Respiratory distress Syndrome (RDS)

Risk Factors

- Siblings that had RDS
- twin or multiple births
- C-section delivery
- mother that has diabetes

Disease process defined

Immature development of the lungs and a deficiency of surfactant.

Diagnostic Studies/Labs

- Examination of baby
- Chest Xray
- Blood Gas—hypoxemia & respiratory acidosis

Signs and Symptoms

- fast breathing very fast after birth
- Grunting "ugh" sound w/ each breath
- Widening (flaring) of the nostrils w/ each breath
- Chest retractions

Nursing Interventions/Medication

- monitor O₂ with pulse ox.
- Administer oxygen as ordered.
- Administer artificial surfactant as ordered
- Fluid & metabolic management
- May start on TPN feedings & advance to gavage feedings once they are stable.

Patient/Family Teaching

- monitor baby for abnormal breathing - ↓O₂ sign
- no smoking environment
- hold baby upwards to open lungs
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D.O.B. 9/15/22

Gestational Age 39 wks Adjusted Gest. Age 39.5 wks

Birthweight 8 lbs. 9 oz./ 3910 grams

Current weight 8 lbs. 1 oz./ 3667 grams

APGAR at birth: 9

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: _____

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? / Is med in therapeutic range? / If not, why ?	IVP – List solution to dilute and rate to push. / IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Captopril	ACE Inhibitors	hypertension	0.08mg PO-buccal Q12hrs	0.05-0.1mg/kg/dose q6-24hrs Yes		dizziness rash dry cough	1. Administer medication on empty stomach - 1 hr before meals 2. Limit salt substitutes to potassium 3. Store oral suspension in refrigerator 4. monitor for hypotension after admin
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