



**FIG 20-23** Oxygen administered to an infant by means of a plastic hood. Note the oxygen analyzer (blue machine).

**Oxygen masks** are available in pediatric sizes but may not be well tolerated in children, because a snug fit is required to ensure adequate oxygen delivery. A face tent or bucket is often better tolerated because this soft piece of plastic sits beneath the child's chin and allows oxygen to be directed to the mouth and nose without enclosure ([Curley and Moloney-Harmon, 2001](#)). **Oxygen tents** (croup tents) are rarely used today in developed countries. Oxygen concentration is difficult to control, and the child's clothing can become saturated with water from the humidification and cause hypothermia.

## **Drug Alert**

### **Oxygen Toxicity**

Prolonged exposure to high oxygen tensions can damage some body tissues and functions. The organs most vulnerable to the adverse effects of excessive oxygenation are the retinas of extremely preterm infants and the lungs of persons at any age.

## **Nursing Alert**

Inspect all toys for safety and suitability (e.g., vinyl or plastic, not stuffed items that absorb moisture and are difficult to keep dry).