NICU Disease Process Map

D.O.B. 12/21/2023 APGAR at birth: 5 + 8

Gestational Age 29wks. 3days Adjusted Gestational Age 35wks. 2days

Birthweight 2 lbs. 12.4 oz./ 1260 grams

Current weight 4 lbs. 4.6 oz./ 19.46 grams

Disease Name: Respiratory Distress Syndrome (RDS)

What is happening in the body?

Insufficient lung surfactant does not allow alveoli to fully inflate, leading to impaired ventilation

What am I going to see during my assessment?

Tachypnea, nasal flaring, subcostal retractions, grunting, cyanosis, difficulty feeding, pallor, inspiratory crackles

What tests and labs will be ordered?

ABGs, pulse oximetry, Chest x-ray, CBC

What trends and findings are expected?

Chest radiography findings - homogenous lung disease with diffuse atelectasis, low lung volumes, ABG's - hypoxemia that responds to increased O_2 supplementation

What medications and nursing interventions/treatments will you anticipate?

Artificial Surfactant Replacement, O_2 therapy, CPAP, Mechanical ventilation, nitric oxide, orogastric feedings or TPN

How will you know your patient is improving?

Requires less O_2 therapy and able to wean off ventilations. Patient requires less effort to breathe

What are risk factors for the diagnosis?

Prematurity, maternal diabetes, male predominance, perinatal depression

What are the long-term complications?

Increased likelihood of developing asthma, sensitivity to lung irritants, risk for respiratory infections, lung damage; may lead to bronchopulmonary dysplasia

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

Avoid having patient around lung irritants such as smoking. Adhere to giving all medications, especially antibiotics, as prescribed. Change positions of patient and ~~ensure~~ continue monitoring for signs of ~~effortful~~ increased work of breathing

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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
D10 54ml/hr.	Isotonic/ Hypotonic/ (Hypertonic)	Maintenance fluid	Glucose	clinically significant hyperglycemia,

Generic Name	Pharmacologic Classification	Therapeutic Reason T	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)
Ampicillin	Penicillins	Treat/prevent infection in premie	IV 1.0 mg. 3 gm/bag 3, 8 hour Q12	yes, <1.2kg. 50-100 mg/kg/day IV q12	Sterile water	chills, fatigue chest pain edema, stridor throat tightness C-Diff, anaphylaxis	1. Avoid giving to pts with meningitis 2. Give for 48-72 hrs. after becoming asymptomatic 3. Review for signs of allergic reaction 4. Report and monitor for severe diarrhea
Gentamicin	Aminoglycosides	Treat bacterial infections	IV 9.12mg 4mg/ml Q36	yes, 2mg/kg q36	Dextrose 5%	Nephrotoxicity, hyper/hypo tension, Hepatotoxicity pulmonary edema	1. Check compatibility with other medications 2. Check lab results of culture before giv 3. Complete full course as prescribed 4. Expect to adjust dose base on peak and trough after 3rd maintenance dose
							1. 2. 3. 4.
							1. 2. 3. 4.
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Adopted: August 2016