

N201 CLASS PREP: INFANT MUSCULOSKELAL

- Click on the link to watch a video on Developmental Dysplasia of the Hip (DDH)  
<https://youtu.be/whDkHL8xeao?si=ahb2FjK71SayB258>.
- Review pgs. 1467 – 1470 in your Maternal Child Nursing Care Book then complete the following questions:

1. What is developmental dysplasia of the hip (DDH) in babies?

Typically happens @ birth  
 - Complete displacement  
 - Shallow

2. How can doctors tell if a baby might have hip dysplasia?

Many have no symptoms

its part of the specialty to monitor for movements that may be indicative to displacement

3. Describe the Ortolani and Barlow's tests

Shallow = w/s  
 Ortolani exam of development dysplasia & instability

4. How is hip dysplasia usually treated in infants?

Non surgical first pavlik harness or Spica cast then surgical

by flexing the hips & knees 90°

5. What are some nursing considerations related to the care of infant requiring the wear of a Pavlik harness or hip spica cast?

Skin care, & positioning.

Croup Syndromes

	Acute Epiglottitis (Supraglottitis)	Acute Laryngotracheobronchitis (LTB)	Acute Spasmodic Laryngitis (Spasmodic Croup)	Acute Tracheitis
Age	varies 2-5 y/o	infant - 5 y/o	1-3 y/o	1 mon - 6 y/o
Etiologic Agent	Bacterial	Viral	viral w/ allergy component	viral or bacterial w/ <sup>allergy</sup> component
Onset	Rapidly progressive	Slowly progressive	Sudden @ night	Moderately progressive
Major Symptoms	Dysphagia stridor aggravated when supine drooling ↑ Fever Toxic appearance Rapid pulse & RR	URI Stridor Brassy cough Dyspnea Irritability Low grade fever Non toxic appearance	URI Croupy cough Stridor Hoarseness Dyspnea Restlessness Sx worse child @ night gone by day Tendency to recur	URI Croupy cough Purulent secretion ↑ Fever No response to LTIB therapy
Treatment	Airway protection • intubation • tracheostomy Humidified O <sub>2</sub> Corticosteroids Fluids ABX Reassurance	Humidified (PRN) Corticosteroids Nebulizer Heliox Reassurance	Cool mist Reassurance	ABX Fluids