

Student Name: Wy Borovik Unit: NICU Pt. Initials: AS Date: 11/12/14  
 Allergies: NKA Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

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	CNS stimulants.	used to treat apnea	21 mg PO daily	—	—	IVPB - List concentration and rate of administration	restlessness, tachycardia, polyuria	1. Monitor heart rate 2. Monitor respiratory rate 3. Monitor urine output 4.
levothyroxine	thyroid drugs	used to treat hypothyroidism	2.5 mg PO daily	—	—	IVPB - List concentration and rate of administration	diarrhea, vomiting, tremors	1. Do not use infant soy formula within 24 hours of levothyroxine. 2. monitor for signs of hyperthyroidism. 3. educate family about hypothyroidism. 4. educate family about hyperthyroidism.
Multivitamin with iron	Vitamins.	used to treat vitamin deficiency	0.5 ml PO BID	—	—	IVPB - List concentration and rate of administration	constipation, vomiting, diarrhea.	1. Can cause tooth staining. Put in back of mouth. 2. Do not give with milk to baby. 3. Store at room temperature. 4.
								1. 2. 3. 4.

## NICU Disease Process Map

D.O.B. 08/25/24

APGAR at birth: 7

Gestational Age 26 wks

Adjusted Gestational Age 37 wks

Birthweight 1 lbs. 13 oz./ 810 grams

Current weight 4 lbs. 12 oz./ 2160 grams

Disease Name: RDS

What is happening in the body?

The baby was born prematurely with no surfactant in lungs. This causes respiratory distress syndrome where the pt has trouble breathing because the lungs can't fully open up.



What am I going to see during my assessment?

Low O<sub>2</sub> sats, tachycardia, retractions, nasal flaring.



What tests and labs will be ordered?

CBC, CXR, Abg



What trends and findings are expected?

Need for oxygen supplementation through ventilation, nasal cannula or cpap.  
Surfactant replacement.



What medications and nursing interventions/treatments will you anticipate?

Surfactant replacement

Oxygen therapy.

Analgesics for comfort during O<sub>2</sub> therapy

Corticosteroids to reduce inflammation and open up airway



How will you know your patient is improving?

Improved Oxygen saturation.

No signs of respiratory distress such as nasal flaring and grunting.



What are risk factors for the diagnosis?

Prematurity.

Cold stress.

Infection.

Diabetic mother.

Delivery through C-section.



What are the long-term complications?

Bronchopulmonary dysplasia (BPD)

Increased risk for respiratory infections.



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

Teach family to look out for signs of respiratory distress such as retractions, nasal flaring and expiratory grunting.

Reduce risk factors such as cold stress and infection.