A High-Yield Bedside Companion for

Little Lungs, *Big* Stakes

PEDIATRIC NURSING · VOL. 1

NGN NCLEX · 2026 TEST PLAN

THE THREE RESPIRATORY REDS

Three viral and bacterial airway crises sit at the heart of pediatric NCLEX questions. Mistake one for another and you'll pick the wrong intervention — the right pattern recognition saves lives and points. Learn the **onset, the sound, and the position**, and the rest falls into place.

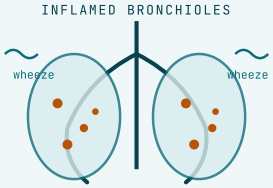
FOCUS AREAS
INFANT → SCHOOL-AGE
AIRWAY EMERGENCIES

CONDITION · 01 VIRAL

Bronchiolitis

RSV · Lower airway

01



CAUSE	AGE
RSV (viral)	< 2 yrs · peak 2–6 mo
ONSET	**SEASON**
Gradual	Fall → Winter

SIGNS & SYMPTOMS

- **Wheezing** + fine crackles
- Tachypnea, retractions, nasal flaring
- Copious nasal secretions, cough
- Low-grade fever, poor feeding
- ★ **Apnea** in young infants — red flag

NURSING CARE

- **Contact + Droplet** precautions
- Humidified O_2 to keep $SpO_2 \geq 90\%$
- **Bulb suction nares** BEFORE feeds
- Small, frequent feeds; monitor hydration
- HOB elevated 30–45°

NCLEX PEARL

CONDITION · 02 VIRAL

Croup

Laryngotracheobronchitis

02

CAUSE	AGE
Parainfluenza (viral)	6 mo – 3 yrs
ONSET	**SITE**
Gradual · worse @ night	Upper airway (subglottic)

SIGNS & SYMPTOMS

- ★ **Barking / seal-like cough**
- **Inspiratory stridor**
- Hoarseness, restlessness
- Low-grade fever
- Symptoms **worsen at night**

NURSING CARE

- **Keep calm** — crying worsens stridor
- Cool mist / humidified air
- Sit upright, hold by caregiver
- **Nebulized racemic epinephrine** (severe)
- **Dexamethasone** PO / IM

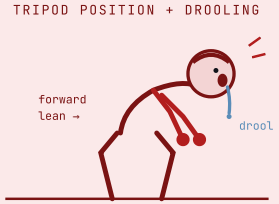
⚠ EMERGENCY

CONDITION · 03 BACTERIAL

Epiglottitis

H. influenzae type B

03



CAUSE	AGE
H. flu type B (bacterial)	2 – 7 yrs
ONSET	**PREVENTION**
SUDDEN · rapid	Hib vaccine

THE 4 D'S

D	D	D	D
DROOLING	DYSPHAGIA	DYSPHONIA	DISTRESS

- **Tripod** position, chin thrust forward
- High fever (sudden), toxic appearance
- Cherry-red swollen epiglottis
- Inspiratory stridor · **no cough**

⚠ DO NOT

- ✕ Examine throat / use tongue blade
- ✕ Place child supine
- ✕ Leave child alone or separate from parent

Care is *supportive*. Routine bronchodilators, steroids, and antibiotics are *not* recommended. **Palivizumab** is prophylaxis for high-risk infants.

NCLEX PEARL

If stridor occurs *at rest* → severe. Give **racemic epi** + observe 2–4 hrs for rebound. Cool night air can relieve symptoms en route to ED.

× Draw blood / start IV before airway secure

NCLEX PEARL · PRIORITY

Keep child calm on caregiver's lap. Prepare for **intubation / tracheostomy** in OR. Then IV **ceftriaxone** + droplet precautions × 24 hr.

Side-by-side, *at a glance*

When a question stem drops a clue, these rows are where the differential lives.

FEATURE	Bronchiolitis	Croup	Epiglottitis ⚠
PATHOGEN	RSV VIRAL	Parainfluenza VIRAL	**H. influenzae B** BACTERIAL
TYPICAL AGE	< 2 yrs (peak 2–6 mo)	6 mo – 3 yrs	2 – 7 yrs
ONSET	Gradual (URI → LRI)	Gradual, worse at night	**SUDDEN · hours**
FEVER	LOW	LOW	HIGH
COUGH	Wet, productive	**Barking · seal-like**	ABSENT
BREATH SOUNDS	**Wheezing**+ crackles	Inspiratory**stridor**	Inspiratory stridor (severe)
DROOLING	NO	NO	YES — HALLMARK
POSITION	HOB elevated	Upright, calm	**Tripod · chin forward**
PRIORITY TX	Suction + O_2 + hydration	Cool mist · racemic epi · dex	**Airway first**→ IV abx
PRECAUTIONS	Contact + Droplet	Standard / Droplet	Droplet × 24 hr post-abx
EMERGENCY?	MONITOR	OFTEN HOME CARE	TRUE EMERGENCY

Memory Hooks

SAY IT, REMEMBER IT

RSV

Respiratory **S**yncytial **V**irus · *Really Suctions Vigorously* — bulb before feeds.

BARK

Barking cough · **A**t night · **R**estless · **K**eep calm → Croup all the way.

4 D's

Drooling · **D**ysphagia · **D**ysphonia · **D**istress → Epiglottitis. *Do not examine.*

Test-day *traps & pearls*

The exact places NGN item writers try to trip you up.

1

NEVER

Don't look in the throat

If the stem says **drooling + tripod + sudden high fever**, it's epiglottitis. Do **not** use a tongue blade — laryngospasm can fully close the airway. Priority: keep calm, call for airway team.

2

PRIORITY

Suction before feeding

In RSV bronchiolitis, the infant can't nurse with occluded nares. **Bulb suction the nose *before* each feed**, then offer small, frequent amounts. Monitor I&O and number of wet diapers.

3

SAFE

Cool mist calms croup

Parent calls at 2 AM: child has a **barking cough** and stridor. Best advice: take the child into a **steamy bathroom** or outside into cool night air. If stridor at rest → ED.

4

ISOLATION

RSV = contact + droplet

RSV spreads on hands and surfaces. **Private room or cohort** with other RSV patients. Gown + gloves + mask. Meticulous hand hygiene — it's the #1 intervention to prevent nosocomial spread.

5

MEDS

Know what NOT to give

Bronchiolitis: **no** routine bronchodilators, steroids, or antibiotics. Croup: steroids + racemic epi. Epiglottitis: IV **ceftriaxone** after airway secured. Palivizumab = RSV *prophylaxis*, not treatment.

6

RED FLAG

Worsening = quiet chest

A silent chest or decreased stridor after hours of loud distress is **ominous**, not reassuring — airflow has dropped. Combined with lethargy, cyanosis, or bradycardia → imminent respiratory failure. Escalate now.