

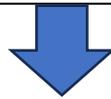
NICU Disease Process Map

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|---|--|
| D.O.B. <u>1/2/2024</u> | APGAR at birth: <u>6/8</u> |
| Gestational Age <u>36 wks</u> | Adjusted Gestational Age <u>41 wks</u> |
| Birthweight <u>5</u> lbs. <u>3.6</u> oz./ <u>2370</u> grams | |
| Current weight <u>6</u> lbs. <u>15.1</u> oz./ <u>3150</u> grams | |

Disease Name: Hydrops

What is happening in the body?

The body's organs tend to accumulate fluid.



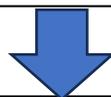
What am I going to see during my assessment?

I am going to hear crackles in the lungs and increased respiratory rate during my respiratory assessment. I will see peripheral edema in my skin assessment. I will notice an increased heart rate during my cardiac assessment.



What tests and labs will be ordered?

There are some tests for both pre-birth and post-birth. I will focus on the post-birth tests. A ultrasound of the heart and abdomen to look at fluid accumulation in the body cavities. They may do a blood test to see if the hydrops is caused by an immune response. A genetic test can be ordered to look into Turner's syndrome



What trends and findings are expected?

Birth weight will trend up. Some of the weight will be healthy weight gain, but we will need to keep a close eye on the trend and assessment findings to determine if its unhealthy weight gain. Increased abdominal girth and crackles in the lungs are expected finding if there is fluids around lungs and abdomen.



What medications and nursing interventions/treatments will you anticipate?

Some medications that can help with the fluid retention would be a diuretic to pull fluid off of the body organs. Give supp. O₂ would help if there is fluid around the lungs. Daily weights and abdominal girths can be done to monitor fluid retention. Some fluids we could use would be Hypertonic solution to pull fluid from the tissue



How will you know your patient is improving?

One way of checking improvement of the patient can be seen when doing the respiratory assessment and hearing little to no crackles. When checking abdominal girth, we want no or decreased girth since the last time we checked it.



What are risk factors for the diagnosis?

For immune related hydrops, a risk factor is an Rh incompatibility, so not getting a RhoGRAM shot during pregnancy, or little to no prenatal care. A genetic risk factor is Turner Syndrome, where one of the X chromosome is missing some of its genetic information. Another risk factor is anemia caused by infection or other causes can have a secondary effect of Hydrops.



What are the long-term complications?

When my nurse initially explained this condition, she said, " This isn't compatible with life, and she sees about one case a year with this. While researching, I saw about half of the babies with hydrops do not make it out of the womb, and 20% make it passed the first month of life.



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

With this condition, I would teach more on the preventive measures. One teaching for pregnant mother is to get all of the prenatal care she can get. If she was had a baby with hydrops before, get genetic testing to see about Turner's Syndrome. I would teach the mother about infection prevention and infection education for the hydrops that are caused by infection. I would mention the severity of this condition to mom if she is noncompliant with prenatal care.

