

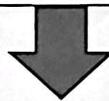
NICU Disease Process Map

D.O.B. <u>10/30/24</u>	APGAR at birth: <u>8/9</u>
Gestational Age <u>37 wks</u>	Adjusted Gestational Age <u>40 wk 3 days</u>
Birthweight <u> </u> lbs. <u> </u> oz. / <u>3290</u> grams	
Current weight <u> </u> lbs. <u> </u> oz. / <u>2810</u> grams	

Disease Name: Omphalocele

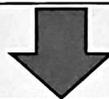
What is happening in the body?

Organ including the liver are herniated through the umbilicus with a thin encapsulated membrane, to hold it.



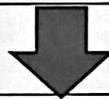
What am I going to see during my assessment?

Abdominal girth increased or stayed enlarged/same size.
Stool production
possible bowel sounds due to where \rightarrow how thick dressing is



What tests and labs will be ordered?

CBC Renal ultrasound
EC
CMP -
Chromosome
~~CXR~~ CXR
Echo



What trends and findings are expected?

wbc normal or trending down if previously high
EC negative
Chromosome may come back as risk for omphalocele

What medications and nursing interventions/treatments will you anticipate?

Silver sulfadiazine

Paint & wait

Stabilize membrane when repositioning

Keep baby on side not supine or prone

How will you know your patient is improving?

Abdominal girth is decreasing

Baby is able to wean off oxygen therapy

Membrane is starting to have skin grow over

Weight gain

What are risk factors for the diagnosis?

Infection

↓ Thermoregulation

Membrane ruptures

What are the long-term complications?

Failure to thrive

ECRDS

Feeding intolerance difficulty

Inguinal hernia

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

Keep baby side lying not supine or prone to prevent membrane rupture

Have 2nd person to support omphalocele when holding or doing care that requires movement ~~of~~.

Leave dressing on unless physician says otherwise.

Promote nutrition for gut motility & healing

Student Name: Hannah Landsman

Unit: NICU

Pt. Initials: BR

Date: 11/19/24

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
/	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	Apnea Apnea periodic Breathing	stimulant	10mg	5mg-20mg/kg/dose w/ kg 5mg-20mg/dose yes	/	↑HR tonic clonic seizures irritability NIV	1. Hold if HR >170 as it can worsen tachycardia as it could cause seizures 2. Notify of tongue protrusion and twitches 3. Turn lights down for calm environment as it can cause irritability 4. Have airway clearance ready if baby vomits to prevent aspiration.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.