



**FIG 8-21** Criteria for evaluating respiratory distress. (Modified from Silvermann WA, Anderson DH: A controlled clinical trial of effects of water mist on obstructive respiratory signs, death rate, and necropsy findings among premature infants, *Pediatrics* 17:1, 1956.)

## Therapeutic Management

The treatment of RDS involves immediate establishment of adequate oxygenation and ventilation and supportive care and measures required for any preterm infant, as well as those instituted to prevent further complications associated with preterm birth. The supportive measures most crucial to a favorable outcome are to:

- Maintain adequate ventilation and oxygenation
- Maintain acid–base balance
- Maintain a neutral thermal environment
- Maintain adequate tissue perfusion and oxygenation
- Prevent hypotension
- Maintain adequate hydration and electrolyte status

Nipple feedings are contraindicated in any situation that creates a marked increase in respiratory rate because of the greater hazards of aspiration. Nutrition is provided by parenteral therapy during the acute stage of the disease, and minimal enteral feeding is provided to enhance maturation of the neonate's gastrointestinal system.