

oxygen-carrying capacity, an important nursing responsibility is to minimize tissue oxygen needs by continual assessment of the child's energy level. Assess the child's level of tolerance for activities of daily living and play, and make adjustments to allow as much self-care as possible without undue exertion. During periods of rest, the nurse measures vital signs and observes behavior to establish a baseline of nonexertion energy expenditure. During periods of activity, the nurse repeats these measurements and observations to compare them with resting values.

Nursing Tip

Signs of exertion include tachycardia, palpitations, tachypnea, dyspnea, shortness of breath, hyperpnea, dizziness, lightheadedness, diaphoresis, and change in skin color. The child looks fatigued (e.g., sagging, limp posture; slow, strained movements; inability to tolerate additional activity; difficulty sucking in infants).

Prevent Complications

Children with anemia are prone to infection because tissue hypoxia causes cellular dysfunction that weakens the body's defense against infectious agents. Take all of the usual precautions to prevent infection, such as practicing thorough hand washing, selecting an appropriate room in a noninfectious area, restricting visitors or hospital personnel with active infection, and maintaining adequate nutrition. The nurse also observes for signs of infection, particularly temperature elevation and leukocytosis. However, an elevated white blood cell (WBC) count sometimes occurs in anemia without the presence of systemic or local infection.

Iron-Deficiency Anemia

Anemia caused by an inadequate supply of dietary iron is the most prevalent and preventable nutritional disorder in the United States and globally. The prevalence of iron-deficiency anemia has decreased during infancy in the United States, probably in part because of families' participation in the Women, Infants, and Children (WIC) program, which provides iron-fortified formula for