

Alliance University
Cheryl Phenicie School of Nursing
Newborn Care Plan

Treshawna Cook

Nursing Diagnosis: Risk for hypothermia

P Risk for hypothermia

E Decreased subcutaneous fat, under developed metabolic mechanism

S

Patient's Initials: T.E

Date: 1/31/23

Admitting Diagnosis: Newborn

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
The newborn will maintain normal temp (97.5 - 99.3) throughout 8 hour shift	<ol style="list-style-type: none"> 1. Keep room temp warm at 73° 2. Keep hat on head 3. Demonstrate swaddle technique 4. Monitor newborn's temp every 4-8 hrs 5. Provide education to care givers on thermal protection 6. Save assessments 	<ol style="list-style-type: none"> 1. Warm environment will help regulate normal body temp 2. Prevent heat loss 3. Prevent heat loss 4. Monitoring temp will let us know if interventions are working & what to change 5. When care givers leave hospital they are essentially on their own. They should have knowledge on temperature regulation 6. Newborn should remain dry & 	<p>Neonate maintains temp of 98.4 by the end of 8 hours. The goal was met</p>
	that include removing all clothing for last	clothed as much as possible to prevent heat loss.	

Alliance University
Cheryl Phenicie School of Nursing
Newborn Care Plan

Treshawna Cook
Nursing Diagnosis: Risk for Infection
P Risk for infection
E Under developed immune system
S

Patient's Initials: T.E
Date: 1/31/23
Admitting Diagnosis:

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
1. Patient will show no signs of infection for duration of shift (8 hours)	<ol style="list-style-type: none"> 1. Educate care givers on the importance of hand hygiene 2. Encourage breast feeding 3. Assess vital signs every 4 hours 4. Explain to parents the importance of limited visitors 5. Appropriate PPE if necessary 6. Ensure anyone in contact with newborn is free from infection 	<ol style="list-style-type: none"> 1. Hand hygiene can prevent future infections 2. Breast milk has antibodies that helps to prevent infection 3. Vitals can determine if infection is present 4. The less people in contact with newborn can decrease risk of infection 5. PPE can prevent transmission of infection 6. Anyone that is sick should avoid contact to prevent transmission 	1. The goal was met. Patient has no signs of infection after 8 hours

**Alliance University
Newborn Assessment**

39w 1d LGA

Student Name Treshawn C Date of care 1/27/23 Infant initial TC Gender F
 Date & time of birth 1/23/23 ^{11:57} Type of delivery c-section / low transverse / vacuum

Complications/ resuscitation measures none

Apgar 9/9 Blood type O+ Coombs _____ TCB/ bili levels _____

Newborn screening: yes no Hearing screen: yes no results: _____

Medications

Medication name	Dose/ Route/Frequency	Use/Action
Erythromycin	0.5	1 application
Hepatitis B Vaccine	0.5 ml injection	IM
Phytonadione (vit K)	0.5 ml injection	IM

Assessment

Vital Signs: Temp 98.4 Pulse 143 Resp 43 BP 70/50 O₂ sat _____
 Weight 9154.7oz Birth weight 9.13oz % change _____
 Length 52 cm Head 37.5 Chest 30

Skin

Turgor: good poor Condition: smooth dry, cracked peeling
 Color: pink ruddy pale cyanotic acrocyanosis
 jaundice: Location nose / cheek Type _____
 TCB _____
 Variations: (rashes, lesions, birthmarks etc) none

Head & Neck

Shape: normocephalic other: _____
 Fontanelles: Anterior: flat bulging sunken/depressed
 Posterior: flat bulging sunken/depressed
 Sutures: open closed overriding
 Variation: molding caput succedaneum cephalhematoma
 Facial: symmetrical non-symmetrical: _____
 Eyes (symmetry, conjunctiva, sciera, eyelids, PERL): normal abnormal 2+ soft / ready recoil
 Ears (shape, position, auditory, auditory response): normal abnormal
 Nose (patency): normal abnormal jaundice
 Mouth (lip, mucous membranes, tongue, palate): normal abnormal

Neck (ROM, symmetry): normal abnormal

Chest- Respiratory/ Cardiovascular

Appearance (shape, breasts, nipples): normal breast buds 1cm

Breath sounds: clear adventitious

Heart sounds: S₁ S₂ murmurs: _____

S/S of respiratory distress yes: _____ no

Clavicles: normal abnormal

Brachial/femoral pulse (compare strength, equality): normal abnormal

Abdomen

Appearance (shape, size): normal abnormal

Umbilical cord condition: good born 2 day ago clamp removed

Bowel sounds: BS: normoactive hypoactive absent

Date/Time of Last BM: 1/27/23 9:00am How many BM in last 24hrs: _____

Describe BM during shift: did not witness mom state last

BM t time

Genitalia

Male (circumcision, urethral meatus, scrotum, testes): _____

Female (labia majora/minora, pseudomenstruation, vaginal tag,

discharge): well fanned / no discharge

Circumcision: yes no

Femoral pulses: normal abnormal

Urine output: Number of output in last 24hrs: _____

Anal patency: normal abnormal _____

Musculoskeletal

Posture: upper and lower flexed partially flexed extended

ROM all extremities: normal abnormal

extra digits: none

Neurological Reflexes

(normal: positive, symmetrical)

(abnormal: absent, weak, assymetrical)

Blink: normal abnormal

Moro: normal abnormal

Grasp: normal abnormal

Tonic neck: normal abnormal

Sneeze: normal abnormal - did not sneeze during assessment 20 mins

Rooting: normal abnormal

Suck: normal abnormal

Swallow: normal abnormal

Gag reflex: normal abnormal did not assess baby crying t man waiting

Stepping: normal abnormal

Babinski: normal abnormal

Notes _____

Behavior (Sleep/Activity Pattern 24hrs)

Sleep/ wake patterns: normal abnormal

Consolability: normal abnormal

Nutrition

Breast Milk: frequency _____ Positioning: correct incorrect Latch: correct incorrect
Audible swallow: yes no Expressed breast milk in bottle: yes no

Notes: _____

Formula:

Type: _____

frequency: _____

Amount: _____ oz

Satiation: yes no

Regurgitation: yes no

Pacifier use: yes no

{was not able to assess}

Stool (number per day, color, consistency) man stated she changed diaper with stool before entering room

Urine output (number per day/ color) _____

Bonding

Describe interaction between mother and infant

- Interaction seems good; mother breastfeeding child

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information
proper bf technique	yes	/
supply / demand		

Additional Comments:

Handwritten notes at the top right of the page.

(New Ballard Score)

Neuromuscular Maturity

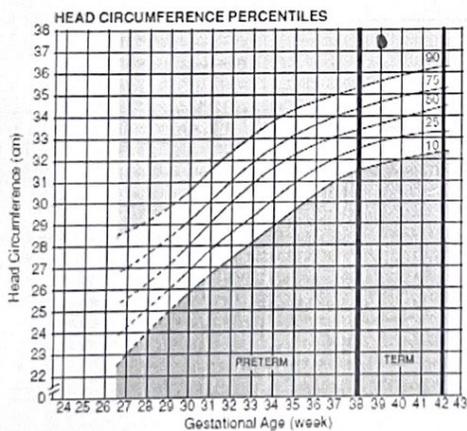
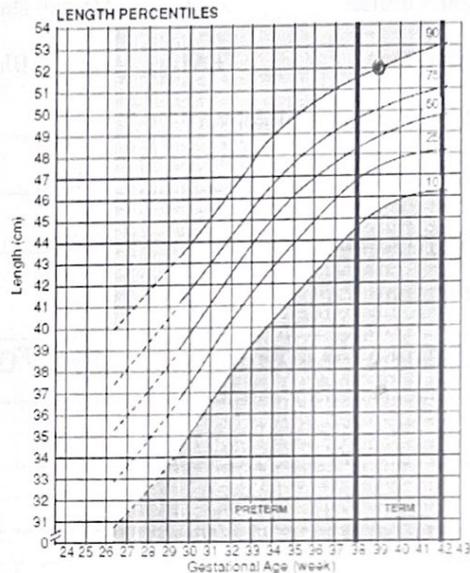
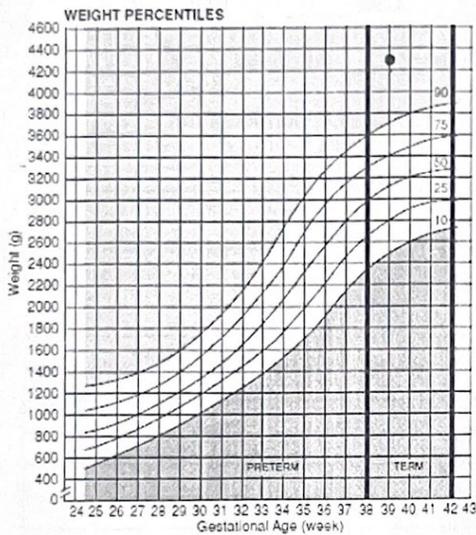
Score	-1	0	1	2	3	4	5
Posture							
Square window (wrist)							
Arm recoil							
Popliteal angle							
Scarf sign							
Heel to ear							

Physical Maturity

Skin	Sticky, friable, transparent	Gelatinous, red, translucent	Smooth, pink, visible veins	Superficial peeling and/or rash; few 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-les 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		Score Weeks
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		-10 20
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		0 24
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		5 26
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		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 T.E DATE OF BIRTH 1/25/23 LENGTH 52cm
 HOSPITAL NO. _____ SEX F HEAD CIRC. 37.5
 RACE _____ BIRTH WEIGHT 916 4.702 GESTATIONAL AGE 39w 1d
 DATE OF BIRTH 1/25/23



CLASSIFICATION OF INFANT*

	WEIGHT	LENGTH	HEAD CIRC.
Large for Gestational Age (LGA) (>90th percentile)	X	X	X
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; 71:160-163.
 2. Lubchenco LO, Hansman C, Boyd E. Intrauterine growth in length and head circumference as estimated from two fetuses at gestational ages from 28 to 42 weeks. *Pediatrics* 1966; 37:403-408.
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