

Student Name: Vic Padilla

Unit: NI

Pt. Initials: _____

Date: 2/11/25

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

Allergies: N/A

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NO Fluids	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
Methadone	Opioid (narcotic analgesics)	To treat withdrawal symptoms & help them be able to eat and sleep.	1mg/ml liquid 0.36 mg oral q12hr			slow breathing restlessness N/V Constipation	<ol style="list-style-type: none"> 1. Swaddling 2. Frequent, small feedings of high calorie formula. 3. monitoring fluid intake and weight gain. 4. Keep in a quiet area
							<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2. 3. 4.

NICU Disease Process Map

D.O.B. <u>1/30</u>	APGAR at birth: <u>2/7/9</u>
Gestational Age <u>38w3d</u>	Adjusted Gestational Age <u>40w1d</u>
Birthweight <u>7</u> lbs. <u>1.4</u> oz. / <u>3215</u> grams	
Current weight <u>7</u> lbs. <u>7.6</u> oz. / <u>3390</u> grams	

Disease Name: RDS

What is happening in the body?

LACK OF SURFACTANT, WHICH CAUSES TINY AIR SACS IN THE LUNGS TO COLLAPSE MAKING IT DIFFICULT FOR THE BABY TO BREATHE PROPERLY.

What am I going to see during my assessment?

FAST, SHALLOW BREATHING, GRUNTING. PALLOID DISCOLORATION AROUND THE LIPS, HANDS, FEET. FLARING OF THE NOSTRILS.

What tests and labs will be ordered?

BLOOD TESTS, CHEST XRAY AND MONITORING THEIR PULSE OX.

What trends and findings are expected?

GRUNTING SOUND WITH EACH BREATH, CHEST RETRACTIONS, WIDENED NOSTRILS (FLARING), CHANGES IN COLOR.



What medications and nursing interventions/treatments will you anticipate?

EXTRA OXYGEN like supplemental oxygen, HFNC, CPAP,



How will you know your patient is improving?

They require less supplemental oxygen, breathing is easier, less grunting sounds, skin appears less cyanotic



What are risk factors for the diagnosis?

C-SECTION DELIVERY, INFECTION, baby cannot keep body Temp. warm at birth, problems with delivery that reduce blood flow to the baby.



What are the long-term complications?

CHRONIC lung disease, Asthma, brain damage.



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

CLOSE monitoring of baby's breathing, signs of distress, proper feeding techniques, emphasizing the importance of NOT smoking around the baby, good hand hygiene to prevent infections.