Medications

Simethicone (Gas drops) (given per instructor)

Therapeutic class: Antiflatulent

Pharm Class: Gastrointestinal agents

USES: This product is used to relieve symptoms of extra gas such as belching, bloating, and feelings of pressure/discomfort in the stomach/ gut (Jones & Bartlett, 2020).

The patient is taking it to relieve the painful symptoms of too much gas in his stomach and intestines (Jones & Bartlett, 2020).

Do not take simethicone if you are allergic to simethicone or any ingredients contained in this drug. Be aware of drug-to-drug interactions (Jones & Bartlett, 2020).

Demographic Data

Admitting diagnosis: Neonatal hyperbilirubinemia

Psychosocial Developmental Stage: Trust vs Mistrust (Ricci et al., 2020)

Age of client: 4 days old
Sex: Male
Weight in kgs: 11kg **Cognitive Development Stage:** Sensorimotor (Ricci et al., 2020)
Allergies: None
Date of admission: 6/21/22 (FULL CODE)

Admission History

Pathophysiology

Disease process: Pathogenesis of neonatal jaundice includes physiologic process of bilirubin accumulation or pathological mechanism. The pathological jaundice may be acquired or inherited. Acquired neonatal jaundice include Rh hemolytic disease, ABO incompatibility disease, and hemolytic disease due to G6PD enzyme deficiency (Ricci et al., 2021).

S/S of disease: Yellowing of your baby's skin, Yellowing of the eyes (sclera), Poor feeding, and lack of energy (Ricci et al., 2021).

Method of Diagnosis:
A blood test of a sample of blood taken by pricking your baby's heel with a needle (Ricci et al., 2021).

Treatment of disease: Light therapy (phototherapy) can help resolve moderate or severe cases. Also, IV fluids could be given (Ricci et al., 2021).

bilirubin today. This morning's bilirubin level was 15.0, and a repeat before initiation of phototherapy was 16.2. The mother reports that he has been feeding well. He currently takes 30-40mL Similac total care every 2-3 hour . He is voi

Relevant Lab Values/Diagnostics

Total bilirubin: **1.0-12.0 mg/dL**

6/20/22 – 15.0
6/21/22 – 16.2
6/22/22 – 11.3

Bilirubin could be high due to the baby being born premature at 36 weeks. The baby's liver could not be mature enough to get rid of bilirubin in the blood stream (Pagana et al., 2020).

Medical History

Previous Medical History: N/A

Prior Hospitalizations: N/A

Chronic Medical Issues: N/A

Social needs: The mom is asking appropriate questions about cluster feeds.

Active Orders

Check the patient's rectal temperature two times every two hours.

Feeding formula every 2-3 hours.

These are important to maintain to insure the infant is getting the proper care for being jaundice.

Assessment										
General	**Integument**	**HEENT**	**Cardiovascular**	**Respiratory**	**Genitourinary**	**Gastrointestinal**	**Musculoskeletal**	**Neurological**	**Most recent VS (highlight if abnormal)**	**Pain and Pain Scale Used**
Patient is alert and oriented. He was in no apparent distress and sleeping.	Patient's skin was visibly jaundice. Skin was normal, warm, and dry with no signs of breakdown. Turgor was normal, +2 Patient had no rashes, bruises, wounds, or drains.	Patient's head and neck is symmetrical, trachea is midline with no deviation. Patients ears and nose is free of discharge, left and right sclera appear yellow, bilateral cornea clear, conjunctiva a pink with no drainage. Thyroid was not enlarged.	Heart sounds are normal, S1, S2 present No murmurs, gallops, or rubs Pulses are 2+ throughout bilaterally Capillary refill was less than 2 seconds in fingers and toes. No neck vein distention or edema	Patient's respirations are irregular and labored bilaterally.	Patient is continent. Urine is yellow and clear.	Patient is on a formula feeding every 2-3 hours. Bowel sound was active on all four quadrants. No drains or incision scars. No ostomy.	Patient moves all extremities independently. Push and pulls were equal bilaterally.	No neurologic abnormalities. Alert. Normal muscle tone. Cranial nerves grossly intact. No focal neurological deficit.	**Time:13:07** **Temperature: 97** **Route:** Rectal **RR:** 44 **HR:** 127 **BP and MAP:** **Oxygen saturation:** 96 Room air **Oxygen needs:** None	**Neonatal Infant Pain Scale (NIPS)** 0/0 patient was in zero pain.

Nursing Diagnosis 1 Risk for Hypothermia related to infection and excessive bile in the blood secondary to neonatal jaundice as evidence by temperature 35-36 degrees Celsius (95-97 degrees Fahrenheit).	**Nursing Diagnosis 2** Fluid volume deficit related to phototherapy secondary to disease condition as evidence by baby refusing to eat.	**Nursing Diagnosis 3** Deficient knowledge related to lack of exposure to information as evidence by request for information.
Rationale This was chosen due to the patient's temperature running between 95-97 degrees Fahrenheit.	**Rationale** This was chosen due to the newborn not wanting to eat. .	**Rationale** This was chosen due to the mother asking about why her child is jaundice.
Interventions **Intervention 1:** Assess the patients vital signs at least every 4 hours.	**Interventions** **Intervention 1:** Assess fluid volume status of child by intake and output chart. **Intervention 2:** Provide proper fluid to the	**Interventions** **Intervention 1:** Provide parents with appropriate writing explanation of home phototherapy, listing technique and potential

Intervention 2: Add excessive clothing, blankets and lines. Adjust the room temperature.	child.	problems and safety precautions. **Intervention 2:** Discuss appropriate monitoring of home therapy, periodic recording of infant's weight, feedings, intake/output, stools, temperature, and proper reporting of infant status.
Evaluation of Interventions Temperature will increase and be within normal limits.	**Evaluation of Interventions** Baby will have adequate fluids and was fed every 2-3 hours	**Evaluation of Interventions** The mother will be able to maintain her child's temperature and record the intake and output of her child.

References (3):

Jones & Bartlett Learning. (2019). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). LWW.