

NICU Disease Process Map

D.O.B. <u>1/19/25</u>	APGAR at birth: <u>7/8</u>
Gestational Age <u>30⁴</u>	Adjusted Gestational Age <u>33</u>
Birthweight <u>3 lbs. 8.8 oz.</u> / <u>1610</u> grams	
Current weight <u>didn't get current</u> lbs. oz. / grams	

Disease Name: RDS/preemie

What is happening in the body?

since this baby was born very premature, his lungs were not fully developed. Also, surfactant is not made in the lungs until 26 wks. since he was 30 wks 4 days, he had very little surfactant to prevent the lungs from collapsing.



What am I going to see during my assessment?

- Rapid breathing
- Retractions
- color change
- crackles/wheezing



What tests and labs will be ordered?

- chest xray to visualize the lungs
- blood gas analysis - measure O₂ in blood
- echo to rule out heart defects



What trends and findings are expected?

- increased incidence of IVH & long term adverse behaviors
- tachypnea / tachycardia
- O₂ ↓

What medications and nursing interventions/treatments will you anticipate?

- Beractant → pulmonary surfactant
- O₂ → continuous breathing support & oxygen therapy
- warm → keep the baby warm

How will you know your patient is improving?

when the baby is breathing easier, needs less oxygen, decreased respiratory rate, & require less support from ventilator

What are risk factors for the diagnosis?

- premature birth
- low birth weight
- multiple births
- maternal diabetes
- c-section
- infection
- cold stress
- genetics
- birth complications
- race → white
- gender → males

What are the long-term complications?

- Bronchopulmonary dysplasia
- pneumothorax
- pulmonary interstitial emphysema
- bleeding in the brain
- sepsis
- impaired vision

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

- prenatal care
- corticosteroid injection to help babies lungs grow faster
- no smoking during pregnancy
- feeding → small, more frequent to ↓ respiratory effort

Student Name: Hannah Holland Unit: NICV Pt. Initials: B Date: 2/5/25
NEPA

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours Allergies:

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 VPPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
polyvisol w/ iron	multivitamin supplement	reduce iron deficiency	0.5mL PO 1x/day	yes			constipation, diarrhea, upset stomach	1. allergies 2. may stain clothing 3. give ample time before or after feeding – sick/spit up
caffeine citrate	methylxanthine	used to treat snort apnea	20mg/ml 1w-2mg	yes			bloody stool tachycardia irritability vomiting	1. allergy 2. caution → renal, hepatic, GI tract disease 3. caution in neonates w seizures
								1. 2. 3. 4.

**Covenant School of Nursing
Community Service Verification Form
Instructional Module 5**

This is to verify that Hannah Holland has completed
community service hours as part of the IM5 course requirement.

Date: 2.4.24

Facility/Organization: Whitlock Cooper North

Time In: 0900 Time Out: 1200

Supervisor: Kyndal Irwin

Contact Information (phone or e-mail): Kirwin@LCUSD.net

Comments: _____

For questions or comments, please contact Jodi Tidwell (806) 543-4372 or
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