Maternal Newborn Case Study

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Parent and Newborn Nursing

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E.P. is a 26 year old caucasian female who was admitted to Aultman hospital on February 21, 2012, at 0825 hours for a scheduled induction. Her estimated due date (EDD) was February 26, 2012. She delivered her baby girl vaginally on February 21, 2012 at 1834 hours and her gestational age was 39 weeks and 2 days. The baby girl weighed 7 pounds and 14 ounces and was 19 inches long. E.P. has had four previous births and they were all vaginal births, with anesthetics used. Her oldest was a seven year old male, her second child was a four year old female, her third child was a three year old male, her fourth child was a 14 month old male, and fifth child was only fourteen hours old.

E.P. was chosen for this case study because of her experience of having so many children, she seemed like a good person to research and she also was interested in being interviewed and was eager to answer any questions the student nurse had for her. The purpose of this paper is to gather subjective and objective data about the patient and her baby and develop appropriate nursing diagnoses with supporting interventions and goals that were used or could have been used for the better of the patient. As well as to demonstrate an integration of all aspects of patient care to create an individualized nursing care plan.

Demographics

E.P. Is currently unemployed with a high school education. She is married and is a stay at home mom of her now five children. She has never smoked or drank alcohol, but she does live with someone that does smoke. E.P. stated she was not religious. E.P. stated that all of her children were vaginally delivered with no complications or problems during her pregnancies. She was referred to Social Services for waiting to receive prenatal care during this pregnancy. So she did not take any prenatal classes and missed the usual first few doctor visits. E.P. Stated she has no significant family history, or significant medical and/or surgical history.

OB/Gynecologic History

E.P. is Gravida 5, Para 5. Gravida is the number of times the women has been pregnant, so E.P. has been pregnant five times. Para stands for any pregnancy that lasts for at least 20 weeks, whether or not they are alive at the time of birth. E.P. was 39 weeks and 2 days gestation when she gave birth to her baby girl. Gestation is the time period between conception and birth, and it is typically 40 weeks in duration (Davidson et al, 2008). E.P. Stated she did not remember when her last menstrual period had occurred, so E.P.'s last menstrual period (LMP) was figured to be on May 22, 2011, based on her EDD. Since E.P. had late prenatal care she missed her first trimester appointments, but was seen during her second trimester. She did take her prenatal vitamins, and also, Zyrtec for allergies, and Albuterol. Prenatal vitamins are prescribed and taken to meet the increased metabolic and nutritional needs of pregnant women and for the developing fetus, even though only folic acid and iron are the only nutritional supplements needed (Davidson et al, 2008).

Prenatal Medications

Medications	Dose, route	Mechanism of Action	Indications for use	Possible side effects	Nursing Responsibilities
Prenatal Vitamins	1 tablet PO	Vitamin Supplement	Pregnancy (Have larger doses of folic acid than regular multi-vitamins)	Mega doses may have negative effects on fetus	Encourage patient to comply with diet recommendations of health care professional Teach patient to take only recommended amount
Zyrtec	5-10 mg , PO	Dec. symptoms of histamine excess (sneezing, rhinorrhea, ocular tearing	Relief of allergic symptoms caused by histamine release.	Dizziness, drowsiness, fatigue	Instruct patient to take medication as directed, and instruct patent to contact health care provider if dizziness

		and redness, pruritus)			or symptoms persists
Albuterol	Acute asthma exacerbation : 2.5-5 mg q 20 min for 3 doses, then 2.5-10 mg q 1-4 hr prn Continuous nebulization: 10-15 mg/hr	bronchodilation	Used for quick-relief agent for acute bronchospasms and for prevention of exercise-induced bronchospasms	Nervousness, restlessness, tremors, HA, insomnia, paradoxial bronchospasm, chest pain, palpitations, angina, arrhythamias, nausea, vomiting, hyperglycemia, hypokemia.	Instruct patient to prime unit for four sprays before using, instruct proper usage of metered-dosed inhaler or nebulizer, advise patient to use Albuterol first, and to rinse mouth with water after each use to minimize dry mouth.

Medication references used:
Davis' Drug Guide

Prenatal Laboratory Data

Prenatal Tests	Norms	Patient Results	Analysis
Type & Rh	----	A+	Rh antibodies present Check for anti-Rh antibodies, Check partners blood type, Rh
Hemoglobin & Hematocrit	Hgb 12-16 g/dL Hct 38%-47%	10.7 31.4	Low Hgb, and Low Hct possibly from loss of blood Both could indicate anemia. Prescribed prenatal Vitamin Supplement plus iron
VDRL/RPR	----	----	Testing not indicated for this patient

Prenatal Tests	Norms	Patient Results	Analysis
Rubella (German Measles)	Immune	Immune	Positive titer Normal Finding
Urine Culture & Sensitivity	----	----	Testing not indicated for this patient
Sickle Cell	----	----	Testing not indicated for this patient
Chlamydia/Gonorrhea	----	----	Patient's results were in progress
PAP test	----	----	Patient's results were in progress
Triple Screen	----	----	No results found for this patient
1 hr Glucose Tolerance	----	----	No results found for this patient
h Glucose Fasting: 1hour, 2 hour, 3 hour	----	Not done	Testing not indicated for this patient
GBS	----	Absent	Beta-hemolytic streptococci are not present, which decreases the occurrence of early onset pre-natal and late onset postpartum infections
Hep. B	----	Negative	Hepatitis B virus is not present
HIV	----	Negative	Human immunodeficiency virus is not present

Normal Values from:

1) *Olds' Maternal Newborn Nursing & Women's Health Across the Lifespan (8th ed)*
2) *Maternal Child Nursing Care (Third ed)*

Prenatal Diagnostic Tests

Test	Date	Norms	Patient Findings
Ultrasound	10/24/2012	----	Confirmed pregnancy, establish EDD of 2/26/2012

Course of Labor and Delivery

E.P. Arrived at Aultman Hospital for her scheduled induction on February 21, 2012, at 0825 hours. At approximately 0900 hours her contractions began and her uterine irritability was mild, she was 3-4 centimeters (cm) dilated, which is when the external cervix os is enlarging from 0-10 cm. She was at 40 percent effacement, which is the drawing up of the internal os and cervical canal into the uterine side wall, 0% is no effacement and 100% is full effacement, effacement usually precedes dilation. She was at a negative 3 station, this refers to the relationship of the presenting part to an imaginary line drawn between the iscial spines of the maternal pelvis, station -5 is at the inlet and station +4 is at the outlet, during labor the station should progress from the negative stations to the mid pelvis area at zero station. The fetal heart rate was 125 beats per minute (bpm). At 1514 hours her membranes ruptured (ROM) and then 3 hours and 19 minutes later she delivered her baby, and in about eleven minutes her placenta was then delivered. She had and output of 175 milliliters. Her blood loss from the delivery was 300ml.

Labor and Delivery Data

Time	Dilation/ Effacement/Station	Contraction	Duration	Intensity	Fetal Heart Beat	Pain Assessment	Procedures
0900	3-4cm /40 /-3 membrane			uterine irritability	125 bpm		Membranes are intact

	intact						
1000		q6-8min	50-60 sec	mild	150bpm for 15 sec -acceleration present		
1030		q7-8min	50-60 sec	mild			
1100	4cm/50/-2 mid position	q4-7min	50-80 sec	moderate	135 bpm deceleration present, acceleration absent		
1145		q2-3min	60-70 sec	moderate			
1200		q2-3min	70-80 sec	moderate			
1300	5cm/60/-2						
1500	6cm/80/-2	q2-3min until delivery	40-50sec until delivery	Moderate until delivery	135bpm	Pain rated at 6, left tilt	ROM @ 1514 clear fluid
1600	6cm/80/-2 mid position				115bpm acceleration present deceleration absent		
1700						Pain rated as a 10	
1730					125 bpm "	Pain rated as a 9	Epidural Catheter placed
1800					150 bpm "		Cath pulled back by CRNA
1815							Doctors arrive, prep for del. And IUPC removed
1830					120bpm		Delivery of

					dec. early, acel. present		baby @1834
1845							Delivery of placenta @1844

Labor and Delivery Medications

Medications	Dose, route	Mechanism of Action	Indications for use	Possible side effects	Nursing Responsibilities
Pitocin/Lactated Ringers	Pitocin 20units in 1000mL LR IV @ 125mL/hr	Control postpartum bleeding	Bleeding	Coma, seizures, asphyxia, hypotension, water intoxication	Monitor uterine blood flow, Monitor VS, electrolytes
Lactated Ringer's solution	1000mL IV @ 125mL/hr	Isotonic fluid replacement	Hydration and fluid loss	Redness, or pain at injection site, fever, trouble breathing, swelling	Monitor for fluid overload, generalized edema, VS, electrolytes
Epidural anesthesia	Dose N/A -Lumbar	An anesthetic that inhibits the initiation and conduction of sensory nerve impulses. It alters the influx of sodium and efflux of potassium in the neurons. This decreases the pain and induces anesthesia.	For managing acute pain.	Seizures, cardiovascular collapse, hypotension, anxiety, dizziness, headache, nausea, vomiting, arrhythmia's, chest pain, pruritus,	Monitor for sensation during the procedure and the return of sensation afterwards. Assess for systemic toxicity, orthostatic hypotension, and unwanted motor and sensory deficit,

Medication references used:

Davis's Drug Guide

Olds' Maternal-Newborn Nursing & Women's Health Across the Lifespan (8th ed)

Post Postpartum Assessment

On February 22, 2012, a nursing student was assigned to care for E.P. After receiving report from the nurse, the student entered the room and introduced herself and then began to assess E.P. and her baby girl. E.P. was alert but still fatigued and slowly waking up, her baby was brought to her from the nursery as the student nurse was assessing her. E.P.'s temperature was 36.9 C, her blood pressure was 105/70, her heart rate was 74 beats per minute, and her respirations were 16 breaths per minute. E.P. reported she had no pain and it was a 0 on a scale from 0 to 10. The nurse had me check E.P's hemoglobin level and it was lower than the normal ranges but not low enough to administer Feosol for low Hemoglobin and Hematocrit. The nurse had the multivitamin for E.P. so she gave it to her. The student nurse met with the instructor and explained what her and the nurse had administered to E.P., and the student nurse went back to continue the head to toe assessment of the mother and the baby.

E.P. had soft breasts with no tenderness or signs of engorgement. Her nipples were shaped normally, and she stated that she was bottle feeding her baby. Her fundal height was 2 below the umbilicus, and her fundus was firm and mid-line. E.P's abdomen was soft, her bowel sounds were normal and present in all four quadrants, she was passing flatus and she had not had a bowel movement yet. E.P. was up from bed and voiding on her own, and walking around the room with no problems with moving up and down. She stated her urine was clear and there was no irritation or burning while urinating. E.P had a small amount of lochia rubra, lochia is postpartum vaginal discharge and may contain blood, mucus, shed uterine cells, and other uterine tissues (Davidson et al, 2008). Her pedal and radial pulses were strong and equal, her skin was warm and dry, her capillary refill was less than three seconds, good skin tugor, she had no edema

present and no tenderness in the legs. Her heart rate was regular and with a regular rhythm. She had no signs of respiratory distress, her lungs sounds were clear and breaths were in a regular pattern and equal bilaterally. After her assessment was finished she held her baby and was bonding well, she talked to her, called her by her name and grasped her fingers, and gave her a kiss on the forehead.

At 1000 hours the student nurse came in the check on E.P. and her baby, and E.P. reported she had no pain, but would like to rest before her family comes to see her. She put the baby in the bassinet beside her and the student nurse checked if the wheels were locked and the call light was in reach. E.P. also reported that she ate 100% of her breakfast, the student nurse took her breakfast tray and then turned of the lights for E.P. could rest.

At 1200 E.P. was awake and alert holding her baby, the student nurse asked if she could assess her and the baby, she agreed and put the baby in the bassinet beside her. E.P's blood pressure was 110/80, her heart rate was 80 beats per minute, her respirations were 16 breaths per minute and her temperature was 36.6 C.

E.P. overall physical appearance was is the normal weight area. Her pre-pregnant weight was 135 pounds, and she was 5 feet 3 inches in height. Her body mass index (BMI) was calculated at 23.9, before she gained 30 pounds during her pregnancy, so she did gain an adequate amount of weight during her pregnancy, according to her BMI since she was in the normal weight category she was to gain 25 to 35 pounds. BMI is a ratio of body height to body weight and is used to assess a person's percentage of body fat. A BMI over 30.00 is considered to be in the obese category (Davidson et al, 2008). E.P. stated that her desired weight is 125 pounds, and that she has no concerns about her nutritional habits. She stated that she did not have a regular exercise pattern was stayed active with her other four children. She said she liked to

snack on breakfast bars and baked chips between lunch and dinner, and her fluid intake was just water on a constant basis. She told the student nurse that she is the one that cooks at home, and her and her husband both do the shopping. She stated she was not on food stamps, and had help from WIC.

At 1400 hours her family arrived, her husband came with her four children, and they brought her a snack from McDonald's, and some flowers and pictures that they colored for her. They all crowded around the their new baby sister and were bonding well with her. E.P. smiled at her husband as she watched her children with the baby. The student nurse let the family visit and documented E.P's location as in bed visiting with family.

At 1515 the student nurse came back and the family had gone home, E.P. was resting with her baby in the bassinet at her side. Her blood pressure was 110/68, her heart rate was 62 beats per minute, her respirations were 36 breaths per minute, and her temperature was 36.7 C. She rated her pain at a 0 out of 10. E.P. had soft breasts with no tenderness or signs of engorgement. Her nipples were shaped normally. Her fundal height was 2 below the umbilicus, and her fundus was firm and mid-line. E.P's abdomen was soft, her bowel sounds were normal and present in all four quadrants, she was passing flatus and she had not had a bowel movement yet. E.P. was up from bed and voiding on her own, and walking around the room with no problems with moving up and down. E.P's urine was clear. E.P had a small amount of lochia rubra. Rubra means that the discharge is bright red and bloody. Lochia rubra usually lasts for the first 1-4 days after delivery (Davidson et al, 2008). Her pedal and radial pulses were strong and equal, her skin was warm and dry, her capillary refill was less than three seconds, good skin tugor, she had no edema present and no tenderness in the legs. Her heart rate was regular and with a regular rhythm. She had no signs of respiratory distress, her lungs sounds were clear and

breaths were in a regular pattern and equal bilaterally. As E.P. got up from her bed after the assessment, the student nurse changed her bed linens and documented that E.P. voided and then showered, and her movement was without difficulty. E.P. then decided to hold her baby and cuddle with her after the student nurse was done assessing. The student nurse then checked if all the feeding supplies were stocked and asked when she last feed her baby, she replied saying that she fed her baby at about an hour ago, and said she was sucking and swallowing very well. The student nurse then checked if E.P. needed anything, and she stated she was fine, then the student nurse made sure the call light was in place and in reach and the bed rails were up on the top half, then left E.P's room.

Patient Assessment Values (EP)

	Assessed at 800	**Assessed at 1200**	**Assessed at 1600**	**Normal values**
Blood Pressure	105/70	110/80	110/68	120/80
Heart Rate	74	80	62	50-90
Respirations	16	16	16	16-24
Temperature	36.9C	36.6C	36.7C	36.2-38C
Pain	0 out of 10	0 out of 10	0	
Pain after 1 hour	0out of 10	0 out of 10	0	
Pain after 2 hours	0 out of 10	0	0	

Analysis: *All finding Within Normal Limits (WNL)*

Normal Values from:

Davidson, P, London, M, Ladewig, M. (2008). *Old's maternal-newborn nursing & women's health across the lifespan* (8th ed.).

Postpartum Laboratory Data

TESTS	NORMS	PATIENT RESULTS	ANALYSIS
Hemoglobin & Hematocrit	12-16 g/dL 38%-47%	10.7 31.4%	Low Hgb & Hct: assess nutritional status, and for anemia.
WBC	5000-1000 /mm^3	9.34	WNL
Platelets	150-450 /mm^3	172	WNL
Lymphocyte	25%-40%	23.2	↓ Lymph secondary to infection AEB ↑ WBC and ↑ Neutrophils; possible viral infection
Neutrophil	54%-75%	70.8	WNL
Basophil	0%-1%	0.4	WNL
Eosinophil	0%-4%	1.0	WNL
Monocyte	2%-8%	4.6	WNL

Normal Values from:

Nurse's manual of laboratory and diagnostic tests (4th ed).

Postpartum Medications

Medications	Dose, route	Mechanism of Action	Indications for use	Possible side effects	Nursing Responsibilities
Prenatal Vitamin plus iron	1 tablet PO	Vitamin Supplement	Pregnancy	Mega doses can be harmful to fetus.	Teach pt to take only recommended amount
Feosol (ferrous sulfate)	325mg PO Once daily	Iron Supplement	Low postpartum Hemoglobin and Hematocrit	Constipation, nausea, dark stools, epigastric pain	Assess bowel function for constipation and diarrhea. Observe for S/S of toxicity- stomach pain, fever, nausea
Docusate Sodium	1 tab PO qHS	Stool softener	Prevent constipation	Throat irritation, mild cramps,	Assess for ABD distention, presence of

				rashes	bowel sounds. Assess color, consistency, and amount of stool produced.
Motrin (ibuprofen)	600mg PO q6h PRN	Decrease pain and inflammation	Pain	Dizziness, HA, GI bleeding, constipation, nausea, vomiting	Assess for rhinitis, asthma, pain level prior to and after administration, Monitor H&H, BUN, serum K
Vicodin (hydrocodone, acetaminophen)	5mg-500mg PO q6h prn	Decrease in severity of moderate pain, suppression of the cough reflex	Management of moderate to severe pain	Confusion, dizziness, sedation, euphoria, headache, resp. depression, hypotension	Explain therapeutic value of medication prior to administration to enhance the analgesic effect, may be administered with food or milk to minimized GI irritation
Benzocaine	Topical, 1 application prn	Local anesthesia with subsequent loss of sensation or relief of pain and/or pruritus	Relief of pruritus or pain associated with minor skin disorders including burns, hemorrhoids, or other forms of skin irritation	Decreased or absent gag reflex, burning edema, irritation, stinging, tenderness, urticaria, allergic reactions including anaphylaxis	Instruct patient on correct application technique, inform patient of potential harm from overuse, emphasize need to avoid contact with eyes
Bisacodyl	10mg 1 suppository, rectal prn	Evacuation of the colon	Treatment of constipation	Abdominal cramps, nausea, diarrhea, rectal burning	Can be given at the time a bowl movement is desired, lubricate with water or water soluble lubricant before insertion.

					Encourage patient to retain the suppository for 15-30 min before expelling
Mylicon	80mg 1tablet, TID	Passage of gas through the GI tract by belching or passing flatus	Relief of painful symptoms of excess gas in the GI tract that may occur postoperative	None significant	Administer after meals and at bedtime for best results, shake liquid preparations well prior to administration. Chewable tablets should be chewed thoroughly before swallowing, for faster and more complete results
Zolpidem (ambien)	5mg 1tablet, qhs	Sedation and induction of sleep	insomnia	Daytime drowsiness, dizziness, sleep-driving, nausea, vomiting, anaphylactic reactions, hypersensitivity reactions	Before administering, reduce external stimuli and provide comfort measures to increase effectiveness of medication

Medication references used:

Davis' Drug Guide
Olds' Maternal-Newborn Nursing & Women's Health Across the Lifespan (8th ed)

Postpartum procedures and treatments

Procedure/treatment	Norms	Patient findings
Venous Thromboembolism (VTE) Assessment 2-21-12 -2009 hours	Patient is low risk for recurrence/occurrence of VTE	Risk score (1) E.P. is low risk for recurrence/occurrence of VTE.

NEWBORN DATA

E.P. stated her labor process had no complications or current medical problems, she told the student she was in labor for about three hours. The type of her delivery was noted at a normal spontaneous vaginal delivery, and anesthesia was used during labor., the epidural catheter was place at 1737 hours. On February 21, 2012 at 1834 hours E.P's newborn was delivered. The newborn's apgar score at 1 minute was 9 and then at 5 minutes was 9. Apgar scores are the evaluation a newborn immediately after birth, the Apgar is usually done by the NICU nurse. During the Apgar scoring the nurse looks for five signs, they are each worth a point value of 0, 1, or 2. The five signs are: heart rate, respiratory effort, muscle tone, reflex irritability, and color. A newborn can score a maximum of 10 points on both the 1 minute and 5 minute Apgar scales (Davidson et al, 2008). The newborn was thirty-nine weeks and two days gestation when she was delivered. She weighed 7 pounds and 14 ounces, which is 3596 grams. E.P. decided to bottle feed her newborn, and there were no known risk factors for the newborn.

When the student nurse assessed the newborn at 0800 hours she was 39 hours old. The newborn weighed 3578 grams, her temperature was 37.1 C, her heart rate was 140 beats per minute, and her respirations were 34 breathes per minute. The newborns skin was pink, warm, and dry, with good skin turgor, her mucous membranes were moist, clear, and pink, the moro reflex also known as the startle reflex was present, the suck reflex was also present and good. The student nurse also observed the grasped reflex, Babinski reflex, and the rooting reflex, they all were present and observed as good.

The newborns abdomen was soft and she had normal bowels that were present in all four quadrants. Her cord was moist and slowly drying. Her anterior and posterior fontanels were both soft and level, no signs of bulging or any other deformities of the skull. The newborn's tone was good and when she did cry it was vigorous. Her range of motion (ROM) was full and

symmetrical with all extremities. Her respirations were even and unlabored and clear. Her heart rate was regular. She had 2 wet diapers one at 1030 hours weighing 30 milliliters and the other at 1415 hours, the diaper at 1415 hours was also soiled with dark stool weighing 25 milliliters. E.P. then wanted to hold her baby and bond with her, so the student nurse left the call light in reach and left the room.

At 1000 the student nurse entered the room and did a safety check, the baby was in her bassinet and E.P. was resting and the tags were secure and the bassinets wheels were locked. At 1200 the newborns temperature was 36.9 C, her heart rate was 138 beats per minute, and her respirations were 40 breaths per minute, her tags were secure and she was in her mothers arms bonding. At 1400 hours the newborns siblings arrived and all gathered around and bonded with her. E.P. smiled at her husband while they watched they children meet there new baby sister. At 1515 the student nurse assessed the newborn again, her temperature was 36.8 C, her heart rate was 138 beats per minute, and her respirations were 32 breaths per minute. The newborns skin was pink, warm, and dry, with good skin turgor, her mucous membranes were moist, clear, and pink, the moro reflex was present, the suck reflex was also present and good. The newborns abdomen was soft and she had normal bowels that were present in all four quadrants. Her cord was moist and slowly drying. Her anterior and posterior fontanels were both soft and level, no signs of bulging or any other deformities of the skull. The newborn's tone was good and when she did cry it was vigorous. Her range of motion (ROM) was full and symmetrical with all extremities. Her respirations were even and unlabored and clear. Her heart rate was regular. The nursing student then swaddled the newborn and handed her over to mom and made sure the call light was in place, wheels were locked, tags were secure, and rails were half up. The student

nurse thanked the mom for allowing her to assess her and her newborn and for allowing her to ask her questions for this case study.

Patient Assessment Values (Newborn)

	Assessed at 800	Assessed at 1200	Assessed at 1500	Normal values	Analysis
Heart Rate	140	138	138	120-160	WNL
Respirations	34	40	32	30-60	WNL
Temperature *axillary	37.1C	36.9C	36.8C	36.4-37.2	WNL

Normal Values from:
Davidson, P, London, M, Ladewig, M. (2008). *Old's maternal-newborn nursing & women's health across the lifespan* (8th ed.).

Newborn Laboratory Data

TESTS	NORMS	PATIENT RESULTS	ANALYSIS
Type and Rh		A+	Check for anti-Rh antibodies Check for incompatibility with mother Prevent hemolytic disease of the newborn
Venous Blood Gases	pH 7.30 – 7.40 PO_2 22.8 – 34.6 PCO_2 33.9 – 48.3	PH 7.4 PO_2 35.4 PCO_2 35.8	All gases within normal limits

Normal Cord Blood Gas Values from:
Granger, 2008

Newborn Medications

Medications	Dose, route	Mechanism of	Indications	Possible side	Nursing

		Action	for use	effects	Responsibilities
Vitamin K injection	0.5 / IM	Prophylaxis for Vitamin K deficiency	To prevent hemorrhage due to low prothrombin levels	Pain and edema at injection site, rash, urticaria (wheels)	Protect drug from light, Observe for signs of inflammation, give before circumcision procedure, observe for bleeding
A&D Ointment	Topical	Tissue protection/ water barrier	Circumcision	None listed	Assess for bleeding, S/S of infection, swelling, pus drainage, cessation of urination
Erythromycin Eye drops	Narrow strand 0.5-1 cm long, once each eye, x 1 dose Topical	Prophylaxis for ophthalmia neonatorum	Preventive treatment of gonorrhea and ophthalmic chlamydial infection in newborn	Sensitivity reaction, may interfere with ability to focus, edema, inflammation	Side effects usually disappear in 24-48 hours, Wash hands prior to instillation, do not irrigate after instillation, may wipe excess after 1 minute,
Hepatitis B Vaccine	0.5 ml / IM	Prophylactic treatment against all subtypes of Hepatitis B virus	Hepatitis B vaccine	Soreness at injection site, erythema, swelling, warmth, irritability, low grade fever (37.7C)	Do not dilute, Shake well, IM injection only, Monitor for adverse reactions, temperature.
Sweet ease sucrose	0.1ml oral prn	To diminish/relieve short-term procedural pain for infants	Used for any short-term procedural pain	Take caution in use with infants that are at high risk for Necrotizing	Use with a pacifier, this will enhance the analgesic effect. Do not

				Enterocolitis NEC	use more than 3 dose during one procedure.

Medication reference used:
Davis' Drug Guide

References

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