

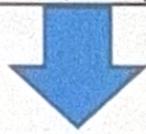
## NICU Disease Process Map

D.O.B. <u>08/27/25</u>	APGAR at birth: <u>8</u>
Gestational Age <u>29w6d</u>	Adjusted Gestational Age <u>31w5d</u>
Birthweight <u>3</u> lbs. <u>3.5</u> oz./ <u>1460</u> grams	
Current weight <u>3</u> lbs. <u>7</u> oz./ <u>1560</u> grams	

Disease Name: RDS-related to the preterm birth of multiples

What is happening in the body?

From the birth at 29w6d to now, 31w5d the lungs are immature and lack surfactant needed to pop open alveoli. A.M. was at an increased risk d/t being a multiple, which increased his risk for prematurity.



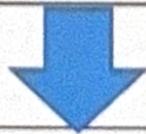
What am I going to see during my assessment?

• tachypnea, retractions, nasal flaring, ↑ work of breathing



What tests and labs will be ordered?

CXR, blood gases, continuous O2 monitoring, CBC,



What trends and findings are expected?

hypoxemia, hypercapnea, respiratory acidosis?



What medications and nursing interventions/treatments will you anticipate?

• exogenous surfactant, caffeine citrate, O<sub>2</sub> therapy



How will you know your patient is improving?

↓ in need for respiratory support → ↓ in invasiveness  
while maintaining O<sub>2</sub>



What are risk factors for the diagnosis?

Prematurity < 34 wks, being a multiple, lack of antenatal  
steroids, C-section without laboring



What are the long-term complications?

• Bronchopulmonary dysplasia/chronic lung disease,  
retinopathy



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

Importance of antenatal steroids, hand hygiene and  
infection prevention, importance of future vaccines

Student Name: Olivia Samanipas

Unit: NICU

Pt. Initials: AM

Date: 11/19/28

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

Allergies: NKDA

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?				
Caffeine Citrate	CNS Stimulant	treatment of apnea of prematurity	14.6mg IV daily @ 1200	5-20mg/L YES			<ul style="list-style-type: none"> <li>• feeding intolerance</li> <li>• tachycardia</li> <li>• metabolic rate</li> <li>• NEC</li> </ul>	<ol style="list-style-type: none"> <li>1. monitor HR</li> <li>2. monitor O2</li> <li>3. observe &amp; report any seizure like activity</li> <li>4. use cautiously in infants w/seizures</li> </ol>
glycerin 80% rectal enema	laxative	constipation	0.2mL PRN daily	—	—		<ul style="list-style-type: none"> <li>• rectal irritation</li> <li>• electrolyte imbalance</li> <li>• perforation</li> </ul>	<ol style="list-style-type: none"> <li>1. Inspect perianal area</li> <li>2. gently insert</li> <li>3. highlight this is PRN!</li> <li>4. NEC SIS: feeding intolerance, vomiting...</li> </ol>
Cholecalciferol	fat-soluble Vitamin	prevention of vitamin D deficiency	10mcg PO daily	200-400 IU/day YES	—		<ul style="list-style-type: none"> <li>• hypercalcemia</li> <li>• renal impairment</li> <li>• constipation</li> </ul>	<ol style="list-style-type: none"> <li>1. monitor calcium levels</li> <li>2. SIS of hypercalcemia, poor feeding, hypotonia, arrhythmias</li> <li>3. observe any other "D" sources</li> <li>4. assess for SIS effects</li> </ol>
								<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>