

Went to 8/23
8/23

NICU Disease Process Map

D.O.B. 9/18/23 APGAR at birth: 8/8/
 Gestational Age 36wk 2 Adjusted Gestational Age 36wk 3
 Birthweight lbs. oz. / 2371 grams
 Current weight lbs. oz. / 2350 grams

Disease Name: Withdraw / Syphilis (maternal)
Neonatal Abstinence Syndrome

What is happening in the body? "Damage to organs"
 Affecting the body system that may lead to visual deficiencies, decrease in motor skills, behavioral & emotional regulation problems.
 Syphilis can cause headaches, meningitis, brain damage, paralysis or hearing, & vision loss. heart valves can bulge out or inflamed the aorta.

What am I going to see during my assessment?
 • Trembling
 • High-pitched crying
 • Sleep problems
 • Tight muscle tone
 • Seizures
 • Poor feeding/sucking
 • N/V
 • sweating
 • fever or unstable temp,
 • Pain

What tests and labs will be ordered?
 Culture Blood
 CBC
 Blood gases
 UA - Amphetamine - positive "clean catch"
 XR Chest - Central line placement
 XR Bone
 Ultra-sound neonatal cranial Due to diagnosis
 • Rapid plasma reagin test
 CSF - cell count w/ differential
 VDRL (Venereal Disease Research Lab)
 NRS scoring system

What trends and findings are expected?
 anemia
 skin rashes
 bone damage
 nerve issues
 jaundice
 deafness
 AIT 72T
 Albumin 2.4 ↓
 Total Protein 5.1 ↓
 chloride 119 ↑
 Positive syphilis test result



What medications and nursing interventions/treatments will you anticipate?

- Pen G 7-10 days Right after Birth to treat syphilis
- methadone or morphine to treat withdrawal symptoms
- IV fluids for dehydration from drug withdrawal
- Reducing lights, sound
- Skin to skin
- Swaddling
- Breast milk if available
- Higher caloric feedings
- a lot of attention



How will you know your patient is improving?

- Resp. ratay improving
- no fever
- no yellowing in eyes
- feedings improving
- withdrawl s/s reducing
- Conside eaiser
- sleeping more
- ISS30's improved



What are risk factors for the diagnosis?

- mother not using safe practices to avoid STDs
- Having more than 1 partner
- Drug user
- mother not having access to resources for help with abusing drugs



What are the long-term complications?

- Skin rash
- Deformed bones
- severe anemia
- SIDS
- Enlarged liver/spleen
- Birthdef
- Jaundic
- Development issues
- Brain & nerve issues
- meningitis



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

- Educate on
 - s/s of resp. ratay distress
 - Nutrition
 - precautions to avoid STDs
- Will require a lot of attention and patience due to withdrawing
- seek help to help avoiding drugs use / counseling
- safe sex practice
- follow up with provider

no first name

Student Name: Thalia Cde

Unit: NICU

Pt. Initials: G-girl

Date: 9/20/23

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

Allergies: NKA

Umbilical venous cath. 1500 5Fr / not for electrolytes

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?			
Penicillin G Potassium 119,000 units in sterile water (vial)	Penicillins	antibiotic to treat step 3 staph infections	2.4ml/hr Intravenous every 12 hours	yes, within normal range		119,000 units in sterile water 5ml/hr	<ul style="list-style-type: none"> • mild diarrhea • headache • black hair fungus • irritation with IV site 	<ol style="list-style-type: none"> 1. Check IV site for rash, swelling, bruising, irritation 2. Dehydration due to diarrhea 3. Check for mouth sores 4. Poor feeding / TPN Possibility
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
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Too much can cause a toxicity