

## NICU Disease Process Map

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|--------------------------------------|--|
| D.O.B. <u>2/9/2025</u>               | APGAR at birth: <u>6</u>                     |
| Gestational Age <u>25 wks</u>        | Adjusted Gestational Age <u>33wks 4 days</u> |
| Birthweight <u>2 lbs. 1.9 oz.</u>    | <u>940</u> grams                             |
| Current weight <u>4 lbs. 8.7 oz.</u> | <u>2060</u> grams                            |

Disease Name: Respiratory Distress syndrome leading to Bronchopulmonary dysplasia

What is happening in the body?

- The lungs aren't fully developed and aren't producing enough surfactant to open up the lungs leading the baby to have difficulty breathing.



What am I going to see during my assessment?

- Respiratory assessment: looking for retractions, apnea, nasal flaring or tachypnea
- Cardiovascular assessment: looking for capillary refill, monitor pulses and any changes in color
- O2 monitoring: is it below the baby range (<77%)



- What tests and labs will be ordered?
- Blood cultures & CBC: to rule out infection
- Chest Xray: to see the progression
- ABG: to check if they are in normal range with PH, CO2 and O2



What trends and findings are expected?

- Xray's are improving from popcorn lungs to more clear
- To decrease reliance on noninvasive mechanical ventilation

What medications and nursing interventions/treatments will you anticipate?

Caffein Citrate: to help wake up the lungs and do what they are supposed to do

O2 therapy: help prevent skin breakdown and make sure the baby is getting what they need

Abx/Steroids: To treat bronchopulmonary dysplasia caused by the respiratory distress

Nutrition and fluids: to help them get strong and conserve energy

Positioning: Help them be comfortable with them being prone or supine



How will you know your patient is improving?

- Having better respiratory status
- More awake periods and improve feedings
- Labs are becoming more in range



What are risk factors for the diagnosis?

- Prematurity
- Low birth weight
- Male gender
- Perinatal Asphyxia



What are the long-term complications?

- Bronchopulmonary Dysplasia
- Neurodevelopmental Delays
- Recurrent Respiratory infection



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

- Doing Handwashing to lower the risk on infection
- Suctioning the baby mouth or nose as needed (mouth first then nose)
- Keeping the baby warm and looking for signs of overheating (sweating or redness) or underheating (cool extremities & lethargy)