

Student Name: Mercedes Villalobos

Unit: NICU

Pt. Initials: _____

Date: 11/7/23

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

Allergies: None

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

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?			
Acetaminophen Tylenol	Anaesthetic	To close PDA/ to treat mild-moderate Pain	PO 0.25ml 0.4ml every 6 hrs	Yes	/	<ul style="list-style-type: none"> ◦ N/V ◦ Headache ◦ Stomach pain 	<ol style="list-style-type: none"> 1. Give no more than 5 doses within 24hrs. 2. Watch for jaundice in eyes/skin 3. Tiredness – watch RR 4. Watch for clay colored stools
Caffeine Citrate	CNS Stimulant	Stimulates lungs	PO 0.05ml Daily at noon	Yes	/	<ul style="list-style-type: none"> ◦ Jitteriness ◦ Fast HR ◦ Tachypnea ◦ Hypo/Hyperglycemia 	<ol style="list-style-type: none"> 1. Promote proper nutrition 2. Assess RR/HR frequently 3. Provide comfortable environment 4. Watch PCr levels
Pediatric Multivitamin w/ Iron	Vitamin and Mineral Combination	Multi vitamin	PO 0.25ml every 12hrs	Yes	/	<ul style="list-style-type: none"> ◦ upset stomach ◦ unusual taste in mouth ◦ headache 	<ol style="list-style-type: none"> 1. Warning – Do not exceed dose 2. Mask taste of medicine 3. Promote comfort measures (headache) 4. Watch vitals & use APGAR tool
							<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.

NICU Disease Process Map

D.O.B. <u>10/5/23</u>	APGAR at birth: <u>2, 5, 8</u>
Gestational Age <u>25 2 days</u>	Adjusted Gestational Age <u>30</u>
Birthweight 1. <u>lbs. 15.4 oz. / 890</u>	grams
Current weight <u>2</u> lbs. <u>11.7</u> oz. / <u>1240</u>	grams

Disease Name: RDS & Prematurity

What is happening in the body?

- Baby is Preterm, therefore bronchi & trachea are narrow and could lead to a obstruction in the airway.
- Surfactant deficiency - insufficient opening/closing of the lungs



What am I going to see during my assessment?

- retractions
- Flaring of the nares
- Dyspnea



What tests and labs will be ordered?

- X-ray
- Blood gas tests
- frequent respiratory assessments



What trends and findings are expected?

- worse at first and then better w/ treatment & O₂.
- tachypnea initially
- Dyspnea
- retractions / crackles
- grunting



What medications and nursing interventions/treatments will you anticipate?

- Caffeine citrate to stimulate lungs to open
- Multi vitamins to help baby grow in the right direction
- Use of CPAP machine
- Artificial surfactant
- Tulerol to comfort baby



How will you know your patient is improving?

- Pt will downgrade from a CPAP to a NC
- NO signs of retractions / nasal flaring
- Baby's vitals are in WDL



What are risk factors for the diagnosis?

- Pre-term
- Cold stress
- Infection
- Born C-Section



What are the long-term complications?

- Chronic lung disease
- Infection leading to sepsis



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

- Make sure baby's vitals are WDL
- Give proper nutrition to baby
- Keep baby comfortable (reduce pain)
- Promote skin to skin, thermoregulation