

and administration of supplemental oxygen (as required), fluids, and antibiotics. The child's respiratory rate, rhythm and depth, oxygenation, general disposition, and level of activity are frequently assessed. To prevent dehydration, fluids may be needed intravenously during the acute phase.

Nursing care of the child with a chest tube requires close attention to respiratory status, as noted previously; the chest tube and drainage device used are monitored for proper function (i.e., drainage is not impeded, vacuum setting is correct, tubing is free of kinks, dressing covering chest tube insertion site is intact, water seal is maintained [if used], and chest tube remains in place). Movement in bed and ambulation with a chest tube are encouraged according to the child's respiratory status, but children require frequent doses of analgesia. Supplemental oxygen may be required in the acute phase of the illness and may be administered by nasal cannula, face mask, blow-by, or face tent. Children are usually more comfortable in a semierect position ([Fig. 21-5](#)) but should be allowed to determine the position of comfort. Lying on the affected side if the pneumonia is unilateral ("good lung up") splints the chest on that side and reduces the pleural rubbing that often causes discomfort. Fever is controlled by cooling the environment and administering antipyretic drugs.



FIG 21-5 Child placed in semierect position is often more comfortable, and this position enhances