NICU Disease Process Map

D.O.B. 1/27/2025   APGAR at birth: 8 & 9

Gestational Age 37   Adjusted Gestational Age 38 ^{2}

Birthweight 5 lbs. 10.7 oz./ 2570 grams

admit 2/1/25
20.7 bili

Current weight 5. lbs. 15 oz./ 2750 grams

Disease Name:

Hyperbilirubinemia   bili 13.0 ↑

What is happening in the body?

There is an excess of bilirubin in the blood, which can be due to an immature liver. the liver cannot remove the excess bilirubin quickly enough, which leads to an increase in bilirubin.
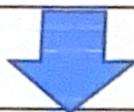
What am I going to see during my assessment?

Jaundiced skin and yellowing of the eyes.

What tests and labs will be ordered?

A bilirubinometer will test for an elevated bilirubin.
The labs that will be ordered are Bilirubin levels, Blood type and Rh, AST, ALT, Reticulyte count.

What trends and findings are expected?

A bilirubin level over 15mg/dl. AST and ALT will be in the normal range. There will also be an elevated reticulocyte count due to the increase breakdown of fetal Red blood cells.

8 days old

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What medications and nursing interventions/treatments will you anticipate?

Phototherapy will help break down the bilirubin and allow the body to excrete it more easily.

Frequent feedings will also help excrete the bilirubin through stool.

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How will you know your patient is improving?

The elevated bilirubin level will decrease. The jaundice coloring of the skin will fade.

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What are risk factors for the diagnosis?

Preterm babies born before 37 weeks. Low birth weight babies that weigh less than 2500grams. Babies that had a difficult birth and had significant bruising or bleeding under the scalp.

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What are the long-term complications?

Long term complications can lead to cerebral palsey, hearing loss, and developmental delays

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

Teach the parents to frequently feed their baby to increase the bilirubin excretion through stool. Look for seady stool because this means that the biliruben is being excreted properly.