

## NICU Disease Process Map

D.O.B. ___11/18/24_____	APGAR at birth: ___7_____
Gestational Age ___26 weeks_____	Adjusted Gestational Age ___39 week_____
Birthweight ___2___ lbs. ___6.8___ oz./ ___1100_____ grams	
Current weight ___6___ lbs. ___8___ oz./ ___2915_____ grams	

Disease Name: Atrial Septal Defect

What is happening in the body?

Atrial Septal Defect is characterized by an abnormal opening in the wall that separates the right and left atria.



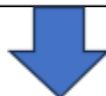
What am I going to see during my assessment?

- Often asymptomatic
- Dyspnea
- Fatigue
- Palpitations
- Respiratory distress
- murmur, tachycardia, tachypnea



What tests and labs will be ordered?

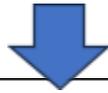
Echo was done on 2/10 and followed by another echo on 2/11



What trends and findings are expected?

Worsen bronchopulmonary dysplasia

Increased oxygen therapy/mechanical ventilation



What medications and nursing interventions/treatments will you anticipate?

- Possible O2 supplementation
- Fluid management to prevent overload



How will you know your patient is improving?

- Decreased need for o2
- Decreased s/s of respiratory distress (ex tachypnea, nasal flaring, and retractions)
- Stable cardiac status
- Weight gain



What are risk factors for the diagnosis?

- Prematurity
- Trisomy 21
- Fetal Alcohol syndrome
- Genetics



What are the long term complications?

If untreated ASD occurs it could cause a variety of issues such as pulmonary hypertension, right heart failure, pulmonary congestion due to chronic volume overload. Usually heals on its own however be aware if left untreated.



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

- Monitor for s/s of Resp. Distress ( fast breathing, nasal flaring, and retractions)
- Poor feeding or slow weight gain
- Cyanosis (blue skin)
- Signs of HF( swelling in legs, feet or belly)
- Small frequent feedings to prevent exhaustion