small folded blanket or, when on the back, positioned to keep the neck slightly extended. With the head in the "sniffing" position, the trachea is opened at its maximum; hyperextension reduces the tracheal diameter in neonates.

Inspection of the skin is part of routine infant assessment. Position changes and the use of water pillows are helpful in guarding against skin breakdown.

Mouth care is especially important when infants are receiving respiratory support. Thick oral secretions and dry mucous membranes may result from the drying effect of oxygen therapy. Drying and cracking can be prevented by good oral hygiene using sterile water. Irritation to the nares or mouth that occurs from appliances used to administer oxygen (e.g., nasal CPAP) may be reduced by the use of a water-soluble ointment. Routine oral hygiene care in intubated adults and older children has been shown to decrease the incidence of ventilator-associated pneumonia (see Chapter 21).

The nursing care of an infant with RDS is a demanding role; meticulous attention must be given to subtle changes in the infant's oxygenation status. The importance of attention to detail cannot be overemphasized, particularly in regard to medication administration.

Respiratory Complications

Newborn infants are vulnerable to a variety of pulmonary complications, some requiring oxygen therapy (Table 8-6). For example, the preterm infant is subject to periods of apnea, and in term, late preterm, and postterm infants, intrauterine stress often causes fetuses to pass meconium, which may be aspirated before or during birth. Oxygen therapy, although lifesaving, is not without its hazards. Positive pressure introduced by mechanical apparatus has created an increase in the incidence of ruptured alveoli and subsequent pneumothorax and bronchopulmonary dysplasia (chronic lung disease). The use of nasal CPAP decreases the incidence of adverse effects associated with intubation and positive-pressure ventilation in preterm infants with RDS. Retinopathy of prematurity is observed almost exclusively in preterm infants and is related primarily to prematurity and oxygen therapy (see Table 8-