

ACTIVE LEARNING TEMPLATE: *System Disorder*

STUDENT NAME RH, NV, RD, AB, JD, IA

DISORDER/DISEASE PROCESS Small for Gestational Age (SGA) / IUGR

REVIEW MODULE CHAPTER _____

Alterations in Health (Diagnosis)

Birth weight below the 10th percentile; birth weight < 2,500 grams.

Pathophysiology Related to Client Problem

Symmetrical (hypoplasia): growth deficit early in gestation, all is small, decreased # of cells
Asymmetrical (late IUGR): big head/small body, # of cells normal/small cytoplasm, growth deficit late in gestation

Health Promotion and Disease Prevention

Early prenatal care, avoidance of illicit substances, balanced diet, maternal health maintenance.

ASSESSMENT

Risk Factors

-> Maternal: HTN disorders, heart/lung disease, cigarette smoking, drugs, malnutrition, anemia, high altitude, low SE status -> Placental: insufficiency, abn cord insertion/ umbilical artery, infarct
-> Fetal: intratutering infections (rubella), multi gest, congenital abnormalities

Expected Findings

Long/thin in size, head circum <15%, widely spread sutures, large fontanel, dull/sparse hair, wasted musculature, dry/thin/loose skin, sunken ABD, thin/dry cord (possible meconium staining), small liver size, vigorous cry, wide eye/alert look

Laboratory Tests

Diagnostic Procedures

Fundal Checks
Newborn Growth Chart
Non-stress Test
Biophysical Profiles
Sonograms

SAFETY CONSIDERATIONS

*Preventing hypothermia.
*Leading cause of death is perinatal asphyxia.
*Mortality rate greater than 10%.

PATIENT-CENTERED CARE

Nursing Care

Monitor weight gain, fundal height, serial sonograms, NST, and BPP during pregnancy. Prevent hypothermia in infants by maintaining NTE.

Medications

Client Education

Encourage breastfeeding, skin to skin, and importance of keeping infant warm.
*Symmetrical SGA have limited growth potential.
*Asymmetrical SGA catch up at 3-6 months old.

Therapeutic Procedures

Phototherapy for jaundice.

Interprofessional Care

Complications

Birth Asphyxia:
- little labor reserve r/t chronic hypoxia
- risk for meconium staining
- persistent pulmonary HTN
Hypothermia
Polycythemia
Hypoglycemia
Hypocalcemia
Hyperbilirubinemia
PFC/PDA
Increased metabolic activity
Immunologic Problems
Congenital Anomalies