position) and use of a pressure-relieving mattress or bed. The skin, especially over the sacrum, is checked for evidence of redness from pressure.

Reduce Respiratory Distress

Careful assessment, positioning, and oxygen administration can reduce respiratory distress. Respirations are counted for 1 full minute during a resting state. Any evidence of increased respiratory distress is reported, because this may indicate worsening HF.

Infants are positioned to encourage maximum chest expansion, with the head of the bed elevated; they should sit up in an infant seat or be held at a 45-degree angle. Children prefer to sleep on several pillows and remain in a semi-Fowler or high-Fowler position during waking hours. Safety restraints, such as those used with infant seats, are applied low on the abdomen and loosely enough to provide both safety and maximum expansion.

The infant or child is often given humidified supplemental oxygen via oxygen hood or tent, nasal cannula, or mask. The child's response to oxygen therapy is carefully evaluated by noting respiratory rate, ease of respiration, color, and especially oxygen saturation as measured by oximetry.

Respiratory tract infections can exacerbate HF and should be appropriately treated and prevented if possible. The child should be protected from persons with respiratory tract infections and have a noninfectious roommate. Good hand washing is practiced before and after caring for any hospitalized child. Antibiotics may be given to combat respiratory tract infection. The nurse ensures that the drug is given at equally divided times over a 24-hour schedule to maintain high blood levels of the antibiotic.

Maintain Nutritional Status

Meeting the nutritional needs of infants with HF or serious cardiac defects is a nursing challenge. The metabolic rate of these infants is greater because of poor cardiac function and increased heart and respiratory rates. Their caloric needs are greater than those of the average infant because of their increased metabolic rate, yet their ability to take in adequate calories is hampered by their fatigue. Feeding for a fragile infant with serious CHD is similar to