

## NICU Disease Process Map

D.O.B.	9/6/25	APGAR at birth:	2
Gestational Age	37 weeks 3 days	Adjusted Gestational Age	37w 5d
Birthweight	9 lbs. 4 oz.		4196 grams
Current weight	9 lbs. 0.3 oz.		4090 grams

Disease Name:

Sepsis Risk in Newborn

What is happening in the body?

Due to mother having multiple comorbidities, baby was born via C-section prematurely. This can impact the baby because in utero mom is sharing her antibodies, pathogens, etc. w/ baby. This can cause the baby to get infection > hypoxia, neurological issues, etc.

What am I going to see during my assessment?

Baby will be smaller, less body fat, weaker muscle tone. Baby may also have poor coordination w/ feedings. Retractions + apneic spells may be present. May be having some grunting / nasal flaring. May have cool extremities.

What tests and labs will be ordered?

Newborn Screening is a must in all newborns. Baby may also have to have CBC, CMP, C and S, and CXR to rule out sepsis or infection. Blood cultures, stool cultures, and urine may be needed as well. CRP level as well as Procalcitonin CSF,

What trends and findings are expected?

↑ or ↓ WBC, + CRP levels + blood culture, ↓ PFT, ↑ Procalcitonin  
↑ Bilirubin, ↓ AFPs

What medications and nursing interventions/treatments will you anticipate?

- Oxygen Supplementations
- Formula Feedings <sup>thru gavage</sup> if baby isn't feeding well.
- Pulse Ox
- Abx possibly
- OB placement
- Standard Precautions
- Cluster Care

How will you know your patient is improving?

- Patient WBC is levelling out
- Patient feedings improve
- No Respiratory Distress
- No fever
- All labs are normal
- skin is normal for race, not jaundiced or full of
- HR normalized

What are risk factors for the diagnosis?

↓ gestational age, ↓ birth weight, prolonged membrane rupture, mom is infectious, central venous catheter use, mechanical ventilation use, poor hand hygiene from staff and family

What are the long-term complications?

- cognitive delays
- attention/memory difficulty
- sensory impairment
- ↑ risk for CP
- ↑ risk for HTN, DM, and other chronic illnesses
- recurrent infections

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

- go to follow up appt. to identify developmental delays
- if on abx give full dose until finished
- Good Hand hygiene
- S/S resp. distress, recurrent infections
- limit visitors and contact
- encourage vaccination once baby is cleared

Student Name: Lawson Sullivan

Unit: NICU

Pt. Initials: XC

Date: 9/19/25

Allergies: NKDA

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
<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	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why?			
<u>Cholecalciferol (Vitamin D3)</u>	<u>Vitamin D3 Supplement</u>	<u>Vit. D deficiency</u>	<u>10 mcg (400 units) PO daily</u>	<u>400-600 units yes</u>	<u>10 mcg/mL</u>	<ul style="list-style-type: none"> <li>• Vitamin D toxicity</li> <li>• fetal toxicity</li> </ul>	<ol style="list-style-type: none"> <li>1. This will help the infant get U.T. D. in diet sense they aren't eating well</li> <li>2. if you notice N/V, vom, call us ASAP</li> <li>3. if taken at home, use a syringe to not OD</li> <li>4. All newborns Most newborns take this until they are 2-3 months old</li> </ol>
<u>Pottoletum Ointment</u>	<u>topical emollient</u>	<u>treat diaper rash (redness dry skin)</u>	<u>thin layer PRN</u>	<u>thin layer yes</u>	<u>N/A</u>	<ul style="list-style-type: none"> <li>• skin redness</li> <li>• itching</li> <li>• dermatitis</li> <li>• swelling</li> </ul>	<ol style="list-style-type: none"> <li>1. Only apply a thin layer, too much can irritate rash worse</li> <li>2. if the rash is not improving may let us know</li> <li>3. this is acting as a barrier to keep moisture away from rash for dry cracked skin</li> <li>4. this med is needed for dry cracked skin</li> </ol>
<u>Zinc Oxide 10% Ointment</u>	<u>topical emollient</u>	<u>prevent dry scaly itchy skin like diaper rash</u>	<u>application PRN thin layer</u>	<u>thin layer as needed yes</u>	<u>N/A</u>	<ul style="list-style-type: none"> <li>• skin redness</li> <li>• itching</li> <li>• infections/s</li> <li>• rash worsening</li> </ul>	<ol style="list-style-type: none"> <li>1. apply after cleaning bottom's diaper</li> <li>2. change cleaning bottom</li> <li>3. apply a thin layer to prevent worsening rash</li> <li>4. if baby starts having breathing issues call us now</li> </ol> <p>This med is as needed for diaper rash</p>
							<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
							<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>