

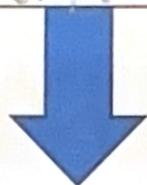
Student Name: Emily Worn

NICU Disease Process Map

D.O.B. <u>10/20/2</u>	APGAR at birth <u>4/4</u>
Gestational Age <u>31 w</u>	Adjusted Gestational Age <u>34</u>
Birthweight <u>7</u> lbs. <u>11.5</u> oz. / <u>1090</u> grams	

Disease Name: Single umbilical artery / bilateral cleft lip palate

What is happening in the body?
SUA - umbilical cord only has one artery and one vein, although SUA is not the direct cause of bilateral cleft lip palate, it does increase the risk of fetal anomalies



What am I going to see during my assessment?
SUA is seen on ultrasound / I will see increased work of breathing, difficulty maintaining an effective seal for suckling



What tests and labs would I expect to see? What are those results?
routine neonatal labs
genetic testing

What medications and nursing interventions or treatments will you anticipate?

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?

Infant can feed w/ less effort
weight gain trend
no retractions, stable O₂



What are the primary risk factors for this diagnosis?

Genetics, environmental & lifestyle
choices during pregnancy



What are the long-term complications?

unwilling to
interact
wearless
speech & language
issues

Student Name: Emily Lynn Unit: WVU Pt. Initials: D.L. Date: 11/10/25

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>DIO/MALL/KCL/5</u> <u>1ml/hr</u>	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?			
<u>10mg Diazepam</u>	<u>Muscle relaxant</u>	<u>ADP</u>	<u>1mg oral daily</u>	<u>Yes</u>		<u>ALCOHOL</u>	<u>TRUSSERS</u>	<ol style="list-style-type: none"> 1. MONITOR VITALS 2. MONITOR W/ VATE 3. <u>± 24 DIS</u> 4. <u>S/S ALLERGIC REACTION</u>
<u>Molecular weight</u>	<u>VITAMINS</u>	<u>SKIN ITCH HEALTHY ABSORPTION CALCIUM</u>	<u>10mg PO</u>	<u>Yes</u>			<u>HYPERCALCAEMIA CONSTIPATION N/V</u>	<ol style="list-style-type: none"> 1. <u>MANAGE SYMPTOMS</u> 2. <u>MONITOR VITALS</u> 3. <u>USE ORAL SYMPTOMATIC</u> 4. <u>MONITOR W/ VATE</u>
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.

Student Name: Wmily Ann

Unit: Med

Pt. Initials: W.A.

Date: 11/21/25

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
<u>LAHND UPHATE</u>	<u>methylphenidate</u>	<u>ADHD KUP</u>	<u>20mg M.V MAY</u>	<u>/</u>	<u>/</u>	<u>TREMORS TACHYCARDIA FEELING INTOI</u>	<u>1. MONITOR VITALS 2. MONITOR WT 3. IZM DIS 4. SIS DELIRIATION</u>	