

Active participation in providing such an environment for their special infant also involves the parents in the provision of daily care when the newborn is critically ill and cannot be fed or held.

When infants have reached sufficient developmental organization and stability, interventions are designed and implemented to support their growing abilities. Nurses and parents become adept at learning to read infants' behavioral cues and supplying appropriate interventions (Table 8-1). Clues include both approach and avoidance behaviors. **Approach behaviors** that are supported and enhanced include tongue extension, hand clasp, hand-to-mouth movements, sucking, looking, and cooing. Signs of stress or fatigue that signal the infant's need for "time-out" are described in Table 8-1.

TABLE 8-1
Signs of Stress or Fatigue in Neonates

Subsystem	Signs of Stress
Autonomic	Physiologic instability
Respiratory	Tachypnea, pauses, gasping, sighing
Color	Mottled, dusky, pale or gray
Visceral	Hiccups, gagging, choking, spitting up, grunting and straining as if having a bowel movement, coughing, sneezing, yawning
Autonomic	Tremors, startles, twitches
Motor	Fluctuating tone; lack of control over movement, activity, and posture
Flaccidity	Low tone in trunk; limp, floppy upper and lower extremities; limp, drooping jaw (gape face)
Hypertonicity	Arm or leg extensions, arm(s) outstretched with fingers splayed in salute gesture, fingers stiffly outstretched, trunk arching, neck hyperextended
Hyperflexion	Trunk, extremities
Activity	Squirming; frantic, diffuse activity or little or no activity or responsiveness
State	Disorganized quality to state behaviors, including available states, maintenance of state control, and transition from one state to another
Sleep	Whimpering sounds, irregular respirations, fussing, grimacing, restless appearance
Awake	Glazed, unfocused look; staring; worried or pained expression; hyperalert or panicked appearance; eye roving; crying; cry-face; actively averting gaze or closing eyes; irritability; prolonged awake periods; inconsolability
	Abrupt or rapid state changes
Other state-related behaviors and attention interaction	Efforts to attend to and interact with environmental stimulation eliciting signs of stress and disorganized subsystem functioning
Autonomic	Physiologic instability of varying degrees with autonomic, respiratory, color, and visceral responses
Motor	Fluctuating tone, increased motor activity, progressively frantic diffuse activity if stimulation continues
State	Roving eyes; gaze averting; glazed, unfocused look or worried, panicked expression; weak cry; cry-face; irritability