

pulmonary function will increase the infant's hypoxemia. Good hand washing and protection from individuals with an obvious respiratory tract infection are important. Aggressive pulmonary hygiene, treatment with antibiotics or antiviral agents as indicated, and supplemental oxygen to decrease hypoxemia are necessary measures. Infants may need to be gavage fed or given parenteral hydration if respiratory distress prevents oral feeding.

Nursing Alert

Intracardiac shunting of blood from the right side (desaturated) to the left side of the heart allows air in the venous system to go directly to the brain, resulting in an air embolism. Therefore, all IV lines should have filters in place to prevent air from entering the system, the entire tubing should be checked for air, all connections should be taped securely, and any air should be removed.

Nursing Care of the Family and Child with Congenital Heart Disease

When a child is born with a severe cardiac anomaly, the parents are faced with the immense psychological and physical tasks of adjusting to the birth of a child with special needs. Family issues and nursing interventions to support the family are similar to those discussed in [Chapters 10](#) and [20](#). The following discussion is primarily directed (1) toward the family of an infant who has a serious heart defect and requires home care before definitive repair and (2) toward preparation and care of the child and family when invasive procedures (catheterization and surgery) are performed. For nursing care related to the child with hypoxemia and HF, the reader should refer to earlier discussions of these topics.

Nursing care of the child with a congenital heart defect begins as soon as the diagnosis is suspected. Prenatal diagnosis of congenital heart defects is becoming increasingly frequent. New demands are being placed on nurses to counsel and support families as they prepare for the birth of these infants.

Help the Family Adjust to the Disorder