

Nursing care for a child with severe respiratory distress

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Introduction

Severe Respiratory distress;

It's a medical emergency where a child has great difficulty in breathing due to impairment in the airways, lungs, or breathing muscles. It represents the advanced stage of respiratory difficulty and if not recognized and quickly managed can progress to respiratory failure or death. Can be due to injury, fluid or exudate leaks into the air sacs, leading to inadequate oxygen delivery or impaired removal of carbon dioxide, unlike in adults, children have smaller airways, less respiratory muscles reserve, and higher oxygen demands, making them more vulnerable to rapid deterioration once respiratory distress develops.

It commonly arises from conditions such as bronchiolitis, asthma, pneumonia, epiglottitis, cor – pulmonale, **emphysema** and other upper respiratory obstructions like COPD, laryngotracheobronchitis (croup), adenoids hypertrophy or enlarged adenoids, laryngeal papilloma (recurrent respiratory papillomatosis RRP) and foreign aspiration

Objectives of the presentation;

- To understand the causes, assessment techniques, and the nursing care for severe respiratory distress.
- To highlight the importance of timely response and collaborative care in improving patient's outcomes.

Nursing care plan for a child with severe respiratory distress

Admitted in emergency ward

ASSESSMENT	Nursing diagnosis	Goal/expected outcomes	Intervention	Rational	Evaluation
Irregular breathing, Tachypnea, chest retractions and asymmetric chest	Ineffective breathing pattern related to airway obstruction as evidenced by tachypnea >50b/m with SPO2 <90%, retractions and asymmetric chest.	Position a child in fowler's. Maintain effective breathing and adequate oxygenation.	Administered humidified oxygen via nasal prong or CPAP. And SPO2 monitor. A child was nursed in fowler's position. Continuous monitoring for after every 15mins.	To improve oxygen saturation. Not to compromise the normal lung. To check for any abnormal changes	After 30mins a child demonstrated retraction and a child calm, with SPO2 >94%
Cough, wheezing, and hyper-resonant chest sounds.	Ineffective airway clearance related to airway exudate or air as evidenced by poor oxygen saturation SPO2 <90% wheezing and hyper-resonant chest.	Maintain a patent airway. Continuous monitoring of vital signs.	A child nursed on humidified oxygen A child monitored for 15mins	To normal saturation of oxygen.	After 30mins a child had improved SPO2 >94% and respiratory rate <50b/m
Cyanosis, restlessness or irritability and lethargy	Impaired gaseous exchange related	Maintain adequate gas exchange	Oxygen administered via CPAP.	To increase oxygen saturation	After 20mins a child was calm and

	reduced lung incapacity as evidenced by cyanosis, SPO2 <90%.	Monitor the vital signs every 15mins Turning a child every 2hours	Vitals monitor for any alteration	and tissue perfusion. Help to notes any abnormal changes. Prevent pressure sores	demonstrate d techniques of improve oxygen saturation >95% and normal skin colour. And improved level of AVPU =V
Weak suckling, Underweight and lethargy	Imbalance nutrition related to inability to feed as evidence by lethargy, low weight, weak suckling and bradypnea	Pass NG-tube. Set iv line to administer iv fluids and other medication. Within 24hours. To achieve adequate urine output of 1ml/kg/hr.	Iv line inserted Fluids and drugs administered as prescribed NG- tube passed and feed give 150ml/kg/day . Fluid balance in introduced.	To nutritional status. For passing other drugs as required by medical team. For monitoring fluid.	A child demonstrate d normal urine output 1ml/kg/hr and alert within 24hours.
Weak suckling and lethargic	Anxiety related to fear of death secondary to disease process as evidenced by a child's weakness and mother's verbalization .	Provide a calm environment. Educate and reassure the mother.	A child nursed in Calm environment mother reassured	To allay anxiety	After 30mins the mother was calmed
Incision pain.	Acute chest pain related to surgical incision evidence by restlessness,	A child to be calm within 30 – 60ministers. Maintain a child's hygiene.	Administered prescribe analgesia given.	To allay pain. To keep the warm and	After 60mins a child demonstrate less Pain

	flaccid body posture.	Position in fowler's position	A child's diaper and bed linen changed	comfortable . To prevent atelectasis	and child was calm
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Reference

- *An evidence based guide to planning care 2021-2023 NANDA-I twelfth edition*
- *BT-Basavanthappa medical surgical nursing 2edition*
- *WHO paediatric guideline*
- *Paediatric acute lung injury consensus conference guideline.*