

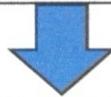
NICU Disease Care Map

| | |
|---|------------------------------------|
| D.O.B. <u>08/01/25</u> | APGAR at birth: <u>8</u> |
| Gestational Age <u>35 + 2</u> | Adjusted Gestational Age <u>40</u> |
| Birthweight <u>5</u> lbs. <u>10.1</u> oz./ <u>2555</u> grams | |
| Current weight <u>6</u> lbs. <u>12.6</u> oz./ <u>3080</u> grams | |

Disease Name: Neonatal Abstinence Syndrome

What is happening in the body?

Once the infant is born, they lose the mother's drug supply which leads to withdrawal. The infant developed dependence on the drug in utero. Withdrawal causes a dysregulation in the autonomic nervous system and an increase in CNS symptoms.



What am I going to see during my assessment?

| | | |
|-------------------------|--------------|--------------------------|
| Irritability | poor feeding | nasal stuffiness |
| high-pitched cry | vomiting | disrupted sleep patterns |
| tremors | fever | |
| exaggerated Moro reflex | mottled skin | |



What tests and labs will be ordered?

Initial testing: meconium + umbilical cord
Finnegan NAS score: monitors their symptoms / guides treatment
monitor electrolytes



What trends and findings are expected?

Trends are dependent on the individual and how bad they are withdrawing. If the Finnegan score increases, the withdrawal severity increases. If the score decreases, the withdrawal is improving. The withdrawal can last for a few weeks to months.



What medications and nursing interventions/treatments will you anticipate?

Morphine - short acting
Methadone - long acting for pro-longed withdrawal
low stimuli environment, swaddling, pacifier use
IV fluids



How will you know your patient is improving?

Finnegan score continues to decrease
steady weight gain / improved feeding
less irritability and high-pitched cry
reduced need for morphine or methadone to control withdrawal



What are risk factors for the diagnosis?

small for gestational age
pre-term
immature liver/kidneys
poor prenatal care
high dose / long-term use of opioids in mother



What are the long-term complications?

fine and gross motor skills delay
language delays
behavior issues
cognitive delays
↑ risk of ADHD / anxiety
poor growth / feeding



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

encourage prenatal care & vitamins
discuss substance abuse treatment
provide resources for support
teach how to swaddle to keep infant comfortable
promote a low stimuli environment

Student Name: Brittany Fox

Unit: NICU

Pt. Initials: _____

Date: 09/03/25

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

Allergies: NKDA

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---------------------------------|-------------------|-------------------------------------|---------------------------------|
| NA | Isotonic/ Hypotonic/ Hypertonic | NA | NA | NA |

| 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, Intervention (Precautions/Contraindications, Etc.) |
|--------------------------------------|------------------------------|---------------------------------|------------------------|------------------------------|--------------|---|---|--|
| | | | | Is med in therapeutic range? | If not, why? | | | |
| pediatric multivitamin (poly-vi-sol) | multivitamin | to promote development + growth | 0.5mL NGT QIZ | yes | | NA | constipation abdominal upset stool color change | 1. monitor iron + vitamin D level 2. monitor growth patterns 3. administer with food to ↑ absorption 4. assess physical for signs of deficiency |
| methadone | opoid | reduce withdrawal symptoms | 0.06mg PO q8 | yes | | NA | respiratory depression lethargy constipation | 1. ↓ environmental stimuli 2. monitor NIAS score 3. monitor VS/newo 4. have parent swaddle |
| cafcit caffeine citrate | stimulant | enhances respiratory drive | 194mg PO once daily | yes | | NA | feeding intolerance restlessness tachycardia | 1. monitor RR and HR 2. provide a low-stimuli environment 3. monitor feeding/weight gain 4. notify if there's persistent vomiting |
| | | | | | | | | 1. 2. 3. 4. |
| | | | | | | | | 1. 2. 3. 4. |