NICU Disease Process Map

D.O.B. 8/25/24 APGAR at birth: 8/9

Gestational Age 31 wk 6 days Adjusted Gestational Age 35 wk 2 day

Birthweight 4 lbs. 2 oz./ 1880 grams

Current weight 4 lbs. 14 oz./ 2220 grams

Disease Name: Premie & RDS

What is happening in the body?

Because the baby was born prematurely, his lungs were not fully developed and there is a surfactant deficiency which means the alveoli aren't opening up as they should.

What am I going to see during my assessment?

Dyspnea, low O_2 sats, retractions, cyanosis if severe, pallor, tachypnea, crackles or grunting

What tests and labs will be ordered?

Chest X-ray, CBC, CMP, Blood CX, TsB, TcB, Bili, EKG

What trends and findings are expected?

Tachypnea, tachycardia, crackles, dyspnea, ↓ O_2 sats, SOB, cough, difficulty feeding, flaring, cyanosis or pallor, retractions

What medications and nursing interventions/treatments will you anticipate?

Oxygen therapy, respiratory support, fluid and metabolic management
Artificial surfactant replacement, monitoring vital signs
Possibly bronchodilators or steroids, Polyvisol w/ iron for premie

How will you know your patient is improving?

Breathing will become easier and slower, they will need less oxygen and eventually wean completely off of it, feeding become easier and baby becomes more independent, vital signs stay within range even without managment/help

What are risk factors for the diagnosis?

Low gestational age (premie), male, maternal diabetes, Perinatal depression, low birth weight, multiple births, hx of sibling having RDS

What are the long-term complications?

Bronchopulmonary dysplasia, developmental disabilities, possible pneumothorax, infections leading to sepsis, ↑ risk for respiratory infections, ↑ sensitivity to lung irritants

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

Prenatal care, corticosteroids to help mature lungs of baby, delay induction or C-section until 39 wks if possible, babies should be handled gently and calmly, avoid smoking

Student Name: Jordan Magee Unit: NICU Pt. Initials: LB Date: 9/18/24

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	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	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Polyvisol with Iron	Multi-Vitamin	Premature – prevent vitamin deficiency and supply iron needs	0.5mL PO q 12hr	Yes	N/A	Rash, itching, trouble breathing, upset stomach, constipation, diarrhea	1. Assess for any allergies 2. Give after a feeding/with food 3. Do not double dose if dose missed 4. Notify provider of any signs of an allergic reaction
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016