

2. Assumptions:

- a. Clinical manifestations of congestive heart failure include irritability, tachypnea, poor feeding, and pallor.
- b. Because the infant is younger than 3 months old, an accurate temperature should be taken because of infants' increased risk for infection, which can also correlate with poor feeding and irritability. Newborns are at increased risk for meningitis and other community-acquired infections (both viral and bacterial) and have not been immunized against common organisms that could otherwise be tolerated in an older child.
- c. Supraventricular tachycardia (SVT) is the most common arrhythmia in the pediatric population and is characterized by a consistent heart rate greater than 200 beats/min. The QRS complex is narrow, and there is no variation in the rate.

3. The nurse should immediately assure that respiratory status is closely observed and that the infant maintains stable oxygen saturations above 95%. Oxygen therapy should be administered if there is any compromise in perfusion (as in this case). Blood pressure should be monitored closely. A practitioner should immediately be notified because infants can tolerate SVT for 6 hours but then may rapidly deteriorate. If no intravenous (IV) access is readily accessible, a bag of ice may be placed on the infant's face or on the diaper region (femoral area) for 15 to 20 seconds to stimulate the vagal-dive reflex. Continuous cardiorespiratory monitoring should be in place. The practitioner, after IV access is obtained, may order adenosine if the infant remains in SVT.