

# NICU Disease Process Map

D.O.B. \_\_\_\_ 02/08/2025 \_\_\_\_ APGAR at birth: 3 at 1 minute and 7 at five minutes

Gestational Age \_\_\_\_ 26 weeks \_\_\_\_

Adjusted Gestational Age \_\_\_\_

Birthweight \_\_\_\_ 2lbs. \_\_\_\_ 3.3oz./ \_\_\_\_ 1000 \_\_\_\_ grams

Current weight \_\_\_\_ 5\_lbs. \_\_\_\_ 13.1\_oz./ \_\_\_\_ 2639.34 \_\_\_\_ grams

Disease Name: Necrotizing Enterocolitis

What is happening in the body?

- In premature infants, the intestines do not get good blood supply, which makes the tissue weak and more likely to get injured. Because of the gut being underdeveloped and the immune system also being weak, bacteria from the environment can enter the gut and start to grow. The body reacts with inflammation, which causes parts of the intestine to become swollen, inflamed, and could up leading to necrosis. As bacteria breaks down the tissue, they produce gas that gets trapped in the wall of the bowel. If the damage gets bad enough, the bowel can perforate, spilling contents into the belly and causing sepsis and peritonitis. This becomes a dangerous infection that needs immediate/urgent care.



What am I going to see during my assessment?

- Abdominal distention, discoloration of the abdomen, tender abdomen
- Feeding intolerance
- Blood stools
- Temperature instability, lethargy, delayed cap refill, hypotension, increased O2 or respiratory distress, apnea or bradycardia



What tests and labs will be ordered? CBC, blood cultures, abdominal X ray, Abdominal Ultrasound, CRP, Electrolytes and Metabolic Panel

What medications and nursing interventions/treatments will you anticipate?

-Broad-spectrum IV antibiotics to treat infection and sepsis, Vasopressors, Blood products possibly, IV fluids for hydration and electrolyte balance, Pain management, and sedation if the baby is uncomfortable or requires procedures

- NPO, central line, NG tube to decompress stomach, frequent abdominal assessments and measurements, monitor vitals closely, strict I&O's, respiratory care, oral care, prepare for possible surgery, and parental support and communication



What trends and findings are expected?

How will you know your patient is improving?

- Stable temperature, no more apnea or bradycardia, normal heart rate and blood pressure, improved respiratory effort, reduced abdominal distention, brown bowels/decreased blood stools, decreased or no gastric residuals, soft and non-tender abdomen, bowel sounds return gradually, decreased WBC's, electrolytes

