

Miranda Millman

8/26/25

NICU Disease Process Map

D.O.B. <u>8/12/25</u>	APGAR at birth: <u>6, 8</u>
Gestational Age <u>35.6</u>	Adjusted Gestational Age <u>37.6</u>
Birthweight <u>6</u> lbs. <u>13</u> oz. / <u>2935</u> grams	
Current weight <u>6</u> lbs. <u>10.5</u> oz. / <u>2892</u> grams	

Disease Name:

RDS w/ PPHN (mom had placenta previa)

What is happening in the body?

There is an increased pressure in the lungs which is preventing them from having good blood flow + in result this baby will have \downarrow O₂ + trouble breathing.

What am I going to see during my assessment?

Nasal flaring, pallor skin, lethargic, retractions, poor cap refill, \uparrow RR, \uparrow HR

What tests and labs will be ordered?

ABGs, Chest X-rays, ECG, CBC

What trends and findings are expected?

Low O₂ Sats are expected.

What medications and nursing interventions/treatments will you anticipate?

- My pt had no meds, but I found that, if needed, Inhaled nitric oxide could be used to help open the lungs (pulmonary vasodilator)
- Another tx would be continuous O₂.

How will you know your patient is improving?

I would know my pt is improving if ~~I am able~~ they are able to wean off O₂ + go home.

What are risk factors for the diagnosis?

Risk factors include ~~hypoxemia, organ failure~~.
having a mom who is obese, diabetic, smokes, has ↑ BP, takes SSRIS, or used 'Ibuprofen while' pregnant. Congenital disorders/malformations of pt may also be a risk factor.

What are the long-term complications?

Long term complications include being on O₂ for a while, or hypoxia leading to organ failure if not properly ~~adjusted~~ treated / not treated in time.

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

If baby needs O₂ @ home, teach pt parents how to make sure it's on + working properly. Also, teach about S/S of hypoxia + resp. distress.

Prevent by keeping baby warm + monitoring for S/S of hypoxia.

Student Name: Miranda Millman

Unit: Pedi 3

Pt. Initials: ZZ

Date: 8/27/25

Allergies: NEPA

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IV/ - List solution to dilute and rate to push. IVPB - concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (precautions/contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
insulin lispro	antidiabetic	hyperglycemia	0-3 unit sub Q PRN	5.35-12.4 units/day	Yes!		Hypoglycemia-	<ol style="list-style-type: none"> 1. Usually this med is used in conjunction w/ a long acting insulin. 2. Call DR asap if child is sweating, lethargic, pale, confused or unresponsive. 3. Always check sliding scale w/ current BS level to assure proper care. 4. Too many carbs can lead
								<ol style="list-style-type: none"> 1. to increased BS, so limit carbs to less than 25g/meal. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.

10.5 kg = 5.35 unit - 12.4 units/day

Maintenance range = 0.5 - 1.2 units/kg/day