

Jazmine Salazar

No mids given  
- Continue to monitor  
- NKDA

### NICU Disease Process Map

D.O.B.	8/16/23	8:21AM	APGAR at birth:	3, 8, ---
Gestational Age	42w 1d pma		Adjusted Gestational Age	39w 1d GA
Birthweight	6 lbs. 14.8 oz.	3140	grams	
Current weight	7 lbs. 15.7 oz.	3620	grams	

Disease Name: subgaleal hemorrhage

What is happening in the body?

- This is a condition of accumulation of blood that forms between your newborn's skull & the skin on their scalp. This condition occurs after a difficult vaginal delivery. During this period it can be life-threatening but if treated quickly they can have a good outcome.



What am I going to see during my assessment?

- Bruising on the skin.
- Tachycardia
- Low BP
- Reduced levels of hematocrit & hemoglobin, due to major blood loss.
- Swelling of their head
- Pale skin tone (pallor)



What tests and labs will be ordered?

- US of their head
- CT scan
- MRI
- X-ray to examine hemorrhage beneath the skin.



What trends and findings are expected?

- Tachycardia
- Head Swelling
- Decreased HCT & Hgb
- Poor suck, Swallow, Breath Coordination.
- Peri orbital edema (puffy eyelids)
- Irritability & pain when handling
- Days later bruising behind ears / eyelids.
- prolonged capillary refill
- Anoxia
- Hypoglycemia



What medications and nursing interventions/treatments will you anticipate? — group & blood match

- Emergency stabilization & transfer to PIPER (perinatal infant perinatal emergency retrieval).
- If baby goes into hemorrhagic shock call the hospital blood bank for uncrossed match o neg blood. (15 min).
- Have the baby on cardiac monitor & pulse oximetry.
- Secure IV access / (get blood tests, Blood gas, & coagulation).
- Continuous monitor head circumference.
- Continue strict I&O & weights (daily).
- Blood pressure
- Possible elective intubation.



How will you know your patient is improving?

- Blood pressure will improve
- Swelling will go down.
- Baby will maintain adequate weight.
- Hemoglobin & Hematocrit will increase.
- Baby will be less irritable.
- Capillary refill will be within limits.
- Urine output will increase!



What are risk factors for the diagnosis?

- Traumatic delivery (vaginal)
- Vacuum extraction
- Maternal exhaustion mid delivery
- Neonatal factors (LBW, male, Apgar score < 8 at 5 min).
- Macrosonia
- Neonatal coagulopathy (vit K deficient)



What are the long-term complications? (negative outcomes if not treated quickly)

- Neonatal encephalopathy
- Seizures
- Brain damage
- Hypoxic-ischemic encephalopathy
- Periventricular leukomalacia
- Cerebral palsy
- Developmental Disabilities
- Kernicterus



What patient teaching for management and/or prevention can the nurse do?

- Keep parents up to date & explain why consent is needed for blood products. (in case of emergency!)
- This is curable if treatment is quickly conducted.
- This condition can resolve in 2-3 weeks after being born.
- Inform the nurse to search for any signs of negative reactions to treatment & to let the staff know if you notice any brain swelling.
- Inform parents baby will stay in NICU until its safe to go home.
- Inform staff if baby is pale, or yellow tint to skin.
- Delay in developmental milestones.