Nursing diagnoses

1. Activity intolerance
2. Ineffective airway clearance
3. High risk for altered temperature
4. Ineffective breathing pattern
5. Potential fluid volume deficit
6. Knowledge deficit
7. Altered nutrition : less than body requirement
8. Pain

Planning and implementation

1. Assess for respiratory distress by monitoring vital signs and respiratory status
2. Ease respiratory efforts by :
3. A. administering oxygen therapy as ordered
4. Performing chest physiotherapy and postural drainage
5. Suctioning as needed
6. Changing position frequently and elevating the head of the bed.
7. Help prevent dehydration by ensuring adequate oral IV fluid intake evaluate fluid status by monitoring intake and output and weighing the child daily
8. Promote rest by maintaining bed rest and organizing nursing care to minimize disturbances .
9. Ensure a adequate nutrition by providing desirable high- calorie foods
10. Support the child’s family by answering and explaining all treatment and procedures
11. Encourage parents to participate in their child’s care as appropriate
12. Administer prescribed medications as ordered , which may include :
13. Penicillin G to treat staphylococcal pneumonia .
14. Synthetic penicillin to treat staphylococcal pneumonia
15. Antipyretics to reduce fever
16. Provide patient and family teaching