	Muscular weakness in hips and shoulders (full term), lower limb weakness (preterm)	edema. Treat underlying cause. Administer antiseizure drugs. Initiate therapeutic hypothermia if criteria met (see p. 280).	potential mild to severe neurologic damage.
Germinal Matrix or Intraventricular Hemorrhage			
Hemorrhage into and around ventricles caused by ruptured vessels as a result of an event that increases cerebral blood flow to area	Sudden deterioration in condition if bleed is large Most bleeds initially asymptomatic Tense, bulging anterior fontanel Neurologic signs: • Twitching • Stupor • Apnea • Seizures Evident on cranial ultrasonography or MRI	Supportive care: Maintain oxygenation. Regulate fluid and electrolytes, acid–base balance. Suppress or prevent seizures. Provide ventricular shunting or drainage.	See Nursing Care of the High-Risk Newborn and Family earlier in the chapter. Prevent increased cerebral BP. Avoid events that may increase or decrease cerebral blood flow (e.g., pain, unnecessary stimulation, ET suctioning, hypoxia, hyperosmolar drugs, rapid volume expansion). Elevate head of bed 20 to 30 degrees; keep head in midline for the first 72 hours after birth. Support family. Monitor for posthemorrhagic hydrocephalus after diagnosis. Provide developmental care and enhancement.
Intracranial Hemorrhage			
Subdural Subarachnoid Intracerebellar	Sudden decrease in hematocrit Change in sensorium Poor feeding See Chapter 27	See Chapter 27.	Same as for germinal matrix or intraventricular hemorrhage.

BP, Blood pressure; *ET*, endotracheal; *IV*, intravenous; *MRI*, magnetic resonance imaging.

The highest incidence of abnormal neurologic findings occurs in VLBW infants and those with intracranial hemorrhage. Major neurologic problems, such as cerebral palsy, seizures, and hydrocephalus, are usually diagnosed in the first 2 years of life. Less severe deficits, such as learning disorders, ADHD, and fine and gross motor incoordination, may not be diagnosed until