approximately 6 weeks to 2 weeks, reportedly as a result of decreased requirements for mechanical ventilation and intensive care (Arnon, 2016b). Approximately 50% of affected infants require intubation and mechanical ventilation; therefore, respiratory support is crucial, as is nutritional support because theses infants are unable to feed. Trivalent equine botulinum antitoxin and bivalent antitoxin, used in adults and older children, are *not* administered to infants. Antibiotic therapy is not part of the management because the botulinum toxin is an intracellular molecule, and antibiotics would not be effective; aminoglycosides in particular should not be administered because they may potentiate the blocking effects of the neurotoxin (Arnon, 2016b).

The prognosis is generally good if the patient is adequately treated, although recovery may be slow, requiring a few weeks after severe illness. Untreated patients may require a longer hospitalization.

Nursing Alert

Although the precise source of *C. botulinum* spores has not been identified as originating from honey in many cases of infant botulism, it is still recommended that honey not be given to infants younger than 12 months old because the spores have been found in honey (Centers for Disease Control and Prevention, 2010).

Nursing Care Management

Nursing responsibilities include observing, recognizing, and reporting signs of poor feeding, constipation, and muscle impairment in the infant with botulism and providing intensive nursing care when an infant is hospitalized (see Nursing Care Management for the infant with SMA, earlier in chapter, and Nursing Care of the High-Risk Newborn and Family, Chapter 8). Parental support and reassurance are important. Most infants recover when the disorder is recognized and BIG-IV therapy is implemented. Nursing care of the infant on mechanical ventilation requires observation of oxygenation status and vigilance for any complications. Parents should be aware that during recovery, infants fatigue easily when muscular action is sustained. This has important implications for timing the resumption of feedings