N432 Newborn Care Plan

Lakeview College of Nursing

Name Kayley Sollers

Demographics (10 points)

Date & Time of Clinical Assessment:

Date & Time of Birth 03/07/2020 0351	Patient Initials D.W.	Age (in hours at the time of assessment) 48 hours	Gender F.
Race/Ethnicity Black African American	Weight at Birth (gm) 3220 (lb.) 7 (oz.) 1.6	Weight at Time of Assessment (gm) 3195 (lb.) 7 (oz.) 0.7	Age (in hours) at the Time of Last Weight 48 hours
Length at Birth Cm 48.5 Inches 19.09	Head Circumference at Birth Cm 34.5 Inches 13.58	Chest Circumference at Birth Cm 34 Inches 1.39	

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: July 2019

Abnormal prenatal labs/diagnostics: The mother tested positive for Group Beta Strep, the patient will need antibiotics before delivery. She tested positive for marijuana at initial prenatal appointment, and was educated on risk for fetus during pregnancy. Prenatal Urine Creatinine greater than 100,000 indicating of Group Beta Strep.

Prenatal complications: No prenatal complications noted.

Smoking/alcohol/drug use in pregnancy: No smoking, alcohol, or drug use. Mother did test positive for marijuana at initial prenatal appointment but was negative at delivery.

Labor History of Mother:

Gestation at onset of labor: 38w 5 d

Length of labor: 4 hours

ROM: 2130 at home (Green)

Medications in labor: Patient was on a lactated ringer as well as Penicillin 200 ml/hr.

Complications of labor and delivery: Prolonged deceleration

Family History:

Pertinent to infant: None reported. (Patient is a poor historian)

Social History (tobacco/alcohol/drugs):

Pertinent to infant: No smoking, alcohol, or drug use. Mother did test positive for marijuana at initial prenatal appointment but was negative at delivery.

Father/Co-Parent of Baby Involvement: Father is involved

Living Situation: The mother and father plan on getting a home together. The mother lives with her mom and plans to go there upon discharge.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): The mother works for school district Unit 4 and Maurices. The father works at Target.

Birth History (10 points)

Length of Second Stage of Labor:

****Patient ended up in emergent cesarean section. ****

The mother presented to the hospital at 2232. At 2300 the fetal HR was 165 BPM with moderate variability, late decelerations, mild contractions every 4 minutes lasting 60-90 seconds in duration. At 2320 the patient was 1.5cm dilated with -3 station. The baby was born at 0351 03/07/20 via caesarian section. The placenta was manually removed intact at 0353.

Type of Delivery: Cesarean section

Complications of Birth: Respiratory distress

APGAR Scores:

1 minute: 1

5 minutes: 9

Resuscitation methods beyond the normal needed: PPV via Neopuff then CPAP for respiratory distress in delivery room.

Feeding Techniques (10 points)

Feeding Technique Type: Pt feeding method was bottle at this time. Mother is not opposed to breast feeding but is not motivated to put the work into getting supply to be plentiful.

If breastfeeding:

LATCH score: N/A

If bottle feeding:

Positioning of bottle: 90º

Suck strength: Moderate to Strong

Amount: 20 oz.

Percentage of weight loss at time of assessment: 0.8%

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

To calculate subtract current weight from birth weight, divide weight loss by the birth weight then multiply by 100 to get the percent.

3195g – 3220g = -25/3195=-0.007*100=-.78

What is normal weight loss for an infant of this age? 5-8%

Is this neonate's weight loss within normal limits? Yes

Intake and Output (8 points)

Intake

If breastfeeding:

Feeding frequency: N/A

Length of feeding session: N/A

One or both breasts: N/A

If bottle feeding:

Frequency: Q3 hrs.

Volume of formula per session: 12 oz. (1st feed) 20 oz. (2nd feed)

If NG or OG feeding:

Frequency: N/A

Volume: N/A

If IV:

Rate of flow: 6.7 ml/hr.

Volume in 24 hours: 224.3 ml/hr.

Output

Age (in hours) of first void: 15 hrs.

Voiding patterns:

Number of times in 24 hours: 4

Age (in hours) of first stool: 1 hr.

Stool patterns:

Type: lose/tarry

Color: meconium green

Consistency: large

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	Expected Results	Client's Results	Interpretation of Results

	completed*			
Blood Glucose Levels	**Infants born premature may have hypoglycemia**	**40-99**	**65**	**The neonate's blood glucose level is within normal limits.**
Blood Type and Rh Factor	**To compare the baby's blood type to the mothers.**	**A+**	**A RH POS**	**The neonate's blood type matches the mother's blood type.**
Coombs Test	**The coombs test is used to test for autoimmune hemolytic anemia.**	**0.3-5.7**	**N/A**	**The neonate and mother have matching blood types and no hemolytic reaction will occur.**
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	**To monitor liver development or to check if RBC are being destroyed quicker than normal due to hemolysis.**	**0.3-5.7**	**5.7**	**The neonate's bilirubin level is within the baseline range.**
Newborn Screen (At 24 hours)	**This is a screening performed shortly after birth to detect birth conditions that are not evident in newborns.**	**Not available until after discharge**	**(If available—these may be not available until after discharge for some clients)** **Not completed**	**The neonate is not discharged, the screening has not been performed.**
Newborn Hearing Screen	**To ensure fully functional hearing at birth.**	**Hearing intact**	**N/A (Will perform upon discharge)**	**The neonate is not discharged, the screening has not been performed.**
Newborn Cardiac Screen (At 24 hours)	**This is used to detect congenital cardiac defects.**	**Passes screen**	**318 Right hand 98% Right foot 98% PASSED**	**The newborn cardiac screen did not detect any congenital cardiac defects.**

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	**1 mg**	**Both eyes (1 drop)**	**REFUSED**		
Frequency	**Once**	**Once**	**REFUSED**		
Route	**Intramuscular**	**Topical (ointment)**	**REFUSED**		
Classification	**Vitamin**	**Antibiotic**	**REFUSED**		
Mechanism of Action	**Vitamin used for the synthesis of clotting factors**	**Binds to bacterial ribosome.**	**REFUSED**		
Reason Client Taking	**Prophylactic hemorrhage of newborn**	**Prophylactically used to prevent conjunctivitis.**	**REFUSED**		
Contraindications (2)	**Hypersensitivity. Severe liver disease.**	**Concurrent use of Astemizole. Hypersensitivity.**	**REFUSED**		
Side Effects/Adverse Reactions (2)	**Cardiac arrest. Metabolic acidosis.**	**Diarrhea. Anaphylaxis.**	**REFUSED**		
Nursing Considerations (2)	**Takes 1-2 hours to take effect. Use Normal Saline for dilution.**	**Use 1 cm. for each eye. Do not administer directly into the eye with the tip.**	**REFUSED**		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor bleeding. Monitor platelets.**	**Monitor heart rhythm and rate.**	**REFUSED**		
Client Teaching needs (2)	**Report any skin rashes. Educate on side effects.**	**Monitor any side effects. Education for the use of ointment.**	**REFUSED**		

Medications Reference (APA):

Jones & Bartlett Learning. (2018). 2018 *Nurses Drug Handbook*. Burlington, MA.

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	**Color within baseline of genetic background, no jaundice or rashes noted. Skin turgor less than 3 seconds, well hydrated. Temperature within baseline range.**	**Smooth and flexible with color, consistent with genetic background.**	**No abnormal findings**
Head	**Normocephalic, diamond shaped anterior fontanelle and no abnormalities**	**Varies with gender, age, and ethnicity. Symmetrical and normocephalic.**	**No abnormal findings**
Fontanels	**Anterior fontanelle open, soft, soft, and flat. Posterior fontanelle opened and triangular.**	**Diamond shaped anterior fontanelle, triangular shaped posterior fontanelle.**	**No abnormal findings**
Face	**Full cheeks with no abnormalities.**	**Full cheeks, facial features symmetrical.**	**No abnormal findings**
Eyes	**Baseline set, pupils equal. Clear and symmetrically placed. Red reflux presents bilaterally. No lid edema or discharge noted.**	**Clear and symmetrical, may have uncoordinated movement or strabismus.**	**No abnormal findings**
Nose	**Nares patent, no septal deviation.**	**Small, midline, narrow, sense of smell.**	**No abnormal findings**
Mouth	**Oral mucosa moist, palate baseline shape and intact.**	**Intact with symmetrical movement. Gums pink, moist, and neonate teeth may**	**No abnormal findings**

		be present.	
Ears	**Baseline set with patent canals.**	**Soft, pliable, and recoil quickly. Aligned with the outer canthi of the eyes.**	**No abnormal findings**
Neck	**Supple, without masses noted. No deviations noted. Clavicles straight and intact.**	**Creases noted. Holds head in midline position. Clavicles straight and intact.**	**No abnormal findings**
Chest	**Symmetrical, no abnormalities noted.**	**Round, symmetric, and 2-3 cm smaller than the head circumference. Barrel shaped, with equal anteroposterior and lateral diameters, and symmetric.**	**No abnormal findings**
Breath Sounds	**Vesicular breath sounds in all fields. Symmetric and regular.**	**Bilateral lung sounds. No diminished breath sounds noted.**	**No abnormal findings**

Heart Sounds	**S1, S2 noted. No S3, murmurs, or gallops noted. Heart rate within baseline range.**	**S1, S2. No S3, murmurs, or gallops. Heart rate within baseline range.**	**No abnormal findings**
Abdomen	**Protuberant contour, soft, three vessels in umbilical cord**	**Protuberant, contour, soft, three vessels in the umbilical cord.**	**No abnormal findings**
Bowel Sounds	**Bowel sounds auscultated in all quadrants.**	**Bowel sounds auscultated in all quadrants.**	**No abnormal findings**
Umbilical Cord	**Umbilical vein larger than two arteries.**	**Umbilical vein larger than two arteries.**	**No abnormal findings**
Genitals	**Swollen genitals as a result of estrogen, no bleeding, or redness.**	**Swollen genitals as a result of estrogen, no bleeding, or redness.**	**No abnormal findings**
Anus	**Normal position and patency indicated by the passing of meconium.**	**Normal position and patency indicated by the passing of meconium.**	**No abnormal findings**
Extremities	**Extremities symmetrical with free movement.**	**Extremities symmetrical with free movement.**	**No abnormal findings**
Spine	**Spine symmetrical and palpable along entire length.**	**Spine symmetrical and palpable along entire length. No lateral curvature.**	**No abnormal findings**
Safety • **Matching bands with parents** • **Hugs tag** • **Sleep position**	**Matching parental bands, hug tag present, sleeping position supine, side rails of radiant warmer raised, incubator and portholes secured, wheels locked, ID band, electronic transponder on bag/ mask, oxygen, suction readily**	**Matching parental bands, hugs tag on foot, baby sleeps on back and swaddled.**	**No abnormal findings**

	available.		

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- Appropriate for Gestational Age

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

There are no complications expected for this neonate. The neonate is developing appropriately for gestational age.

Vital Signs, 3 sets (6 points)

Time	**Temperature**	**Pulse**	**Respirations**
Birth	**98 ºF (37.6)**	**190**	**86**
4 Hours After Birth	**100 ºF (37.8)**	**148**	**80**
At the Time of Your Assessment	**98.7 ºF (37.1)**	**124**	**50**

Vital Sign Trends: The neonates vitals remained within baseline ranges. The neonate's pulse was the highest at birth 190 bpm with respirations at 86. As stated in the textbook the numbers may rise when the neonate is crying. The neonate had the highest temperature 4 hours after birth at 100ºF which is just slightly over the baseline range.

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

Pain Assessment, 1 set (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1400	**N-PASS Neonatal Pain, Agitation and Sedation Scale**	**N/A**	**0** **Appears comfortable, no pain or facial cry, no movement of arms or legs.**	**Appears comfortable, no pain or facial cry, no movement of arms or legs.**	**Pain goal met**

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 03.07.2020 by emergent caesarian section. Nuchal cord x1. Apgar scores 1/9/ NA. EDD 03.16.2020. Neonate is 38 weeks 5 days and AGA. Prenatal hx complicated by testing positive for Group Beta Strep, and positive marijuana initial prenatal appointment but was negative at delivery. Birth weight 7 lbs. 1.6 oz. (3220 g), 19.09" long (48.5 cm). Upon assessment all systems are within baseline limits. Last set of vitals 37.1/124/50. BS x3 after delivery within baseline range with the lowest being 60. Neonate is bottle feeding q2-3 hrs. with an intake of 12-20 oz. Bilirubin level at 24 hours per scan was 5.7. Neonate expected to be discharged within 5 days and to see pediatrician in the office for first well baby check within 48 hours post discharge.

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.
Swaddling "N"	**Continuous or as neonate sleeps**	**Swaddling resembles the mother's womb and can help soothe the neonate.**
Penicillin "T"	**Continuous until discontinued.**	**The mother tested positive for Group Beta Strep.**
Thermoregulation "I"	**Q4**	**Monitoring thermoregulation allows for the balance of heat production and if there is a loss. Essential in maintaining body temperature within baseline ranges.**
Daily weight "I"	**QD**	**Establishes baseline data for the neonate.**

Discharge Planning (2 points)

Discharge location: The neonate will be discharged home with the mother to her mom's home.

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): The neonate will have a follow-up appointment scheduled upon discharge.

Education needs: The mother needs to be educated on the effect's marijuana could have on the baby if she decides to breastfeed. Providing further breastfeeding education and techniques may be essential.

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."

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	**Rational (1 pt each)** Explain why the nursing diagnosis was chosen	**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.	**Evaluation (1 pt each)** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection r/t meconium a.e.b. spontaneous meconium rupture of membranes at 2130.	**The mother experienced spontaneous meconium rupture of membranes.**	**1.Monitor WBC count, as ordered, and promptly report abnormal values. Rationale: *WBC count above 11,000 indicates increased production of leukocytes.* 2.Hand hygiene before and after providing care. Rationale: *Hand washing is the single best way to avoid spreading of pathogens.*** **Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.**	**Neonate's vital signs maintained within baseline ranges. Neonate remains free from signs and symptoms of infection. Assessed vital signs Q4 hours.**
2. Ineffective breastfeeding r/t dissatisfaction with the process a.e.b.	**Mother not motivated to put the work into getting supply to be plentiful.**	**1. Encourage the mother to ask questions. Rationale: *Increases an understanding and reduces anxiety.* 2.Offer information about**	**The mother was very reluctant of help with breastfeeding. Some education was provided.**

mother is not motivated to put the work into getting supply to be plentiful		**the importance of adequate nutrition and fluid intake** **Rationale:** ***Meeting the infants demand for adequate nutrition intake*** **Ricci, S. S., Kyle, T., & Carman, S. (2017).** ***Maternity and pediatric nursing*****. Philadelphia: Wolters Kluwer.**	
3. Risk for ineffective temperature regulation r/t mother not proving skin-to-skin contact a.e.b. mother not present during neonate's feedings.	**It is essential to provide the mother with information pertaining to skin-to-skin contact and how it can benefit the neonate.**	**1. Encourage mother to visit NICU.** **Rationale:** ***The mother may hesitate to ask for help or may be unsure of her physical surroundings.*** **2. Assess the parents' level of understanding of the neonate's condition and their expectations.** **Rationale:** ***Allow for prompt intervention and promote realistic planning.*** **Ricci, S. S., Kyle, T., & Carman, S. (2017).** ***Maternity and pediatric nursing*****. Philadelphia: Wolters Kluwer.**	**Skin to Skin time while feeding will be beneficial to the baby, bonding, and attachment.**
4. Risk for hypoglycemia r/t high respirations a.e.b. needing oxygen right after delivery.	**Keep glycemic levels stable. Can be done by frequent monitoring of glucose levels.**	**1. Initiating feeding, helps increase glucose levels.** **Rationale:** ***Ensuring the neonate is obtaining adequate nutrition.*** **2. Maintain daily weights to check for a sudden decrease.** **Rationale: Monitoring the neonate will ensure adequate growth and development.** **Ricci, S. S., Kyle, T., & Carman, S. (2017).** ***Maternity and pediatric***	**The neonate's blood sugar stays withing baseline ranges. The parents do not have any questions as they have been educated why the neonate needed oxygen after birth.**

		***nursing*. Philadelphia: Wolters Kluwer.**	

Teaching Topics:

1. Discharge instructions for proper infant education. Parents know how to bathe the baby by avoiding umbilical area.

2. Teach proper feeding techniques- the baby's mouth should cover the full nipple, the baby will be done feeding on the baby's time, not the mothers, proper latch when the baby has 6-8 wet diapers a day.

Other References (APA):

Sparks, S., & Taylor, C. M. (2013). *Spark & Taylors: Nursing diagnosis reference manual*. London: Lippincott Williams & Wilkins.

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]

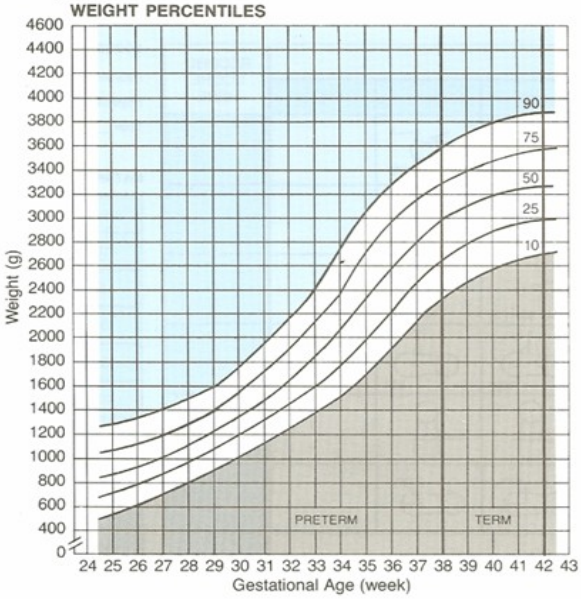
NAME _____ DATE OF EXAM _____ LENGTH _____

HOSPITAL NO. _____ SEX _____ HEAD CIRC. _____

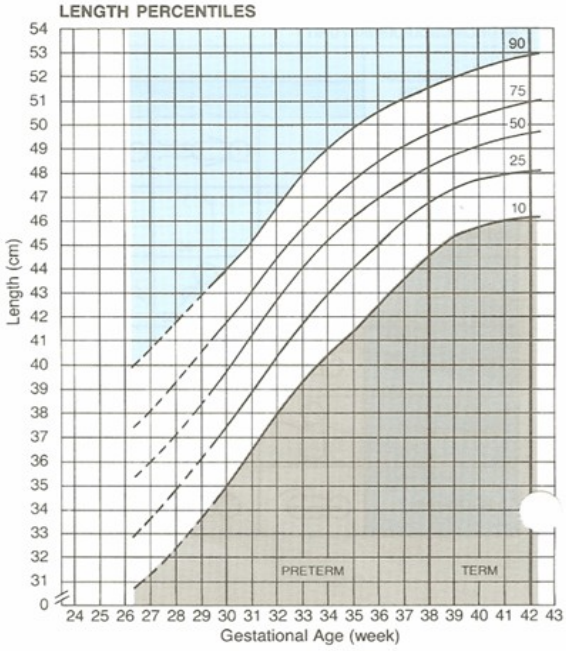
RACE _____ BIRTH WEIGHT _____ GESTATIONAL AGE _____

DATE OF BIRTH _____

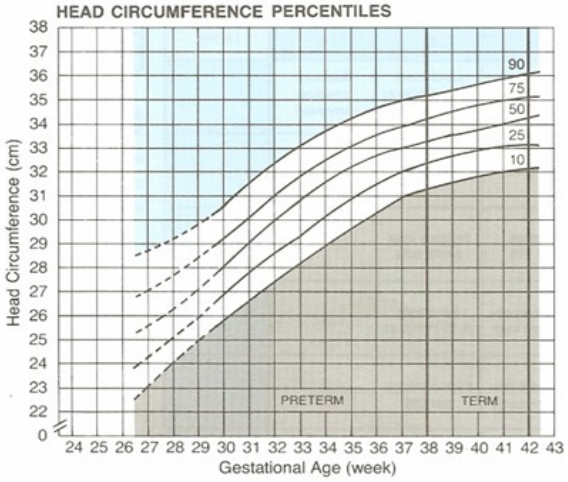
WEIGHT PERCENTILES



LENGTH PERCENTILES



HEAD CIRCUMFERENCE PERCENTILES



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; 71:159-163