distress and impending failure and intubation may be required. A laryngoscopy or bronchoscopy evaluation may be done to assess for airway damage. Baseline ABGs and COHb levels are obtained. PaO_2 may be within normal limits unless there is marked respiratory depression. If CO poisoning is confirmed, 100% oxygen is continued until COHb levels fall to the nontoxic range of about 10%. If CO poisoning is severe, the patient may benefit from hyperbaric oxygen therapy. Hyperbaric oxygen therapy may be useful in the treatment of neurologic complications related to CO poisoning. In a hyperbaric oxygen therapy chamber, the air pressure is increased to three times higher than normal air pressure and so lungs can gather more oxygen than would be possible breathing pure oxygen at normal air pressure. Pulmonary care may be facilitated by bronchodilators, humidification, chest percussion, and postural drainage to enhance the removal of necrotic material, minimize bronchoconstriction, and avoid atelectasis. Bronchoscopy may be needed to clear heavy secretions.

Respiratory distress may occur early in the course of smoke inhalation as a result of hypoxia, or patients who are breathing well on admission may suddenly develop respiratory distress. Therefore, endotracheal intubation equipment should be readily available. Transient edema of the airways can occur at any level in the tracheobronchial tree. Assessment and localization of the obstruction should be accomplished before severe swelling of the head, neck, or oropharynx occurs. Intubation is often necessary when (1) severe burns in the area of the nose, mouth, and face increase the likelihood of developing oropharyngeal edema and obstruction; (2) vocal cord edema causes obstruction; (3) the patient has difficulty handling secretions; and (4) progressive respiratory distress requires artificial ventilation. Controversy surrounds tracheostomy, but many prefer this procedure when the obstruction is proximal to the larynx and reserve nasotracheal intubation for lower tract involvement.

Nursing Care Management

Nursing care of the child with inhalation injury is the same as that for any child with respiratory distress. The initial goal is to maintain a patent airway and effective ventilation status. Vital signs and other respiratory assessments (oxygenation, work of breathing,