

Student Name: Rachel Hernandez

NICU Disease Process Map

| | | | |
|-----------------|-----------------------------|--------------------------|---------------|
| D.O.B. | <u>11-16-25</u> | APGAR at birth | <u>0</u> |
| Gestational Age | <u>23 WKS</u> | Adjusted Gestational Age | <u>36 WKS</u> |
| Birthweight | <u>1</u> lbs. <u>8</u> oz./ | <u>680</u> | grams |

Disease Name: Respiratory Distress Syndrome

What is happening in the body? Not enough surfactant making the lungs hard to expand. The pt. has to work much harder to breathe. Resulting in poor oxygen exchange, if the O_2 levels drop the pt can become hypoxic, the alveoli in the lungs collapse after each breathe.



What am I going to see during my assessment? Breathing signs: Tachypnea, Grunting, Nasal flaring, retractions, Cyanosis around the lips and low O_2 sats. Restlessness and poor feeding.



What tests and labs would I expect to see? What are those results?
ABGs: Ph \downarrow < 7.35 acidic
 CO_2 \uparrow > 45 (CO_2 retention)
Chest X-ray: may show collapsed alveoli
Hypoglycemia: below 40-45 (needs close monitoring)

What medications and nursing interventions or treatments will you anticipate?
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Caffeine citrate - Premature babies that have apnea

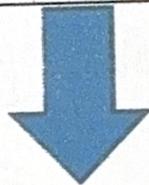
Highflow NC humidified

Surfactant Replacement

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? Less grunting, reduced retractions, smooth regular breathing, Less O₂ support
Improved feeding/suckling. Less fatigue. Ph returns to normal



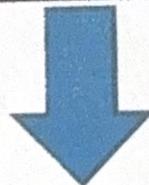
What are the primary risk factors for this diagnosis?

Prematurity

low birth wt

multiple births

maternal diabetes



What are the long-term complications?

BPD - Prolonged O₂ or mechanical ventilation

Cognitive delays

Retinopathy of Prematurity - ↑ O₂ in preemies → abnormal retinal vessel growth

Increased risk for Respiratory Infections.

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

| | | | | |
|--|--|---|-------------------------------------|---|
| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type <input type="checkbox"/> Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
| Click here to enter text. <i>N/A</i> | | Click here to enter text. <i>N/A</i> | | Click here to enter text. <i>N/A</i> |

| | | | | | | | | | |
|---|-------------------------------------|---|------------------------------------|--|--|---|---|---|--|
| Student Name: Rachel Hernandez. | | Unit: NICU | | Patient Initials: | | Date: 2/20/26 | | Allergies: NKDA | |
| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Is med in therapeutic range? If not, why? | 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.) | |
| Caffeine Citrate | CNS stimulants | Treatment of apnea of prematurity | 1ml 24hrs a day through NG tube | yes | N/A | N/A | Tachycardia, diuresis, GI upset, insomnia | | |
| Phenobarbital | Anti-convulsant | Seizure control and calms brain activity. | 0.68 ml once a day through NG tube | yes | N/A | N/A | Respiratory depression, sedation/lethargy, feeding difficulties, and hypotension. | <ol style="list-style-type: none"> 1. Monitor respiratory status. (rate, effort, episodes of apnea, and O2 Sats). 2. Monitor weight and fluid balance (dehydration due to diuresis). 3. Reinforce the importance of following the dose schedule exactly as prescribed. 4. Observe for nervous system effects (jitteriness, irritability, or seizures). <ol style="list-style-type: none"> 1. Report any trouble breathing, extreme lethargy, poor feeding. 2. Do not stop medication abruptly (risk for withdrawal/seizures). 3. Monitor respiratory status/ (O2 saturations, work of breathing, and RR). 4. Seizure precautions (suction and oxygen at bedside). | |

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| Poly Vi Sol | Vitamin/nutritional supplement. | Supports normal growth and development | 1ml daily Through NG tube | Yes | N/A | GI upset, and taste aversion. Allergic reactions. | <ol style="list-style-type: none"> 1. Do not give extra (due to overdosing that can be harmful). 2. Feeding tolerance (watch for vomiting, diarrhea, and decreased intake). 3. Allergic reactions (rash, swelling). 4. Best to give after feeding to reduce stomach upset. |
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Source : www.drugs.com