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Student Name: Sadie Fregia

### NICU Disease Process

D.O.B.	<u>10/25/25</u>	APGAR at
	birth <u>7/8</u>	
Gestational Age	<u>32 wks</u>	Adjusted Gestational Age <u>34 &amp; 3</u>
Birthweight	<u>4</u> lbs. <u>2</u> oz./	<u>1880</u> grams

Disease Name: Apnea of Prematurity

What is happening in the body?

The babies brain and respiratory system are immature which causes irregular breathing. This can lead to pauses in breathing up to 20 seconds. Weak muscles and the low surfactant due to RDS make it harder to keep breathing steady.



What am I going to see during my assessment?

Pauses in breathing, bradycardia, maybe some cyanosis or pallor, low O<sub>2</sub> especially during apneic episodes, irregular respirations



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

- Continuous cardio, respiratory and O<sub>2</sub> monitoring
- possibly CBC to rule out any infection

What medications and nursing interventions or treatments will you anticipate?

meds = caffeine citrate

interventions = continuous monitoring, maintain warmth, minimize stress

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?

Fewer or no apneic episodes, stable HR and O<sub>2</sub> levels, tolerates feedings without any breathing troubles.



What are the primary risk factors for this diagnosis?

Prematurity < 34 weeks, low birth weight, hypothermia.



What are the long-term complications?

Possible recurrent apnea, possible developmental delays from hypoxia, chronic lung disease

Student Name: Sadie Fregia

Unit: NICU

Pt. Initials: EC

Date: 11/11/25

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

Allergies: NONE

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

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?			
POLY-VI-SOL with IRON	Multi-Vitamin	Vitamin & mineral supplement	0.5ml Q12hrs	Yes		N/A	dark stools, upset stomach, constipation	<ol style="list-style-type: none"> <li>1. Monitor for GI upset</li> <li>2. Teach parents about side effects</li> <li>3. Monitor H/H to evaluate effectiveness</li> <li>4. Administer after feeding</li> </ol>
Caffeine citrate	Resp. Stimulant	treats apnea of prematurity	0.9ml daily	Yes		N/A	↑ HR, jitteriness, feeding intolerance	<ol style="list-style-type: none"> <li>1. Monitor HR and O<sub>2</sub></li> <li>2. Assess feeding tolerance</li> <li>3. Monitor for apneic episodes</li> <li>4. Teach parents about med</li> </ol>