

NICU Disease Process Map

D.O.B. <u>11/2/23</u>	APGAR at birth: <u>6/9</u> ^{via Spin}
Gestational Age <u>24 wks 2 day</u>	Adjusted Gestational Age <u>25 wks 2 days</u>
Birthweight <u>1 lbs. 9 oz.</u> / <u>710</u> grams	
Current weight <u>1 lbs. 9 oz.</u> / <u>710</u> grams	^{pt initially dropped 40 grams}

Disease Name:

What is happening in the body? Born @ 24 weeks 2 days gestation the preemie is suffering from RDS - respiratory distress syndrome. This is caused from underdevelopment of lungs.



What am I going to see during my assessment?

The baby was intubated to support respiratory system and breathing. In addition, this allows the baby to rest and grow.



What tests and labs will be ordered?

ABG's were being ordered every other day to check response to all supportive measures. Such as ~~Ten~~, antibiotics, and homeostasis related to respiratory distress.



What trends and findings are expected?

We expect that the ventilator is supporting breathing to prevent respiratory acidosis/alkalosis. We additionally expect to have a balance of electrolytes & a normal blood glucose.



What medications and nursing interventions/treatments will you anticipate?

If respiratory alkalosis or acidosis is seen they will adjust ventilator settings to resolve.
If BG is low they will adjust TPN or IV fluids. If it is high they will also adjust these settings or may elect to give insulin.
Since the premie was in utero with the amniotic sac ruptured they are additionally given prophylactic antibiotics we hope to see normal for age renal/liver function.



How will you know your patient is improving?

We will be able to begin Nasogastric feedings, as well as, begin to lower oxygen PIO_2 rates and ventilator support.
With all interventions combined baby will gain weight and begin to thrive.



What are risk factors for the diagnosis?

The greatest risk factor is death. This premie is being closely monitored with ECG's, pulse oximeter and temperature. This allows them to adjust ventilator settings and intervene promptly to prevent cardiac arrest.
Additional risk factors are low gestational age, multiple births, gestational diabetes. The greatest and most likely cause for this pt is the low gestational age of 24wks 2days.



What are the long-term complications?

possible failure to thrive increased risk of respiratory illness, it can even lead to brain bleed and GI/GU dysfunction if no early intervention



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

With this patient management of care is most critical to prevent other complications. Providing continuous O_2 monitoring and appropriate ventilator support.

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Unit: NICU

Pt. Initials: B.C.G.

Date: 11/9/23

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

Allergies: NKA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications	
				Is med in therapeutic range?	If not, why?				
Defase 10% and Sodium Chloride 5mg in 250ml with Heparin 0.25 units/ml & 5mg of potassium		isotonic/hypotonic/hypertonic				Fluid electrolyte balance	Crp- Urate/lytes should be watched closely, as well, as fluid glucose		
Amoxicillin	Antibiotic/Penicillin	Prophylactic Antibiotic	35mg/kg Q12 IVPB	Yes.		IVPB – 35mg in 1.18ml of sodium chloride given over 15 min.	IVPB – List concentration and rate of administration	Adverse Effects Anaphylaxis CoIT's Steven Johnson Syndrome Thrombocytopenia	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) 1. Monitor Ix & O/S 2. Monitor CBC/LFT for organ impairment 3. monitor vitals for difficulty breathing 4. monitor for S/S - immediately report any changes especially perle to skin helms 1. Check Serum levels to monitor for toxicity 2. This is being given to prevent bacterial infection due to antibiotic see Nephrocare orders. 3. Monitor for signs of allergic reaction i.e. hives/itching, rash 4. monitor for signs of dehydration such as normal dry mucous membranes 1. Given as essential vitamins, fatty acids as well as amino acids 2. All g's baby get nutrition due to poor feeding/irritability to feed. 3. Monitor B/C for hypocalcaemia 4. monitor for electrolyte imbalance
Gentamicin	aminoglycosides	prophylactic antibiotics	355mg Q48 IVPB	Yes.		IVPB – 355mg in 2.12 ml of Sodium chloride to be infused over 30 min.	IVPB – List concentration and rate of administration	Adverse Effects renal impairment hearing impairment	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) 1. Given as essential vitamins, fatty acids as well as amino acids 2. All g's baby get nutrition due to poor feeding/irritability to feed. 3. Monitor B/C for hypocalcaemia 4. monitor for electrolyte imbalance
Soft lipid/ Total/TPN	Parental Nutrition	At NPO due to premature with RDS @ 1.3ml/hr 5mg @ 1.2ml/hr TPN	IV Continuous			Continuous IV therapy nutrition replacement		Adverse Effects hypoglycemia hypocalcaemia	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) 1. 2. 3. 4.