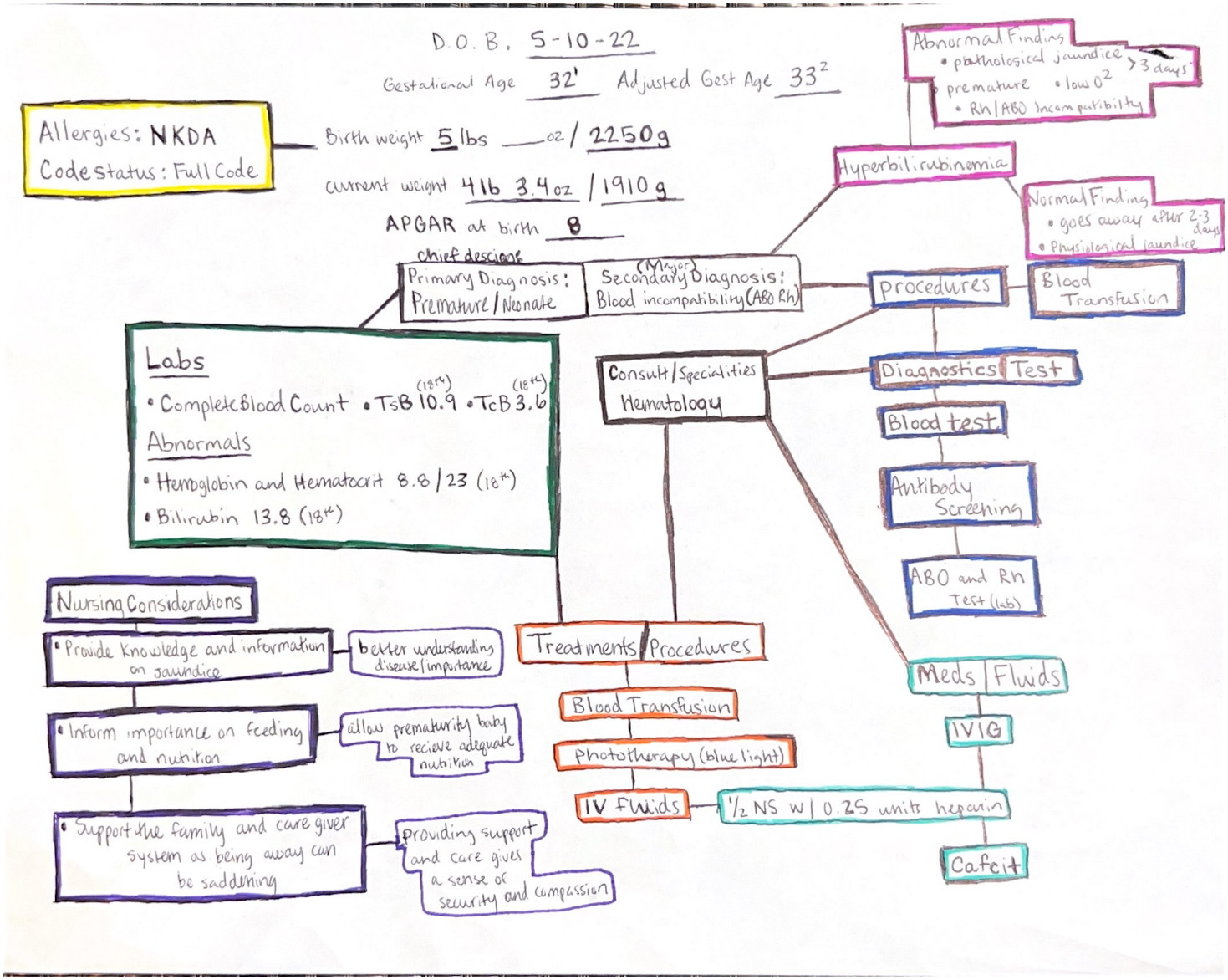
D.O.B. 5-10-22
Gestational Age 32' Adjusted Gest Age 33²
Allergies: NKDA
Code status: Full Code
Birth weight 5 lbs ___ oz / 2250g
current weight 4lb 3.4oz / 1910g
APGAR at birth 8
chief decision
Primary Diagnosis: Premature / Neonate
Secondary (Major) Diagnosis: Blood incompatibility (ABO Rh)
Labs
• Complete Blood Count • TsB 10.9 (18th) • TcB 3.6 (18th)
Abnormals
• Hemoglobin and Hematocrit 8.8 / 23 (18th)
• Bilirubin 13.8 (18th)
Abnormal Findings
• pathological jaundice > 3 days
• premature • low O²
• Rh / ABO incompatibility
Hyperbilirubinemia
Normal Findings
• goes away after 2-3 days
• Physiological jaundice
procedures
Blood Transfusion
Consult / Specialities
Hematology
Diagnostics / Test
Blood test
Antibody Screening
ABO and Rh Test (lab)
Meds / Fluids
IVIG
Caffeit
Nursing Considerations
• Provide knowledge and information on jaundice
better understanding disease / importance
• Inform importance on feeding and nutrition
allow prematurity baby to recieve adequate nutrition
• Support the family and care giver system as being away can be saddening
providing support and care gives a sense of security and compassion
Treatments / Procedures
Blood Transfusion
phototherapy (blue light)
IV Fluids
½ NS w / 0.25 units heparin

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 33 2 Patient Weight: 1.91 kg

Student Name:	Unit: Pt. Initials:	Date: Click here to enter a date.
Jueur Anthony Hernandez	CCH N/A	5/18/22

1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):

Hemolytic disease of ABO and Rh is caused by an incompatibility of blood grouing antibodies from mom to infant. This disease usually only occurs during and with first pregnancies and usually presents with symptoms of hyperbilirubinemia and Anemia. ABO is where there is an incompatibilities of moms type O blood type to baby's A, B, AB blood type. When this incompatibility occurs antibodies are produced and recognized to fight off. These elevated levels cause jaundice, anemia and kernicterus in the underdeveloped neonate.

2. Factors for the Development of the Disease/Acute Illness:

- Rh negative mother and Rh positive baby that received from biological father. P
- Injury or test that caused a crossing of incompatable blood type mix.
- Caucasian babies 3 x more common than any other race.
- under developed liver

3. Signs and Symptoms:

Before birth
- yellow colored amniotic fluid (caused from breakdown of RBC's) bilirubinemia
- baby in utero has large liver, spleen, or heart as well as lungs, stomach, & heart (edema)

After birth
- P yellowing of skin, eyes, and umbilical cord (24+ hours post delivery)
- swelling of entire body
- P Apnea or Apnea
- Jaundice P
- Poor feeding P
- Lethergy P

4. Diagnostic Tests Pertinent or Confirming of Diagnosis:

- P Blood test (looking for Rh positive antibodies)
- Ultrasound (shows enlarged organ / fluid buildup)
- Amniocentesis (to check how much bilirubin in amneotic fluid)
- Percutaneous umbilical blood sampling (checks blood sample from cord looking for antibodies (fighting incompatibilities)

5. Lab Values That May Be Affected:

- CBC P
- Bilirubin levels P
- Rh factor P
- Antibodies P
- TSB (Serum bili) P
- TCB (complete bili) P

6. Current Treatment (Include Procedures):

- Blood transfusion (Anemia) P
- IV fluids P
- photo therapy P
- mechanical breathing
- Exchange Transfusions (exchange to get (N) bil. levels) P
- IVIG (intravenous immunoglobulin) P
  - *Boost immune system
  - *lower bilirubin and breakdown incompatible RBC's attacking baby.