

NICU Disease Process Map

D.O.B. <u>04/19/2025</u>	APGAR at birth: <u>2/7</u>
Gestational Age <u>34w 3d</u>	Adjusted Gestational Age <u>36w 0d</u>
Birthweight <u>5 lbs. 12 oz.</u> / <u>2620</u> grams	
Current weight <u>5 lbs. 1 oz.</u> / <u>2300</u> grams	

Disease Name: congenital syphilis

What is happening in the body?

The bacteria is transferred across the placenta from mother to baby. The baby's immune system cannot fight off the infection, so it becomes systemic causing widespread inflammation and liver, spleen, bone, skin, and/or brain anomalies.

What am I going to see during my assessment?

- > low birth weight / prematurity
- > maculopapular rash, especially on palms & soles
- > FTT
- > fever or hypothermia
- > nasal congestion
- > mucous patches on lips or mouth
- > irritability

What tests and labs will be ordered?

- CBC
- BLOOD culture
- CMP
- Renal ultrasound
- CXR
- Bone survey
- ECHO
- Antibody tests

What trends and findings are expected?

At birth the findings are often mild or they're asymptomatic. As they grow, findings may appear gradually. At 2wks symptoms start to emerge: rash, mucous, other organ anomalies. After 2mo. the findings can progress to bone lesions, neurologic signs, FTT especially if not treated.

What medications and nursing interventions/treatments will you anticipate?

- Penicillin G (first line treatment)
- monitoring V/S
- Neuro assessments
- Feeding & weight gain
- CBC (watching for anemia, thrombocytopenia)
- Low stimulation environment
- Peripheral neurovascular assessment - @ hand deformity.
- Pain management

How will you know your patient is improving?

- > improved feedings & growth
- > resolved rash
- > increased responsiveness & alertness
- > improvement in muscle tone
- > Development should be monitored long term ~ meeting milestones & intellectual disabilities

What are risk factors for the diagnosis?

- ① Lack of prenatal care → untreated, inadequately treated mothers
- ② Pregnant women who are also infected w/ HIV
- ③ If the mother is infected during pregnancy, especially if infected in the 1st trimester.

What are the long-term complications?

- Osteochondritis & Periostitis → Pseudoparalysis of Parrot (involuntary immobility of an affected limb due to pain)
- Facial Deformities: saddle nose, Hutchinsonian teeth, Interstitial Keratitis
- Hearing Loss
- Cognitive or developmental delays - delayed or abnormal growth
- Aortitis

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

- ~ Prenatal care & regular screening
- ~ safe sex practice for mothers
- ~ avoid substance use (can increase syphilis transmission risk)
- ~ Immediate treatment for baby & baby must complete full course abx
- ~ All follow-up appointments to monitor long-term effects
- ~ Infection control & Isolation: good handwashing, hygiene