(NEWBORNS) NURSING CARE PLAN

Medical Diagnosis: Newborns		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
• Crying Objective Data:	Immediate needs of Newborn from birth-Aspiration of mucus apgar score (based on HR, respiratory effort, muscle tone,reflex irritability, and skin color) maintenance of body temp (drying, wearing hat, warm blankets) Eye care/injections (Erythromycin oint, Vit K, & Hep B) Constant obs of condition ID bands (one on wrist, one on ankle)	Clear baby's airway of mucus Apgar score is the cardio respiratory adaption at birth Body temperature-prevent from acidosis Erythromycin-eye oint to prevent opthalmia neonatorum VIT K- prevent bleeding probs until infant can produce its own clotting factors Hep B- prevent newborn from acquiring Hep B (need consent for this) Constant Obs for any changes in condition Baby and parents tagged for having access to baby
	Full Head to Toe Assessment- VS, General appearance, reflexes) Ex: jaundice, umbilical cord, Mongolian spots, head shape, cleft lip/palate, sacral dimple Reflexes (rooting, sucking, grasp, startle/ Moro, Babinski, step/dance, tonic neck)	Complete assessment shows if there are any abnormalities with the infant that need to be addressed immediately Reflexes- these are the first building blocks of future development of a newborn. What starts out as reflexes will soon turn to purposeful, cognitive and physical activity
	Assisting with breastfeeding Lactation consult if needed	Making sure baby latches on properly and is feeding well by the mom, if having issues, can get a lactation consult to help assist so baby is getting proper nutrition
 Normal vital signs Weight gain Reflexes intact Newborn resting comfortably Skin intact 	Assess newborn weight daily	After mother's milk comes in, the newborn should start to gain weight. Normal to lose about 5-10% weight within the first few days. If newborn is not gaining weight at all, there could be a feeding issue/other problem to look into



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	Nursing Intervention (ADPIE)	Rationale
	Educate on: -newborns elimination patterns -circumcision for males -bathing First 24 hours-1 wet diaper/1 stool Day 3- (3-4 wet diapers/1-2 stools) and change from Meconium to yellowish color Day 4-(after milk has come in)- >6-8 wet diapers/3 stools per 24 hours Circumcision-Main complication (hemorrhage & infection), glucose water on pacifier, use petroleum jelly on site)	Want to be sure that the newborn is in taking in enough nutrients and having normal elimination patterns/stool with no complications prior to discharge home -note: after male circumcision, must void prior to discharge Circumcision- glucose water or gel on pacifier is very soothing Use of petroleum jelly on site after procedure helps keep the diaper from sticking to incision Note: yellow exudate that forms on 2nd day should not be removed. It is a sign of healing, not an infection Bath- main things to make sure baby's axillary temp is warm enough and check water temp with the inner forearm
	Newborn Discharge Teaching- when to call the physician	Once the family is home with the newborn, it is important to educate them on when it is appropriate to call the doctor or to be seen right away for any complications that may arise
	Newborn genetic testing-hearing screening/ pulse ox screening PKU, hypothyroidism, Galactosemia, maple syrup urine disease, sickle cell anemia, Tay Sachs Disease)	Blood test that screens for multiple genetic/metabolic disorders. Done at discharge and repeated at 7-10 days of age Hearing screening to see if the infant may be deaf or hard of hearing Pulse ox screening(24-48 hours)- to detect if the baby might have CCHD (Critical congenital heart disease)

