

Signs & Symptoms

- poor eating
- Sweating & crying or eating
- persistent tachypnea or SOB
- easy tiring
- Tachycardia
- heart murmur

Pathophysiology

During gestation, the fetus has multiple shunts in the heart that allow maternal blood to circulate through the body. These should close shortly after birth. However, if they do not close properly, it can cause myocardial weakening, heart failure, and other complications.

Diagnostics/Labs

- EKG
- CXR
- echocardiogram
- Cardiac catheterization

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Treatment/Medication

notx needed if only mild S/S are present

- NSAIDs (for preterm infants)
- Open heart surgery
- cardiac catheterization

Nursing Implications

- monitor VS frequently
- group care to prevent fatigue
- monitor for S/S of heart failure, endocarditis, and pulmonary HTN
- auscultate heart frequently (and do focused cardiac assessments as necessary)

Patient Teaching

- This is a common issue in premature infants
- small defects often resolve on their own and do not require treatment
- we often start treatment with NSAIDs and move to surgical intervention if that does not work
- monitor for S/S

D.O.B. 12/12/22

Gestational Age 28³ Adjusted Gestational Age 35⁴

Birthweight 2 lbs. 1.5 oz./ 950 grams

Current weight 3 lbs. 14.1 oz./ 1760 grams

APGAR at birth: 5

Priority Nursing Diagnosis

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