

Student Name: Kayla Rodriguez Unit: MCU Pt. Initials: SA

Date: 11-4-2025

Allergies: NKDA

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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?			
Caffeine Citrate	CNS Stimulant	Stimulant for brain to know to breathe	10mg (1cc), Oral one daily			—	Tachycardia Restlessness Feeding intolerance	1. Monitor HE + BE 2. Monitor episodes of apnea 3. Correct dosing based on weight 4. Parent education
Cholecalciferol Vit D3	Fat Soluble Vitamin	Supports bone growth & calc. absorption	400units Oral One daily			—	Hypertension N/V (rare)	1. Administer w/ oral syringe 2. Monitor for feeding tolerance 3. Give at same time daily 4. Parent education on bone development
HEP B	Vaccine/ Immunization	Provides active immunity against Hep B virus infection	10mg Im One			—	Mild Fever Soreness Irritability Red at injection site	1. Monitor for allergic reaction 2. Provide comfort measures 3. Educate parents on 10cc out 4. Vaccine schedule
								1. 2. 3. 4.

Student Name: Kimbra Rodriguez

NICU Disease Process Map

D.O.B. <u>10-18-2025</u>	APGAR at birth <u>6 + 8</u>
Gestational Age <u>31w 5days</u>	Adjusted Gestational Age <u>34w 1day</u>
Birthweight <u>3 lbs. 11.3 oz./ 1680</u> grams	

Disease Name: Respiratory Distress Syndrome

What is happening in the body?
RDS is a deficiency of surfactant in the lungs. With no surfactant the alveoli collapses leading to decreased gas exchange, hypoxemia, and the body working harder to breathe.



What am I going to see during my assessment?
Nasal flaring, grunting, tachypnea, cyanosis, pallor, low O₂ sats, fine crackles in the lungs, periodic breathing.



What tests and labs would I expect to see? What are those results?
Chest xray: Hazy lung fields with poor lung expansion
ABG: Hypoxemia, hypercapnia, Respiratory acidosis
CBC: No infection

What medications and nursing interventions or treatments will you anticipate?

Ampicillin + Gentamicin for infection prophylaxis

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?

RR starts normalizing, less grunting + nasal flaring,
O₂ sats above 95% with no support, clear breath sounds,
Stable ABGs, baby feeding + gaining weight.



What are the primary risk factors for this diagnosis?

Prematurity < 34 weeks.



What are the long-term complications?

Chronic lung disease, recurrent respiratory infections,
Bronchopulmonary dysplasia (from prolonged ventilator
use)