Nurses Content
Downloaded from nursescontent.com



# Vulnerability to infection or worsening infection Preterm infant developmental care

Child Health Nursing | Focused diagnosis-based template

**For educational purposes only.**

Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

## Clinical assessment

Subjective: Caregiver asks how to participate in care and feeding.

Objective findings and required checks: Immature feeding and temperature regulation; cardiorespiratory stability requires monitoring.

Physical examination and investigations: Assess temperature, breathing, glucose, growth and feeding readiness according to the neonatal plan.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

## Clinical focus and pathophysiology

Preterm infant developmental care: Prematurity limits physiological reserves and coordinated feeding and thermoregulation.

## Medical / surgical management

Provide thermoregulation, minimal-stress handling, infection prevention and supported skin-to-skin care when appropriate.



Nurses Content For educational purposes only. 1 / 6

Nurses Content
Downloaded from nursescontent.com



## Illustrative drug and treatment study

| Medicine / treatment | Purpose | Nursing checks |
|---|---|---|
| Prescribed expressed-milk or nutrition plan | Support growth safely | Monitor tolerance and the ordered route |
| prescribed neonatal supplements | Meet specific needs | Verify gestation/weight-related orders and monitoring. |

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.



Nurses Content For educational purposes only. 2 / 6

Nurses Content
Downloaded from nursescontent.com



# Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

| Assessment: subjective / objective | Nursing diagnosis: original problem wording | Short- and longer-term goals | Nursing interventions with rationale | Evaluation |
|---|---|---|---|---|
| Ask: Ask about exposure, wound symptoms and recent invasive devices. Assess: Inspect relevant sites and monitor systemic findings and investigation trends. | Vulnerability to infection or worsening infection. Possible factors: disrupted barriers, exposure or reduced host defence. Validate against the patient's assessment. | Short-term: At the next patient-specific reassessment: Aseptic care is maintained and any new signs of infection are escalated promptly. Longer-term: Before the clinically approved transition or agreed follow-up: Demonstrates relevant hygiene and explains the infection-prevention plan. | 1. Use hand hygiene and risk-based standard or transmission precautions. Rationale: Interrupting transmission protects the patient, staff and other patients. 2. Review invasive device need with the team and maintain indicated aseptic care. Rationale: Unnecessary devices and barrier breaks increase infection exposure. 3. Monitor for systemic deterioration and administer prescribed antimicrobials on schedule. Rationale: Early escalation and timely indicated treatment reduce avoidable harm. 4. Provide thermoregulation, minimal-stress handling, infection prevention and supported skin-to-skin care when appropriate. Rationale: Prematurity limits physiological reserves and coordinated feeding and thermoregulation. The condition-specific plan addresses the underlying problem while response is monitored. | Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement. |



Nurses Content For educational purposes only. 3 / 6

Nurses Content
Downloaded from nursescontent.com



## Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____



Nurses Content For educational purposes only. 4 / 6

Nurses Content
Downloaded from nursescontent.com



## Health education and continuing care

Teach safe participation, hand hygiene, feeding cues, thermal care and neonatal follow-up.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

## Urgent warning signs

**Apnea, temperature instability, poor perfusion, abdominal changes or reduced responsiveness needs urgent review.**

## Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

## Quick Revision

- Prematurity limits physiological reserves and coordinated feeding and thermoregulation.
- Priority concerns: Vulnerability to infection or worsening infection.
- Apnea, temperature instability, poor perfusion, abdominal changes or reduced responsiveness needs urgent review.
- Teach safe participation, hand hygiene, feeding cues, thermal care and neonatal follow-up.

**Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?**

## References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Health conditions A to Z: external further reading - NHS
https://www.nhs.uk/conditions/



Nurses Content For educational purposes only. 5 / 6

Nurses Content
Downloaded from nursescontent.com



Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

Original cases and care-plan wording by Nurses Content. Linked sources support further study; source terms and local clinical requirements apply. Prepared 23 November 2026. Not independently clinically peer reviewed.

## Rights and reuse

Delivered by Nurses Content. Copyright claims apply only to original material owned by its authors. Medical facts, statutory exceptions and third-party/open licence rights remain unaffected. See the website's /policies/reuse/ page for terms.



Nurses Content For educational purposes only. 6 / 6