



FIG 23-9 Schematic diagram of cardiac shunts.



FIG 23-10 Infant held in a knee/chest position.

The cyanotic infant and child are well hydrated to keep the hematocrit and blood viscosity within acceptable limits to reduce the risk of CVAs. The infant is monitored closely for anemia because of the risk of CVAs and the reduced arterial oxygen-carrying capacity that occurs. Iron supplementation and possibly blood transfusion are used as needed.

Respiratory tract infections or reduced pulmonary function from any cause can worsen hypoxemia in the cyanotic child. Aggressive