resolution of all symptoms may take weeks. The same supportive therapies implemented in the hospital may be needed at home:

- Use of the bulb syringe to suction the nares of an infant under 1 year of age
- Fluid intake to thin respiratory secretions (making them easier to clear) and provide glucose for energy (since the child’s appetite may not return to normal for several days)
- Rest

Children are usually capable of recognizing their own activity limits. However, parents should encourage active toddlers to nap and take rest periods. Teach the parents proper administration of medications. Acetaminophen may be prescribed for persistent low-grade

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<tr>
<th>GOAL</th>
<th>INTERVENTION</th>
<th>RATIONALE</th>
<th>EXPECTED OUTCOME</th>
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<tbody>
<tr>
<td>1. Ineffective Breathing Pattern related to increased work of breathing and decreased energy (fatigue)</td>
<td>NIC Priority Intervention: <strong>Respiratory monitoring</strong>: Collection and analysis of patient data to ensure airway patency and adequate gas exchange.</td>
<td>Changes in breathing pattern may occur quickly as the child’s energy reserves are depleted. Assessment and monitoring baseline reveal rate and quality of air exchange. Frequent assessment and monitoring provides objective evidence of changes in the quality of respiratory effort, enabling prompt and effective intervention.</td>
<td>The child returns to respiratory baseline within 48–72 hours.</td>
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<td>Humidified oxygen loosens secretions and helps maintain oxygenation status and ease respiratory distress.</td>
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<td>NIC Priority Intervention: <strong>Positioning</strong>: Helps maintain airway patency, facilitates oxygenation, and decreases work of breathing.</td>
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<td>NIC Priority Intervention: <strong>Rest</strong>: Provides time for child to recover.</td>
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**NURSING CARE PLAN The Child with Bronchiolitis**

**Skill 10-15: Performing Nasal Suctioning**

**GOAL INTERVENTION RATIONALE EXPECTED OUTCOME**

1. Ineffective Breathing Pattern related to increased work of breathing and decreased energy (fatigue)

   - NIC Priority Intervention: **Respiratory monitoring**: Collection and analysis of patient data to ensure airway patency and adequate gas exchange.
   - Changes in breathing pattern may occur quickly as the child’s energy reserves are depleted. Assessment and monitoring baseline reveal rate and quality of air exchange. Frequent assessment and monitoring provides objective evidence of changes in the quality of respiratory effort, enabling prompt and effective intervention.
   - The child returns to respiratory baseline within 48–72 hours.

   - **Humidified oxygen**: Implant and maintain humidified oxygen for adequate oxygenation.
   - Humidified oxygen loosens secretions and helps maintain oxygenation status and ease respiratory distress.
   - Medications act systemically and locally (on respiratory tissue) to improve oxygenation and decrease inflammation.
   - Position facilitates improved aeration and promotes decrease in anxiety (especially in toddlers) and energy expenditure.

2. Risk for Fluid Volume Deficit related to inability to meet body requirements and increased metabolic demand.

   - NIC Priority Intervention: **Fluid management**: Promotion of fluid balance and prevention of complications resulting from abnormal or undesired fluid levels.
   - Child’s immediate fluid deficit is corrected. Child will be adequately hydrated, be able to tolerate oral fluids, and progress to normal diet.
   - Previous fluid loss may require immediate replacement. Monitoring proves objective evidence of fluid loss and ongoing hydration status.
   - Child’s hydration status is maintained during acute phase of illness. Child takes adequate oral fluids after 24–48 hours to maintain hydration.

   - **Evaluate need for intravenous fluids. Maintain IV, if ordered.**
   - **Maintain strict intake and output monitoring and evaluate specific gravity at least every 8 hours.**

(continued)
fevers and general discomfort. Advise parents that RSV infection can recur; therefore, they need to know how to recognize symptoms and when to call the physician.

**Evaluation**

Expected outcomes of nursing care are provided on the accompanying nursing care plan.

**PNEUMONIA**

Pneumonia is an inflammation or infection of the bronchioles and alveolar spaces of the lungs. It occurs most often in infants and young children. Pneumonia in children often