

Student Name: Crystal Pena

Unit: NICU

Pt. Initials: Bayo

Date: 12/3/25

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?			
Pentanyl	analgesic opioid general anesthetic	Pain / Sedation	1.8 mg/kg Contiguous IV infusion	2 mg/kg/hr (1.8 mg/hr)	yes.		CNS depression respiratory depression bradycardia	<ol style="list-style-type: none"> 1. explain to parents it is used for pain, sedation, & anxiety to allow for continuous monitoring of breathing and heart rate 2. monitor for hives for bulging 3. monitor for respiratory depression 4. cluster care to reduce external stimulation - can disrupt sedative effect
								<ol style="list-style-type: none"> 1. 2. 3. 4.
								<ol style="list-style-type: none"> 1. 2. 3. 4.
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NICU Disease Process

D.O.B.	<u>11/13/25</u>	APGAR at
	birth <u>4/8</u>	
Gestational Age	<u>25</u>	Adjusted Gestational Age <u>28</u>
Birthweight	<u>650</u>	grams

Disease Name: *Primary dx* / *Secondary dx*
prematurity / *respiratory distress*

What is happening in the body?

Surfactant deficiency due to prematurity → alveolar collapse



What am I going to see during my assessment?

Thin skin, lanugo, subcostal retractions, breath sounds from the Jet ventilator, absent testes



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

CXR & abdominal XR - 12/3 CXR impression - Left lung collapse

CMP → Bilirubin total ↑ (6.5)

Blood gas due to intubation = pH ↓ 7.18 CO₂ ↑ 65

Lactate 1.2

What medications and nursing interventions or treatments will you anticipate?

phototherapy would be expected because of his bilirubin
PRC - Procrat

CBC, CMP - to monitor billi & electrolytes

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? if we are able to wean off of oxygen and patient has not as many desaturations.



What are the primary risk factors for this diagnosis?

gestational immaturity, Cesarean Section Delivery
maternal infections/diseases during pregnancy also
drug use, high blood pressure, or accidents. For this patient
mom had HELLP which I learned is life-threatening for the
mother and treatment is delivery.



What are the long-term complications?

Bronchopulmonary Dysplasia - Due to scarring & inflammation of lung tissue
because of prolonged use of mechanical vents and high concentrations of O₂.
Retinopathy of Prematurity - Due to exposure of high oxygen levels.
Developmental delays - cognitive impairment, learning disabilities
Due to episodes of low oxygen.