

Student Name: Kia Warren

NICU Disease Process

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|-----------------|------------------------|------------------------------------|
| D.O.B. | <u>09/29/25</u> | APGAR at |
| | birth <u>4/7/10</u> | |
| Gestational Age | <u>37 weeks 4 days</u> | Adjusted Gestational Age <u>41</u> |
| | <u>weeks 5 days</u> | |
| Birthweight | 4 lbs. 8.7 oz./ | 2060 grams |

Disease Name: Gastroschisis

What is happening in the body?

During early stages of development, the abdominal wall fails to close leaving an opening where the intestines protrude outside the body



What am I going to see during my assessment?

If intestines remain outside the body the intestines will stay inside a silo bag where they are slowly pushed back into the abdomen. If it is closed already you would see a scab or suture where the hole was and the infant may be left without a belly button.



What tests and labs would I expect to see? What are those results?

Possibly lowered electrolytes due to fluid loss. CBC to monitor for infection and blood glucose to monitor for hyperglycemia due to stress.

What medications and nursing interventions or treatments will you anticipate?

IV fluids for fluid loss, intestines will be covered by a silo bag, pt to be NPO and on TPN, antibiotics and possible pain medications

Please write up any medications given or any medications that your patient is on using a separate medication sheet



How will you know that your patient is improving?

Fluid and electrolytes are within normal ranges. Adequate urine output, no signs of distress or pain, bowel sounds active and bowel movements regular.



What are the primary risk factors for this diagnosis?

Young maternal age, poor nutrition, substance abuse during pregnancy, alcohol use, environmental exposures and inadequate prenatal care. Preterm, male and low amniotic fluid



What are the long-term complications?

Short bowel syndrome, mal absorption , GERD, bowel obstruction, FTT, Vitamin deficiencies, feeding aversion