

NICU Disease Process Map

D.O.B. <u>9/4/23</u>	APGAR at birth: <u>3, 5, 7</u>
Gestational Age <u>24w 4d</u>	Adjusted Gestational Age <u>36w 6d</u>
Birthweight <u>1</u> lbs. <u>7.3</u> oz./ <u>660</u> grams	
Current weight <u>4</u> lbs. <u>3</u> oz./ <u>1910</u> grams	

Disease Name: hydrocephalus

What is happening in the body?

Buildup of cerebrospinal fluid in ventricles in brain, increasing the size of the ventricles and putting pressure on the brain.



What am I going to see during my assessment?

Large head, rapid increase in head size, bulging fontanel, nausea/vomiting, lethargy, irritability, poor feeding, seizures, setting sun sign, shrill high-pitched cry, change in level of consciousness



What tests and labs will be ordered?

- head circumference
- neuro exam
- CT + MRI



What trends and findings are expected?

- head circumference increased at least 1 percentile line within 2-4 weeks - head growth 90th percentile
- progressive associated neuro signs
- dilated ventricles

What medications and nursing interventions/treatments will you anticipate?

- surgery to:
 - remove obstruction (if present)
 - place VP shunt
 - place reservoir
- extraventricular drain (EVD)
- endoscopic 3rd ventriculostomy

How will you know your patient is improving?

no setting sun sign, decreased head circumference, no increasing head circumference, smooth fontanelle, less irritable + lethargic, good feeding,

What are risk factors for the diagnosis?

- central nervous system developed in a way that blocks the flow of cerebrospinal fluid
- bleeding in the ventricles, from premature birth
- tumors of brain or spinal cord
- brain bleed from stroke or head injury
- myelomeningocele
- infection in utero during pregnancy, like molla or syphilis that caused swelling in brain tissues
- CNS infection, such as bacterial meningitis or mumps
- other traumatic injury to the brain

What are the long-term complications?

- if untreated, learning disabilities or developmental and physical complications
- shunt malfunction that requires revision
- shunt infection

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

- notify HCP immediately if signs of shunt malfunction, signs of infection or seizure
- infants with large heads and poor head control should not be placed in forward facing car seats regardless of age
- no contact sports, wear helmet during play

Student Name: Meredith Huser

Unit: NICU

Pt. Initials: TC

Date: 11-29-23

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
<u>NA</u>	<u>Isotonic/ Hypotonic/ Hypertonic</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

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?			
<u>Sildenafil</u>	<u>PDE Inhibitor</u>	<u>pulmonary hypertension</u>	<u>0.95 mg oral q8h</u>	<u>0.95 - 1.91 mg TID yes</u>	<u>NA</u>	<u>headache, flushing, priapism, myocardial infarction</u>	<u>1. Monitor if hypertensive 2. Monitor if BP < 90/50 3. can cause dyspnea, erythema 4. can cause dyspepsia, myalgia, limb + back pain</u>
<u>Spirapristatam/hydrochlorothiazide</u>	<u>diuretic</u>	<u>decrease fluid</u>	<u>1.9 mg oc q12h</u>	<u>1.9 - 2.8 mg q12h yes</u>	<u>NA</u>	<u>gynecomastia, impotence, numbness, dizziness, abdominal cramps</u>	<u>1. avoid sun exposure 2. Monitor BUN and creatinine 3. Monitor electrolytes at baseline and periodically 4. can cause hyperglycemia, headache, lethargy</u>
							<u>1. 2. 3. 4.</u>
							<u>1. 2. 3. 4.</u>
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