

Ally Morrow 1/30/25

NICU Disease Process Map

D.O.B. <u>9/30/24</u>	APGAR at birth: <u>8</u>
Gestational Age <u>29 wks</u>	Adjusted Gestational Age <u>46 wks</u>
Birthweight <u>2 lbs. 2.2 oz.</u> / <u>970</u> grams	
Current weight <u>7 lbs. .50 oz.</u> / <u>3390</u> grams	

Disease Name: Necrotizing Enterocolitis

What is happening in the body?

A bacterial infection causes inflammation and cellular death to the preterm infant's intestines and colon.

This condition can lead to intestinal perforation causing peritonitis, sepsis, and death.



What am I going to see during my assessment?

I will see abdominal distention, tenderness, and guarding. I will also hear decreased or diminished bowel sounds in my assessment.



What tests and labs will be ordered?

A CBC, blood culture, and stool test will be ordered to determine a bacterial infection.

An abdominal x-ray will also be ordered to show air bubbles around the intestines or abdominal cavity, which may indicate perforation.



What trends and findings are expected?

I would expect to see that the infant has poor feeding tolerance, abdominal distention, bloody stools, and potential signs of systemic infection.



What medications and nursing interventions/treatments will you anticipate?

I anticipate administering antibiotics, IV fluids, and corticosteroids for inflammation.

Interventions that I anticipate are inserting an NG tube to remove air & fluid and later administer TPN. I would also expect blood tests and stool tests for bacterial infection.



How will you know your patient is improving?

My patient is improving when they have decreased abdominal distention, active bowel sounds, ~~pass~~ and pass stool, tolerate increasing volume of feedings without discomfort, and a clear X-Ray & blood/stool tests.



What are risk factors for the diagnosis?

Prematurity (their digestive system is not fully developed), small birth weight, premature rupture of membranes, and sepsis are risk factors to NEC.



What are the long-term complications?

Scarring & narrowing of the bowel can lead to bowel obstruction, malabsorption, and short bowel syndrome are long term complications.

*NEC can also lead to a decrease in mental and physical development.



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

I could teach my patient's caregivers to watch out for signs of the condition worsening such as abdominal distention and bloody stool. I would also teach them to be aware of signs of infection and ~~from~~ the need for close follow up w/ their healthcare provider. To prevent NEC the infant can exclusively ingest breastmilk, gradually increasing feeding volumes, and reporting any symptoms such as abdominal distention.