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_2 sat___99_____ Weight_21.84_____ Birth weight __21.25 _____ % change___1.03%_____ Length___21.2_____ Head__35.6cm_____ Chest_33.5cm_____
Skin Turgor: □ good Condition: □ smooth □ peeling Color: □ pink □ acrocyanosis □ jaundice: Location_ face, hands_____ TCB___N/A_____ Variations: (rashes, lesions, birthmarks etc)_face rash, dry, flaky skin, milla on nose
Head & Neck

Shape: ☐ normocephalic ☐ other: __bulging at right parietal_____
Fontanelles: Anterior: ☐ flat
Posterior: ☐ bulging
Sutures: ☐ open
Variation: ☐ cephalhematoma
Facial: ☐ symmetrical
Eyes (symmetry, conjunctiva, sciera, 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: Patient's Initials: YB's girl

P: Risk for injury Date: 2/10/2023

E: R/t cephalohematoma

S: as evidenced by bulging parietal cranium Admitting Diagnosis: VD

Expected Outcomes	Nursing Interventions	Rationales	Evaluations

The newborn will not show worsening of cephalohematoma and be free of signs and symptoms of infection by the end of my shift	1. Observe the newborn's head for increasing swelling, redness, or drainage 2. Assess for skull fractures or soft spots 3. Assess the newborn's level of consciousness and vital signs every 4 hours. 4. Educate the parent of signs of injury and call PCP if any changes happen 5. Keep the newborn's head elevated 6. Frequent hand washing and proper hygiene techniques in the room	1. this detects early worsening of symptoms 2. This help detects any underlying conditions and prevent further injury 3. this help detects neurological impairment or other cephalohematoma complications. 4. Detects early and providing treatment can prevent further injury and promote healing 5. head elevation promotes venous drainage and reduces swelling 6. This prevents transmission of infection to an immune-weakened baby	The newborn showed reduced head circumference and remained stable without signs and symptoms of infection by the end of my shift