

NICU Disease Process Map

D.O.B. 2/21/24

APGAR at birth: 4/6/8

Gestational Age 26

Adjusted Gestational Age 35

Birthweight 1 lbs. 10 oz. / 730 grams

Current weight 12 lbs. 2 oz. / 5500 grams

Disease Name: RDS, Premie

What is happening in the body?

There is a lack of surfactant in the lungs. This keeps the lungs fully expanded so newborns can breathe once they are born. A lack of this causes that troubled breathing/distress.

What am I going to see during my assessment?

Retractions, tachypnea, grunting, periodic breathing, nasal flaring, ↑ work of breathing.

What tests and labs will be ordered?

CBC, DAT, CRP, HHR, BMP, H&H, CMP, Head ultrasound, Chest XRAY

What trends and findings are expected?

pH balance off, Lungs hazy on XRAY, ↑ need FiO₂, ↓ breath sounds, poss. diminished peripheral pulses, use of accessory muscles

What medications and nursing interventions/treatments will you anticipate?

Polyvisol, caffeine, oxygen, Prone position, Surfactant, minimal stimulation when having trouble, hold off on feeding for very sick babies.



How will you know your patient is improving?

Work of breathing improved, Wttn Fio2 down, improved blood gases, Wttn from CPAP to highflow.



What are risk factors for the diagnosis?

Premies, Pneumo Monax, Meconium aspiration, Cord wrapped around neck, drug use in utero.



What are the long-term complications?

long-term resp. disease, stunted growth, affect vision, organ function/live w/ N/tube.



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

NO ORAL USE, feeding position how to feed, give breaks while feeding, how to handle baby. minimal stimulation, S/S when taking home ex: retractions / grunting