

Student Name: Crystal Mendoza

Unit: NICU

Pt. Initials: _____

Date: 8-22-25

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

Primary IV Fluid and Infusion Rate (ml/hr)

NONE

Circle IVF Type

Isotonic/ Hypotonic/ Hypertonic

Rationale for IVF

N/A

Lab Values to Assess Related to IVF

N/A

Contraindications/Complications

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?			
<u>POLY-VI-SOL</u>	<u>VITAMIN</u>	<u>SUPPLEMENT FOR IRON</u>	<u>PO 1ml daily</u>	<u>yes</u>		<u>N/A</u>	<u>GASTROINTESTINAL DISCOMFORT + CHANGE COLOR OF STOOL</u>	<ol style="list-style-type: none"> 1. IRRITATION that stools will change in color due to iron 2. PRN temperature/weight/height so admin 3. Administer using a little bit of formula or breastmilk to help feed (use glove) 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.

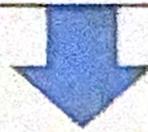
NICU Disease Process Map

D.O.B. <u>8/5/25</u>	APGAR at birth: <u>8-9</u>
Gestational Age <u>33w5d</u>	Adjusted Gestational Age <u>36w5d</u>
Birthweight <u>4</u> lbs. <u>6</u> oz. / <u>1985</u> grams	
Current weight <u>5</u> lbs. <u>6</u> oz. / <u>2440</u> grams	

Disease Name: Respiratory Distress Syndrome

What is happening in the body?

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



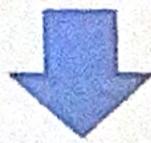
What tests and labs will be ordered?

- 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 begin 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.