

## NICU Disease Process Map

D.O.B. <u>9/11/2023</u>	APGAR at birth: <u>3 - 7</u>
Gestational Age <u>35.5 wks</u>	Adjusted Gestational Age <u>37.5 wks</u>
Birthweight <u>6 lbs. 4 oz.</u> / <u>2900</u> grams	
Current weight <u>6 lbs. 6 oz.</u> / <u>2990</u> grams	

Disease Name: GASTROSCHISIS

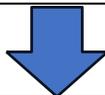
What is happening in the body?  
birth defect  
hole in abdomen by belly button and intestines grow on the outside of body (NO SAC!)  
- muscle and skin do not fully form before birth



What am I going to see during my assessment?  
distended abdomen - potential silo bag if not covered, exposed bowel  
tegaderm dressing if covered  
swelling / redness  
NOT  
Pt. will likely be intubated  
- mine had a 3.5 ET B.G lipuncut w/ continuous suction low 10F @ 20cm



What tests and labs will be ordered?  
CBC  
CMP  
WDS  
blood Cx  
STAT mec lab



What trends and findings are expected?  
meconium likely wont be present so its important to test once they pass meconium  
potential WBC ↑ if any sort of infection - usually on antibiotics



What medications and nursing interventions/treatments will you anticipate?

Primarily pain mgmt  
(fentanyl DRIP, Verjeda PRN)

SURGERY  
(silo BAG)

INTERVENTIONS:

DARK, quiet environment  
comfort care  
ORAL care → intubated maintain thermoregulation



How will you know your patient is improving?

After the silo bag is removed and the sterile dressing / tegaderm is placed, there will be scab growth around the dressing. There will be a scab-like growth around the tegaderm + this is an indication of healing! The surgeons will slowly, over time, remove the scab and allow the skin to grow + heal which will (hopefully) lead to closure.



What are risk factors for the diagnosis?

Risk factors:

- smoking
- maternal age
- males

Dx RF:

infection  
bowel death



What are the long-term complications?

increased risk of reoccurring bowel obstructions, short gut syndrome, nutritional deficiency, slow growth rate, constipation



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

Continue with regular surgical/HCP follow up  
know s/s of infection: fever, abnormal redness or swelling  
avoid constipation - stool softeners

