

Checklist

### NICU Disease Process Map

D.O.B. <u>6/21/24</u>	APGAR at birth: <u>5/7</u>
Gestational Age <u>23<sup>6</sup></u>	Adjusted Gestational Age <u>34<sup>3</sup></u>
Birthweight <u>1</u> lbs. <u>0.6</u> oz./ <u>470</u> grams	
Current weight <u>3</u> lbs. <u>12.7</u> oz./ <u>1720</u> grams	

Disease Name: Bronchopulmonary dysplasia

What is happening in the body?

BPD causes damage to the current and developing alveoli. The blood vessels may be affected which makes the blood pass through the lungs more difficult. Increased pressure inside the blood vessels in the lungs and heart can cause pulmonary hypertension.



What am I going to see during my assessment?

Labored breathing	Difficulty feeding
Continued oxygen therapy	Tachycardia
Episodes of apnea	Tachypnea
Crackles heard over lungs	



What tests and labs will be ordered?

Chest x-ray	CBC (indications of infections)
Echocardiogram	
Arterial blood gas (ABG)	



What trends and findings are expected?

Chest x-ray will look cloudy or spongy  
Low pulse oximeter readings  
Possible elevated WBC count

What medications and nursing interventions/treatments will you anticipate?

- Nitric oxide (NO) to help improve oxygenation
- Antibiotics (vancomycin, gentamicin) to help with infection
- High frequency oscillatory ventilation
- Diuretics (chlorothiazide) to reduce fluid retention

• Endotracheal intubation  
• Surfactant replacement therapy

How will you know your patient is improving?

If patient is gradually weaned off ventilator and nitric oxide (NO) and is able to breathe better independently

What are risk factors for the diagnosis?

Pre-maturity  
Infants born more than 10 wks early  
Respiratory distress syndrome  
Pulmonary hypertension

What are the long-term complications?

Pulmonary hypertension  
Developmental problems  
Bronchiectasis  
Infection

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

Avoid smoking, keep child away from second-hand smoke  
Avoid visitations from individuals who are sick  
Notify HCP if baby has pale or bluish skin around lips  
Notify HCP if baby is wheezing or breathing faster than usual.

Student Name: Charlita RowlandUnit: NIWA

Pr. Initials: \_\_\_\_\_

Date: 5/3/24

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

Allergies: N/A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Contraindications/Complications
Methadone	Opioids (narcotic analgesics)	Reduce withdrawal symptoms Pain reliever	PO BID			Drowsiness Respiration Bradypnea	Appropriate Nursing Assessment, Teaching, Interventions (precautions, Contraindications, Etc.)
Vancomycin	Glycopeptide antibiotic	prevent or treat bacterial infections	PO			Nephrotoxicity Hypotalemia	1. Monitor WBC, Labs 2. Monitor trough serum valciclovir 3. Use medication full therapeutic time 4. Store medication refrigerated for
Phosphatidylcholine	Thyroid diuretics	Treat fluid retention/ blood pressure	PO			Hypotalemia Dehydration	1. Monitor blood pressure 2. Monitor intake & output 3. Monitor electrolytes (Labs) 4. Monitor heart rate
Sildenafil	POCS inhibitor	Treat pulmonary hypertension	PO			Trouble breathing Hypersensibility	1. Monitor blood pressure 2. Monitor respiratory (breathing 3. Oxygen, lung sounds) 4.
Chenodanilol	Antimuscarinic anticholinergic	prevent or treat bacterial infection	PO			Nephrotoxicity	1. Monitor WBC (Labs) 2. Use medication full length of time 3. Monitor input & output 4. Monitor kidney function

Student Name: \_\_\_\_\_

Unit: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	WP – List solution to dilute and rate to push. N/P/B – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (precautions/contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
Caffeine citrate	CNS Stimulant	Treat breathing problems in premature infants	PO			skin rash high HR	1. Give medication at same time 2. each day 3. Store medication away from moisture 4. Monitor heart rate
							1.
							2.
							3.
							4.
							1.
							2.
							3.
							4.