**Nursing Interventions and Rationales**

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| **Nursing Intervention (ADPIE)** | | **Rationale** | |
| 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 cardiorespiratory adaption at birth  Body temperature-prevent from acidosis  Erythromycin-eye oint to prevent ophthalmia 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 | |
| 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 | |
| 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) | |