

NICU Disease Process Map

D.O.B. <u>07/13/25</u>	APGAR at birth: <u>4/9</u>
Gestational Age <u>27.3</u>	Adjusted Gestational Age <u>4/0 31.6</u>
Birthweight <u>2</u> lbs. <u>2.9</u> oz. / <u>990</u> grams	
Current weight <u>4</u> lbs. <u>4</u> oz. / <u>2210</u> grams	

Disease Name: Respiratory Distress Syndrome

What is happening in the body? The baby's lungs are underdeveloped and do not have adequate surfactant. The baby needs surfactant in the lungs to reduce tension and help keep them open. Without the proper amount of surfactant, this can cause the baby to have various respiratory complications.



What am I going to see during my assessment? tachypnea, nasal flaring, grunting, retractions, cyanosis, diminished breath sounds, maybe crackles, ↑ oxygen requirements, pallor,



What tests and labs will be ordered? chest x-ray, pulse oximetry for continuous monitoring, blood glucose & electrolytes for metabolic stability, CBS, blood cultures - rule out any infection that could disguise RDS, ABGs



What trends and findings are expected?
O₂ sats will be low without treatment
x-ray will show white which is not good, we want to see black (air)



What medications and nursing interventions/treatments will you anticipate?
oxygen therapy, fluid & metabolic management w/ NPO & TPN, artificial surfactant replacement, antenatal steroids?
IVF, maintain thermoregulation, maintain a patent airway



How will you know your patient is improving?
oxygen saturation will stabilize in normal range, ↓ work of breathing (less retractions, grunting, & nasal flaring),
ABGs will normalize, reduced need for supplemental O₂
↑ in urine output, improvement with feedings



What are risk factors for the diagnosis? prematurity, males (predominantly white males), low birth weight, perinatal depression, C-section babies without labor



What are the long-term complications? bronchopulmonary dysplasia (BPD) or chronic lung disease, ↑ risk of asthma, retinopathy of prematurity from oxygen therapy, pulmonary HTN, neurodevelopmental delays due to prolonged hypoxemia



What patient teaching for management and/or prevention can the nurse do?
importance of infection prevention, oxygen monitoring equipment, encourage bonding, antenatal corticosteroids in future pregnancies, follow-up with doctors once baby is discharged home, keep baby from getting sick,