

			Assess skin (with use of nasal CPAP) for breakdown, irritation at nasal septum.
Pneumothorax			
Presence of extraneous air in pleural space as a result of alveolar rupture	Tachypnea or apnea Systemic hypotension Sudden or persistent oxygen desaturation Grunting, nasal flaring Retractions Absent or diminished breath sounds Shift in point of maximum impulse of heart sounds Bradycardia, cyanosis	Evacuate trapped air in pleural space through needle aspiration or insertion of chest tube. In otherwise healthy term infants who do not require high oxygen concentration or mechanical ventilation, supplemental oxygen to maintain normal saturation levels and close observation may be the only treatment required.	Maintain close vigilance of infants with respiratory distress and those on assisted ventilation. Provide appropriate care of chest drainage apparatus. Ensure emergency needle aspiration setup is available.
Bronchopulmonary Dysplasia			
Pathologic process related to alveolar damage from lung disease, prolonged exposure to mechanical ventilation, high peak inspiratory pressures and oxygen, and immature alveoli and respiratory tract	Dyspnea Barrel chest Inability to wean from oxygen or mechanical ventilation after course of RDS (surfactant deficiency) Wheezing	Prevention: Administer maternal steroids; administer exogenous surfactant postnatally. Avoid intubation and mechanical ventilation when the infant's condition allows. Extubate mechanically ventilated infants as soon as medically indicated. Provide early detection with pulmonary function tests. Use synchronized or volume guarantee ventilation, decreased inspiratory pressures, or nasal CPAP. Prevent air leaks. Use high-frequency ventilation. Prevent or control respiratory or systemic infections. Minimize use of high oxygen concentrations in neonatal resuscitation and on mechanical	Provide individualized developmental care and enhancement. Monitor oxygen saturations closely in preterm infants and avoid hyperoxemia. Provide opportunities for additional rest during feedings. Observe for signs of fluid overload or pulmonary edema. Assist with home oxygen therapy as needed. Assess susceptibility to upper respiratory