

D.O.B. 11-24-24

APGAR at birth: 4

NICU Disease Process Map

Gestational Age 27<sup>+</sup>/day

Adjusted Gestational Age 39<sup>+</sup>3

Disease Name:

Preemie - Primary dx.  
RDS - Secondary

Birthweight 1 lbs. 7<sup>+</sup> oz. / 800 grams

- HELLP - pre-E
- IUGR
- Breech

What is happening in the body?

immature lungs, not enough surfactant. baby is working harder to breathe.

How will you know your patient is improving?

- gradual decrease in O<sub>2</sub> requirements.
- clear lung sounds. NO accessory breathing and NO retractions.

What are risk factors for the diagnosis?

- Preterm birth, < 28 weeks.
- gestational complications.
- pneumothorax
- meconium aspiration
- sepsis
- infection

What trends and findings are expected?

- oxygen therapy via NC.
- pulse ox. @ 100%.
- retractions
- NGT
- close monitoring of baby's ranges for RR, PR, SPO<sub>2</sub> to make sure there is NO further decline.

What are the long-term complications? disthmg, neurodevelopmental delay, BPD.

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

- importance of rest to heal and grow
- signs of acute distress.
- if feeding PO feed in inclined side position w/head support.
- position for airway protection, suction if any extra secretions.

Student Name: MARISSA TORRES

Unit: NICU

Pt. Initials: O.D.

Date: 2-18-25

Allergies: NKDA

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	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?			
Poly-vi-sol with iron	MULTI-vitamin	growth and development	PO, NGT Q12H 0.5ML			—	STOMACH cramps FEVER allergic rxn rash, swelling.	1. WATCH FOR SIGS OF INTOLERANCE 2. MONITOR FOR SIGS OF ABD PAIN, ABNORMAL DISTENSION. 3. WILL CAUSE TARRY STOOL. 4. GIVE w/ formula if q1 UBSG.

#21 - Ollie - DOL 80

DOB 11-24-24

gest. 27+1 wks

C-section

HELLP, breech, IUGR

Premie - PDS

1/23 US scrotal

thickened = bil inguinal hernias

PFO, TTI

Last stool 2/18 @ 0900

urine 3.1 mL/kg/hr

NKDA

B.NT=800g

Lst wt=2950g

Temp 98.6 F (37.6) - axillary

Hc 32cm

Premie anemia

ROP

grade I germinal matrix

hemorrhage w/out birth injury.

abnormal NBS

bilateral inguinal hernia

HR 174 - monitor

RR 59

78/48 BP

56 MAP

automatic - right leg

SpO2 100

O-T NC, 100% NC

Poly-vi-sol w/iron liquid 0.5ml

last given: 0749

each mL has iron 11mg

PO q 12 hours

glycerin 80% rectal enema

0.2ML rectal daily PBN constipation.

A-neg blood

length 17.52 inches

exp d/c 2 days

angle  
admin  
@ 800  
cale.

Baby Oliver did not have the inguinal hernias on his 1st/2nd dx. however was listed in chart. + observed during my care w/diaper changes and head-to-toe assessment

- His NBS was abnormal, hypothyroidism.
- NO family @ bedside, mom is out of town.

I spent a large amount of time with this precious boy. and I will keep him in my heart for as long as I'm alive.

- Hoping for a healthy-long life in his future!

he is strong♥