

Student Name: Alexa Robbins

Unit: NICU

Pt. Initials: _____

Date: 9/4/24

Allergies: NKDA

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

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?			
Fentanyl	Opioid agonists	moderate/severe pain induce/maintain anesthesia	1.5 mcg/kg IV hourly	Yes		normal saline conc. 10 mcg/mL rate: 0.07 mL/hr	Respiratory depression bradycardia hypotension	1. Watch for VO_2 /Pre due to already having respiratory depression. 2. May have tolerance build up if continued use. 3. may cause decreased diuresis, pt already not producing much, monitor closely. 4. Don't stop drug abruptly.
								1. 2. 3. 4.
								1. 2. 3. 4.

NICU Disease Process Map

D.O.B. <u>8/20/24</u>	APGAR at birth: <u>not sure accurate measure</u> (saw 8 but don't think that's reasonable with babies weight/age)
Gestational Age <u>28 WKS</u>	Adjusted Gestational Age <u>30 WKS 1 day</u>
Birthweight <u>1 lbs. 3 oz.</u> / <u>490</u> grams	} math is off/not updated on cardex
Current weight <u>1 lbs. 4 oz.</u> / <u>494</u> grams	

Disease Name: Patent Ductus Arteriosus / RDS

What is happening in the body?

Blood is flowing abnormally through the heart and lungs. There's an opening between 2 blood vessels leading to the heart.

What am I going to see during my assessment?

Heart murmurs

Strong/rapid pulse but weak heart

Shortness of breath / ↓ O₂

Cyanosis

★ Respiratory distress syndrome is common in these patients.

What tests and labs will be ordered?

eChocardiogram

Chest x-ray

MRI / CT to diagnose

What trends and findings are expected?

poor growth trends

poor eating

fast breathing persistently

What medications and nursing interventions/treatments will you anticipate?

Indomethacin - helps with pain and babies with heart defects

Pain meds (fentanyl) - helps pain and can help the patient rest in order to heal.

Intervention: fluid restriction, feeding (preferably breast milk)

How will you know your patient is improving?

If growth patterns go back to normal
appetite increases
activity level increases
O₂ sat increases
HR decreases

What are risk factors for the diagnosis?

premature
family history
Sex (female)
Infections (during pregnancy)

What are the long-term complications?

heart failure
lung failure
pulmonary hypertension
endocarditis

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

maintain cardiac output
get prenatal care
get vaccinated
avoid alcohol/illicit drugs during pregnancy