N432 Newborn Care Plan

Lakeview College of Nursing

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07/01/2020

(From Case study)

Demographics (10 points)

Date & Time of Clinical Assessment:

Date & Time of Birth 03/24/20 @ 1158	Patient Initials N.S.	Age 1 hour	Gender Male
Race/Ethnicity Caucasian	Weight at Birth (gm) 4,652_____ (lb.) 10 (oz.) 0 _	Weight at Time of Assessment (gm) 4425 (lb.) 9 (oz.) 12	Age (in hours) at the Time of Last Weight 1 Hour
Length at Birth Cm 54 cm Inches 21.6	Head Circumference at Birth Cm 36 Inches 14.1	Chest Circumference at Birth Cm 33 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: N.S. is G3, P2, T0, A1, L0

    When prenatal care started: January 2019

    Abnormal prenatal labs/diagnostics: Glucose Tolerance test completed Jan 29, 2020

at 28 weeks gestation revealing gestational diabetes.

    Prenatal complications: Obesity, hypothyroidism, Preeclampsia

    Smoking/alcohol/drug use in pregnancy: Denies any use of alcohol, smoking, or

drugs.

Labor History of Mother:

    Gestation at onset of labor: 31 weeks gestation

    Length of labor: Not available in chart

    ROM: Not available in chart.

Medications in labor: No medications listed.

Complications of labor and delivery: No complications listed.

Family History: No significant medical conditions on fathers' side. Mother has hx of obesity and hypothyroidism

Pertinent to infant: Nothing that pertains to infant

Social History (tobacco/alcohol/drugs): No notable social hx. All tobacco, alcohol, and drug use are denied.

Pertinent to infant: None

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

Living Situation: Parents are married and living in Champaign, IL.

Education Level of Parents (If applicable to parents' learning barriers or care of infant): Both parents have adequate education. Father is in graduate school and works as a graduate assistant.

Birth History (10 points)

Length of Second Stage of Labor: C section performed

Type of Delivery: C section performed

Complications of Birth: N/A

APGAR Scores:

1 minute: 8

5 minutes: 9

Resuscitation methods beyond the normal needed: None

Feeding Techniques (10 points)

Feeding Technique Type: Unspecified nursed for 5 minutes on one breast.

If breastfeeding:

      LATCH score: N/A

If bottle feeding: Not bottle fed.

      Positioning of bottle: N/A

      Suck strength: N/A

      Amount: N/A

Percentage of weight loss at time of assessment: _____%

      **Show your calculations; if today's weight is not available, please show how you

      would calculate weight loss (i.e. show the formula)**

      4425–4652 = -227/4425 = -0.051*100 = -5.13

What is normal weight loss for an infant of this age? Newborns can lose up to 10% of

initial birth weight. Which would be a total of 4186.6 grams to still be in range of normal

weight loss.

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

<center>**Intake and Output (8 points)**</center>

<u>Intake</u>

If breastfeeding:

      Feeding frequency: Initial feeding at 1245 with a second feeding at 1600. Average of

3 hours and 15 minutes.

      Length of feeding session: Total of 10 minutes

      One or both breasts: 5 minutes each 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: N/A

Rate of flow: N/A

Volume in 24 hours: N/A

<u>Output</u>

Age (in hours) of first void: Not specified in char.

Voiding patterns: Not specified in chart

Number of times in 24 hours:

Age (in hours) of first stool:1 Hour

Stool patterns: Q 5 hours

Type: loose

Color: Meconium

Consistency: large

Number of times in 24 hours: 2

Laboratory Data and Diagnostic Tests (15 points)

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

Name of Test	Why was this test ordered for	Expected Results	Client's Results	Interpretation of Results

	THIS client? *Complete this even if these labs have not been completed*			
Blood Glucose Levels	Infants born premature may have hypoglycemia	**40-99**	**42**	**This baby's glucose is within the recommended range.**
Blood Type and Rh Factor	To compare to mother's blood type	**N/A**	**Rh+ or -**	**Blood type matches mother**
Coombs Test	This test is used for autoimmune hemolytic anemia	**0.3 – 5.7**	**Not listed in chart.**	**The mother and child having matching blood type will result in no hemolytic reaction.**
Bilirubin Level (All babies at 24 hours) ***Utilize bilitool.org for bilirubin levels***	To monitor liver development or to check if RBC is being destroyed quicker than normal	**0.3 – 5.7**	**Not listed in chart.**	**Bilirubin levels are hopefully within recommended range.**
Newborn Screen	To monitor	**Unavailable**	**(If available— these may be**	**The neonate is not**

(At 24 hours)	liver development	until 24 Hour mark.	not available until after discharge for some clients)	discharged.
Newborn Hearing Screen	**To ensure** **functional** **hearing at** **birth.**	**Unassessed**	**N/A**	**The neonate is not** **discharged, and the** **assessment was not** **listed in chart.**
Newborn Cardiac Screen (At 24 hours)	**This test is to** **detect** **congenital** **cardiac defects.**	**Hopefully the** **neonate** **passed the** **screening.**	**No screening is** **listed on chart.**	**No signs of** **congenital cardiac** **defects.**

Lab Data and Diagnostics Reference (APA):

Newborn Medications (7 points)

Brand/Generic	Aquamephyton (Vitamin K)	Illotycin (Erythromyci n Ointment)	Hepatitis B Vaccine		
Dose	**No Labs available on case study**	**No Labs available on case study**			
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client					

Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					
Nursing Considerations (2)					
Key Nursing Assessment(s)/Lab(s) Prior to Administration					
Client Teaching needs (2)					

Medications Reference (APA):

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 genetics. No jaundice or rashes present. Proper skin turgor and is well hydrated. temperature within baseline.	Normal: smooth, flexible, good skin rugor , well hydrated; warm.	
Head	As expected for age and gender.	Normal: varies with age, gender, ethnicity	
Fontanels	Within normal limits. Normocephalic	Diamond shaped anterior fontanelle, triangular shaped posterior fontanelle	
Face	Full checks with no deformities	Normal: full cheeks, facial features symmetric	
Eyes	Clear and symmetric	Normal: clear and symmetrically placed on face; online with ears.	
Nose	Nares patent No septal deviation	Normal: small, placement in the midline and narrow ability to smell	
Mouth	Oral mucosa moist, palate hard	Normal: aligned in midline, symmetric, intact soft and hard palate.	
Ears	Baseline with patent canals	Normal: soft and pliable with quick	

		recoil when folded and released.	
Neck	**Supple without masses noted. Freely moves**	**Normal: short, creased, moves freely, baby holds head in midline.**	
Chest	**Symmetric no abnormalities**	**Normal: round , symmetric, smaller than head**	
Breath Sounds	**Clear and even**	**Normal breath sounds should be heard with little difference between inspiration and expiration.**	

Heart Sounds	**S1, S2 noted no S3**	**S1 and S2 heart sounds are accentuated at birth Listen while child is quiet or sleeping.**	
Abdomen	**Protuberant contour, soft with three vessels**	**Normal: protuberant contour, soft, three vessels in umbilical cord.**	
Bowel Sounds	**Audible bowel sounds in all 4 quadrants**	**Bowel sounds should be audible in all four quadrants with no masses or tenderness on palpation**	
Umbilical Cord	**Correct number of vessels no drainage or deformities**	**Correct number of blood vessels Two arteries and one vien No inflammation redness swelling or drainage**	
Genitals	**Baseline for gender**	**Male: smooth glans, meatus centered at tip of penis.** Female: Swollen female genitals as a result of maternal estrogen	
Anus	**Normal positioning with proper function**	**Passage of meconium indicates patency no anal fissures or fistulas**	
Extremities	**Symmetric and free moving.**	**Normal: symmetric with free movement**	
Spine	**Symmetric and palpable along entire length.**	**Normal: symmetrical and palpable along entire length. No**	

		lateral curvature	
Safety • **Matching bands with parents** • **Hugs tag** • **Sleep position**	**Matching bands, hug tag secure, sleeping supine with rails raised. Safe and secure.**	**Matching parental bands, hugs tag on foot, baby sleeps on back and swaddled**	

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?

Vital Signs, 3 sets (6 points)

Time	Temperature	Pulse	Respirations
Birth	**97.6 Axillary**	**115**	**56**
4 Hours After Birth	**97.6 Axillary**	**142**	**44**
At the Time of Your Assessment	**97.6 Axillary**	**146**	**46**

Vital Sign Trends:

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
Pain was not charted. Assumption is passed	**N – Passed**	**N/A**	**0**	**Appears comfortable**	**None needed.**

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 03/24/2020 at 1158 by scheduled C-sections. Apgar scores shows an 8 at 1 minute and a 9 at 5 minutes. The exact gestation is unspecified. Birth weight was listed as 4,652 grams or 10 pounds. Upon assessment all systems are within normal limits according to gender and genetics. Last set of vitals are as follows: at 1800 on 03/24/2020T 97.6 Axillary P 146 R 46 O2 Sat 97. Neonate took initial breastfeeding after birth and fed for five minutes. The feeding is Q3 hours. Neonates glucose readings are within normal limits and is expected to be discharged with parents at a later date.

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)	**Frequent**	**Swaddling resembles the mothers womb and can help calm the neonate. It can also help the child feel secure as humans are born afraid of heights**
Daily weight (N)	**Daily**	**Ensuring the neonate maintains the recommended weight.**
Thermoregulation (N)	**Q4 Hours**	**Monitoring body temperature is important for comfort and keeping the baby healthy.**
Giving Eyedrops to prevent eye infections	**As recommended**	**Eye infections are more common among newborns. Upon birth most**

		children are given a sort of antibiotic to or ointment to help lubricate the eyes for proper health.

Discharge Planning (2 points)

Discharge location: Home

Equipment needs (if applicable): Not Specified

Follow up plan (include plan for newborn ONLY): Not listed in Case Study

Education needs: Breast feeding and Care for a newborn because it is her first living child.

Education on SIDS would probably be appropriate. And signs to watch for with other

neonatal complications.

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. **Potential for breastfeeding interruption related to**	**With this being the first living baby for the**	**1.Encourage scheduled breastfeeding Rationale – Supporting the mother's efforts to**	Client understanding of interventions taken. She agrees to promote breast feeding as much as

break in continuity of the normal process as evidenced by neonate prematurely stopping nursing.	**mother she will need to learn how long and how much her baby is to feed.**	**provide breast milk by teaching manual hand expression can promote health** **2.Tech manual expression, storage, and transport of milk** **Rationale – These measures said in the success of producing milk and the safety of its storage**	possible and learning the best method that works for her.
2. **Constipation related to decreased peristalsis as evidenced by immobility or lack of exorcise**	**With reduced activity constipation can be a problem for both mom and baby.**	1. **Assess ability to perform bowel movement** **Rationale – ensuring consistent bowel movements play an essential role in GI health.** **2.explain effects of constipation** **Rationale – constipation can increase uterine irritability in the form of contractions.**	Client understanding of interventions taken and expresses verbal understanding of the importance in GI health after birth.
3. **Need for health teaching related to unfamiliarity with the effects of preterm labor**	**The patient and mother may not know what to expect in terms of expected health and staying fit.**	1. **actively use written material in the discussion** **Rationale – written materials reinforce learning and retention.** 2. **Teach signs and symptoms of PTL to all pregnant women** **Rationale – The earlier PTL is diagnosed the better the chance for prolonging the pregnancy and decreasing morbidity**	Client understanding of interventions taken. Client was engaged in active listening and asking questions in maintaining proper health for herself and her child.
4. **Anxiety related to perceived threats and well-being of self and fetus.**	**Caring for any person can be difficult and learning how to take care of a child can surely cause some stress!**	1. **Assess level of understanding** **Rationale – Assessment provides information about the woman and her families emotional needs.** 2. **Help patient anticipate future problems** **Rationale – Anxiety is**	Client understanding of interventions taken. She expressed concern for the nearby challenges and is actively making plans on overcoming her anxiety.

		reduced with clarification of needs and interventions.	

Other References (APA):

Swearingen, P. L., & Wright, J. (2018). *All-in-One nursing care planning resource:*

Medical-surgical, pediatric, maternity, and psychiatric-mental

health (5th ed.). Mosby.

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.).

LWW.

## 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

							Maturity Rating	
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	Score	Weeks
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	−10	20
							−5	22
							0	24
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	5	26
							10	28
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	15	30
							20	32
							25	34
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	30	36
							35	38
							40	40
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	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
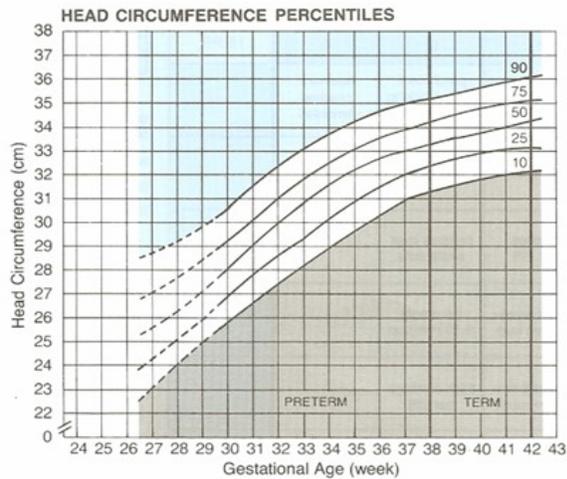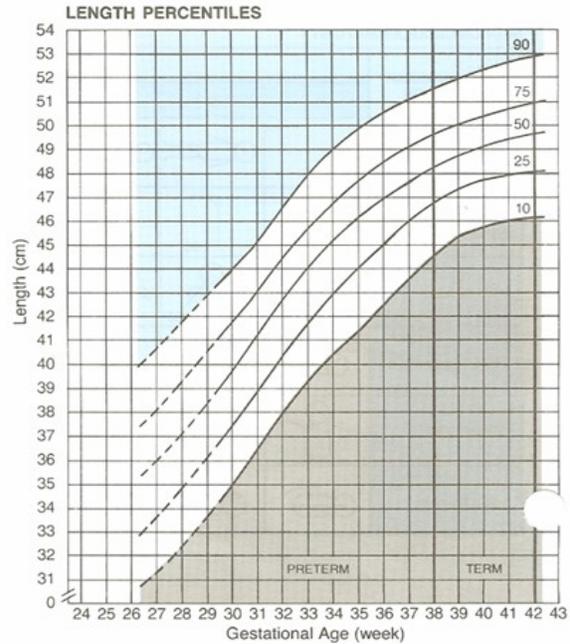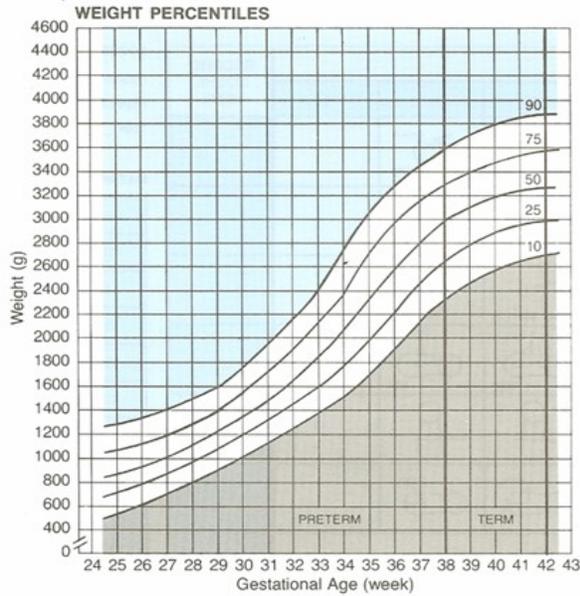
CLASSIFICATION OF INFANT*	Weight	Length	Head Circ.
Large for Gestational Age (LGA) (>90th percentile)			
Appropriate for Gestational Age (AGA) (10th to 90th percentile)			
Small for Gestational Age (SGA) (<10th percentile)			

*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