

- Measure body temperature at specified intervals.
- Observe infant's behavior and appearance for evidence of sepsis; monitor lab values for sepsis.
- Assess for hydration; assess and measure fluid intake; observe infant during feeding; measure amount of human milk, formula, or parenteral intake; weigh daily.
- Observe infant's skin for signs of irritation, excoriation, and breakdown.
- Observe infant's response to developmental care.
- Observe parental interaction with infant; interview family regarding their feelings, concerns, and readiness for home care.
- Assess family and observe their behaviors during and after the death of their infant.

Respiratory Support

The primary objective in the care of high-risk infants is to establish and maintain adequate respiration. Many infants require supplemental oxygen and assisted ventilation. All infants require appropriate positioning to maximize oxygenation and ventilation. Oxygen therapy is provided on the basis of the infant's requirements and illness (see [Respiratory Distress Syndrome](#) later in this chapter).

Thermoregulation

After or concurrent with the establishment of respiration, the most crucial need of LBW infants is application of external warmth. Prevention of heat loss in distressed infants is absolutely essential for survival, and maintaining a neutral thermal environment is a challenging aspect of neonatal intensive nursing care. Heat production is a complicated process that involves the cardiovascular, neurologic, and metabolic systems; and immature neonates have all of the problems related to heat production that are faced by full-term infants (see [Thermoregulation, Chapter 7](#)).