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Why are breathing pattern changes a concern?

*Coarctation of the aorta can cause pulmonary congestion as a result of decreased cardiac output. Breathing difficulties can be a sign of progression of heart failure.*

## Nursing Diagnosis

Impaired breathing pattern related to pulmonary congestion, decreased cardiac output.

## Nursing Interventions and Rationales

What are the most appropriate nursing interventions for this diagnosis?

Nursing Interventions	Rationales
Assess and record oxygen saturation every 2 to 4 hours or more often as needed.	To evaluate pulmonary effectiveness
Elevate head of bed at a 30- to 45-degree angle.	To promote maximum chest expansion
Assess and record respiratory rate, breath sounds, and any signs or symptoms of ineffective pattern every 2 to 4 hours and as needed.	To detect indicators of worsening HF
Administer humidified oxygen in correct amount and route of delivery. Record percent of oxygen and route of delivery. Assess and record child's response to therapy.	To reduce respiratory distress by easing respiratory effort
Suction if infant has ineffective cough or is unable to manage secretions. Assess and record amount and characteristics of secretions.	To maintain patent airway to promote respiratory expansion

## Expected Outcome

George will have an effective breathing pattern and maintain stable respiratory pattern until surgery as evidenced by respiratory rate within acceptable limits for age.

Infant will have effective breathing pattern as evidenced by:

- Respiratory rate within acceptable range (state specific range)
- Clear and equal breath sounds bilaterally anteriorly and posteriorly
- Pink or tan color
- Absence of nasal flaring, retractions, cough, and head bobbing