

Megan Alonzo

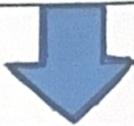
NICU Disease Process Map

2 sets of twins
all w/ RDS

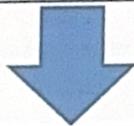
D.O.B.	08/27/25	APGAR at birth:	8 & 9
Gestational Age	29 w 6 d	Adjusted Gestational Age	31 w 6 d
C-section	Birthweight	3 lbs. 3.5 oz. /	1460 grams
	Current weight	3 lbs. 9.5 oz. /	1630 grams

Disease Name: Respiratory Distress syndrome

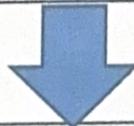
What is happening in the body?
immature lungs and lack of surfactant



What am I going to see during my assessment?
Rapid breathing Cyanosis grunting/moaning
Noisy breathing low O₂ sat
Chest retractions nasal flaring



What tests and labs will be ordered?
X-ray
ABGs



What trends and findings are expected?
↓ O₂ ↑ CO₂
X-ray - wide spread collapse of alveoli, lungs look deflated
Respiratory & metabolic acidosis



What medications and nursing interventions/treatments will you anticipate?

exogenous Pulmonary Surfactant antibiotics
supplemental O₂ Pain management
CPAP / mechanical ventilation
thermoregulation / supportive care



How will you know your patient is improving?

↑ O₂ sat without use of supplemental oxygen
arterial blood gas O₂ ↑
improvement in chest x-ray



What are risk factors for the diagnosis?

* Gestational age (Pre mature) gestational Diabetes
* white males infection
* G-section w/out labor
* Twin



What are the long-term complications?

Bronchopulmonary dysplasia intellectual Disabilities
Developmental Delays
impaired vision / hearing



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

Rest and Rehabilitation breathing exercises
Positioning Diet & fluid management
constant monitoring watch for warning signs (nasal flaring, grunting, retractions)
avoiding sick people / places / smoke / allergens

Student Name: Morgan 1/10/26

Unit: _____

Pt. Initials: _____

Date: _____

Allergies: NKDA

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Vitamin K	clotting mechanism Vitamin	help clot the blood	2 mg PO	2-4 mg	yes			<ol style="list-style-type: none"> 1. Finish all prescribed doses 2. Oral doses are less effective 3. watch for ICP signs 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.