

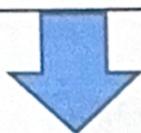
NICU Disease Process Map

D.O.B. <u>8-13-25</u>	APGAR at birth: <u>7</u>
Gestational Age <u>33³</u>	Adjusted Gestational Age <u>35³</u>
Birthweight <u>3</u> lbs. <u>15</u> oz. / <u>1790</u> grams	
Current weight <u>4</u> lbs. <u>2</u> oz. / <u>1870</u> grams	

Disease Name: Prematurity Respiratory distress Syndrome

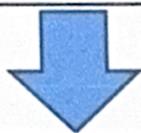
What is happening in the body?

Pre-term babies have immature lungs; cannot produce enough surfactant, a substance that keeps air sacs open.



What am I going to see during my assessment?

tachypnea (\uparrow RR)
Nasal flaring
grunting
Cyanosis



What tests and labs will be ordered?

Chest X-ray, ultrasound
CBC



What trends and findings are expected?

Chest retractions
grunting
nasal flaring
 \uparrow O₂ device
tachypnea
Pallor



What medications and nursing interventions/treatments will you anticipate?

Supplemental Oxygen
(CPAP)

Potentially a ventilator

Caffeine Citrate

adequate nutrition
fluid management



How will you know your patient is improving?

↓ rapid breathing

Absent nasal flaring

less grunting

reduced need for O₂ support

better skin color

may be more alert & active



What are risk factors for the diagnosis?

• multiple births

• anemia

• maternal infection

• low birth weight

• maternal diabetes



What are the long-term complications?

Persistent breathing problems

↑ risk for resp. infection

Chronic lung disease

maybe asthma & wheezing
lung damage



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

teach pts how to recognize early s/s:

- Rapid breathing, grunting, blueish lips, flaring nostrils, etc.

teach about preventions:

- limit visitors, good hygiene, avoid crowds & sick individuals

Student Name: Andrea Fabela

Unit: NICU

Pt. Initials: JL

Date: 8-27-25

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

Allergies: N/A

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	N/A Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

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?			
Ped. Multivitamin w/ iron (POLY-VI-SOL)	Multivitamin supplement	Provide necessary vitamins due to being preterm	0.5 mL Q12hr, internal	yes	N/A	Upset stomach, constipation, diarrhea	<ol style="list-style-type: none"> 1. Due to being pre-term can have different needs or be super sensitive to med 2. Educate about stool turning tarry & greenish due to iron 3. avoid combing with other vitamin products unless directed by physician 4. Call provider for continuous vomiting, refusal to feed, rash
Caffeine Citrate	Methylxanthine class	Apnea of prematurity	20 mg/mL liquid 19.6 mg = 0.98 mL Daily @ noon Internal	yes	N/A	Irritability, feeding intolerance, tachycardia, diuresis	<ol style="list-style-type: none"> 1. Nursing; before administering med, we need to assess a baseline of VS 2. Teach parents adverse effects they might see like jitteriness, vomiting, poor feeding, fast HR 3. Precautions are seizure disorder 4. precautions for liver or kidney dysfunction since it may affect metabolism and excretion
							<ol style="list-style-type: none"> 1. 2. 3. 4.