

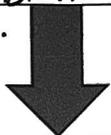
Student Name: Kaitlyn Massey

NICU Disease Process Map

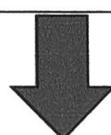
D.O.B. <u>09/24/25</u>	APGAR at birth <u>5</u>
Gestational Age <u>23w 3d</u>	Adjusted Gestational Age <u>43w 2d</u>
Birthweight <u>1 lbs. 2 oz.</u>	<u>570</u> grams

Disease Name: Inguinal Hernia

What is happening in the body?
Abdominal tissue, such as fat or a loop of intestines, pushes through an opening in the lower abdominal wall. This wall separates the abdomen from the groin. Thus causing an inguinal hernia. Typically, this is due to preterm birth weight, immature abdominal wall / fetal development, etc.



What am I going to see during my assessment?
When assessing the patient, you will see a bulge in the groin area. Swelling would be expected. The testes would be swollen as well if the hernia has descended into the scrotum.



What tests and labs would I expect to see? What are those results?
Physical assessment: bulge in groin, swollen testes/scrotum
Ultrasound: Presence of hernia and size
CT Scan: Bowel obstruction or strangulation
MRI: Soft tissue damage around hernia (if needed)

What medications and nursing interventions or treatments will you anticipate?

Analgesics / Morphine for Pain

Surgery and post-op care

Monitor for Constipation - Want to avoid grunting and tensing up.

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

* Pain medication was to be added after patient had surgery on 2/11/26.



How will you know that your patient is improving?

Decreased Pain at Surgical Site.

Reduced Swelling in groin / Scrotum area.

Good Urine Output.



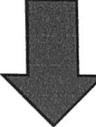
What are the primary risk factors for this diagnosis?

Low gestational age

Gender: males are more prone

Congenital conditions

Race: African Americans more prone



What are the long-term complications?

Recurrence

Iatrogenic Cryptorchidism

Testicular atrophy

Fertility issues in the future

Morbidity: Worst Case Scenario