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NICU Disease Process Map

D.O.B. 11/12/2025 APGAR at birth 7 and 8

Gestational Age 40.4 Adjusted Gestational Age 41.0

Birthweight 6 lbs. 11 oz./ 3040 grams

Disease Name: Transient Tachypnea of the Newborn (TTN)

What is happening in the body?

This happens due to the newborn still having EXTRA fluid in their lungs after birth. Baby did not clear the lungs fast enough on their own and is now struggling to more oxygen from the lungs to the blood.

What am I going to see during my assessment?

- Fast, labored breathing
  - ↳ RR > than 60
- Nasal flaring
- Lung auscultation → crackles

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

Chest X-ray → hyperinflated with prominent markings or streaks. → Chest X-ray looked streaky. kind of hazy. not clear.

Pulse Oximetry → low O_2 sats → patient had history of ↓ O_2 sats but now WNL.

Low glucose → due to over compensation of energy → Hx of hypoglycemia but stable now.

*All other labs WNL.

What medications and nursing interventions or treatments will you anticipate?

- Glucose to help baby get back to normal sugar levels → Dextrose, D5 NS
- Supplemental oxygen to help saturation levels.

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

- Baby was on no meds at the time of my clinical.

How will you know that your patient is improving?

- Baby will have "trending up" weight gain
- Baby will maintain O_2 sats WNL on their own.
- Baby will maintain glucose levels WNL.
  - ↳ Feeding will happen naturally and on a schedule.

What are the primary risk factors for this diagnosis?

- Mom has a C-section → no chest compression to help push the fluids out

What are the long-term complications?

- TTN usually does not cause long-term complications, we just like to monitor normal lung function over time.
  - ↳ studies are saying it could be linked in some Asthma cases.