

NICU Disease Process Map

16/

D.O.B. 8/11/25 APGAR at birth: 8 (1min) 9 (5min)

Gestational Age 32w5d Adjusted Gestational Age 36w6d

Birthweight 3 lbs. 5 oz. / 1.5 kg (500) grams

Current weight 4 lbs. 5.8 oz. / 1980 grams

35ml
9 3hr
24 kcal
HMF

Disease Name:

Increased TSH (Possibly related to prematurity)

What is happening in the body?
↑ TSH in preterm infant can be related to congenital hypothyroidism
or transient condition due to premature axis maturation w/ preterm birth.
TSH is elevated because thyroid is underactive & body is trying to regulate hormones

What am I going to see during my assessment?
related to hypothyroidism or transient hypothyroidism
Fatigue, lethargy, cold intolerance, constipation, delayed development, poor feeding

What tests and labs will be ordered?
T4, TSH, T3
Another newborn screening

What trends and findings are expected?
T4 low, T3 low
TSH elevated
As the preterm infant develops & thyroid matures it should begin producing T3 & T4 adequately.

What medications and nursing interventions/treatments will you anticipate?

Levothyroxine (until thyroid gland is able to produce efficiently)
Prevent iodine deficiencies

for cold intolerance maintain body temp w/ radiant warmer, skin-skin,
warm room, allow for rest, Gavage feedings

How will you know your patient is improving?

patient has more energy, able to properly feed,
can regulate body temperature,

↑ T4 / T3

What are risk factors for the diagnosis?

Iodine deficiencies, exposure to thyroid meds in utero,
congenital thyroid defects, preterm birth

What are the long-term complications?

growth delays, intellectual disabilities, delayed fontanel closure,
loss of hearing

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

Adhere to levothyroxine therapy until thyroid matures
& can regulate T3/T4 levels

maintain thermoregulation

allow baby to rest, & get proper nutrition in order to
continue growing so thyroid can mature

Student Name: Nickita

Unit: NW

Pt. Initials: _____

Date: 9/2

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
<u>N/A</u>	Isotonic/ Hypotonic/ Hypertonic			

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>Ped! Multivitamin with iron</u>	<u>Oral Supplement</u>	<u>Support nutrient growth</u>	<u>0.5 ml NKDA Q12hr</u>	<u>250g</u>	<u>0.5ml</u>	<u>N/A</u>	<u>N/V/D Abd Pain Vitamin toxicity</u>	<ol style="list-style-type: none"> 1. Take w/ food to ↓ GI upset 2. Assess biblic for GI upset 3. do not overdose due to risk of toxicity 4. monitor lab values
								<ol style="list-style-type: none"> 1. 2. 3. 4.
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