

Alliance University

Newborn Assessment (Could not access the computer)

Student Name \_\_SL\_ Date of care \_\_2/10/2023\_\_ Infant initial\_YB's girl\_\_ Gender \_\_F\_\_

Date & time of birth \_\_2/8/2023\_\_ Type of delivery \_\_VD\_\_

Complications/ resuscitation measures \_\_None\_\_

Apgar \_\_9\_/\_\_9\_\_ Blood type \_\_N/A\_\_ Coombs \_\_negative\_\_ TCB/ bili levels \_\_N/A\_\_

Newborn screening:  yes Hearing screen: N/A

#### Medications

Medication name	Dose/ Route/Frequency	Use/Action
erythromycins	5mg/gram(0.5%) ophthalmic ointment. 1 apply each eye once. 1hr after birth.	prevent and treat infections. It's a bacteriostatic antibiotic, it prevents the further growth of bacteria
hepB vaccine	IM, 0.5mL, give once within 24hrs of birth	It's a hepatitis B vaccine. It's action is prevent infection by the hepatitis B virus. The vaccine works by causing your body to produce its own protection (antibodies) against the disease.
Phytonadione (vitK)	1mg/0.5mL, IM injection, give once within 6hrs of birth	Babies born with small amount of vitK which is risk for bleeding and death. Vitamin K helps to make various proteins that are needed for blood clotting and the building of bones.

#### Assessment

Vital Signs: Temp __99__ Pulse __134__ Resp __34__ BP __N/A__ O <sub>2</sub> sat __99__
Weight __21.84__ Birth weight __21.25__ % change __1.03%__
Length __21.2__ Head __35.6cm__ Chest __33.5cm__
<b>Skin</b> Turgor: <input type="checkbox"/> good Condition: <input type="checkbox"/> smooth <input type="checkbox"/> peeling Color: <input type="checkbox"/> pink <input type="checkbox"/> acrocyanosis <input type="checkbox"/> jaundice: Location __face, hands__ TCB __N/A__ Variations: (rashes, lesions, birthmarks etc) __face rash, dry, flaky skin, milla on nose
<b>Head &amp; Neck</b>

Shape:  normocephalic  other: \_\_bulging at right parietal\_\_\_\_\_

Fontanelles: Anterior:  flat

Posterior:  bulging

Sutures:  open

Variation:  cephalhematoma

Facial:  symmetrical

Eyes (symmetry, conjunctiva, sclera, eyelids, PERL):  normal

Ears (shape, position, auditory, auditory response):  normal

Nose (patency):  normal

Mouth (lip, mucous membranes, tongue, palate):  normal

Neck (ROM, symmetry):  normal

Chest- Respiratory/ Cardiovascular

Appearance (shape, breasts, nipples): \_\_Fulla areola, 1cm buds\_\_\_\_\_

Breath sounds:  clear

Heart sounds:

S/S of respiratory distress  yes: left nose congested

Clavicles:  normal

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

Abdomen

Appearance (shape, size):  normal

Umbilical cord condition: \_\_dry, intact, AVA present\_\_\_\_\_

Bowel sounds: BS:  normoactive

Date/Time of Last BM: \_\_0700\_\_\_\_\_ How many BM in last 24hrs: \_\_2 times\_\_\_\_\_

Describe BM during shift \_\_\_\_\_N/A\_\_\_\_\_

Genitalia

Female (labia majora/minora, pseudomenstruation, vaginal tag, discharge): \_\_discharge white, majora large, minoral small\_\_\_\_\_

Femoral pulses:  normal

Urine output:  Number of output in last 24hrs: \_N/A\_\_\_\_\_

Anal patency:  normal

Musculoskeletal

Posture:  upper and lower flexed

ROM all extremities:  normal

extra digits: \_\_\_\_\_None\_\_\_\_\_

Neurological Reflexes

(normal: positive, symmetrical)

(abnormal: absent, weak, assymetrical)

Blink:  normal  
 Moro:  normal  
 Grasp:  normal  
 Tonic neck:  normal  
 Sneeze:  normal  
 Rooting:  normal  
 Suck:  normal  
 Swallow:  normal  
 Gag reflex:  normal  
 Stepping:  normal  
 Babinski:  normal  
 Notes \_\_\_\_\_

Behavior (Sleep/Activity Pattern 24hrs)  
 Sleep/ wake patterns:  normal  
 Consolability:  normal

Nutrition  
 Breast Milk: frequency \_\_Q30min-1hr\_\_\_\_\_ Positioning:  correct  
 Latch:  correct Audible swallow:  yes Expressed breast milk in bottle:  no  
 Notes: \_\_\_\_\_  
 Satiation:  yes Regurgitation:  yes  
 Pacifier use:  no  
 Stool (number per day, color, consistency)\_1 times, did not witness any BM during my shift\_\_  
 Urine output (number per day/ color)\_\_4 times(from yesterday), did not witness during my shift

Bonding  
 Describe interaction between mother and infant  
 Mother showed a close bonding to her baby

Client Education Topic	Patient verbalize or demonstrate understanding or needs reinforcement	Additional information
Need of car seat before discharge	Pt verbalized husband is purchasing a car seat on his way to the hospital	
Risk of sudden infant death syndrome on sleeping with the baby in a bed	Pt verbalized needing a baby bed	

**NEWBORN NURSING CARE PLAN**

Student's Name: Siohn Zion Lee

Nursing Diagnosis:

girl

P: Risk for impaired neurological function

E: R/t presence of cephalohematoma

S: as evidenced by bulging parietal cranium

Patient's Initials: YB's

Date: 2/10/2023

Admitting Diagnosis: VD

Expected Outcomes	Nursing Interventions	Rationales	Evaluations
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<p>The newborn will not show worsening of cephalohematoma and be free of signs and symptoms of infection during my shift</p>	<ol style="list-style-type: none"> <li>1. Monitor the cephalohematoma for changes in size or color.</li> <li>2. Encourage the mom to feed the newborn every 2-3 hours</li> <li>3. Assess the newborn's level of consciousness and vital signs every 4 hours.</li> <li>4. Educate the parents s/s of worsening cephalohematoma, infection, or neurological impairment.</li> <li>5. monitor bilirubin levels every 4-6 hours and s/s of jaundice</li> <li>6. Frequent hand washing and proper hygiene techniques in room</li> </ol>	<ol style="list-style-type: none"> <li>1. this detects early worsening of symptoms</li> <li>2. this helps prevent dehydration and jaundice and improves</li> <li>3. this help detect neurological impairment or other cephalohematoma complications.</li> <li>4. this help prevents the newborn's worsening of symptoms and complications</li> <li>5. It ensures the newborn's cephalohematoma complication jaundice does not reach dangerous levels</li> <li>6. This prevents transmission of infection to a immune weakened baby</li> </ol>	<p>The newborn showed improvement in cephalohematoma and did not show signs and symptoms of infection during my shift</p>
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