

NICU Disease Process Map

D.O.B. <u>1/23/2024</u>	APGAR at birth: <u>6 (5) ↑</u>
Gestational Age <u>32w 1d</u>	Adjusted Gestational Age <u>PMA 35w 1d</u>
Birthweight <u>5</u> lbs. <u>3</u> oz. / <u>2,353</u> grams	
Current weight <u>5</u> lbs. <u>10.4</u> oz. / <u>2562</u> grams	

9 (8) @
5 min.

Disease Name: Prematurity / Respiratory Distress / Intraventricular Hemorrhage

What is happening in the body?

lung development
brain hemorrhage / swelling
weakened muscle tone

Intraventricular Hemorrhage

What am I going to see during my assessment? excessive sleep

- fluctuation O₂ Sats
- decrease muscle tone
- decrease reflex (breath, suck, swallow coordination)
- lethargy
- unmanaged hemorrhage can cause bulging fontanel

What tests and labs will be ordered?

- Ultrasound
- speech therapy consult for reflex / breath / suck / swallow evaluation
- CMP (fluids / electrolyte balance)

What trends and findings are expected?

- ↓ Sats & feeding
- disrupted coordination breath / suck / swallow
- small baby
- lots of sleep
- apneic episodes
- minimal activity



What medications and nursing interventions/treatments will you anticipate?

O₂ monitor
NG TUBE/Gavage Feeding
cluster care
VS q 2-4H



How will you know your patient is improving?

Speech therapy pass of feeding & gavage
O₂ stability
increase activity
wgt gain



What are risk factors for the diagnosis?

- hypoxemia
- respiratory distress
- periods of apnea
- FIT
- hydrocephaly



What are the long-term complications?

- Respiratory infection Risks are ↑
- minimized muscle reflex / coordination / strength
- possible brain damage / developmental delay
- hydrocephaly



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

- ~~smoking~~
- side lying position & attentive feeding & breaks + burping pregr
- promote rest / feed / grow
- keep baby warm
- proper prenatal care. in future
- monitor VS frequently

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Date: 2/13/2024

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push, IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
pediatric mvc IRON	Multi-vitamin	IRON Supplement promote growth	1mg 1st feed	2-3mg/kg/day 1mg/feed (1st) Yes	—	rash/itching red/swollen/ blistered/peeling skin	<ol style="list-style-type: none"> 1. give \bar{c} food to avoid upset stomach 2. shake well before use 3. may need to mix \bar{c} formula/mmilk 4. promote full dose may change stool color 	
MCT Oil	Oral nutritional Supplement	medical food for pts. unable to digest certain foods	nurse prepared		—	rash/itching hives difficulty breathing	<ol style="list-style-type: none"> 1. give \bar{c} food, \bar{s} food if causing stomach upset 2. shake well before use 3. may mix \bar{c} formula/mmilk 4. Get emergency help if adverse effect 	
							<ol style="list-style-type: none"> 1. 2. 3. 4. 	
							<ol style="list-style-type: none"> 1. 2. 3. 4. 	
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(medium chain triglyceride)