

Nursing the child with asthma

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From Sara Jones's case we can see it is a situation that requires coordination and support from the health professional and from the nurse and parents even more so. Nursing in this case without other supportive consideration would not alleviate Sara's condition though it would play a major role in helping her.

Several factors illustrated in this scenario would play a key role in the adherence, concordance and management of this condition: the relationship between the parent and the patient, the smoking condition of the parent, lack of keen parental concern for the patient's condition where the former cannot monitor whether the medication have been taken or not and other social factors that would come in one way or the other. Management of asthma has always been based on proper self-management by the patient using corticosteroids (Covar et al., 2004, p. 234; Fong & Levin 2007, p. e30).

Effectiveness of therapy will therefore depend on patient's adherence to these medications as well as the efficacy of the regimen itself. Other conditions that can be used to describe the episodes of asthma include: coughing mostly at night and early in the morning, shortness of breath, chest tightness. However, it is believed to be linked to both environmental triggers and genetic inheritance. Susceptibility would be more pronounced in children because of immunity inferiority. Otherwise, the condition would reoccur even at later stages of live.

Sex also seems to play a major role in disease acquisition, but this has also been related to the parent infected (Covar et al., 2004, p. 234; Cramer 1995,

p. 324). From the onset of the interview we are able to deduce how unfortunate Sara is.

At the age of 12 the mother has left her to take medication on her own. None of the parents reminds her not to skip the inhaler. Non-adherence to taking medication has been attributed to several reasons; these could be either intentional or unintentional. The latter would happen when the patient forgets to implement the prescribed medication, or can also be due to poor understanding of the regimen (McQuaid et al., 2003, p. 323).

For this scenario either of these could have its way. In this scenario, the child forgot to take her medication, the vasodilator in the form of inhalant. Such cases have been claimed to have an impact on the condition although this would also depend largely on the severity of the condition as well as the effectiveness of the medication intended for prophylaxis (Birkhead et al., 1989, p. 490).

Some studies also indicate that sub-optimal adherence results in poor control of the disease (Bender et al., 2003, p. 489). This non-compliance with prescriptions amongst children has exacerbated the condition. Parents should be on high alert, especially for children who are left to control themselves on medication compliance. At such a tender age the boy should not have developed the notion of getting worried about the adverse effects of using the corticosteroids over a longer duration.

When Sara confesses that she forgot to take her inhaler we can guess it was not intentional. However, some studies have also suggested that such unintentional non-adherence could be due to poor recall of the consultations
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given by the doctor (Dugdale 1993, p. 1426; Milgrom et al., 2005, p. 1051; Stempel et al.

, 2005, p. 1264). At the hospital the mother does not pay any attention to the incident with the nurse on call, yet support from the people around the asthmatic patient has been associated with condition improvement. When asked if she needed some other help, Sara clearly indicates that she needs someone to talk to. This shows that the little girl has lacked parental support that could have been essential in her recovery from these asthma attacks.

In such situations nursing would play a crucial role. The nurse should counsel the Sara's mother on the importance of giving the little girl attention.

Asthma has been associated with several causes. A child would be induced to develop asthmatic condition when exposed to some triggering factors in the environment like dusty air, cigarette smoking and other pollen allergens that may be inhaled and cause inflammation of the respiratory tract, constriction of the inner linings and secretion of mucus which would block the airways (Iqbal et al., 2004, p. 314).

Another cause is attributed to genetic inheritance where a defective gene that brings this condition would be transferred to the offspring from either of the parents. A child who develops this condition may not be freed from it and would be having recurrent episodes when exposed to trigger factors like cold, dust, cigarette smoke and other allergens (Ordoniez et al., 1998, p. 145). Though asthmatic conditions are grouped in two categories - intrinsic (non-allergic) and extrinsic (allergic) - their manifestation would always occur spontaneously regardless of the type (Bender et al.

, 2000, p. 416). A child whose bronchial airway is supersensitive to substances that induce hypersensitivity would more often succumb to this condition when exposed to them. Such substances would include cockroach droppings, pollen and dust mites. Irritants in the inhaled air are also a key factor that can lead to manifestation of asthma; such irritants would include cigarette smoke, fumes, firewood smoke and even some scented soaps. Smoking is a major risk factor, particularly for children (Dezateux et al. , 1999, p. 405; Liptak, 1996, p. 128; Wahn et al., 1997, p. 763).

In this case, where parents are smokers, Sara is at a higher risk of the episodes of asthma. Environmental conditions are quite unfavourable for her situation. We are only told about smoking, while other allergens described above could have as well exacerbated her condition. She endures nights with insomnia ostensibly due to accumulation of these allergens, which causes inflammation of the respiratory tracts hence triggering them to not only undergo vasoconstriction but also secrete mucus that clogs the airways making her experience dyspnoea (Bender et al. 1998, p. 349; Wahn et al. 1997, p. 763). Nursing would come in to help Sara's parents understand the exact triggers of asthmatic conditions. Making them aware of the allergens and the mechanisms they trigger would be important in a long-term management in home setting. Studies show that other risk factors of this disease exacerbation in children include parent-child relationship and child's behaviour (Bender & Rand 2004, p.

192; Coutts et al., 1992, p. 332; Horne 2006, p. 1). Domestic environment plays a critical part in the disease management. Studies indicate that most
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adolescents find it useful to be reminded by their parents to take medication, and high adherence levels were recorded in the group of children whose parents took the initiative to support their medication (Bender et al.

, 2000, p. 416; Burgess et al., 2010, p. 198). In this case parental intervention could actually play a major role in the management of Sara's condition; her mother seems to lack the basic knowledge of asthmatic condition. If her parents were informed of the condition and the way of its management, it would really help the little girl.

Smoking is the major issue that the nurse should address and find out how often the patient is exposed to these allergens. Children are also more prone to asthmatic conditions especially if they have past history of respiratory infections. Infection of the sinuses and other conditions like sore throat and flu may trigger development of asthmatic conditions in children. These could have occurred due to secondary infections originating from bacterial, fungal or viral infections (Coutts et al., 1992, p. 332).

Asthma would also manifest itself in children after they exercise. This is known as exercise-induced asthma. This kind of asthma is provoked when a child participates in any physical activity. The symptoms would normally appear after the exercise, but if they appear earlier, the person must readjust the medication program (Bender & Zhang 2008, p. 490; Burgess et al.

, 2010, p. 198). Sara seems to enjoy playing soccer but her condition has worsened of late to the level that she no longer participates in this event. This can help the nurse to amass the information which can be useful when <https://assignbuster.com/nursing-the-child-with-asthma/>

giving final directives and advice on proper management of this condition. Sara can still be advised to be active without experiencing asthma symptoms.

Generally there are several ways in which a nurse may assist in managing this disease. First she can give the patient medication that would alleviate the condition at that moment before looking into other long-term measures that would ensure the condition is controlled not only at home but also at school. Once the patient is given injection with medication to help dilate the constricted respiratory vessels, it would suffice to have a medical re-examination so as to make an assessment that would encompass all the possible risk factors (Bartlett et al. 2002, p. 48; Everard 2003, p. 135).

From the onset, one could easily identify the harsh environmental setting Sara is exposed to that could have worsened her condition. In such a situation the nurse would advise the parents to avoid smoking in the home setting. A no-smoking zone would help manage this situation very well. Sara's disease could also be linked to other probable allergens that may be present in the home. Once a method of avoiding these irritants have been instituted, the condition can easily be managed and controlled.

It would take the nurse some time to find out from both the patient and the mother what allergens other than cigarette smoke could have triggered the condition. Nursing does not only involve giving medication at the health setting but also finding out about the welfare of the patients long after their departure from the setting (Urquhart 2000, p. 565). It would therefore be important for the nurse to keep track of the patient in order to monitor if the

parents have really taken appropriate measures to avoid smoking and if the patient is taking the medications as desired. Especially in Sara's case where she confesses to have forgotten to take the inhaler it would suffice to monitor her and to constantly remind her of the importance of managing her condition.

Not only is the home important in fostering these management strategies, but school is also an important environment (Bond 2009, p. 1191). The nurse would have to visit the place and let the people who interact with the patient be aware of the do's and don'ts. The school administration could be advised either to exempt the patient from routine strenuous physical activities or help in monitoring her medication taking. Such measures would ensure the patient continues with the medication taking