a common concern for infants with diaper use. Ineffective cleansing can cause irritation</p>	<p>1. Use water and mild soap Rationale Use of alcohol base wipes or fragranced soaps can alter pH balance in genital area (Ricci, Kyle, & Carman, 2017). 2. Expose the newborns buttocks to air several times a day Rationale Expose the buttock can prevent diaper rash as well as help heal (Ricci, Kyle, and Carman, 2017)</p>	<p>Mother was understanding to the importance of skin care to prevent irritation and skin breakdown.</p>
<p>4. Risk of infection related to circumcision as evidence by wound on tip of penis</p>	<p>This diagnosis was chosen as newborn was going for circumcision.</p>	<p>1. Assess for bleeding every 30 min for at least 2 hours. Rationale Bleeding is expected in small amounts. Should discontinue shortly after the procedure (Ricci, Kyle, &Carman, 2017). 2. Apply petroleum jelly with every diaper change. Rationale Petroleum jelly keeps the wound from sticking to the diaper and rupturing when removing the diaper (Ricci, Kyle, & Carman, 2017)</p>	<p>Mother was understanding of circumcision care prior to surgery. Newborn did not have procedure completed for further evaluation by the end of assessment.</p>

Other References (APA):

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

Ballard Gestational Age Scale

Neuromuscular Maturity

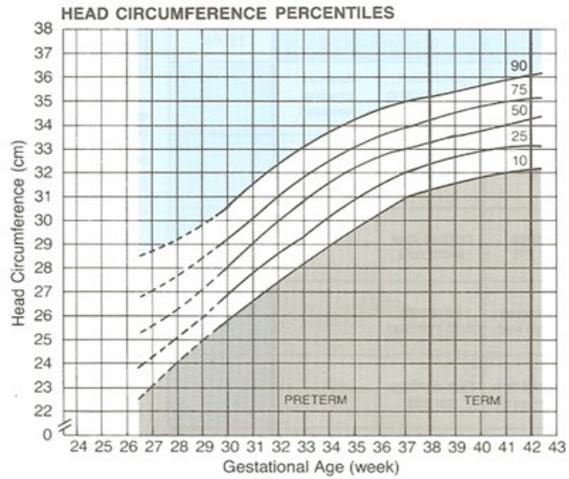
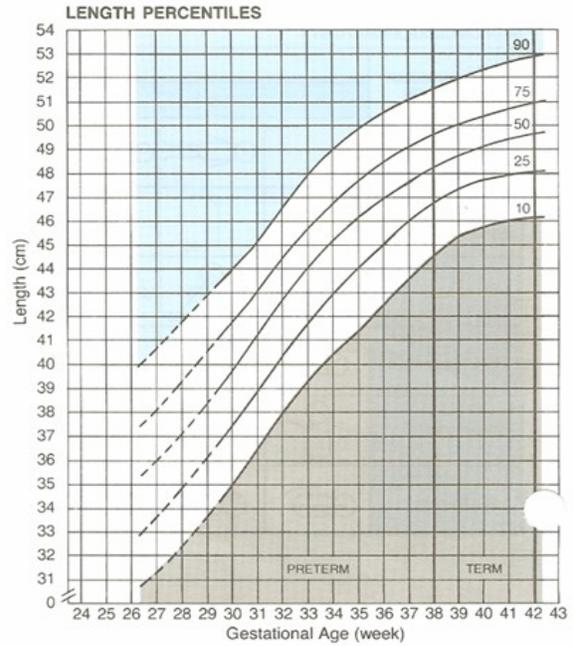
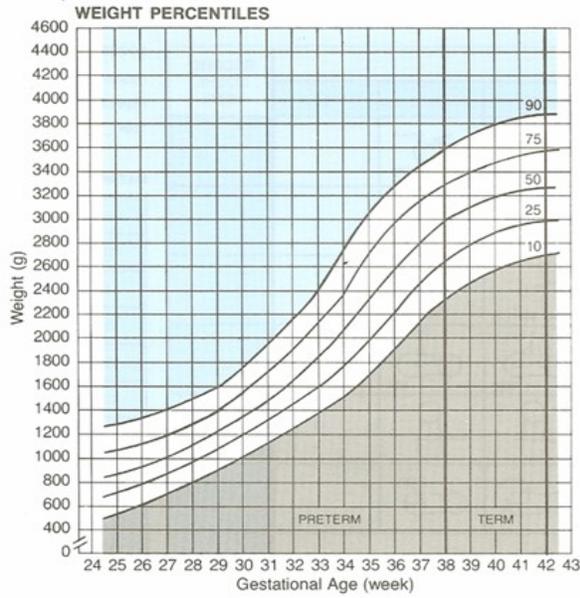
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)							
Arm recoil							
Popliteal angle							
Scarf sign							
Heel to ear							

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink; visible veins	Superficial peeling and/or rash; few vessels	Cracking, pale areas; rare veins	Parchment, deep cracking; no vessels	Leathery, cracked, wrinkled
Lanugo	None	Sparse	Abundant	Thinning	Bald areas	Mostly bald	Maturity Rating
Plantar surface	Heel-toe 40-50 mm: -1 < 40 mm: -2	> 50 mm, no crease	Faint red marks	Anterior transverse crease only	Creases anterior 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	Flattened areola, 5-10 mm bud	Score
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	Weeks
Genitals (male)	Scrotum flat, smooth	Scrotum empty, faint rugae	Testes in upper canal, rare rugae	Testes descending, few rugae	Testes down, few rugae	Testes pendulous, deep rugae	-10 20
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	-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.

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