

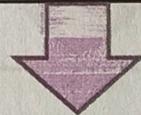
NICU Disease Process Map

Sarah Shinsato

D.O.B. <u>9/5/23</u>	APGAR at birth: <u>6 / 9</u>
Gestational Age <u>33</u>	Adjusted Gestational Age <u>33w 1d</u>
Birthweight <u>5</u> lbs. <u>1.1</u> oz. / <u>2300</u> grams	
Current weight <u>5</u> lbs. <u>0.8</u> oz. / <u>2290</u> grams	

Disease Name: Facial bruising leading to physiologic jaundice (Hyperbilirubinemia)

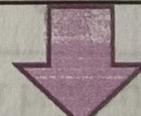
What is happening in the body?
Bruising producing more RBCs in the body that the liver will need to metabolize. This increases bilirubin levels



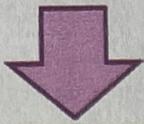
What am I going to see during my assessment?
Swollen eyes and face. Purple/dark red appearance.
Possibly jaundice starting in the eyes or head
Later: Jaundice



What tests and labs will be ordered?
Cmp - Serum bilirubin

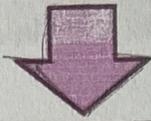


What trends and findings are expected?
Increased bilirubin
Jaundice will likely occur in the next few days



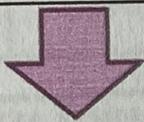
What medications and nursing interventions/treatments will you anticipate?

Phototherapy



How will you know your patient is improving?

Decreased bilirubin levels
Jaundice going away



What are risk factors for the diagnosis?

Birth trauma
Immature renal function



What are the long-term complications?

Hyperbilirubinemia, if treated should go away
If not, can lead to encephalopathy



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

Make sure baby is getting phototherapy and is improving.
Must wear eye protection during phototherapy
Normal levels are 0.2 - 1.4 mg/dL

Student Name: Sarah Shinsato

Unit: NICU

Pt. Initials: BG

Date: 09/06/23

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

Allergies: NKPA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D10 5ml/h	Isotonic/ Hypotonic/ Hypertonic	Additional glucose	POCT 89 9/5	Incompatibility with IV meds

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
Ampicillin	Antibiotic	Infection prophylaxis	115mg IV Q12h	75-150 mg/kg/d divided q8h 173-345 no prophylaxis	N/A	Rash Diarrhea	1. Watch for s/s of allergy 2. Take all prescribed dose, don't stop early 3. Teach that it is infection prevention 4. Incompatible with dextrose?
Centamycin	Broad-Spectrum Antibiotic	Infection Prophylaxis	10.4mg IV Q30	3mg/kg/day 6.9 higher?	N/A	Neurotoxicity Rash itching	1. Teach that it is infection prevention 2. Take all of prescribed dose 3. watch for signs of allergy 4. potentially nephrotoxic to neonates
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.