

What medications and nursing interventions/treatments will you anticipate?

- Nasal continuous positive airway pressure (nCPAP)
- Surfactant replacement therapy
- Fluids/electrolytes → poly-vit sol given w/ feedings

How will you know your patient is improving?

- breathe easier + more slowly + look more comfortable
- need less oxygen therapy
- have the settings lowered or decreased on nCPAP or ventilator

What are risk factors for the diagnosis?

- low gestational age (preterm) - baby sick @ time of delivery
- male gender
- mother has DM
- perinatal depression

What are the long-term complications?

for many babies, RDS has NO long-term effects

if complications do occur:

- inc likelihood of developing asthma
- inc sensitivity to lung irritants
- inc risk for respiratory infections
- lung damage due to RDS or long-term ventilation can lead to bronchopulmonary dysplasia

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

- give OTC or prescription meds only as told by child's physician
- do not give your child aspirin
- positions to reinforce good breathing
- give all antibiotics, don't stop
- recognize S/S of respiratory distress
- w/ change temp quickly → sickness

### NICU Disease Process Map

D.O.B. 8-19-23 APGAR at birth: 5/8  
Gestational Age 31<sup>5</sup> Adjusted Gestational Age 30<sup>2</sup>  
Birthweight 3 lbs. 8.8 oz / 1610 grams  
Current weight 4 lbs. 12.7 oz / 2174 grams

Disease Name: RDS - Respiratory Distress Syndrome

What is happening in the body?  
lack of surfactant in the lungs



What am I going to see during my assessment?  
- dyspnea - audible expiratory grunt  
- cyanosis - retractions  
- pallor - flaring of the nares  
- inspiratory crackles



What tests and labs will be ordered?  
- chest x-ray  
- CBC -> infection  
- arterial blood gas



What trends and findings are expected? <sup>auscultatory</sup>  
initially tachypnea, dyspnea & normal ~~auscultatory~~ findings.  
↓  
cyanosis & develop coarse rales  
↓  
respiratory distress & need for support

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Date: 9-20-23

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>N/A</u>	<u>isotonic/ Hypotonic/ Hypertonic</u>			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				is med in therapeutic range? if not, why?	IVPB – List concentration and rate of administration		
<u>NO MEDS GIVEN</u>							1. 2. 3. 4.
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