Student Name: Crystal Mendoza **Unit:** NICU **Pt. Initials:** ________ **Date:** 8-27-25

Allergies: None

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
None	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)
poly-vi-sol	vitamin	supplement for iron	PO 1mL daily	yes	N/A	gastrointestinal discomfort change color of stool	1. Inform that stools will change in color due to iron. 2. can temporarily stain teeth so admin on side of cheek. 3. Administer with a little bit of formula or breastmilk to ensure full dose given 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

NICU Disease Process Map

D.O.B. 8/5/25 APGAR at birth: 3-9

Gestational Age 33w6d Adjusted Gestational Age 36w5d

Birthweight 4 lbs. 6 oz./ 1985 grams

Current weight 5 lbs. 6 oz./ 2440 grams

Disease Name: Respiratory distress syndrome

What is happening in the body?

- Due to the prematurity of the infant, the lungs are are not functioning as well. The lungs are lacking surfactant which collapses the alveolar sacs and decreases oxygen delievery to the body.

What am I going to see during my assessment?

Retractions, crackles on inspiration, grunting, dyspnea, tachypnea, flaring of the nares, Cyanosis & pallor can all be indicators of RDS upon assessment.

What tests and labs will be ordered?

- Arterial blood gas to determine the levels of oxygen & carbon dioxide in the blood.
- Blood cultures to rule out Sepsis as cause for Respiratory issues
- Chest x-ray to get a look at the lungs.

What trends and findings are expected?

- Need for respiratory support by ventilation or CPAP
- Signs of respiratory distress

What medications and nursing interventions/treatments will you anticipate?

- Based on the patient's condition, Antibiotic can be given, or surfactant.
- Treatment can also include managing nutrition, suctioning if needed.

How will you know your patient is improving?

- will began to see improvement in lung function, and respiratory effort will get better with minimal to no signs of distress.
- If patient on ventilator or CPAP, we will be able to wean them off.

What are risk factors for the diagnosis?

- Low gestational age
- male predominance
- maternal diabetes
- perinatal depression

What are the long-term complications?

- Bronchopulmonary dysplasia due to secondary Oxygen & mechanical ventilation treatment.
- May see some neurological problems due to decreased oxygen to brain.
- Increased risk for respiratory infections due to impaired immune defense and more sensitive.

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

- prevention
  - Avoid harmful substances while pregnant to decrease risk of premature birth.
- Having good prenatal care can help decrease risk.
- management
  - important to maintain thermoregulation
  - Cluster care to promote calm environment for patient to rest and grow.
  - infection control while caring for patient like handwashing.