

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

Date & Time of Clinical Assessment:

Date & Time of Birth 6/10/2020 0806	Patient Initials Z.J.	Age (in hours at the time of assessment) 30 hours	Gender Female
Race/Ethnicity African American	Weight at Birth (gm) 2990 (lb.) 6 (oz.) 9.5	Weight at Time of Assessment (gm) 2895 (lb.) 6 (oz.) 6.1	Age (in hours) at the Time of Last Weight 18 hours
Length at Birth Cm <u>49.5</u> Inches <u>19.5</u>	Head Circumference at Birth Cm <u>33</u> Inches <u>13</u>	Chest Circumference at Birth Cm <u>33</u> Inches <u>13</u>	

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: December 11, 2019

Abnormal prenatal labs/diagnostics: The mother tested positive for Chlamydia on December 11, 2019. She tested positive for marijuana at initial prenatal appointment, was educated on risk for fetus during pregnancy.

Prenatal complications: No prenatal complications noted.

Smoking/alcohol/drug use in pregnancy: The mother uses nicotine patch; no alcohol; no drug use in pregnancy.

Labor History of Mother:

Gestation at onset of labor: 39 weeks; 0 days

Length of labor: Mother did not go into labor (c-section).

ROM: No ROM due to c-section.

Medications in labor: Patient was on acetaminophen IV 1000 mg, azithromycin 500 mg tab, lactated ringer, morphine sulfate, oxytocin, Toradol, and Zofran

Complications of labor and delivery: No complications of labor and delivery.

Family History:

Pertinent to infant: None.

Social History (tobacco/alcohol/drugs):

Pertinent to infant: None.

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

Living Situation: The mother lives her partner and two other children.

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

The mother does not work, and the father works at a warehouse.

Birth History (10 points)

Length of Second Stage of Labor: No labor.

Type of Delivery: Cesarean section

Complications of Birth: No complications.

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None.

Feeding Techniques (10 points)

Feeding Technique Type: Exclusively bottle feeding (formula).

If breastfeeding:**LATCH score:** N/A**If bottle feeding:****Positioning of bottle:** Pace feeding (bottle up)**Suck strength:** Strong**Amount:** 25 mL**Percentage of weight loss at time of assessment:** 3.1%

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

$$2990g - 2895g = 95/2990 = 0.031 * 100 = 3.1\%$$

What is normal weight loss for an infant of this age? >4.5%**Is this neonate's weight loss within normal limits?** No**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:** 2.5-3 hours**Volume of formula per session:** 15-30 mL**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: 25 min

Voiding patterns:

Number of times in 24 hours: 6 times

Age (in hours) of first stool: 7hrs and 30 min

Stool patterns:

Type: loose/tarry

Color: meconium black

Consistency: small

Number of times in 24 hours: 6 times

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	Infants born premature may have	40-99	58	The neonate's blood glucose level is within normal limits.

	hypoglycemia.			
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 bilitoool.org for bilirubin levels*	To monitor liver development or check if RBCs are being destroyed quicker than normal due to hemolysis.	0.3-5.7	2.8	The neonate's bilirubin 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	Not available until after discharge.	(If available—these may be not available until after discharge for some clients)	The neonate is not discharged, the screening has not been performed.

	evident in newborns.			
Newborn Hearing Screen	To ensure hearing 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	Right hand 97% Right foot 99% 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*. Wolters Kluwer.

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromycin Ointment)	Hepatitis B Vaccine		
Dose	1 mg	Both eyes (1 drop)	10 mcg		
Frequency	Once	Once	Once		
Route	Intramuscular	Topical (ointment)	Intramuscular		
Classification	Vitamin	Antibiotic	Vaccine		
Mechanism of Action	Vitamin used for the synthesis of clotting factors.	Binds to bacterial ribosome.	Stimulates the immune system to produce anti-HBs without exposing the patient to the risks of active infection.		
Reason Client	Prophylactic	Prophylactically	To prevent Hep		

Taking	hemorrhage of newborn.	used to prevent conjunctivitis.	B infection.		
Contraindications (2)	Hypersensitivity Severe liver disease.	Concurrent use of Astemizole. Hypersensitivity	Hypersensitivity to immune globulin. Hypersensitivity to glycine.		
Side Effects/Adverse Reactions (2)	Cardiac arrest. Metabolic acidosis.	Diarrhea. Anaphylaxis.	Pruritis. Swelling.		
Nursing Considerations (2)	Takes 1-2 hours to take effect. Use Normal Saline for dilution.	Use 1 cm. for each eye. Do not administer into the eye with the tip.	Give 0.5 mL IM in the anterolateral thigh. Be aware of maternal hepatitis status at appropriate ages.		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor bleeding. Monitor platelets.	Monitor heart rhythm and rate.	Monitor for hypotension and chest tightness.		
Client Teaching needs (2)	Report and skin rashes. Educate on side effects.	Monitor any side effects. Education for the use of ointments.	Advise to report symptoms of anaphylaxis immediately. Educate that pain, tenderness, swelling, and erythema at the injection site may occur after IM injections.		

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 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.
Fontanel	Anterior fontanelle open, soft, and flat. Posterior fontanelle opened and triangular.	Varies with gender, age, and ethnicity. Symmetrical and normocephalic.	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 reflex 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	No abnormal findings.

		pink, moist, and neonate teeth may 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 heads 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 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 <ul style="list-style-type: none"> • 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 available.	Matching prenatal bands, hug tag on foot, baby sleeps on back and swaddled.	No abnormal findings.

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. The neonate is developing appropriately for gestational age.

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	97.2°F	172	50
4 Hours After Birth	97.8°F	140	40
At the Time of Your Assessment	98.1°F	150	46

Vital Sign Trends: The neonates vitals remained within baseline ranges. The neonate’s pulse was the highest at birth 172 bpm. The neonate had the highest temperature at the time of my assessment at 98.1°F.

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

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1430	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:

This neonate was delivered on 6/10/2020 at 0806 by cesarean section. Nuchal cord x1. Apgar scores 8/9/NA. EDD 6/11/2020. Neonate is 39 weeks 0 days and AGA. Prenatal hx complicated by testing positive for Chlamydia and positive for marijuana initial prenatal appointment but was negative at deliver. Birth weight 6 lbs. and 9.5 oz (2990 g), 19.5" long (49.5 cm). Upon assessment all systems are within baseline limits. Last set of vitals 98.1°F/150/46. BS x3 after delivery within baseline range with the lowest being 60. Neonate is bottle feeding q2.5-3hrs. with an intake of 15-30 mL. Bilirubin level at 24 hours per scan was 2.8. Neonate expected to be discharged within the following day 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.
azithromycin "T"	Continuous for 7 days.	The mother tested positive for Chlamydia.
Thermoregulation "T"	Q4h	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 "T"	QD	Establishes baseline data for the neonate.

Discharge Planning (2 points)

Discharge location: The neonate will be discharged with both parents to 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 discharged.

Education needs: The mother needs to be educated on putting neonate on her back while sleeping, car seat safety, and no toys in crib.

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 this 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. Risk for infection related to inadequate primary defenses as evidenced by being a newborn.</p>	<p>The baby is only 30 hours old and are susceptible to infections.</p>	<p>1. Monitor WBC count, as ordered, and promptly report abnormal values. Rationale: WBC count above 11,000 indicates increased production of leukocytes (Ricci et al., 2017). 2. Hand hygiene before and after providing care. Rationale: Hand washing is the single best way to avoid spreading of pathogens (Ricci et al., 2017).</p>	<p>Neonate’s vital signs maintained within baseline ranges. Neonate remains free from signs and symptoms of infection. Assessed vital signs Q4 hours.</p>

<p>2. Ineffective breastfeeding related to dissatisfaction with the process as evidenced by mother is not motivated to put the work into getting supply to be plentiful.</p>	<p>Mother not motivated to put the work into getting supply to be plentiful.</p>	<p>1. Encourage the mother to ask questions. Rationale: Increases an understanding and reduces anxiety (Ricci et al., 2017). 2. Offer information about the importance of adequate nutrition and fluid intake Rationale: Meeting the infants demand for adequate nutrition intake (Ricci et al., 2017).</p>	<p>The mother was very reluctant of help with breastfeeding. Some education was provided.</p>
<p>3. Risk for ineffective temperature regulation related to mother not proving skin-to-skin contact as evidenced by mother not being present during neonate's feedings.</p>	<p>It is essential to provide the mother with information pertaining to skin-to-skin contact and how it can benefit the neonate.</p>	<p>1. Encourage mother to visit NICU. Rationale: The mother may hesitate to ask for help or may be unsure of her physical surroundings (Ricci et al., 2017). 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 et al., 2017).</p>	<p>Skin to Skin time while feeding will be beneficial to the baby, bonding, and attachment.</p>
<p>4. Risk for hypoglycemia related to high respirations as evidenced by needing oxygen right after delivery.</p>	<p>Keep glycemic levels stable. Can be done by frequent monitoring of glucose levels.</p>	<p>1. Initiating feeding, helps increase glucose levels. Rationale: Ensuring the neonate is obtaining adequate nutrition (Ricci et al., 2017). 2. Maintain daily weights to check for a sudden decrease. Rationale: Monitoring the neonate will ensure adequate growth and development (Ricci et al., 2017).</p>	<p>The neonate's blood sugar stays within baseline ranges. The parents do not have any questions as they have been educated why the neonate needed oxygen after birth.</p>

Other References (APA):

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

Ballard Gestational Age Scale

Neuromuscular Maturity

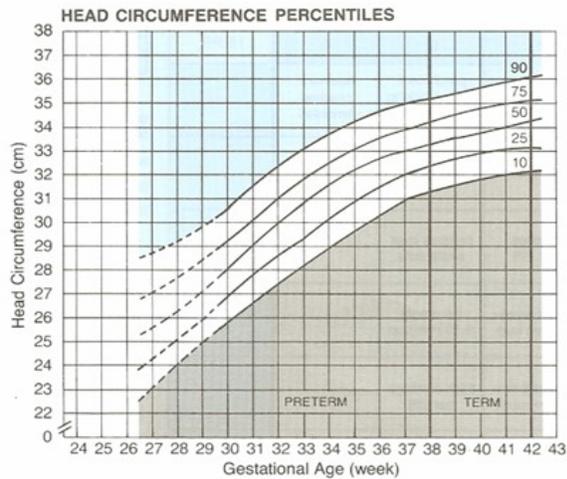
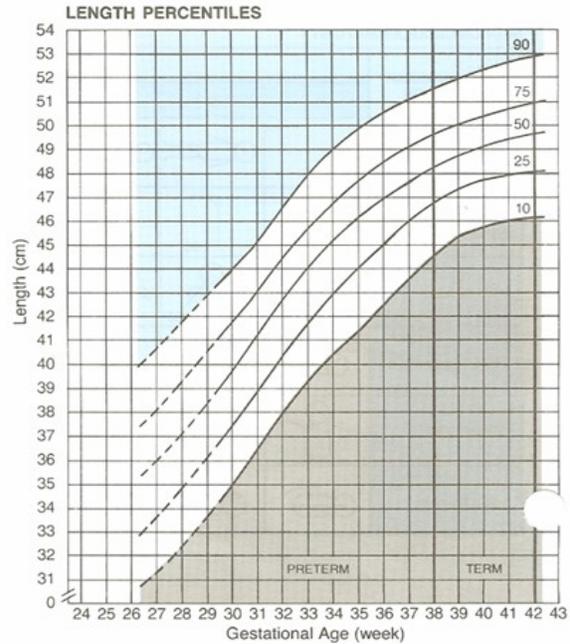
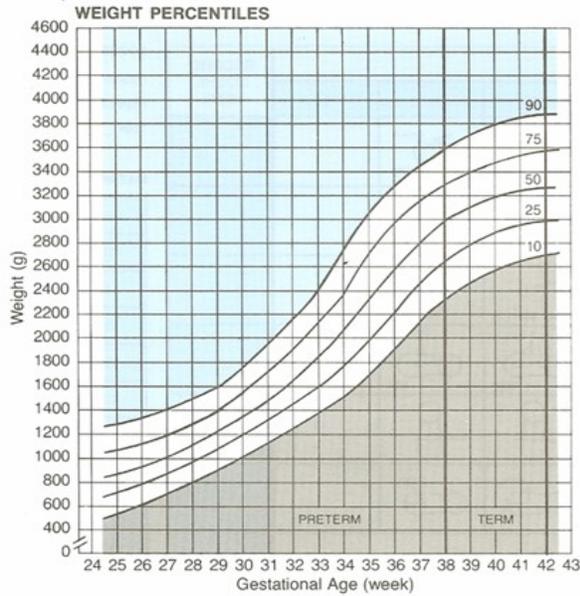
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)	> 90°	90°	60°	45°	30°	0°	
Arm recoil		180°	140-180°	110-140°	90-110°	< 90°	
Popliteal angle	180°	160°	140°	120°	100°	90°	< 90°
Scarf sign							
Heel to ear							

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	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 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	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 stiff	Weeks
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	-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