

NICU Disease Process Map

antenatal steroids
(2 doses)

D.O.B. <u>8/26/21</u>	APGAR at birth: <u>8@1min</u> <u>9@5min</u>
Gestational Age <u>32w 1 day</u>	Adjusted Gestational Age <u>33w 1 day</u>
Birthweight <u>4</u> lbs. <u>3</u> oz. / <u>1900</u> grams	
Current weight <u>4</u> lbs. <u>1.5</u> oz. / <u>1890</u> grams	

Disease Name: - Respiratory Distress Syndrome & Hyperbilirubinemia 8/29 Jt 9/1 JTP

What is happening in the body?

When there is too much bilirubin in the blood. Bilirubin is made when RBC's breakdown & go to be excreted through the kidneys. With a premature baby, it is hard for their kidneys to function well due to immature growth. Bilirubin can build up in their blood, tissues, & fluids.

What am I going to see during my assessment?

My baby had already been treated with phototherapy so when I was here she was doing great. I would have expected to see yellowing in the eyes, skin, & all throughout her color.

What tests and labs will be ordered?

* Bun & Creatinine levels to watch kidney function
* RBC / CBC to monitor breakdown.

* Transcutaneous bilirubin tomorrow (9/3) to ensure pt is recovering correctly.

What trends and findings are expected?

- The Bun & Creatinine with this condition are expected to be elevated.
- I would also expect the RBC's to be lower due to the ~~bilirubin~~ RBC's being broken down creating the excess bilirubin.

What medications and nursing interventions/treatments will you anticipate?

* Potentially IV Immunoglobulin (IVIg)

How will you know your patient is improving?

* By checking the BUN & Creatinine, monitoring urine output, CBC, & bilirubin level testing (transcutaneous bili)

What are risk factors for the diagnosis?

* Poor feedings
* Slower Intestinal function
* Low Albumin levels

* Poor kidney function
* Hypoxia
* Infection/Sepsis
* Hemolytic diseases

What are the long-term complications?

* enzymatic disorders
* liver/kidney damage
* gallstones
* kernicterus (brain injury)

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

* Participating in skin-skin contact
* how phototherapy breaks down bilirubin to be excreted & how they need their eye protection
* teach parents to recognize feeding cues; Nutritional support is very important
* encourage breast feeding for antibodies

Student Name: Allyson Pagan Unit: NICU Pt. Initials: Twin A Date: 9/2/25

Allergies: AKOA

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
	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?				
NO	medications		given			q/2			1. 2. 3. 4.
									1. 2. 3. 4.
									1. 2. 3. 4.
									1. 2. 3. 4.