

Victoria R.
9/9/25
NICU

NICU Disease Process Map

D.O.B. 8/1/25 APGAR at birth: 8, 9
Gestational Age 35 $\frac{1}{2}$ Adjusted Gestational Age 40 $\frac{1}{5}$
Birthweight 5 lbs. 10.1 oz. / 2555 grams
Current weight 7 lbs. 5.1 oz. / 3320 grams

Disease Name: NAS scoring[↑], syphilis treatment & positive Hep C, meth, Fentanyl, THC, methadone (Neonatal Abstinence Syndrome)

What is happening in the body?

The body is dependent on drugs & fighting infection (open sores, syphilis). The body is currently on methadone but trying to weene off. This can cause the body distress in conjunction to being late premature & adjusting to extrawtarine life.



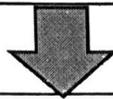
What am I going to see during my assessment?

Irritation, fussiness, possible pain from withdraw. Open syphilis sores with possible redness. Possible respiratory problems due to drug dependance



What tests and labs will be ordered?

CBC, CMP, PBBC, BMP, TsB, TcB



What trends and findings are expected?

Positive results to meth, Hep C, Fentanyl, & THC

What medications and nursing interventions/treatments will you anticipate?

Methadone

Penicillin G → dose not available on EPIC, treat at
Intervention/Tx: delivery.

Appropriate feeds, daily weights, skin-skin contact, creams/powders
before applying diaper

How will you know your patient is improving?

Decreased fussiness & irritation, stable vital signs,
NAS scores, improved eating patterns, ↑ daily weights
(at 0)

What are risk factors for the diagnosis?

Cognitive disorders, possible delays, respiratory distress
in milestones

What are the long-term complications?

Cognitive or learning disabilities, anger issues, or
neurologic dysfunction

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

For this case, CPS is involved, biologic ~~mother~~ ^{ve} & adoption
mother are involved. Discharge instructions should be given to
both parties. Resources to biological mom for help should
be given. In this situation, mom left AMA. Education about
nutrition, well checks, s/s of sepsis, s/s of withdrawal should be
give to adoption mom & biological grandmother.

Student Name: Victoria Ramirez

Unit: NICU

A.G.

Pt. Initials: Cerna

Date: 9/9/25

Allergies: NKDA

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

Primary IV Fluid and Infusion Rate (ml/hr)	Order IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	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?			
Methadone	Analgesic opioid	Drug Withdrawal	0.06 mg q6 24hr PO	yes	N/A	Constipation Respiratory Distress	<ol style="list-style-type: none"> 1. Admin with syringe & place drops on side of mouth 2. Do not exceed prescribed dose to prevent set backs to wean off 3. Do not stop abruptly, may cause rebound withdrawal symptoms 4. Itave baby on continuous monitor for vital signs
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							<ol style="list-style-type: none"> 1. 2. 3. 4.