Support Child and Family

HF is a serious complication of heart disease. Parents and older children are usually acutely aware of the critical nature of the condition. Because stress places additional demands on cardiac function, the nurse should focus on reducing anxiety through anticipatory preparation, frequent communication with the parent regarding the child's progress, and constant reassurance that everything possible is being done.

Home care involves many of the same interventions discussed in the Plan for Discharge and Home Care section. The nurse teaches the family about the medications that need to be administered and alerts them to the signs of worsening HF that require medical attention, such as increased sweating, decreased urinary output (noted in fewer wet diapers or infrequent use of the toilet), or poor feeding. Every effort is made to improve the family's adherence to the medication schedule by adapting the schedule to their usual home routines, avoiding medications during the night, making it as simple as possible, and using charts or visual aids to remember when to give medications (see Chapter 20). Written instructions regarding correct administration of digoxin are essential (see Family-Centered Care box), including an explanation regarding signs of toxicity.

If HF is the end stage of a severe heart defect, the nurse cares for this child as for any child who is terminally ill, using the principles discussed in Chapter 17.

Hypoxemia

Hypoxemia refers to an arterial oxygen tension (or pressure, PaO_2) that is less than normal and can be identified by a decreased arterial saturation or a decreased PaO_2. **Hypoxia** is a reduction in tissue oxygenation that results from low oxygen saturations and PaO_2 and results in impaired cellular processes. **Cyanosis** is a blue discoloration in the mucous membranes, skin, and nail beds of the child with reduced oxygen saturation. It results from the presence of deoxygenated hemoglobin (hemoglobin not bound to oxygen) in a concentration of 5 g/dl of blood. Cyanosis is usually apparent when arterial oxygen saturations are 80% to 85%. Determination of cyanosis is subjective. It can vary depending on skin pigment,