

Asthma in children essay

[Family](#), [Children](#)



Table of Contents Introduction

| | |
|-------|---|
| ..... | 3 Overview |
| ..... | 4 What is Asthma |
| ..... | 5 What are the signs and symptoms of asthma? .. |
| ..... | 5 What can make asthma symptoms worse? .. |
| ..... | 6 What is the treatment for asthma? .. |
| ..... | 8 Peak flow and its importance |
| ..... | 9 Asthma Action Plan |
| ..... | 9 Patient Information Leaflet |
| ..... | 10 Summary |
| ..... | 11 References |
| ..... | 13 |

Introduction “ Asthma can affect anyone, any age, anywhere, but it is particularly common among children. Nowadays asthma affects one in five households in the United Kingdom, and it is increasingly common. So how do you recognize the condition and minimize the impact on you, your child and yourfamily? “(Barlow 2007). Often times parents of children with asthma are not given much information on what to do with their child after discharge from the Emergency department especially in patients who are newly diagnosed with asthma.

This results in them bringing back their child even though the asthma attack is mild due to parents/carers knowledge about asthma or on home care is limited. Recent developments in the management of chronic illnesses such as asthma offer many possibilities for optimal control, but parents/main carers of children with asthma need to take on responsibilities for self-care.

This paper reflects an informative approach on paediatric asthma. The aim is to give information about asthma, to give a brief definition, explain the symptoms of asthma, what the treatments are, what exacerbates the symptoms, and what to do if an asthma attack occurs.

The better the parent / carer and the child understand asthma and its treatment the better they will be able to manage and control it. It will also set out why a patient information leaflet should be introduced to help patients and carers to better manage symptoms at home and help reduce hospital attendances. Overview Whilst working in a busy north London Accident and Emergency (A&E) department It has been noted that when children attend with asthma they are discharged from the Department with no further information or support with regards to home care, especially the ones who are newly diagnosed.

What happens often is that the parents are given the medications by the nurse without even explaining what to do next or what to watch out for with regards to their child's asthma because the nurse has limited time due to the fact that the department is often busy and there is no time to sit down and chat with the parents prior to discharge. After collaborating with the paediatric section of the department a need has been identified for giving information to parents / carers about asthma in children to help reduce / prevent A&E attendances and help children be cared for at home by means of their parents and general practitioners(GP).

Through writing an action plan I have identified what areas of information was needed to be covered in the information leaflet, these being: What is asthma? What are the signs and symptoms? What can make asthma

symptoms worse? What is the treatment for asthma? What is a peakflow and its importance in managing the child's asthma? What to do when an asthma attack occurs? An action plan after discharge from the department Useful contact numbers and website address' What is asthma? At work I have encountered parents who have limited knowledge about asthma.

It is a key issue for parents/ carers to know what asthma is In the leaflet, I have briefly mentioned the definition of asthma as derived by the World Health Organization. The WorldHealthOrganization defines asthma as a condition that affects the airways, it is due to the inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. in an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs. (World Health Organization 2006)The leaflet also contains what signs and symptoms to look out for prior to an asthma attack. Basing from my own experience growing up with my youngest brother who suffered from asthma, I can remember my parents panic as soon my brother developed cough with mild shortness of breath which often times becomes a trip to the nearest hospital. What are the signs and symptoms? The information leaflet includes what symptoms to look out for when an asthma attack occurs. Out of all the research and reading that I have done, I have come up with four common symptoms.

The common symptoms of asthma, they are cough and wheeze which are constant or intermittent in nature. The child may also become breathless, and develop a feeling of chest tightness. the severity of symptoms differ from child to child - from mild to severe. The leaflet serves as a guide in

what to do when these symptoms occur. What can make asthma symptoms worse? A part of the information leaflet is about what makes the symptoms of asthma worse. What factors can cause the exacerbation of asthma or “ trigger factors “ .

According to the American Lung Foundation, “ the cause of asthma is not fully understood, but it is thought that it may be a combination of genetic and environmental factors, that asthma attacks are often triggered by certain conditions or stimuli. ” (American Lung Association 2007). The common triggers of asthma are exercise, infections, allergy, irritants, weather and emotions. “ Exercise induced asthma (EIA) affects about 40-90% of children with asthma, and occurs when a child's asthma is triggered by exercise or physical activities. Symptoms of coughing, wheezing, chest pain and difficulty breathing usually begin a few minutes after starting the activity and worsen over the next 5-10 minutes. Symptoms usually continue for about 20-30 minutes. ” (keepkidshealthy. com 2008) “ Severe episodes of asthma are often triggered by respiratory tract infections including flu. Research shows that these infections are most frequently caused by virus more than bacteria. Bronchodilator medication, sufficient hydration and steroids (if indicated) are needed to control an asthma attack caused by viral infections.

Allergies can trigger an asthma attack in children with asthma. ” (American Lung Association 2007). Allergies can trigger an asthma attack in children with asthma. “ Histamine is released during an allergic reaction causing mucous to be excessively produced, the lining of the airway becomes swollen then muscle contraction in the airway thus leading to an asthma

attack. Allergens associated with asthma are common things like dust mites, feathers, moulds, pets, insects, pollens and ingested foods such as egg, soy milk, etc.

These causative agents can cause minimal reactions sometimes which are of no obvious consequence but daily exposure to the allergens can cause in gradual worsening of asthma. " (American Lung Association 2007). Irritants such as air pollution, cigarette smoke, fumes, chemicals and strong odours can irritate the respiratory system causing reactions such as cough, wheeze and mucous secretions. " Weather or climatic conditions can trigger an asthma attack; it basically affects outdoor inhalant allergens (pollens and moulds).

On a windy day more allergens will be scattered in the air, while a heavy rainfall will wash the air clean of allergens but on the other hand, a light rain might wash out pollen, but actually increase mold concentration" (American Lung Association 2007). " Emotional factors are not the cause of asthma, though emotional stress can infrequently trigger asthma" (American Lung Association). A child's asthma might only be noticeable after crying, laughing or yelling in response to an emotional situation. These normal emotional responses involve deep breathing which in turn can trigger asthma.

Emotional stress itself like anxiety, anger or frustration can also trigger asthma, but the asthmatic condition precedes the emotional stress. Emotions are associated with asthma for another reason, many children with asthma suffer from severe anxiety during an episode as a result of suffocation caused by the asthma attack. The anxiety and panic can then

produce rapid breathing or hyperventilation, which worsens the asthma condition. The panic and anxiety should be controlled as much as possible; the parent should remain calm, encourage the child to relax and breathe easily and give appropriate medications. The aim is to control the asthma with the appropriate treatment, and when the asthma is well controlled the emotional stress level will be reduced" (American Lung Association 2007). It is an important part of the care of asthma for the parents / carers to know what these factors are, knowing these triggers can help minimize an asthma attack, though some are unavoidable like weather or the fact that a child tends to be more active, the aim of management of the child's asthma is to enable the child to live a normal life by teaching the parents / carers to recognize their own triggers as avoidance will prevent symptoms from occurring.

A part of the information leaflet enumerates the most common triggers with given examples that can act as a stimulus to set off an asthma attack. What is the treatment for asthma? " There is no cure for asthma, although it can always be controlled" (World Health Organization 2006). " For most children, asthma is a condition that can be controlled by inhaled medication at home. Continuity and stability of treatment is important. " (Barlow 2007) The devised information leaflet enumerates and briefly defines the medications for asthma.

It is quite important for the parents / carers to know what the medications are, what are they for, when to use them, and how to use them properly. Hopefully, the literature will help parents / carers to understand asthma medications, for it is worth of consideration that asthma medications must

be taken properly. This helps in the care of the child's disease. Together with the Asthma Action Plan, an appropriate assessment of the child's symptoms and administering the proper asthma medication at the right time helps in the control of the disease at home.

The primary goal for the treatment of the child's asthma is to achieve the greatest possible control over the disease by reducing exacerbations, and limiting symptoms in order to optimize the quality of life of the child. " the potential for limitation of normal living is immediately apparent, but the actuality is related to a patient' ability and willingness, to adhere to, and the nature of, a health professional's recommended regimen" Christie et. al (1993). Peak flow and its importance

Peak flow has it's place in the care and management of asthma. The information leaflet briefly defines what is peak flow and justify why it should be monitored. The literature emphasizes that in managing asthma in children, parents are encouraged to obtain their child's peak flow rate for measuring the peak flow helps in monitoring their asthma. The correct technique in obtaining the peak flow should also be reiterated for a false reading can greatly affect the management.

However, in children who are under five years it is unreliable due to the fact that their ability to use the peak flow meter properly is doubtful, therefore it should only be attempted in children who have formerly and regularly used the peak flow devise. A criteria in the Asthma Action Plan is to measure the child's peak flow rate for it helps to determine the severity of the episode, it helps decide when to use the prescribed asthma medications, and decide when to seek emergency care. Asthma Action Plan

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In managing the child's asthma, it is important to know what symptoms to look out for, what medicines to take, how much and when to take them, all of this should be recorded in the Asthma Action Plan. Prior to discharge from the emergency department, the Asthma Action Plan together with the information leaflet is given to the parents/ carers to use at home to act as a guide in managing an attack of their child's asthma. It contains the symptoms to look out for and what to do if they occur.

It also acts as a tool for the parents and their doctors to monitor the child's asthma, prior to discharge from the Emergency Department the doctor and the Paediatric nurse should have completed and discussed the form to the parent. Patient Information leaflet In the current political climate of patient autonomy, patient information leaflets can aid patients, parents and carers to achieve this autonomy. Research has shown that patients may forget half of what they have been told within five minutes of a medical consultation and retain only twenty per cent of the information conveyed to them. " Providing patients and families with written information may reduce anxiety, improve use of preventative or self care measures, increase adherence to therapy, prevent communication problems between health care providers and patients and lead to more appropriate and effective use of healthcare services" (Moult et al, 2004). The importance of written patient information has been recognized by the department of Health and the NHS. The NHS Plan states that patient information is an integral part of the patient journey. The Centre for Health Information Quality identifies three key attributes of quality health care information materials: a. the information should be clearly communicated; b. be evidence based; and c. involve patients in the

development of the materials (Centre for Health Information Quality in Moulton et al, 2004). Research has exposed problems with the readability and usability of a wide range of patient information leaflets (PILs) on diverse matters. The majority of PILs, regardless of their subject, require relatively high reading skills that may not exist in a large proportion of their target population (Zorn & Ratzan, 2000 in Gal & Prigat, 2005).

In 2002, the Department of Health published the 'Tool kit for providing patient information which provides detailed guidelines for writing and designing health care information. The toolkit includes guidelines in the form of 'points to consider' and checklists for presentation of various types of information. Readability is often mentioned as a measure of the quality of written health care information and several scales have been deployed to evaluate the reading level of written information and several scales have been developed to evaluate the reading level of written information. Spadero, 1983). Moulton et al. (2004), explains that the lower the reading level, the more likely that the information can be read and understood by a large proportion of the public. Summary The purpose of this essay is to discuss the need which has been identified and to implement change in the paediatric area in the Emergency Department (ED) with regards to patient information about asthma in children. "The appropriate selection of medications is only one aspect for the provision of a comprehensive approach to all aspects of managing asthma.

In particular, parents / carers need education, support and guidance, on how to manage their child's condition" (National Institute for Clinical Excellence 2007) I have accessed many online web sites and read articles to see what

information was available to combine together to produce such information leaflet. The intention of the devised information leaflet is to give information to parents / carers about asthma in children to help reduce or hopefully prevent ED attendances and help children with asthma be cared for at home by means of their parents and GPs. Technological and pharmaceutical developments make feasible the more effective control of chronic conditions, but clinician's perception of optimal management may result in patients carrying increased responsibilities for maintenance of their physical well-being that can compromise the quality of their daily life" (Christie et. al. 1993), hopefully the information leaflet can facilitate and provide advice, as a part in the holistic approach in managing the child's asthma at home when the child is discharged from the Emergency department.

The information leaflet can also be utilized as useful tool to teach junior staff in the Emergency Department. A reading material for the newly qualified staff members to read and use to further enhance their nursing knowledge about asthma, that it can aid the nurse as guidance in their initial assessment and help in anticipating the needs of a child who presents in the Emergency Department with asthma.

Hopefully in the future, the information leaflet can be used as a useful tool for health promotion which can be utilized by other members of the health care setting such as health visitors, school nurses, and others in the community settings. Reference: American Lung Association (2007): childhood Asthma Overview <http://www.lungusa.org/site/pp.asp?c=dvLUK900E=22782>. [accessed Dec 2007] Barlow(2007)http://www.childrenfirst.nhs.uk/families/features/illnesses/managing_childhood_asthma.

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