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Temperature instability in a vulnerable infant Preterm infant developmental care

Child Health Nursing | Focused diagnosis-based template

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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.

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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.

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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 the caregiver about feeding, behaviour and thermal-care concerns. Assess: Monitor temperature using the neonatal method, environment, skin condition, glucose and clinical stability.	Temperature instability in a vulnerable infant. Possible factors: immature temperature regulation and environmental heat loss. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Temperature remains within the prescribed neonatal range at the documented review. Longer-term: Before the clinically approved transition or agreed follow-up: Caregiver demonstrates the agreed thermal-care and follow-up plan.	1. Monitor temperature and reassess the environment and infant after any change. Rationale: Trends identify inadequate thermal support and possible illness. 2. Provide prescribed thermal support and supported skin-to-skin care when clinically appropriate. Rationale: Controlled thermal care reduces heat loss while preserving safe monitoring. 3. Escalate persistent temperature instability and review feeding, glucose and infection concerns. Rationale: Temperature changes may indicate metabolic stress or infection. 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.

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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: _____

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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: Temperature instability in a vulnerable infant.
- 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/

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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

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