signs of irritation and pressure related injuries. Pulse oximetry probes must be rotated at least every 4 to 8 hours to prevent pressure-related injuries to the skin.

Due to the copious nasal secretions associated with RSV infection, infants often have difficulty with breathing and feeding. Breastfeeding mothers are encouraged to continue feeding the infant or, if feedings are contraindicated because of the acuity of the illness, mothers should pump their milk and store it appropriately for later use (see Chapter 7). Parents are taught how to instill normal saline drops into the nares and suction the mucus before feedings and before bedtime so that the child may more easily eat and rest. A bulb syringe can be used in the home setting.

To address the issue of decreased fluid intake, parents may offer small amounts of fluids frequently to maintain adequate hydration. Infants may cough or vomit as the secretions settle in the stomach and make them prone to emesis of such secretions.

Additional nursing care is aimed at monitoring oxygenation with pulse oximetry, ensuring any bronchodilator therapy is optimized by using a small mask for delivery, monitoring IV fluids and NG fluids administered, monitoring temperature, and providing information for the parent and family regarding the infant's status. For the most part, infants recover quickly from the disease and resume normal daily activities, including fluid intake. Such infants are at risk for further episodes of wheezing that may or may not involve another RSV infection; parents, however, may be concerned that the infant has another serious case of RSV. Some more severe cases of RSV require the administration of positive airway pressure via a mask or ventilation.

Pneumonia

Pneumonia, inflammation of the pulmonary parenchyma, is common in childhood but occurs more frequently in early childhood. Clinically, pneumonia may occur either as a primary disease or as a complication of another illness. The causative agent is either inhaled into the lungs directly or comes from the bloodstream.

The most useful classification of pneumonia is based on the etiologic agent (e.g., viral, bacterial, mycoplasmal, or aspiration of