



NICU NURSING CARE PLAN

32 to 35 6/7 weeks



Name:	DOB:	General Care/Measurements/Assessments	
Birth Weight:	GA:	Vitals Q_____	Weight Q_____
Mom (cell):	(home):	BP Q_____	Length Q_____
Dad (cell):	(home):	Neuro VS Q_____	HC Q_____
NeoConnect: Y/N	Siblings:	Pain/Sedation Q_____	Girth: Q_____
Language: F <input type="checkbox"/> E <input type="checkbox"/> Other _____		Bath	
Diagnosis:		Born < 28 weeks or ≤1 kg: Soap & water 2x/week _____ & _____ Central Line? Y/N CHG 2x/week _____ & _____	
Treatments/Operations:		Born ≥28 weeks and > 1kg: Soap & water Q2 days - next ___/___/___ Central Line? Y/N CHG Q2 days - next ___/___/___	
Precautions:		Incubator	
Respiratory/Cardiovascular		Humidity: No humidity! Isolette change: Q 7 days (Q_____) Is the baby ready for a crib?	
Ventilator/CPAP Parameters:		<input type="checkbox"/> Stable from a cardiorespiratory and hemodynamic standpoint <input type="checkbox"/> At least 32 weeks corrected gestational age (off humidity) <input type="checkbox"/> Weight at least 1.6 kg <input type="checkbox"/> Average weight gain of 20 g per day over the past 7 days <input type="checkbox"/> Normothermia (manual axillary T _a ≥ 36.5 °C) at every routine nursing assessment for at least the past 24h	
Suctioning: <i>Min Q4h if on BCPAP+PRN, use Muko</i>		If yes to all points: 1. Open dome and ensure baby is on radiant warmer set at 36.5 °C 2. Check baby's T _a Q1h x 4h, note if warming 3. If baby maintains T _a >36.5 °C x4h without incubator warming move baby to a crib	
Oxygen:		Tests/Consults	
iNO: Chest Physio: Head massage:		MRSA/VRE/KPC: only if outborn and > 24 hrs of life NB screening blood due: ___/___/___ <input type="checkbox"/> Done Hearing screening: Consent <input type="checkbox"/> NB screening urine due: ___/___/___ <input type="checkbox"/> Done ___/___/___ <input type="checkbox"/> Done CCHD screening: ___/___/___ <input type="checkbox"/> Done	
Saturation Targets:		Elimination	
Strict input/output? Y/N Balance Q_____		Other tests: _____ Consults: _____	
Foley → Inserted: Removed:		Feeding	
Balloon inflated: ___ mL		Blood transfusions: _____	
Feeding		Dressings/Skin Care	
Type: PHM / Maternal breastmilk/Other: Calories:		Chest Tubes	Ostomies
Route: NG/OG/NJ/OJ		Others	
Volume: Frequency: Increase:		Inserted:	
Over: ___ h		Removed:	
Feeding notes:		Sutured @ _____	
NG/NJ/OG/OJ → Inserted: Secured @ _____		Dressing change:	
Change due:		**Dressing should be taken off 48hrs after removal of tube**	
Replegle → Inserted: Secured @ _____ To LWS <input type="checkbox"/>		Developmental Care	
Fluids		<ul style="list-style-type: none"> ● Promote light cycling by taking off incubator cover (move to crib if eligible) ● See positioning principles at the back of care plan ● Promote non-nutritive sucking ● Promote putting baby to breast (for nutritive or non-nutritive needs) 	
TFI: Weight: Total ml/day:		Teaching with Parents	
		<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Swaddled bathing <input type="checkbox"/> Baby cues: <input type="checkbox"/> Books for babies <input type="checkbox"/> Kangaroo care • Signs of stress & how to calm <input type="checkbox"/> Language passport <input type="checkbox"/> Skin & Diaper care • Signs of hunger & oral stimulation	
Updated by: Date:		Lines	
		UAL Sutured @ _____ Inserted: _____ Removed: _____	UVL Sutured @ _____ Central/Peripheral Inserted: _____ Removed: _____
		PICC External Portion: _____ Inserted: _____ Dressing due: _____	Central/Peripheral Removed: _____ Single/Double Single/Double Q 14 days + PRN



Alignment

Flexion

Symmetry

Movement

Containment

SUPINE

- * Weight appropriate containment device, legs inside (*snuggle up size M*)
- * Appropriate size rolls to provide 360° containment (*stockinette roll*)
- * Appropriate size roll under knees to provide support (*pillowcase*)
- * No bundling



LATERAL

- * Weight appropriate containment device, legs inside (*snuggle up size M*)
- * Appropriate size rolls to provide 360° containment (*stockinette roll*)
- * Appropriate size roll between legs to maintain hip alignment (*pillowcase*)
- * No bundling



PRONE

- * Weight appropriate containment device, legs inside (*snuggle up size M*)
- * Appropriate size rolls to provide 360° containment (*stockinette roll*)
- * Appropriate size support under baby's upper body: from waist to above head, nipples width, thickness of 2/3 of baby's thigh (*pillowcase*)
- * Support under baby's ankle (*dry wipes*)
- * No bundling

