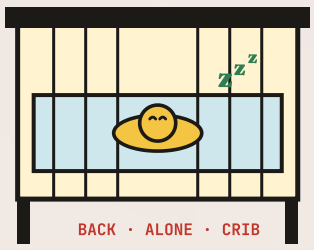
NCLEX 2026 · PEDIATRIC SAFETY · RISK REDUCTION

SYSTEM · PEDIATRICS / SAFETY

Sudden Infant Death *Syndrome*

A diagnosis of exclusion. A prevention-driven syndrome. Every well-child visit is your highest-leverage moment to save a life through teaching.



< 1 yr	2–4 mo	90%	#1
AGE DEFINITION	PEAK INCIDENCE	CASES BY 6 MONTHS	POST-NEONATAL DEATH CAUSE

01 · DEFINITION & OVERVIEW

What *is* SIDS?

- **Sudden, unexplained death** of an infant **< 12 months old** that remains unexplained after a thorough investigation — autopsy, death-scene examination, and review of clinical history.
- Almost always occurs **during sleep** — historically called *"crib death."* Now part of the broader category SUID (Sudden Unexpected Infant Death).
- **Diagnosis of exclusion** — SIDS is what's left after suffocation, infection, trauma, metabolic disease, and congenital defects are ruled out.
- Risk peaks between **2 and 4 months**; the vast majority occur before 6 months and very few after 12 months.

02 · PATHOPHYSIOLOGY

The *Triple-Risk* Model

FACTOR 1	FACTOR 2	FACTOR 3
Vulnerable Infant	**Critical Period**	**Outside Stressor**

- **Brainstem defect** in arousal & cardiorespiratory control (serotonin pathway dysfunction).
- Developmental window **2–4 months** when reflexes are immature.
- Add a **stressor** (prone sleep, smoke, overheating, soft bedding).

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Hypoxia / Hypercapnia → Failure to arouse →
Apnea + Bradycardia → Death
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03 · RISK FACTORS

Who is at *risk* — and what can we change?

MODIFIABLE · TEACH EVERY VISIT

- **Prone or side-lying** sleep position
- Soft sleep surface, **pillows, blankets, bumpers, stuffed animals**
- **Bed-sharing / co-sleeping**, especially with smokers, impaired adults, or on couches/recliners
- **Overheating** — heavy clothing, warm room, head covering
- **Tobacco smoke exposure** — prenatal and postnatal (doubles to triples risk)
- Lack of breastfeeding
- No pacifier use at sleep onset
- Caregiver alcohol or drug use
- Late or absent prenatal care

NON-MODIFIABLE · IDENTIFY HIGH RISK

- **Age 2–4 months** (peak risk window)
- **Male sex** (~60% of cases)
- **Prematurity** & low birth weight
- Multiple gestation (twins, triplets)
- Native American & African American infants (2–3× higher rates)
- Maternal age < 20 years
- Short interpregnancy interval
- Family history of SIDS or sibling death
- Cold-weather months (winter peak)

04 · PRIORITY NURSING INTERVENTIONS

What the *nurse* does

Prevention (Well-Child & Newborn Nursery)

- **ASSESS** the home sleep environment at every well-child visit.
- **TEACH** the "Safe to Sleep" / "Back to Sleep" message — every encounter, every caregiver.
- **MODEL** safe sleep in the hospital nursery — supine, alone, in a bassinet, nothing in the bed.
- **SCREEN** for household tobacco exposure; **REFER** to cessation programs.
- **PROMOTE** breastfeeding — protective even at partial duration.
- **ENCOURAGE** routine immunizations (associated with reduced risk).

If Infant is Found Unresponsive

- **ABCs first** → Activate EMS (call 911) → Begin infant CPR.
- Transport for resuscitation; do not stop CPR until directed.

After a SIDS Death

- **Non-judgmental bereavement support** — parents are not at fault.
- Allow parents to **hold the infant**, take photos, keep mementos (handprint, lock of hair).
- Refer to grief counseling, support groups, & community SIDS resources.
- Document scene findings **objectively**; the death is reportable to the medical examiner.

05 · PHARMACOLOGY

Drugs in the *SIDS* picture

⚠ **Critical:** ***There is no medication to prevent SIDS. Home apnea/cardiorespiratory monitors are NOT recommended and have not been shown to prevent SIDS deaths. Prevention is entirely behavioral & educational.***

NICOTINE REPLACEMENT (GUM, PATCH, LOZENGE)
For caregiver smoking cessation. Reduces 2nd-hand smoke exposure — a top modifiable risk.

VARENICLINE · BUPROPION SR
Prescription cessation aids. Screen for depression & suicidality. Reinforces a smoke-free home.

CAFFEINE CITRATE (NICU)
Treats *apnea of prematurity* — **NOT** a SIDS preventive. Monitor HR & feeding tolerance.

PALIVIZUMAB · ROUTINE VACCINES
Up-to-date immunization is associated with reduced SIDS risk. Counter vaccine hesitancy gently.

06 · NCLEX TEST TRAPS ⚠

What students *confuse* on test day

❌ THE TRAP (WRONG)	✅ PRIORITY / CORRECT ANSWER
"Side-lying is fine if the baby is propped."	Supine ONLY for every sleep. Side-lying rolls into prone — never safe.
"Tummy time can include short naps."	Tummy time is for AWAKE, supervised play only — never sleep.
"A home apnea monitor will prevent SIDS in a high-risk infant."	Monitors do NOT prevent SIDS. Reinforce safe-sleep behavior instead.
"Bumper pads keep the baby from hitting the slats."	Bumpers, wedges, positioners, and "anti-roll" devices are UNSAFE — suffocation risk.
"Sleeping in bed with the parent is bonding and safe."	Co-sleeping ≠ room-sharing. Room-share on a SEPARATE surface for 6–12 months.
"Reinsert the pacifier if it falls out during sleep."	Offer pacifier at sleep onset; do NOT force or reinsert once asleep.
"Once the baby is swaddled, keep doing it as they grow."	STOP swaddling as soon as the infant shows signs of rolling (~2–4 months).
"SIDS and ALTE / BRUE are the same diagnosis."	BRUE is an event the infant survives; SIDS is unexplained DEATH. Different teaching.
"This was the parents' fault — chart that."	Document objective findings only. SIDS is a diagnosis of exclusion — never blame.
"The infant only sleeps in the parent's bed at night."	Every nap, every sleep, every caregiver — same rules apply.

The *ABCs* of Safe Sleep

A	B	C
ALONE	**BACK**	**CRIB**
No one & nothing in the sleep space — no adults, siblings, pets, pillows, blankets, toys, or bumpers.	Supine sleep — every nap, every night, every caregiver, until age 1.	Firm, flat surface with a tight-fitted sheet — no inclined sleepers, no couches, no car seats for routine sleep.

Detailed Teaching Points

- **Room-share, do NOT bed-share** — same room, separate surface, for the first 6 months (ideally 12).
- Use a **sleep sack / wearable blanket** instead of loose blankets if extra warmth is needed.
- Keep room temperature **68–72°F (20–22°C)**; dress baby in one light layer more than the adult is wearing.
- **No smoking** during pregnancy or anywhere near baby — not in the house, not in the car, not on clothing.
- **Breastfeed** if possible — any duration is protective; exclusive 2–4+ months gives strongest protection.
- Offer a **pacifier** at every sleep onset (after breastfeeding is established, ~3–4 weeks).
- Daily **supervised tummy time** when awake — prevents flat head & builds neck strength.
- **Train every caregiver** — grandparents, daycare, babysitters — on the same safe-sleep rules.
- Keep **immunizations on schedule**; do not delay or skip routine vaccines.
- Avoid alcohol, marijuana, or sedating medications if you are the primary caregiver overnight.

Mnemonics & hooks

A • B • C

A	**Alone** in the sleep space
B	**Back** to sleep — every time
C	**Crib** — firm, flat, bare

SAFE SLEEP

S	Supine position
A	Alone in crib
F	Firm mattress
E	Empty (no toys/bedding)
S	Smoke-free home
L	Light layers (no overheating)
E	Educate all caregivers
E	Exclusive breastfeeding
P	Pacifier at sleep onset

PATTERN HOOKS

- → **Prone** = **P**ronounced risk
- → **Side** → **S**lides to prone
- → **Smoke** → **S**uffocation risk doubles
- → **"2 to 4 — guard the floor"** (peak months)
- → Triangle = Vulnerable + Critical period + Stressor