

**Covenant School of Nursing
Community Service Verification Form
Instructional Module 5**

This is to verify that _____ has completed
community service hours as part of the IM5 course requirement.

Date: 9-25-24

Facility/Organization: Lubbock-cooper MS

Time In: 7:58 AM

Time Out: 12:00 pm

Supervisor: Kalynn Bradshaw

Contact Information (phone or e-mail): kbradshaw@lcisd.net

Comments: Fun!

For questions or comments, please contact Jodi Tidwell (806) 543-4372 or
tidwellj1@covhs.org

NICU Disease Process Map

| | |
|--|--|
| D.O.B. <u>8/22/2024</u> | APGAR at birth: <u>8</u> |
| Gestational Age <u>37 wks</u> | Adjusted Gestational Age <u>41 wks</u> |
| Birthweight <u>6</u> lbs. <u>0</u> oz. / <u>2710</u> grams | |
| Current weight <u>6</u> lbs. <u>15.5</u> oz. / <u>3160</u> grams | |

Disease Name:

What is happening in the body?

Gastroschisis - intestines are extended outside the abdomen
pyloric stenosis - pylorus muscle blocks food from entering intestine



What am I going to see during my assessment?

- surgical incision on abdomen where the gastroschisis was corrected



What tests and labs will be ordered?

- CBC - glucose
- CMP
- blood gases
- cultures



What trends and findings are expected?

↓ WBC, possible (+) culture

What medications and nursing interventions/treatments will you anticipate?

- antibiotics, pain medicines, IV fluids, O₂, Ng tube
- closely monitored, slow feedings

How will you know your patient is improving?

- when pt can hold feedings down without emesis
- no signs of infection

What are risk factors for the diagnosis?

Gastroschisis -
~~infection~~
- males, family hx, smoking, premature, C-section delivery, white & hispanics

pyloric stenosis -
- males, substance use, infection, low socioeconomic status, maternal age (teens)

What are the long-term complications?

Gastroschisis
- intestinal blockage, abdominal hernia, slow growth rate

Pyloric stenosis
- FTT, dehydration

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

- no smoking or substance during pregnancy or after birth
- monitor feedings closely
- watch for infection at incision site

Student Name: Bryanna Moreno

Unit: NICU

Pt. Initials: _____

Date: _____

Allergies: N/A

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? | | | |
| Caffeine Citrate | methyloxanthine | help baby breathe | 8mg | 8-30mg yes | IVP - push for 3-4min | Insomnia, restless, nervous, ↑HR | 1. check RR often 2. give slow infusion 3. monitor for N/V/HA, poor feeding 4. observe IV site |
| | | | | | | | 1. for extravasation 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |
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