

NICU Disease Process Map

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| D.O.B. <u>07.13.2026</u> | APGAR at birth: <u>1 min - 4</u> <u>5 min - 8</u> |
| Gestational Age <u>27w3d</u> | Adjusted Gestational Age <u>35w6days</u> |
| Birthweight _____ lbs. _____ oz. / <u>990</u> _____ grams | |
| Current weight _____ lbs. _____ oz. / <u>2330</u> _____ grams | |

Disease Name: inguinal hernia & hydrocele

What is happening in the body?

Inguinal hernia - protrusion abdominal contents through inguinal canal into scrotum
Hydrocele - Fluid in scrotum



What am I going to see during my assessment?

Inguinal hernia: Bulge/swelling in groin area. more noticeable when baby cries or strains. Should be soft & reducible with gentle pressure.
Hydrocele: scrotum will be smooth, nontender. Upon palpation, soft, fluid-filled so not firm. When light is shone through scrotum, the hydrocele will be illuminated.



What tests and labs will be ordered?

Ultrasound, Xray.



What trends and findings are expected?

It would be expected to see herniated loop of intestine through inguinal canal.
We would also see fluid on ultrasound confirming hydrocele.



What medications and nursing interventions/treatments will you anticipate?

Assessment for strangulation of intestines. Reduced blood flow to scrotum/intestines. Surgical intervention needed at that time.
If hydrocele not resolved by 1 year, surgical repair needed. Hydrocelectomy
post-op education - no riding toys, no baths.



How will you know your patient is improving?

Physical assessment of scrotum. Fluid gone and mass no longer palpable.



What are risk factors for the diagnosis?

Inguinal hernia risk increase from 1-5% of newborns to 9-11% in premature infants.



What are the long-term complications?

If untreated, hernia may cause increased pain and cell death to intestines.
Hydrocele is usually self-resolving, but may turn into inguinal hernia.
Rarely may cause testicular atrophy or impaired spermatogenesis.



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

We should teach parents to call healthcare provider if they notice hard, tense bulge that doesn't go away when baby relaxes. Red, purple or blue discoloration. Baby is very irritable, crying inconsolably, vomiting or refusing to feed.