

## NICU Disease Process Map

D.O.B. <u>10/22/24</u>	APGAR at birth: <u>7/8</u>
Gestational Age <u>33<sup>3/4</sup> wks</u>	Adjusted Gestational Age <u>34<sup>3/4</sup> wks</u>
Birthweight <u>3 lbs. 14.1 oz.</u> / <u>1760</u> grams	
Current weight <u>3 lbs. 13 oz.</u> / <u>1730</u> grams	

Disease Name: *gastroschisis*

What is happening in the body?

The entire midgut including the stomach, duodenum, and colon down to rectosigmoid externalized through a 1.5 cm abdominal wall defect.



What am I going to see during my assessment?

a small dark incision just right of the navel.



What tests and labs will be ordered?

Xray chest abdomen, mag, phos, LFTs, blood cx



What trends and findings are expected?

typically well recovered from, the complications arise with other comorbidities related to prematurity come into play



What medications and nursing interventions/treatments will you anticipate?

Antifungal Lipase, neonatal TPN, glycerin 80% rectal enema; furosemide in 24 hr, ~~neonatal TPN~~, fat emulsion



How will you know your patient is improving?

through multiple surgeries we should see the abdominal contents being put back in preferably with no complications to the lower extremities pulses, as well as a return of normal bowel function.



What are risk factors for the diagnosis?

Smoking, alcohol, opioids, mother under 20



What are the long-term complications?

long term complications would ~~also~~ occur if there is an infection that occurs or if there is necrosis, so there could be life-long abdominal issues like the need for resection or an ostomy.



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

teach ~~about~~ pregnant mother ways to help prevent by not smoking, drinking, or using unprescribed opioids during pregnancy. After birth, teach the need for cleanliness and surgery to get the abdominal contents in the abdomen.