

### NICU Paperwork

#### NICU Disease Process Map

D.O.B. <u>11/11/23</u>	APGAR at birth: <u>8.9</u>
Gestational Age <u>35 2 day</u>	Adjusted Gestational Age <u>35 3 day</u>
Birthweight <u>4</u> lbs. <u>2</u> oz. / <u>1870</u> grams	
Current weight <u>4</u> lbs. <u>1</u> oz. / <u>1840</u> grams	

Disease Name: congenital duodenal atresia

What is happening in the body?

Instead of an open tube into the intestine, a baby with duodenal atresia has a blockage anywhere between the duodenum and intestine

What am I going to see during my assessment?

Stomach area swelling, or may look normal  
early vomiting that is often green  
continued vomiting even when the infant has not been fed  
little or no stooling  
hyperactive bowel sounds

What tests and labs will be ordered?

ultrasound during pregnancy  
x-ray after birth - double bubble (fluid in baby's stomach + proximal duodenum but no fluid beyond that)  
genetic testing

What trends and findings are expected?

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**What medications and nursing interventions/treatments will you anticipate?**

surgery - dilated intubation IVF + O <sub>2</sub> tube PICC with TPN oxygen antibiotics	prn - TP pain meds antibiotics O <sub>2</sub> tube until intubated, then start weaning oxygen
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**How will you know your patient is improving?**

passing gas  
 having stools  
 less output from O<sub>2</sub> tube

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**What are risk factors for the diagnosis?**

polyhydramnios - too much amniotic fluid associated with Down syndrome associated with ventral septal defect	low birth weight premature birth
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**What are the long-term complications?**

small bowel obstructions stenosis intestinal hernias GER	infection feeding problem after surgery
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**What patient teaching for management and/or prevention can the nurse do?**

no way to prevent death without treatment excellent outcome with surgery	what all the what after - PICC, O <sub>2</sub> cannot bottle feed or breast feed before surgery week or more after surgery for sometimes to make sure baby is ready to feed can leave the hospital when they can take food by mouth + are gaining weight
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Date: 11-14-23

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D10W @ 0.5 mL/hr	Isotonic/ Hypotonic/ Hypertonic	NO ATPN, prevent dehydration	glucose decreases	fluid overload, intracranial hemorrhage, hypernatremia, severe dehydration

  

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?			
ampicillin	aminoglycoside antibiotic	prophylaxis before surgery	97mg IV q8	60 mg/kg x 1.77 kg = 93 mg 97 mg / 93 mg = 1.04 yes	10 sterile water 125 mL/hr	nausea, vomiting, stomach pain, diarrhea, rash	1. take on an empty stomach 2. finish the antibiotic 3. tell doctor if you have bloody diarrhea 4. watch for signs of hepatotoxicity - decreased mental status, jaundice, dark urine, stool
gentamicin	aminoglycoside antibiotic	prophylaxis before surgery	748 mg IV daily	4 mg/kg x 1.77 kg = 7.1 mg 748 mg / 7.1 mg = 105.35 yes	10 sterile water 3.7 mL/hr	nausea, vomiting, loss of appetite, weight loss	1. finish the antibiotic 2. tell doctor if you have bloody diarrhea 3. watch for signs of hepatotoxicity - decreased mental status, jaundice, dark urine, stool 4. monitor for signs of kidney injury - hearing loss, tinnitus
							1. 2. 3. 4.
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