

NICU Disease Process Map

D.O.B. 2/15/24

APGAR at birth: 7

Gestational Age 36w4d

Adjusted Gestational Age 37w4d

Birthweight 9 lbs. 1 oz. / 4105 grams

Current weight 8 lbs. 6 oz. / 3900 grams

Disease Name: Patent Ductus Arteriosus

What is happening in the body?

- Ductus arteriosus not closed so blood allowed to flow from aorta to pulmonary artery
- causing a left to right shunt and an increased right ventricle size

What am I going to see during my assessment?

- murmur
- failure to thrive possible
- pulmonary congestion in lungs due to blood back up
- may be asymptomatic if small

What tests and labs will be ordered?

Echo
CBC
BMP
chest xray

What trends and findings are expected?

Echo - abnormal contraction/opening
chest xray - enlarged heart
CBC - blood product levels
BMP - chemistry levels, FiO₂, CO₂ level

What medications and nursing interventions/treatments will you anticipate?

Med's: Endomethacin if prostaglandins are the issue for opening

- antihypertensives if needed (aces, beta blockers) for HTN due to increased workload of heart

Interventions:

- BP checks, O₂ sats
- cardiac assessment, resp assessment
- I&O due to CHF

How will you know your patient is improving?

- may need surgery
- improvement will show with no heart murmur, less wheezing in lungs, able to wean off high flow oxygen, more energized, able to feed independently of NG

What are risk factors for the diagnosis?

- premature
- genetic or family history
- female babies

What are the long-term complications?

- SIDS
- heart failure if not treated
- lung damage
- HTN

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

- surgery if needed
- no way that it can be prevented, not parents fault
- allow frequent rest breaks, may need supplemental nutrition

Student Name: Shelby Alexander

Unit: NICU

Pt. Initials: KS

Date: 2-20-24

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?			
Zinc oxide paste	topical cream	protect from rashes	PRN diaper change	yes		rash, itchy	<ol style="list-style-type: none"> 1. S/S of allergic reaction 2. watch for adverse resp effects 3. may be used on rashes, wounds 4. apply every diaper change, PRN
Polyvisol	multivitamin	multivitamin	0.5ml PO q6hrs	yes		upset stomach, constipation	<ol style="list-style-type: none"> 1. can be used at room temp 2. give in inner cheek or bottle 3. S/S of allergic reaction 4. teach that it helps complement nutrition
medium chain triglyceride oil	fat	increase weight	1ml PO q3hrs	yes		diarrhea, loose stools	<ol style="list-style-type: none"> 1. check Bilirubin levels 2. assess for liver complications: jaundice, etc. 3. high doses can cause hardening of fat 4. *don't give IV
							<ol style="list-style-type: none"> 1. 2.