**Melissa,**

**Based on the limited assessment provided, what areas are you most concerned about?**

The first area I would focus on is Sawyer’s respiratory Pt complaints of SOB on exertion noted with wheezing. I would also get a health history from the mother. check his oxygen saturation since its hasn't been assessed.

**What additional assessment and diagnostics are a priority for this patient?**

As a nurse, I would check Sawyer’s pulse ox and ask for an order for oxygen and get a Duo neb treatment for his wheezing. Have the provider assess pt. ASAP. Or call the provider with all the findings noted vitals and a full head-to-toe assessment report. Diagnostics will be a chest x-ray, culture, and sensitivity of the throat,  labs like Arterial blood gases (ABGs), obtained initially and then serially to assess for changes, Electrolytes, and glucose levels, Complete blood count (CBC), and Blood cultures.

**Sawyer’s SOB continues to get worse. Sawyer is now in a tripod position, drooling, and having difficulty swallowing. What do these changes lead you to believe is going on? What is the likely cause of this?**

If Sawyer is receiving 100 percent oxygen and is not improving with repositioning, he may have to get intubation. His finding leads me to believe there is insufficient oxygen.

**What are the priorities of care for this patient? What should the nurse do and not do in this situation?**

 My priority would be to check his pulse first get a full set of vitals, administer an IV line to run fluids, and intubate him immediately if needed. Nurses should not administer any medication without an order or carry on a procedure without an order.

**What is the immediate treatment for this issue that the nurse should prepare for?**

Analyze the airway first. If the child is not breathing on his or her own, intervene with basic life support discussed earlier in this module (Atkins et al., 2015). Evaluate its viability. Place the airway in a way that encourages efficient airflow. Suction the airway to clear it of any obstructions if secretions are getting in the way. Use the head tilt-chin lift method to access the child's airway if they are unconscious or have recently been hurt. To open the child's airway, place your fingertips on the child's chin's bony prominence and elevate the chin.

**How should the nurse approach communication and education with Kristen during this progressing situation?**

The nurse should prevent or minimize parent-child separation, promote family center care, educating the parents on all that is going on.

Add a question: After you have analyzed the content from the discussion board, please add a question to the end of your initial post regarding the reading material for the week.

**Question**

Do you think Sawyer may get intubated if so why?