

Parents verbalize understanding of acute respiratory tract infection.

Parents verbalize understanding of treatment including medication and strategies to promote ventilation and airway clearance.

Parents verbalize understanding of medications including antipyretics, bronchodilators, and antibiotics.

Parents remain involved in patient's care.

Parents verbalize resources available for emotional and financial support as indicated.

## **Box 21-2**

### **Components for Assessing Respiratory Function**

#### **Pattern of Respirations**

**Rate:** Rapid (tachypnea), normal, or slow for the particular child

**Depth:** Normal depth, too shallow (hypopnea), too deep (hyperpnea); usually estimated from the amplitude of thoracic and abdominal excursion

**Ease:** Effortless, labored (dyspnea), orthopnea (difficult breathing except in upright position), associated with intercostal or substernal retractions (inspiratory “sinking in” of soft tissues in relation to the cartilaginous and bony thorax), pulsus paradoxus (blood pressure falling with inspiration and rising with expiration), nasal flaring, head bobbing (head of sleeping child with suboccipital area supported on caregiver's forearm bobbing forward in synchrony with each inspiration), grunting, wheezing, or stridor

**Labored breathing:** Continuous, intermittent, becoming steadily worse, sudden onset, at rest or on exertion, associated with wheezing, grunting, or chest pain

**Rhythm:** Variation in rate and depth of respirations