

Asphyxia

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Ineffective breathing pattern</p> <p>Related factors: Ischemic brain damage Meconium aspirate Intraventricular hemorrhage</p> <p>Symptoms / Risk factors: Cyanosis Dyspnea Cessation of breathing for 20 seconds or longer Use of accessory muscles to breathe</p> <p>Outcome / Goal: Infant is responsive to stimuli Maintain adequate ventilation</p>		<p>Respiratory Monitoring Assist with intubation at birth if indicated Assess preexisting respiratory conditions Auscultate breath sounds Clear airway; gently suction nasopharynx, as needed Assess O2 saturation and arterial blood gases Administer warmed oxygen via mask Monitor rate, rhythm, depth, and effort of respirations</p> <p>Ventilation Assistance Administer O2 as prescribed Administer medications that promote airway patency and gas exchange Aspirate gastric contents for shake test. Monitor trends in PEP (peak airway pressure)</p>	
	<p>Risk for delayed development</p> <p>Related factors: Meconium aspiration Ischemic brain damage Intraventricular hemorrhage</p> <p>Symptoms / Risk factors: Seizures Technology-dependent</p> <p>Outcome / Goal: Infant is responsive to stimuli Infant demonstrates better synchronous movements</p>		<p>Developmental Enhancement: Child Check parents understanding of current situation Teach parents to recognize their infant's cues and behavioral states Promote strategies to facilitate infant attachment. Parents may be grieving Position the infant with proper support Monitor muscle tone</p> <p>Developmental Care Promote strategies to facilitate infant attachment. Parents may be grieving</p>	
	<p>Risk for imbalanced nutrition: Insufficient</p> <p>Related factors: Delayed feedings Hypoglycemia</p> <p>Symptoms / Risk factors: No weight gain Weight loss</p> <p>Outcome / Goal: Infant tolerates oral/enteral feedings without complications Maintains glucose within normal levels Hydration maintained Adequate urinary output Normal vital signs</p>		<p>Enteral Tube Feeding Provide enteral tube feeding according to current hospital protocols</p> <p>Nonnutritive Sucking Discuss goals of non-nutritive "time at the breast" with mother Give a pacifier to suck on to improve nutrition Help position the baby at the breast Review pumping techniques with mother and assess her ability to pump Arrange housing for the mother close to the nurseries</p> <p>Nutritional Monitoring Monitor for manifestation of Necrotizing enterocolitis Monitor for manifestation of Gastroesophageal reflux Monitor Glucose levels</p>	
	<p>Anxiety</p> <p>Related factors: Stress Threat to or change in Role status Unmet needs Environment Interaction patterns</p> <p>Symptoms / Risk factors: Anxious Blocking of thought Confusion Difficulty concentrating</p> <p>Outcome / Goal: Verbalize awareness of feelings of anxiety Will experience a reduction in anxiety</p>		<p>Anxiety reduction Assess reasons for anxiety Provide accurate, concrete information about what is being done Spend time talking with parents. Allow to express feelings</p> <p>Calming Technique Reassure patient of personal safety or security Teach relaxation exercises techniques to promote sleep and reduce anxiety</p> <p>Environmental Management Assess infant for physiological signs/behavioral cues indicating stress Reduce unnecessary external stimuli</p>	

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	<p>Risk for powerlessness</p> <p>Related factors: Inability to control the current situation</p> <p>Symptoms / Risk factors: Decreased self esteem Lack of knowledge of illness or healthcare system</p> <p>Outcome / Goal: Parent identifies realistic goals for infant recovery</p>		<p>Mutual Goal Setting</p> <p>Asses caregiver's feelings about infant's condition and it effects on the family Asses family support systems Listen attentively for negative comments about self, feeling of hopelessness Offer positive feedback and encouragement Assure the mother that her infant's outcome was not related to her failure Communicate the emotional needs of the mother/family to her care provider Teach parents to set small,attainable goal for the care of the child (day basis) Keep the family well informed about the infant's condition and plan of care</p>	
	<p>Risk for altered parenting</p> <p>Related factors: Stay in neonatal intensive care unit Complicated illness</p> <p>Symptoms / Risk factors: Verbalization of role inadequacy Inexperience with caregiving</p> <p>Outcome / Goal: Parents openly express feelings. Parents will demonstrate necessary skills for caring</p>		<p>Role Enhancement</p> <p>Inform parents of neonate's immediate needs Unite mother,infant ,and family as soon as condition of infant is stable Encourage and promote an opportunity for the mother to hold her newborn Encourage breastfeeding for mother who desires to breastfeed if possible</p>	