

(MECONIUM ASPIRATION) NURSING CARE PLAN

Medical Diagnosis: Meconium Aspiration

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> Mom reports yellow/green discharge 	Assess respiratory status: Rate Effort (retractions, grunting) Oxygen saturation Auscultate for rales or rhonchi	Meconium aspiration can result in varying degrees of respiratory distress for the infant
	Bulb suction mouth and nose or use endotracheal suction to remove secretions	The method depends on the severity of aspiration and quality of respirations. The idea is to clear the airway however necessary. Avoid using a finger to clear secretions as it may only push them farther into the airway.
	Administer oxygen via hood or positive pressure	Maintain oxygen saturation at 90-95%. Mechanical ventilation may be necessary.
Objective Data: <ul style="list-style-type: none"> Yellow/green urine Yellow/green staining of fingernails or skin Expiratory grunting Cyanosis Retractions Nasal flaring Tachypnea 	Assist with the insertion of umbilical artery catheter	An umbilical artery catheter will minimize agitation and stress of frequent monitoring of blood pH and blood gases by giving direct access to the umbilical artery.
	Monitor hemoglobin levels	Hemoglobin level is an indicator of effective oxygen-carrying capacity
	Monitor blood pressure	Worsening blood pressure may indicate pulmonary hypertension or pulmonary air leak syndrome
	Monitor for signs of Acute Respiratory Distress Syndrome (Arterial Blood Gases)	Fluid and meconium in the lungs can initiate an inflammatory process that can lead to severe respiratory distress, requiring mechanical ventilation and other invasive interventions for the newborn.