Student Name: Gadi Sullivent

NICU Disease Process

D.O.B. 2/8/2026 APGAR at birth 8

Gestational Age 40/0 Adjusted Gestational Age 42/3

Birthweight 7 lbs. ~~6.9~~ 9.5 oz./ 3445 grams

Current weight: 8lbs / 3630 grams

Disease Name: Apert's Syndrome

What is happening in the body?

Apert's syndrome is a genetic disorder caused by an FGFR2 gene mutation that triggers premature fusion of skull bones (craniosynostosis), midfacial bones, and digits (syndactyly).

What am I going to see during my assessment?

Skull: tall, long head with a flat back.
Face: Wide-set, bulging eyes, flat midface.
Hands/Feet; Webbed/fused finger + toes.
+ possible breathing/hearing issues

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

Genetic testing (FGFR2 gene mutation), CT scan (evaluates skull shape to confirm premature fusion of cranial sutures), X-ray of hands, feet, spine (shows syndactyly, which is fused bones, and possible vertebral abnormalities, such as fused cervical vertebrae), hearing + cardiac evaluation.

What medications and nursing interventions or treatments will you anticipate?

Early surgical correction of craniosynostosis (skull fusion) and syndactyly (fused fingers/toes), continous airway management, ophthalmologic care, infection control (antibiotics) for ear infections.

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?

Improved breathing, normalized facial appearance, better hand/feet function, reduced intracranial pressure, normalized head shape, better vision, developmental progress, and overall higher quality of life.

What are the primary risk factors for this diagnosis?

Sporadic mutation (most common), advanced paternal age, if one parent has syndrome - there is a 50% chance of passing it to infant, no known environmental causes

What are the long-term complications?

Chronic airway obstruction (sleep apnea), hearing loss from recurring ear infections, potential mild-to-moderate intellectual disability, vision issues from shallow eye sockets, progressive fusion of bones, dental overcrowding, severe acne, and excessive sweating.

Student Name: Gadi Sullivent Unit: NICU Pt. Initials: BD Date: 7/25/24

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
N/A	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)
Spironolactone hydrochlorothiazide (ALDACTAZIDE)	potassium-sparing diuretic	Yes Get rid of extra fluid.	3.5mg, OG Tube, every 12 hours	Yes	N/A	hyperkalemia, dehydration, electrolyte & metabolic issues, N/V/D	1. Monitor for hyperkalemia 2. Perform daily weights 3. Monitor heart rate & blood pressure 4. Give w/ milk to reduce gastric irritation
(POLY-VI-SOL with IRON)	multivitamin with iron	Prevent iron-deficiency anemia + ensure nutrient intake	0.5mL, oral, every 12 hours	N/A	N/A	constipation, diarrhea, nausea, dark green or black stools	1. Monitor lab values 2. Don't give w/ dairy or antacids 3. Prevent teeth staining 4. Advise parents that black or dark green stool is normal & expected
							1. 2. 3. 4.
Methadone	synthetic opioid agonist	Treat Neonatal Abstinence Syndrome – slowly weaning them off	0.1mg, oral, every 6 hours	Yes	N/A	irritability, sleep disruption, apnea episodes, N/V/D, dehydration	1. Monitor for respiratory distress 2. Maintain a quiet, dimly lit, calm environment 3. Encourage frequent holding 4. Monitor for withdrawal symptoms
							1. 2. 3. 4.

Adopted: August 2016