

### NICU Disease Process Map

D.O.B. 9/18/25 APGAR at birth: 9  
 Gestational Age 37w 2 days Adjusted Gestational Age 36w  
 Birthweight 5 lbs. 3.6 oz. / 2370 grams  
 Current weight 4 lbs. 15.8 oz. / 2260 g grams

Disease Name: Neural Tube Defect (hcc) Feeding Difficulties pericardial effusion  
Myelomeningocele Atrial Septal Defect (ASD)

What is happening in the body?  
 golf ball sized lump on lower back  
 She had surgery and is healing well  
 She is not showing interest in eating. She is uncoordinated, not rooting.  
 possible neurological deficits following myelomeningocele



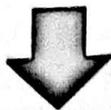
What am I going to see during my assessment?  
 a good, pink, dry healing incision with no drainage  
 Should see/feel flat fontanelles. (no cerebral fluid build up, any fluid build up following her spinal cord defect/surgery)  
 no S/S of infection (fever, ↑ resp, ↑ B/P)



What tests and labs will be ordered?  
 MRI    CBC    wound culture and sensitivity  
 used to dx neural tube defect    WBC counts, RBC counts, infection?  
 no infection if so; what kind and how to treat



What trends and findings are expected?  
 her WBC count should be normal/within normal range as a result of no underlying infection  
 BUN & creatinine levels should be WNL - good kidney function  
 electrolyte levels should be WNL - no great fluid loss or fluid overload presents to change/disrupt these levels



What medications and nursing interventions/treatments will you anticipate?

Analgesics: possibly administered post-op to control the babies pain  
prone positioning: She needs to lay on her back to avoid unnecessary pressure on her incision site. frequent "position" changes. She is allowed to be sidelying as well



How will you know your patient is improving?

The incision site will heal/continue to close properly with no infections  
She will start improving her intake. hopefully start showing hunger cues like rooting, non-nutritive sucking, crying, etc.



What are risk factors for the diagnosis?

Risk factors for a neural tube defect could be maternal drug use, diabetes, radiation exposure, folic acid deficiency  
She was born as a twin, which can also cause ~~higher~~ heightened risk of complications



What are the long-term complications?

hydrocephalus  
developmental delays/deficits  
paralysis  
neurogenic bladder      incontinence



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

educate parents about resources and other health care services to optimize babies health. - keep your appointments!  
prevent infection: proper handwashing, frequent diaper changes  
hydrocephalus monitoring: TICP (bulging fontanel, irritability)

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Unit: NICU

Pt. Initials: E.

Date: 9/23

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Dextrose 10% 4ml/hr	Isotonic/Hypotonic/Hypertonic	Maintenance fluids	blood glucose, Na <sup>+</sup> , K <sup>+</sup> , Ca <sup>2+</sup> , BUN + creatinine	hypocalcemia, hypokalemia

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule PRN IV q2hs	Therapeutic Range?		IVP - List diluent solution, volume, and rate of administration  IVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Fentanyl	analgesic opioid	pain	0.24ml = 24mcg at 100mcg/ml 1mcg/kg	0.5-3mcg/kg yes	NS 1-3min	arrhythmias bradycardia hypotension N/V	<ul style="list-style-type: none"> <li>1. Assess: HR, BP, RR continuously to monitor for respiratory depression</li> <li>2. - reassess pain</li> <li>3. this medication may cause constipation. stomach may start to feel hard and</li> </ul>	
						lethargy/ confusion	<ul style="list-style-type: none"> <li>1. distended - try a gentle massage or bicycle legs on baby</li> <li>2. S/S of pain in baby: need for pain meds: high pitched cry,</li> </ul>	
							<ul style="list-style-type: none"> <li>1. grimacing, grunting, ↑ ICS</li> <li>2. pre-caution in use w/ babies</li> <li>3. w/ ↑ ICP - nurse needs to measure FOC routinely - this</li> </ul>	
							<ul style="list-style-type: none"> <li>1. baby is at risk for hydrocephalus</li> </ul>	
							<ul style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ul>	

resources: Davis's Drug Guide  
Adopted: August 2016