NURSING PROCEDURE 70-3
Caring for a Child in a Mist Tent

SUPPLIES AND EQUIPMENT
✔ Mist tent
✔ Humidification setup
✔ Oxygen source

RECOMMENDED TECHNIQUE

1. Allow the child to explore the tent before placing him or her in it. Explain to family caregivers and the child why and how the tent is used.

2. Wash hands. Gather necessary equipment. The respiratory therapy department may have responsibility for setting up the tent.

3. Place the child in the tent after it is set up and turned on. Be sure to tuck it in securely.

4. If the child will not stay in the tent, a jacket or other type of restraint may need to be used. If using a restraint, check the child’s skin for signs of breakdown at least every 2 hours.

5. Perform a thorough respiratory assessment every 1 to 2 hours or more often if necessary.

6. Observe the child for shivering, lethargy, decreased temperature, or irritability. Change the child’s pajamas and bed linens frequently as they become damp. Regularly assess the child’s temperature.

7. Monitor the child’s intake and output. Assess for signs and symptoms of dehydration.

8. Provide diversion; use toys safe for an oxygenated environment that can be cleaned.

9. Teach family caregivers how to interact with the child, and encourage them to spend time with the child.

10. Provide small feedings and frequent rest periods.

12. Discard mist tent canopies after use. Use tents for as short a time as possible to keep them germ free.

<table>
<thead>
<tr>
<th>RECOMMENDED TECHNIQUE (Continued)</th>
<th>E</th>
<th>S</th>
<th>NP</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Document respiratory assessment data and the child's tolerance of the tent. Also document any teaching and the family's response.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>________________</td>
</tr>
<tr>
<td>12. Discard mist tent canopies after use. Use tents for as short a time as possible to keep them germ free.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>________________</td>
</tr>
</tbody>
</table>

KEY: E = Excels  S = Satisfactory  NP = Needs Practice

☐ Pass  ☐ Fail

Student's Signature: ____________________________________________ Date: ________________

Instructor's Signature: __________________________________________ Date: ________________