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Unit: NICU

Allergies: NKA

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

Pt. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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?			
Ampicillin in Sterile Water	antibiotic	To TX early Sepsis	56mg (30mg/ml) q12hrs	yes		IVP - diluent: Sterile Water 7.5ml/hr over 15 minutes	-Bloody stool -antibiotic resistance	1. IVC will not finish course, only stop once baby is well 2. look at S/S of hypoxia 3. look at jaundice within 24hrs 4. correct diluent compatibility
Caffeine Citrate	CNS stimulant	enhance mechanical ventilation and Resp system	20mg/ml (11.2mg) Daily at noon	yes		IVP - no diluent 3.4ml/hr over 10 minutes	-Liver toxicity	1. look for skin rash - allergic 2. look at liver serum levels 3. look for S/S of Tachy Cardia 4. monitor doses
gentamicin in dextrose 5%	antibiotic	To TX bacteriocal infection/ prophylaxis	5.6mg (4mg/ml)	yes		IVP - diluent: Dextrose 5% 2.8ml/hr over 30 min	-Trusn -Bloody stool -Kidney damage	1. monitor I&O 2. look for fluid retention 3. correct dose to avoid ototoxicity 4. look at labs/doses
								1. 2. 3. 4.

## NICU Disease Process Map

D.O.B. 4/14/24

APGAR at birth: 4/1/7

Gestational Age 27 wky

Adjusted Gestational Age 27<sup>2</sup> wky

Birthweight 2 lbs. 7.5 oz. / 1119.8 grams

Current weight 3 lbs. 1 oz. / 1360.8 grams

Disease Name: prolapsed cord Baby "A" twins / premature

What is happening in the body?

The umbilical cord becomes compressed resulting  
fetus losing oxygen.  
(usually w/ multiple prego)

What am I going to see during my assessment?

Baby's blood / O<sub>2</sub> is going to be low during  
birth, low birth wt, very small, undeveloped

What tests and labs will be ordered?

- CBC
- Blood tests
- O<sub>2</sub> monitoring

What trends and findings are expected?

- when baby is delivered we will see  $\text{Rate} \downarrow$
- Rapid deliver = good outcome



What medications and nursing interventions/treatments will you anticipate?

- |               |                    |                           |
|---------------|--------------------|---------------------------|
| <u>RN inv</u> | • ampicillin       | - we need to cluster care |
| - ventilation | • caffeine citrate | - check ventilation/skin  |
| - gavage      | • gentamycin       | - suction if needed       |
| - meds        |                    |                           |



How will you know your patient is improving?

- when the baby is sleeping & receiving meds with vitals stable.



What are risk factors for the diagnosis?

- under developed baby
- ↑ risk of mortality if not Tx
- no proper ventilation



What are the long-term complications?

- fetal congenital disorders such as ♡ condition, cleft lip, down syndrome, physical malformations



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

- This is an unexpected emergency in mom, as soon as possible emergency C-section
- mom needs to look for SIS of abnormal dropping of baby