

D.O.B. <u>08/27/25</u>	APGAR at birth: _____
Gestational Age <u>33w</u>	Adjusted Gestational Age <u>34<sup>w</sup></u>
Birthweight _____ lbs. _____ oz. / _____ grams	
Current weight _____ lbs. _____ oz. / <u>1880</u> grams	

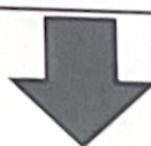
Disease Name: Neonatal Abstinence Syndrome

**What is happening in the body?**  
The baby is exposed to the drug in the womb and they get used to it. After birth the drug supply stops but the baby's brain is still used to having it. So the nervous system becomes overactive causing tremors, crying, and irritability.

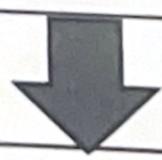


**What am I going to see during my assessment?**

- high pitch cry, hyperactive reflexes
- nasal stuffiness, fever, poor feeding & poor weight gain



**What tests and labs will be ordered?**  
Umbilical cord tissue testing or could be meconium or urine  
blood glucose, CBC / blood cultures, liver tests

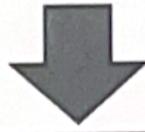


**What trends and findings are expected?**  
gradual improvement over time of weaning after the first few days, but sometimes will get worse before better



What medications and nursing interventions/treatments will you anticipate?

Methadone → used to wean  
quiet, low-stimulus environment  
Encourage skin to skin and bonding  
Small, frequent feedings  
Non-nutritive sucking



How will you know your patient is improving?

Calmer, consolable, feeding better, less meds needed, VS improving



What are risk factors for the diagnosis?

Maternal substance use - longer drug exposure = greater risk



What are the long-term complications?

Delayed cognitive development, learning difficulties, lower weight/length,  
higher risk of behavioral and social challenges.  
HOWEVER - most "catch up"



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

Feeding - encourage frequent, small feedings  
Safe sleep, med adherence, soothing techniques

Student Name: Camryn Cowley

Unit: NICU

Pt. Initials: \_\_\_\_\_

Date: Tuesday- 9/09/25

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

Allergies: NKA

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?			
Cefepime	Broad spectrum Abx	treat bacterial infections	2.45 mL q8hr IV	Yes	98 mg in 40 mg/mL ordered for 50mg/Kg over 27 minutes	allergic reactions, renal toxicity, c.diff	<ol style="list-style-type: none"> <li>Vital signs- Temo, HR, BP, RR</li> <li>renal function- BUN, Creatinine, urine output</li> <li>Neuro status- watch for irritability and tremors</li> <li>Allergic reactions- rash, anaphylaxis</li> </ol>
Penicillin G k+	beta-lactam abx	Kills bacteria	200000 units/kg daily IV	yes	In sterile IV syringe (50,000)	Allergic reactions, renal toxicity, neurotoxicity	<ol style="list-style-type: none"> <li>Vitals- HR, RR, BP, temp</li> <li>Renal function- Urine output, BUN, creatinine</li> <li>Neuro status</li> <li>Redness, swelling, allergic reaction</li> </ol>
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