Discuss the use of an assessment tool when caring for a child

Family, Children

In the following commentary I am going to reflect upon what I have learned about conducting the new born baby assessment regularly carried out on the neonatal unit. To write about the new born baby assessment it is important to understand what assessments are, why assessments are important and how this particular assessment is an essential part ofnursing. “ Assessment forms the first part of any nursing activity and is the first step in the nursing process.

Without a comprehensive assessment of the child andfamily’s needs, care cannot be planned, delivered or evaluated effectively. ” (Great Ormond Street Hospital 2012). Examination of a new born infant allows nurses to assess and monitor a new born baby’s condition and promptly identify any abnormalities in order to treat and give appropriate care as early as possible. It is an important part of overall care contributing to the baby’s wellbeing and survival (NNF Teaching Aids: Newborn Care 2010).

Over the time I have spent so far on the neonatal unit I have learned about the physical assessment of new born babies and observed the trained staff carrying out these assessments day to day. The assessment of a new born infant involves the checking of several aspects of the baby’s anatomy; the Brain (the control centre for all organs), the Heart (pumps the 80mls of blood around the baby’s body), the Lungs (provides o2 for the body’s organs and muscles), and the Kidneys and Liver (filters toxins out the body to be excreted). These vital organs are the key to the baby’s survival in life.

To begin to asses these organs is by examining the skin as this is the easiest organ to view and the examination is non-invasive so therefore should not

distress the baby. The skin can be a key indicator of if something is wrong. The nurses and I looked at the colouring, the texture, the nails, and looked closely for any presence of rashes. The skin regulates body temperature (Ross and Wilson 2010) therefore monitoring a baby's temperature is an important part of caring for a baby. The skin is also the baby's first stage of protection from infection forming a barrier between its self the outsideenvironment.

The head is another important indicator of what is going on within the baby. We examined the fontanel as this can swell or sink to show signs of dehydration or Hydrocephalus. A dry mouth can also be an indication of Dehydration. During birth the baby's head can change shape due to the sutures in the skull (as seen in the diagram, Nucleusinc 2010) therefore it was important for us as nurses to check the sutures and the overall shape of the head and look for any bruising or swelling caused by trauma to the skull during birth.

It was important to observe and record the baby's activity eg Agitated, Alert, Active as this will forms the baseline for further assessments of the baby and could help identify any neurological abnormalities. The next stage of the physical examination was the eyes. A discolouration of the whites of the eyes could be an early indication of Jaundice and be a warning to start treatment. Staring or bloodshot eyes could indicate a raised intracranial pressure or raised a blood pressure.

Pre-term babies are often on o2 therefore checking the lung function, the patency of the airway and the o2 delivery method is important in order to

maintain o2 saturations above 95%. Having conducted the physical assessment of the baby the digestive system needed to be assessed. This was done by a physical examination of the abdomen and by looking at the method of feeding (Breast, Bottle, NG Tube, OG Tube, JJ Tube, or PEG) and the amount of milk to be administered (amount per day: ml/kg/day times baby's weight divided by the number of feeds to give in 24 hours).

The Neonatal Unit's policy is for the preterm baby is to start them on 60ml/kg/day +30ml per day up to 150ml and for the term baby to give 40ml/kg/day + 20ml per day up to 150ml. After this the doctors take over calculating feed volumes. These feeds are then recorded on a feeding chart and totaled at the end of every 24 hour period to monitor fluid intake. The initial assessment of a new born infant is a complicated process but is vital in providing the best possible care for the baby.

The initial assessment acts as a baseline for further care to be compared with. Without an assessment important information and signs may be missed with awful consequences. Although I have observed and assisted with the assessment process I do not yet feel comfortable performing this assessment on my own as I feel I have a lot more to learn so as I don't miss something or disregard any of my findings as insignificant.

References:

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