

acid-base status) are performed frequently, and the pulmonary status is carefully observed and maintained. The administration of nebulized bronchodilators, humidified oxygen, and inhaled corticosteroids is often part of the nursing care. Chest percussion and postural drainage may be part of the therapy, as well as mechanical ventilation if needed. Fluid requirements for children experiencing inhalation injury are greater than for those with surface burns alone; however, one concern is the development of PE. Therefore, accurate monitoring of fluid intake and output is essential.

In addition to observation and management of the physical aspects of inhalation injury, the nurse also deals with the psychological needs of a frightened child and distraught parents. The parents may feel overwhelming guilt even when the injury occurred through no fault of their own. Parents need support, reassurance, and information regarding the child's condition, treatment, and progress. The nurse can provide anticipatory guidance and education families on prevention of inhalation injuries and the importance of CO detectors in the home.

## Environmental Tobacco Smoke Exposure

Numerous investigations indicate that parental or family smoking is an important cause of morbidity in children. Children exposed to (second-hand) passive or environmental tobacco smoke have an increased number of respiratory illnesses, increased respiratory symptoms (i.e., cough, sputum, and wheezing), and reduced performance on pulmonary function tests (PFTs). AOM and OME are also increased in children who have smoking parents. Indoor exposure to tobacco smoke has been linked to asthma in children ([Burke, Leonardi-Bee, Hashim, et al, 2012](#)). Among children with asthma, there is an association between parental cigarette smoking and asthma exacerbations, trips to the emergency department (ED), medication use, and impaired recovery after hospitalization for acute asthma. Maternal cigarette smoking is associated with increased respiratory symptoms and illnesses in children; decreased fetal growth; increased deliveries of low birth weight, preterm, and stillborn infants; and a greater incidence of sudden infant death syndrome (SIDS). Antenatal maternal smoking has emerged as a