

NEONATOLOGY CASE STUDIES



CASE STUDY #I

- 25 week female delivered by C/S to a 20 year old G I P0 mother due to maternal PIH, given betamethasone x 2 prior to delivery. Mother on Magnesium sulfate for PIH. ROM at delivery.
- Infant intubated and given surfactant in the Delivery room. Wt 520 gms

CASE STUDY # I

- You are admitting this infant.
- Identify your admitting diagnosis, admission orders. Give pathophysiology and rationale for your diagnosis and orders.
- Identify any admission procedures indicated.

CASE STUDY # I

ADMISSION X-RAY

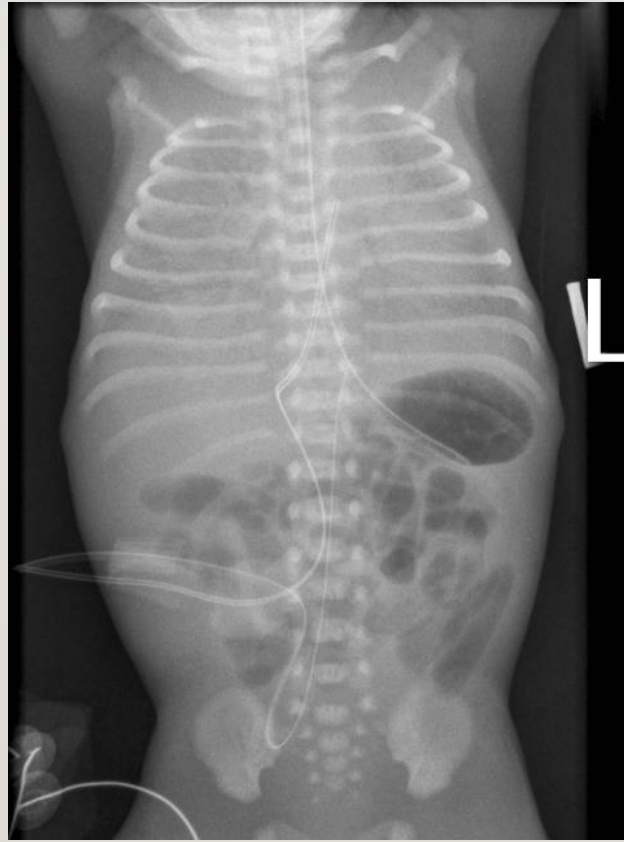


CASE STUDY # I

ADMISSION LAB/VS

- CBC:WBC-5, Hgb-13, Hct-38.5, Plt-107, Seg-22, Band-0, Lymph-70, Mono-3
- Glucose 95
- HR-148, RR 30, BP 37/15 M 23, Temp 36.2, not voided
- ABG- pH: 7.31, pCO2:52, pO2:81, Bicarb:26.2, BE:-1
- What additional orders, if any would you write based on this information? And why? – dopamine? Follow up lab and x-ray?

CASE STUDY # I – FOLLOW UP CXR



CASE STUDY # I

- What additional orders would you write at this time, if any? And Why? Adjust lines, repeat x-ray to eval for need for more surf?

CASE STUDY # 1 – 24 HRS OF AGE

- Lab - BMP- Na:145, K:6.5, Cl:110, CO2:22.4, BUN:31, Cr:1.0, Gluc:190, Ca:8.9, Mg:4.4, Bili: 4.4

CBC - WBC:3.8, Hgb:13.5, Hct:39.2, Plt:110, Seg:44, Band:3, Lymph:48, mono:12

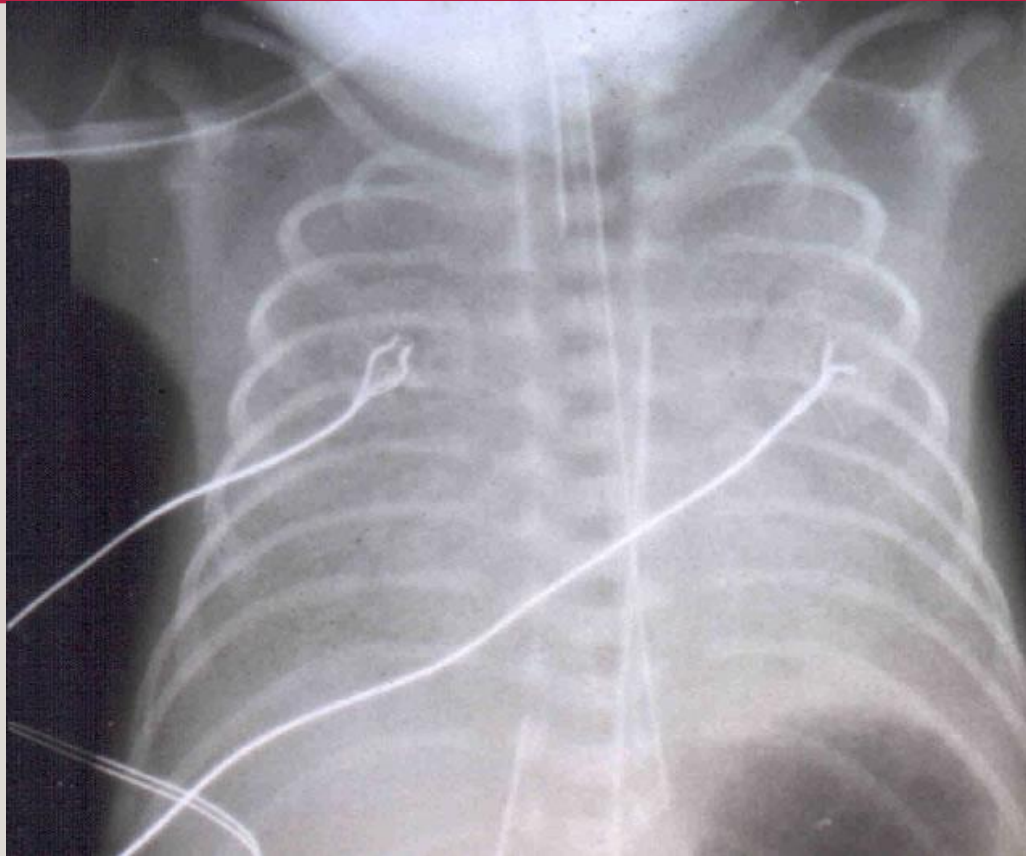
ABG - pH:7.17, pCO2:72, pO2:62, bicarb:26.3, BE: -2.9

On HFOV MAP:8.5, Amp:14, Hz:10 FIO2:42%

- VS - HR:160, RR:30 above HFOV, BP:32/10 ml9, Temp:36.7. UOP: 2 ml/kg/hr
- What new orders would you write, if any? And why? Dopamine? Insulin drip? Vent changes? Fluid changes?

CASE STUDY # 1-CXR AT 24 HRS OF AGE S/P SURFACTANT

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CASE STUDY #1

- What new orders would you write, if any? And why?
 - Echo- PDA, tx with indocin – dose? – more surf?
Fluids?

CASE STUDY #1 36 HRS OF AGE

- Echo revealed large PDA with left to right shunt, after 1 dose of indo labs are: BMP: Na 148, K 6.0, Cl 112, CO2 19.8, BUN 48, Cr 1.2, Ca 8.5

Plt count 100.

Vent settings: FIO2 50%, MAP 10, Amp 18, Hz 10

ABG: pH:7.21 pCO2:44 pO2:42 bicarb:17.6, BE -9.8

VS: HR 168, BP 37/18 m23, Temp 37, UOP: 1ml/kg/hr.

- Additional indo? Ligation? Surfactant

CASE STUDY # 2

- Infant delivered at 31 2/7 weeks by urgent c/s due to footling breech. IUGR dx prenatally. No respiratory support required in DR. BW:870gm
- Admission Diagnosis, Pathophysiology? Orders/procedures? Rationale?
- Admission lab: CBC-WBC:5.6, Hgb:13.3, Hct:39.5, Plt:270, seg:20, Band:0, lymp:76
 - ABG: 7.21/49/69/19.6/-8.3 – bicarb/volume?
- CXR clear
- HR:158, RR:66, BP 53/35, Temp: 36, Gluc:78

CASE STUDY # 2-24 HRS OF AGE

- NPO on TPN/IL, VSS, UOP wnl. BMP- Na:136, K:3.3, Cl:105, CO2:21.9, BUN:16, Cr:0.9, ca 8.5
 - CBC-WBC:-3.8, Hgb:13.8, Hct:40, plt:211, Seg:48, band:3, lymph:45, mono:4
 - HR: 158, RR:48, BP/temp:wnl
- What new orders/rationale? Feedings? Fluids? Lab?
- After feedings are started infant having difficulty with residuals and poor stooling, glycerine enema started but made NPO due to residuals and abd distention. KUB ordered

CASE STUDY # 2 - KUB



CASE STUDY # 2

- New orders? Rationale
- After replogle to LIS, NPO, BE done – surgical consult done.

CASE STUDY # 2 BE



CASE STUDY # 2

- BE revealed meconium ileus – ex lap done
- Based on this dx what other tests or labs should be considered? CF?