

## ASTHMA CLINICAL ASSIGNMENT

Asthma could be defined as a chronic disease that inflames and narrows the airways. It has no cure but preventable.

The following are signs and symptoms of Asthma: Shortness of breath, coughing, wheezing and chest tightness.

Asthma triggers include- Allergens such as mites, pollen from trees, weeds, flowers, grass, mold, and cockroaches. Irritant such as tobacco, chemicals, sprays and dust pollution. Also, physical activities such as stress, respiratory illness such as cold and flu are examples of asthma triggers.

There are two categories of medicines for Asthma therapy-:

Long term medications that are used to control/prevent asthma attacks. Examples are: long-acting bronchodilators such as Cromolyn, Theophylline.

Short term medications are used to provide immediate relief from symptoms. They are short-acting bronchodilators such as Albuterol and Ipratropium.

In mild intermittent asthma, less than 2 days per week, use quick relief medication such as shorting bronchodilator and none for long term control.

In mild persistent asthma, use short-acting medication frequently, and daily use of low-dose of long-acting medication such as inhaled corticosteroids agents- Cromolyn, Montelukast.

In moderate persistent asthma, continue using short-acting inhaled every day, while daily use of medium dose inhaled corticosteroids with a long –acting bronchodilators- leukotriene.

Finally, in severe persistent asthma, use of short-acting inhaled is needed with increasing frequency use while high dose of inhaled corticosteroids and long-acting bronchodilators such as Theophylline is needed to control in long term therapy.

### MEDICATION TEACHING PLAN FOR 5 YEARS OLD.

**ALBUTEROL INHALER-** Parent of the child will use MDI with a spacer for the child.

Remove the cap from the inhaler. Shake the canister before each dose. Insert the end of the mouthpiece into the spacer. Tell your child to put his lips snugly around the mouth piece of the spacer.

Activate the MDI. Tell him to breathe in slowly and deeply and hold this breath in his lungs for five to ten seconds. Tell him to exhale, with the mouthpiece still in place, tell him to breathe in deeply and hold his breath again to get the full dose of the medicine.

**PULMACORT INHALER:** Tell your child to hold the inhaler upright with the mouth piece end down and take the cover off in order to remove any foreign objects. Shake the inhaler gently 3-4 times. Hold the mouthpiece in your between teeth and lips closed tightly around it. Start to breathe in slowly through your mouth and press the top of the canister one time to get one puff of medicine Try to breathe in slowly for 3-5 seconds while inhaling.

ORAL SINULAIR:-If your child is taking Mometasone tablets, let him swallow whole, do not break, crush, or chew them. If your child is taking chewable, let your child chew them before swallowing them.

If your child is taking oral granules, do not open the packet until when you are ready to give him. You can put the oral granules directly from the packet into your child's mouth and swallow it. You can also put the oral granules directly on a spoon, and then put into the child's mouth.

ORAL PREDNISONE:- Make sure your child takes the full dose of oral steroids. The full course of steroids may last 3 to 7 days. This will help your child's asthma from getting worse.

#### ASTHMA ACTION PLAN

The purpose of an asthma action plan is to reduce or prevent flare-ups and emergency hospital visits through the day-to-day management of asthma.

Parents should advise their children to avoid asthma triggers. These triggers include allergens such as mites, pollen from trees, grass flowers, mold and cockroaches. Avoid irritants such as tobacco, sprays, dust and dust pollution. Keep an eye on your children's physical activity, respiratory illness such as cold and flu. Make sure your child receives a yearly flu injection. Avoid cold air.

In addition, parents should teach their children the signs and symptoms of asthma, which include shortness of breath, coughing, wheezing and chest tightness. Teach your asthma children to take quick relief medication for symptoms of asthma. An example is an Albuterol inhaler. He should also take quick relief medication before exercise or before exposing to triggers. In case the symptoms continue, take long acting medication such as steroids and call your health provider.

Finally, when your child has difficulty breathing, cannot walk or talk, tell him to call 911 immediately and continue using his short-acting medications.