

Observation for Subgaleal Hemorrhage

Although a rare event, subgaleal hemorrhage represents a true neonatal emergency. Correct treatment requires early recognition. During nursing assessments of newborns, one should especially note whether any of the following are present:

1. Diffuse swelling of the scalp or head
2. Anterior fontanelle fullness

If any of the above are present, the baby will be monitored on the following schedule for the first 24 hours post delivery unless discontinued sooner by his/her physician.

1. Vital signs including blood pressure, and clinical evaluation including capillary refill just after birth, q 1 hour x2, then q 4 hours.
2. Head assessment on the above schedule, including
increasing bruising
Anterior fontanelle fullness
increasing scalp edema

Notify physician if

1. Increase in heart rate > 20 bpm above admission
2. Respiratory rate > 60
3. Capillary refill greater than 3 seconds
4. Skin pallor
5. Systolic bp < 55mm Hg or decrease > 20mm Hg from admission
6. Change in head exam, particularly increased swelling/edema or head circumference measurement
7. Neurologic abnormalities (eg. tremors, seizures)

Normal Vital Signs in Full-Term Neonates

Please use the following ranges to assess your newborn:

Respiratory Rate: 30-60 breaths/minute

Heart Rate: 120-160 bpm (apical)

Temperature: 97.6-99. F (axillary/rectal)

Blood Pressure: Systolic 60-80 mmHg

Diastolic 40-50 mmHg

The blood pressure of an infant varies depending on size and weight of the baby. Measure pressure on a quiet neonate.

Be sure that the blood pressure cuff is appropriately sized to infant. The cuff width should be about half the circumference of the neonate's arm. This will affect the pressure reading if it is non appropriately sized.

Wrap the cuff one or two finger breadths above the antecubital or popliteal area. With a stethoscope held directly over the chosen artery, hold the cuffed extremity firmly to keep it extended and inflate the cuff no faster than 5mm Hg/second. If using a doppler blood pressure monitor, place cuff directly over the brachial or popliteal artery to ensure an accurate reading. This device automatically inflates the cuff. The extremity should be kept as straight as possible when using this method for greatest accuracy, during cuff inflation. Please observe closely the infant's color of extremity during this procedure and remove cuff as soon as reading has been obtained.