

Hyperthermia

Infection

Risk for fluid volume deficit

Nursing Interventions

What are the most appropriate nursing interventions for this infant with acute respiratory tract infection?

Nursing Interventions	Rationale
Position infant for maximum ventilation and airway patency	To allow for increased chest expansion
Monitor vital signs including respiratory and oxygen status	To quickly identify alterations in temperature, respiratory status, or circulation and determine the need for additional interventions
Provide humidified oxygen as indicated	To improve oxygenation
Suction airway (nose, mouth) as necessary	To remove secretions and maintain airway patency
Provide gentle chest percussion and chest physiotherapy (CPT) as indicated	To facilitate secretion removal
Administer antipyretics as indicated	To reduce fever and promote comfort
Administer bronchodilators as indicated	To promote bronchodilation and improve ventilation
Administer antibiotics as indicated	To treat infection source
Obtain specimens (i.e., secretions, blood) as indicated	To identify infective organisms
Maintain appropriate precautions such as standard precautions, aseptic suction, and frequent hand washing	To prevent spread of infection
Monitor hydration status through strict intake and output and daily weights	To prevent dehydration or fluid overload
Implement comfort measures such as allowing parent presence, parent holding infant, and comfort item such as favorite blanket or stuffed animal	To reduce anxiety and promote comfort

Expected Outcomes

Respiration rate will be in an acceptable range and nonlabored

Airway will remain patent

Body temperature will remain in acceptable range

Infection will resolve

Adequate hydration status will be maintained