

N432 Newborn Care Plan
Lakeview College of Nursing
Tessa Pacion

Demographics (10 points)

Date & Time of Clinical Assessment:

Date & Time of Birth 3/24/20 at 1158	Patient Initials CS	Age (in hours at the time of assessment)	Gender Male
Race/Ethnicity Caucasian	Weight at Birth (gm) _____4,652_____ (lb.) _9__ (oz.) _12__	Weight at Time of Assessment (gm) _____4,652_____ (lb.) _9__ (oz.) _12__	Age (in hours) at the Time of Last Weight 1 hour
Length at Birth Cm _____54_____ Inches __21.6_____	Head Circumference at Birth Cm _____36_____ Inches _14.1_____	Chest Circumference at Birth Cm _____34_____ Inches ____13_____	

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: LS is a 31 year old female G3, P1, T0, A1, L0. On 4/2/2016 LS has a spontaneous abortion at 14 weeks gestation and the gender was unknown. On 10/4/2019 LS had an emergency c-section for placental abruption/severe eclampsia at 30 weeks gestation with a female fetus that died on 11/3/19 due to respiratory failure/pneumonia.

When prenatal care started: Prenatal care began at 6 weeks.

Abnormal prenatal labs/diagnostics: Gestational diabetes diagnosed on 1/29/20 (28 weeks) with a glucose tolerance test that was controlled with Glyburide once daily and a 200 calorie ADA diet.

Prenatal complications: Gestational diabetes, past prenatal history.

Smoking/alcohol/drug use in pregnancy: No smoking, alcohol, or drug use.

Labor History of Mother: Scheduled c-section

Gestation at onset of labor: Scheduled c-section at 39 weeks 1/7

Length of labor: N/A

ROM: Scheduled c-section

Medications in labor: N/A

Complications of labor and delivery: None

Family History:

Pertinent to infant: Mother has PMH of obesity, hypothyroidism treated with levothyroxine, and preeclampsia. Father has no record of medical issues.

Social History (tobacco/alcohol/drugs): Mother and father deny any tobacco/alcohol/drugs use.

Pertinent to infant: N/A

Father/Co-Parent of Baby Involvement: Yes

Living Situation: Married and living together in Champaign, IL. Mother works part time and father works full time.

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

Birth History (10 points)

Length of Second Stage of Labor:

Type of Delivery: Scheduled C-section

Complications of Birth:

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed:None

Feeding Techniques (10 points)

Feeding Technique Type: NS expressed desire to breastfeed

If breastfeeding:

LATCH score: 9

If bottle feeding:

Positioning of bottle: N/A

Suck strength: N/A

Amount: N/A

Percentage of weight loss at time of assessment: 0 %

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

Starting weight (4652g)- current weight (4652g) = 0g

Weight difference (0g) / Starting weight (4652g) = 0%

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:

First feeding at 1250

Second feeding at 1600

Third feeding at 1800

Length of feeding session:

First session 5 minutes

Second session 10 minutes

Third session 19 minutes

One or both breasts:

One breast

One breast (other one)

Right breast

If bottle feeding: N/A

Frequency: N/A

Volume of formula per session: N/A

If NG or OG feeding: N/A

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: 6 hours and 2 minutes

Voiding patterns:

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

Age (in hours) of first stool: 0 hours 57 minutes

Stool patterns: 2 stools from birth to time of assessment.

Type: Large

Color: Meconium (olive green)

Consistency: Sticky

Number of times in 24 hours: 2

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	46 @ 1315 40 @ 1600 48 @ 1800	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+.	Mother and father are both O+	O+	Within expected values
Coombs Test	Checks blood for antibodies that attack red blood cells	Negative	N/A	Test had not been completed at time of assessment

	(Ricci, Kyle, & Carman, 2017)			
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. **Saw this in clinical and it was really interesting to watch! **
Newborn Cardiac Screen (At 24 hours)	Test is completed to find potential congenital heart defects in newborn (ATI, 2016)	N/A	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)

****Information not available in case study but based information off the postpartum/newborn clinical I had plus what we have learned in class. I rather would fill this in with something rather than leave it all N/A.**

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine		
Dose	0.5mg	1-2cm ribbon	10mcg		
Frequency	Once	Once	Once		
Route	IM	Conjunctival sac, starting from inner canthus and moving outward	IM		
Classification	Phytonadione	Antibacterial	Vaccine		
Mechanism of Action	Cofactor in producing clotting factors	Bactericidal	Antibody formation		
Reason Client Taking	Vitamin K is not produced in GI tract until day 7 and helps prevent hemorrhagic disorders	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)	Pain at injection site	Ocular irritation and reddness	Injection site reaction		
Nursing Considerations (2)	Monitor for bleeding Do not overdose	N/A	Administer medication quickly to prevent pain. Explain vaccination to mother before		

			administering		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	N/A	N/A	N/A		
Client Teaching needs (2)	Education on what could happen if shot is not given	Education on what could happen if not received	Education on the importance of administration		

Medications Reference (APA):

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

Epocrates.com

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

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	N/A	Smooth, flexible, good turgor, well hydrated; warm	N/A
Head	N/A	Normocephalic	N/A
Fontanel	N/A	Soft, flat and open.	N/A
Face	N/A	Full cheeks, symmetric	N/A
Eyes	N/A	Clear and symmetrical	N/A
Nose	N/A	Small nose, midline.	N/A
Mouth	N/A	Soft and hard palate palpable. Midline and symmetrical	N/A
Ears	N/A	Soft and pliable with quick recoil when folded and released	N/A
Neck	N/A	Holding head midline. Short neck with creases. Moving freely	N/A
Chest	N/A	Chest smaller than head. Round and symmetrical	N/A
Breath Sounds	N/A	Equal and normal with minimal variation.	N/A

Heart Sounds	N/A	No murmur. Clear S1 and S2.	N/A
Abdomen	N/A	Soft, three vessel umbilical cord	N/A
Bowel Sounds	N/A	Present in all four quadrants	N/A
Umbilical Cord	N/A	No bleeding, inflammation, or redness	N/A
Genitals	N/A	Smooth glans, meatus centered at tip of penis	N/A
Anus	N/A	Present, patent	N/A
Extremities	N/A	Symmetrical with free movement	N/A
Spine	N/A	Center, symmetric	N/A
Safety <ul style="list-style-type: none"> • Matching bands with parents • Hugs tag • Sleep position 	N/A	Matching bands with parents.	N/A

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 (scheduled C-section)

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

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth (1205)	97.6 axillary	155	56
1235	98.6 axillary	146	46
1305	97.8 axillary	148	38

4 Hours After Birth 1400	98.8 axillary	140	42
At the Time of Your Assessment 1600	97.6 axillary	142	44
1800	97.6 axillary	146	46

Vital Sign Trends: Temperature, pulse, and respirations are all within normal limits.

Temperature remains constant which is ideal for a newborn. Pulse and respirations indicate the newborn is not in any form of pain or distress.

Ricci, 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
1600	NIPS	None	None	None	None

Summary of Assessment (4 points)

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

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

The neonate was delivered on 3/24/20 at 1158 by scheduled c-section. Nuchal cord x1. Apgar scores 8/9/9. EDD 3/4/20. Neonate is 39 1/7 weeks and AGA. Prenatal hx complicated by gestational diabetes (diet controlled). Birth weight 9lbs 12oz (4652 grams), 21.7 inches (54cm) long. Upon assessment all systems are WNL. Last sets of vitals: 97.6F/P146/R46. BS x3 after delivery WNL with lowest reading being 48. Neonate is breastfeeding and nursing well with feedings increasing 5, 10, to 19 minutes q2-3hrs. Bilirubin level at 24 hours per scan was 4.9.

Neonate expected to be discharged with both parents later today and to see pediatrician in the office for his first well baby check within 48 hours.

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.
Educating mother on proper techniques of breastfeeding- T Effective Breastfeeding- N	Continuous	This intervention is needed to assess effective latching of the infant and to ensure adequate nutrition for optimal growth.
Parent education on proper bathing and diaper care- T Skin health and integrity- N	Continuous	Important to monitor for skin breakdown and proper techniques/what to expect for bathing and diaper changes.
Administer prescribed medications- T Prevention of disorders- N	Scheduled and on time	Aquamephyton (Vitamin K) Illotycin (Erythromycin Ointment) Hepatitis B vaccine All necessary promote overall health and well being Any additional medications/treatments prescribed as needed.

Ensuring proper identification-N	Continuous	Prevention of infant abduction as well as minimizing chance of medication administration error

Discharge Planning (2 points)

Discharge location: Home in Champaign, Illinois with mother and father

Equipment needs (if applicable): N/A

Follow up plan (include plan for newborn ONLY): Schedule beginning of well-baby visits

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.”

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) <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.
1. Anxiety r/t to perceived threat to fetal well-being as	Patient has a PMH of spontaneous	1. Assess psychological response to event and availability of support	LS understands not to let what happened effect what is happening now.

<p>evidenced by feelings of inadequacy</p> <p>**Directly effects client**</p>	<p>abortion and placental abruption resulting in fetal death.</p>	<p>systems</p> <p>Rationale Anxiety is higher due to the feelings of inadequacy LS feels (Ricci, Kyle, & Carman, 2017).</p> <p>2. Assess how client is being cared for</p> <p>Rationale Anxiety may need to improper care of client</p>	
<p>2. Ineffective thermoregulation r/t newborn transition to extra uterine life as evidenced by client not completely dried off</p>	<p>Client was not completely dried off when delivered and could risk being cold due to evaporation.</p>	<p>1. Dry client off and put skin to skin</p> <p>Rationale Important to ensure client is warm for optimal health(Ricci, Kyle, & Carman, 2017)</p> <p>2. Put a blanket and cap on client</p> <p>Rationale Important to ensure client is warm for optimal health</p>	<p>Mother understood the need to completely dry client off and to keep him warm with a blanket and possibly a hat.</p>
<p>3. Risk of skin breakdown related to moist skin as evidence by diaper application</p>	<p>Common concern for infants with diaper use. Ineffective cleansing can cause irritation</p>	<p>1. Use water and mild soap</p> <p>Rationale Use of alcohol base wipes or fragranced soaps can alter pH balance in genital area (Ricci, Kyle, & Carman, 2017).</p> <p>2. Expose the newborns buttocks to air several times a day</p> <p>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>Newborn will be getting a circumcision</p>	<p>1. Assess for bleeding every 30 min for at least 2 hours.</p> <p>Rationale Bleeding is expected in small amounts. Should discontinue shortly after the procedure (Ricci, Kyle, &Carman, 2017).</p> <p>2. Apply petroleum jelly</p>	<p>Mother was understanding of circumcision care prior to surgery.</p>

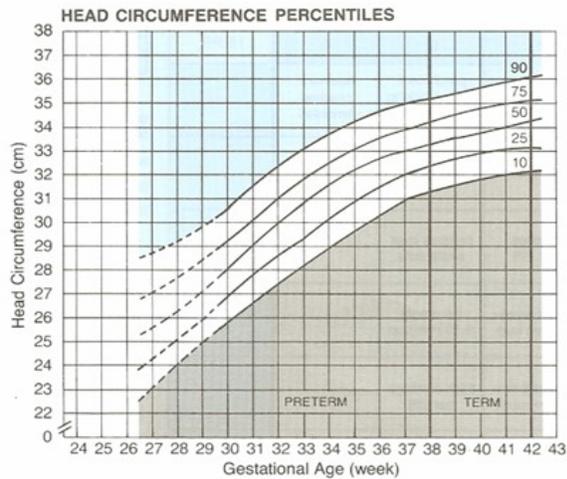
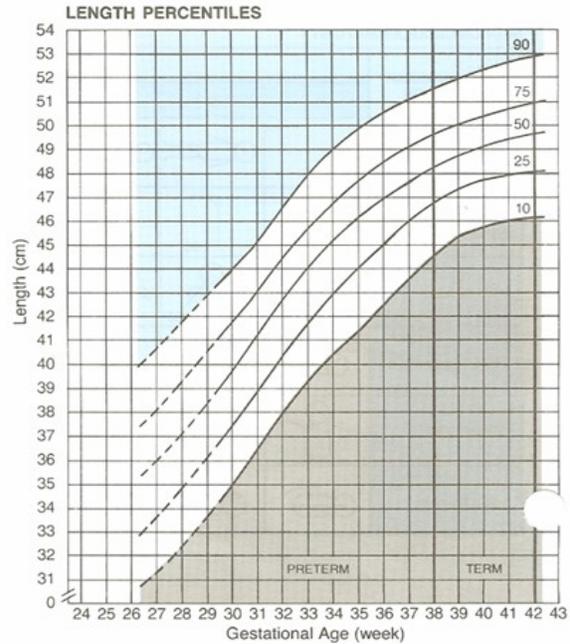
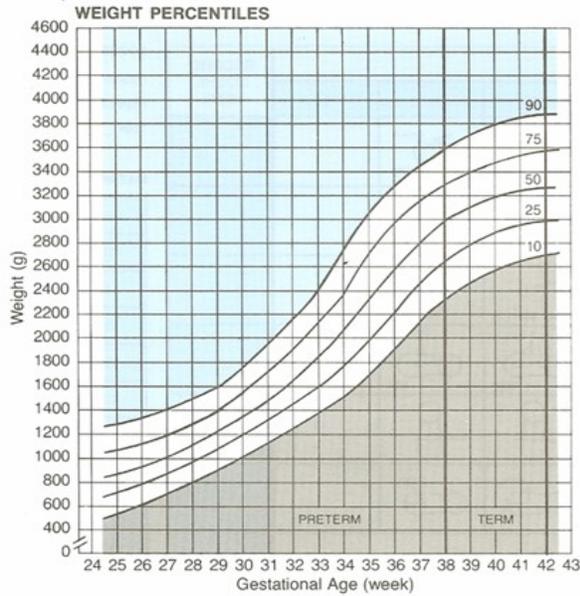
		with every diaper change. Rationale Petroleum jelly keeps the wound from sticking to the diaper and rupturing when removing the diaper (Ricci, Kyle, & Carman, 2017)	
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Other References (APA):

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

**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