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On 3/3/23, I was assigned to observe in the NICU (neonatal intensive care unit). There were 4 newborns in the unit and each one was interesting. Newborn #1 (boy, EDC: 3/12/23, GA: 38w 2d, APGAR: 9,9, 8lbs 10 oz, birth via C/S). He was admitted into the NICU because of a fever that won't go away. Turns out this baby was a twin, and twin B did not make it. When they were in utero, they classified a condition in regards to them and it was Twin-to-Twin Transfusion syndrome. That is where twins share unequal amounts of the placenta's blood supply resulting in the two fetuses growing at different rates. Twin B died at 22 weeks GA during a Fetoscopic Laser Surgery. Twin A was also scheduled for a circumcision that day. I was able to observe the nurse put the Lidocaine cream around the penis and give a sucrose pacifier.

Baby 2 (Boy, AGAR 9,9, GA: 41w 1d, COOMBS positive). A positive test means that the baby's red blood cells have the mother's antibodies attached to them, putting them at high risk of developing moderate to severe jaundice after birth." This baby was under a phototherapy box. It's sometimes used to treat newborn jaundice by making it easier for your baby's liver to break down and remove the bilirubin (hyperbilirubinemia) from the baby's blood. Phototherapy aims to expose the baby's skin to as much light as possible. It can have temporary side effects, including skin rashes and loose stools. Overheating and dehydration can occur if a baby does not get enough breast milk or formula. Therefore, a baby's skin color, temperature, and number of wet

diapers should be closely monitored. The nurse also mentioned that when under phototherapy, make sure that the newborn's eyes and genitals are covered.

Baby 3 (girl, 4lbs 9oz, head 29.5 cm, length 48.3, APGAR 7,9, GA: 33w 4d). Based on the notes, the mother did have the condition of a low lying placenta (placenta previa). There was also a report of the mother contracting chlamydia during her second trimester. The nurse did consider this newborn as a “grower-feeder”. Baby 4 (Vaginal Delivery; with vacuum assist, 2/26/23, 7lbs 5oz, EDD was 3/16, GAL 37w2d, APGAR: 9,9). The newborn was also under phototherapy, and the reason for it was that during the vacuum it caused a severe cephalohematoma. That can put the baby at risk for jaundice.

On a personal level, I feel very eager to learn more in each clinical experience especially when it comes to mother-baby care. My greatest accomplishment of the week was having the opportunity to be in the NICU. It was an interesting experience but, I do wish they allowed me to be hands-on with the newborns in that unit. I understand the reason because they did mention something about not being trained just in case they aspirate. I believe our communication skills went well with both nurses in the unit in regards to getting the report on each newborn. Today there wasn't a moment where I needed improvement because it was primarily observation. The scripture I used for today's clinical experience would be “ And be thankful. Let the message of Christ dwell among you richly as you teach and admonish one another with all wisdom through psalms, hymns, and songs from the Spirit, singing to God with gratitude in your hearts” (Colossians 3:15-17). The reason why I chose this is because I am incredibly grateful for God and for my professor for allowing an amazing clinical experience for Maternity. I do have to be honest, this specialty has peaked my interest. Being hands-on with the newborn assessment was so interesting to me. I haven't seen many male nurses working in a L&D or NICU, but it was

something I did look forward to on our Friday mornings. I do pray to God to help guide me and give me the knowledge to complete the nursing program so I can become a registered nurse in the NICU.