NICU Disease Process Map

D.O.B.____08/19/23_____ APGAR at birth: _____5/8_____

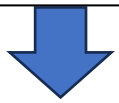
Gestational Age__32 and 5_____ Adjusted Gestational Age____36_____

Birthweight_3____lbs.___8___oz./_____1610_____grams

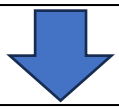
Current weight__4___lbs.____7__oz./_____2172_____grams

Disease Name: Respiratory Distess Syndrome

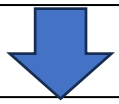
The lungs are not fully developed and don't have enough surfactant to help the lungs expand and not collapse.



Upon assessment you can find tachypnea because the baby is needing to take more breaths to get a small amount of oxgen due to their underdeveloped lungs, tachycardia because the body needs oxygens and its not able to get it with weak lungs and is trying to compensate and you can also see retractions depending on the severity. They can also present with grunting, nasal flaring, and cyanosis.



A lung imaging test could be ordered to see how the lungs and heart are working. CMP and CBC to make sure there is no infection. Blood gases could also be ordered to see the amount of O2 CO2 are in the blood.



Low oxygen amounts in the blood with high carbon dioxide amounts. CBC could show elevated WBC for the inflammation from the lungs.

The infant could be on oxygen supplementation depending on the severity of the RDS. Interventions such as raising the head of the baby to help them breathe while laying down or laying them on their side. Surfactant replacement could be ordered if severe enough.

You can gauge if the child is getting better by checking their oxygen saturation while they are feeding, crying, awake, to make sure that they aren't decreasing significantly and if they are, if the baby is resolving it themselves or need intervention by the nurse.

Pneumothorax, pulmonary interstitial emphysema

Bronchopulmonary Dysplasia: if they are still needing oxygen supplementation for 28 days or greater.

If preterm delivery cant be avoided, the mother can get corticosteroids before delivery to help prevent the baby's lungs from being inflamed.