

of the infant at risk. Some apply to all infants; others vary according to the needs and characteristics of individual infants and their families. Because a number of health problems accompany high-risk infants, the nurse is also alert to other conditions and complications discussed later in this chapter and elsewhere in the book. The nursing diagnoses that represent general guides for nursing intervention are:

- Ineffective Breathing Pattern—related to pulmonary and neuromuscular immaturity
- Ineffective Thermoregulation—related to immature temperature control and decreased subcutaneous fat
- Risk for Infection—risk factors include deficient immunologic defenses, exposure to environmental pathogens, required invasive procedures and invasive equipment
- Imbalanced Nutrition: Less Than Body Requirements—related to inability to ingest nutrients
- Risk for Impaired Skin Integrity—risk factors include immature skin structure, physical immobility, decreased fluid intake, and invasive procedures
- Risk for Imbalanced Fluid Volume—risk factors include immature skin structure; extra fluid losses via skin, lungs, and urine; decreased ability to take in required amount of fluid to sustain hydration
- Delayed Growth and Development—related to preterm birth, immature physiologic capabilities at birth, neonatal intensive care unit (NICU) environment, separation from parents, effects of concomitant illnesses
- Interrupted Family Processes—related to preterm birth, situational crisis, interruption of parent–infant interaction
- Anticipatory Grieving—related to unexpected birth of high-risk infant, knowledge deficit regarding infant's prognosis and eventual outcome