

NICU Disease Process Map

D.O.B. 01/02/2025

APGAR at birth: 1/9/

Gestational Age 33w0d

Adjusted Gestational Age 33w6d

Birthweight 3 lbs. 0 oz. / 1370 grams

Current weight 4 lbs. 0 oz. / 1840 grams

Disease Name:

What is happening in the body?

The premature's body is trying to learn how to breathe. Since he was born premature his lungs are having a harder time trying to keep up. Also his brain is trying to remember to breathe. He is also getting closer to begin oral feedings.



What am I going to see during my assessment?

I am going to see periodic breathing, as well as a bit of accessory muscles being used. He is also starting to begin non-nutritive sucking. The preterm infant has also started thermoregulating.



What tests and labs will be ordered?

They may do a CBC to check for infections, anemia, hgb. They will also do a hearing screening. They may also do a bilirubin test if he begins to jaundice.



What trends and findings are expected?

We are expected to see his weight fluctuate since he will begin PO feedings, he may even lose a little weight as he loses the intrauterine fluids.

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What medications and nursing interventions/treatments will you anticipate?

The medications used are Caffeine Citrate. This is used to help the brain remember to breathe.

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How will you know your patient is improving?

I will see a decrease in accessory muscle usage. I will also see O₂ saturations improve with the decrease of oxygen supplements. The newborn will also be able to PO feed without the use of O₂ supplement & will be able to feed without exhausting himself.

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What are risk factors for the diagnosis?

The risk factors are being easily susceptible to infections. He is at a higher risk for respiratory obstruction. He is also more at risk for SIDS.

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What are the long-term complications?

The infant is at risk for Bronchopulmonary Dysplasia if he continues oxygen supplementation up to 28 days.

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

I would teach parents how to PO feed once baby is ready. I would also explain that it may take him a couple of days to get it down, that we don't want to force bottle feed. As well as that he only gets 20-30 min to feed because he may start to lose calories if it goes longer.

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Unit: NICU

Pt. Initials: ES

Date: 1/29/23

Allergies: NKDA

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List solution to dilute and rate to push. IVPB - concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Intervention (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
<u>Cafcit</u>	<u>Methylxanthine</u>	<u>Short-term treat apnea</u>	<u>18mg PO daily</u>	<u>Yes</u>		<u>Fever Irritability SOB</u>	<u>1. Advise nurse of fever occurs 2. Advise if SOB 3. Do not stop unless HCP says 4. Do not repeat dose if child vomits</u>
<u>Cholecalciferol</u>	<u>Vitamin D</u>	<u>Prevent deficiency</u>	<u>600u PO daily</u>	<u>Yes</u>		<u>wt loss nausea vomiting Constipation</u>	<u>1. Advise if child loses wt 2. Use dropper with supplement 3. Don't give more than presc. 4. Advise if vomiting occurs.</u>
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.