

# [Nursing care plan for asthma management](https://assignbuster.com/nursing-care-plan-for-asthma-management/)

Implement and monitor using nursing care for clients with chronic health problems

PART A

1. Asthma is a chronic disease of the airways. Asthma causes the muscles in the airways to tighten and the lining of the airway becomes swollen and inflamed, producing sticky mucous. These changes cause the airways to become narrow, making it difficult to breathe. This may lead to wheezing, shortness of breath and coughing. Most people with asthma only have symptoms when they inhale a ‘ trigger’ such as pollen, exercise without the right preparation, or if they catch a cold or flu.
2. The triggers and causes for asthma symptoms vary for different people. Some common triggers are:

* Allergy triggers such as house dust mites, pollens, pets and moulds, wood dust, chemicals
* Family history of asthma
* Upper respiratory tract infections
* Hay fever or eczema
* Cigarette smoke
* Viral infections – for example, colds and flu
* Cold air or changes in the weather
* Some medicines
* Exercise
* Foods to which the child is allergic

1. Typical asthma symptoms include:

* Coughing
* Tight feeling in the chest
* Wheezing – whistling noise when breathing
* Shortness of breath
* Struggling to breathe

1. During an asthma attack, people often experience difficulty breathing. This occurs because persons’ airways get swollen and narrower and it becomes a lot harder for air to get in and out of the lungs. Sometimes the swollen airways produce extra mucus, which may clog up the airways of your lungs which makes it even more difficult to breath. It can feel like the person is breathing through a straw. A person with asthma may also wheeze (a whistling sound when he or she

Asthma can take a psychological as well as a physical toll on a person’s life. Factors that contribute to the psychological effects of asthma include the severity of the illness and the extent to which activities are limited by the disease, the quality of social and family support available, the age at which the disease began the person’s knowledge about the illness and the sufferer’s coping style, skills and overall personality.

For most people, it is uncomfortable to have feelings of being different from other family members, friends or classmates. In social situations, people with asthma may feel self-conscious about using an inhaler or having to be careful to avoid triggers that can set off an asthma attack.

The desire to “ fit in” can lead people with asthma to ignore their disease or fail to take care of it properly. This is the case with Jason as he prefers not to take his ventolin in front of his classmates as it makes him feel “ different”. This is an issue as he suffers from frequent severe episodes of asthma which requires him to take his medicine appropriately otherwise his health will be jeopardize.

1. Chronic asthma doesn’t just affect the person with the condition, it also affects their family. Major changes in schedules and priorities must be made to manage the family, work and the life of child which can cause great stress. Parents may struggle with taking time off to care for Jason when he is unwell or needs to attend one of his frequent medical appointments. His activities may be limited, and, in many cases, their families must change how they live to accommodate the child. As for Jason, his school and social inclusion may be restricted. He may feel excluded from their school friends if they cannot take part in games, sports and social activities. Because of his chronic illness, Jason will feel “ different” than other children which have caused him to not take his ventolin. If the chronic asthma is not managed properly, Jason’s quality of life will be impacted. The condition can lead to fatigue, underperformance or absence from school due to medical appointments or hospitalisation, psychological problems, including stress, anxiety and depression.

PART BNursing Care Plan (Diagnosis, Planning, Intervention)

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| 1. Diagnoses | Goals/Expected Outcomes | Intervention |
| 1. Ineffective airway clearance related to airway spasm, secretion retention, amount of mucus. | The patient is able to demonstrate deep coughing to assist in clearing the airway. The patient’s airway is patent and free of secretions, as evidenced by clear lung sounds, and ability to effectively cough up secretions after treatments and deep breaths teachings.  Patient will verbalize understanding that allergens like dust, fumes, animal fur, pollen, and extremes oftemperature and humidity are irritants or factors that can contribute to ineffective airway clearance and should be avoided | 1. Airway management by freeing the airway through suction, monitoring the chest wall retraction and respiratory rate.  2. Listen to lung sounds monitor oxygen delivery.  3. Assess colour, consistency and amount of sputum.  4. Encourage deep coughing/breathing  5. Educate client on the different factors that can trigger that can cause asthma attacks |
| 1. Ineffective breathing pattern related to chest wall distention, and fatigue due to increased work of breathing. | Demonstrates effective coughing and clear breath sounds; is free of cyanosis and dyspnoea.  Patient’s breathing pattern is maintained as evidenced by: eupnoea, normal skin colour, and regular respiratory rate/pattern.  Patient will be able to verbalize the understanding of appropriate measures to maintain a patent airway at all times by discharge. | 1. Monitor the frequency, rhythm and depth of breathing.  2. Encourage deep coughing/breathing  3. Position the client’s chest semi-Fowler position.  4. Distract people from thinking about the state of anxiety and teach how to breathe effectively.  5. Reassure the client and give support when dyspnoea. |
| 1. Activity intolerance | Patient will demonstrate skill in conserving energy while carrying out activities of daily living (ADLs).  Patient will have no shortness of breath, weakness and fatigue on exertion.  Report/demonstrate a measurable increase in tolerance to activity | 1. Energy management by determining the causes of fatigue, monitoring respiratory (respiration, dyspnoea, pallor)  2. Monitor response of breathing during activity; assess abnormal response in respiration, blood pressure, pulse.  3. Evaluate patient’s response to activity.  4. Help clients choose the activities that can be done  5. Explain importance of rest in treatment plan and necessity for balancing activities with rest. |

d)Evaluation –Ineffective airway clearancerelated to airway spasm, secretion retention, amount of mucusOnce all nursing intervention actions have taken place, the nurse completes an evaluation to determine of the goals for patient wellness have been met.

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| Goals/Expected Outcomes | Evaluation |
| 1. The patient’s airway is patent and free of secretions, as evidenced by clear lung sounds, and ability to effectively cough up secretions after treatments and deep breaths teachings. | You will need to access the airway manually and note any obstructions. If patient requires suction, re-access the airway and listen to lung sounds to see whether it is clear or not. Note any breathing sounds such as wheezing as this could indicate an obstruction. You will also need to monitor the chest wall retraction and respiratory rate.  Assess and evaluate changes in vital signs and temperature routinely as per require. Tachycardia and hypertension may be related to increased work of breathing. Fever may develop in response to retained secretions/atelectasis.  Note presence of sputum; assess quality, colour, amount, odour, and consistency. May be a result of infection, bronchitis, chronic smoking, and others. A sign of infection is discoloured sputum (no longer clear or white); an odour may be present. |
| 1. The patient is able to demonstrate deep coughing to assist in clearing the airway. | Assess cough for effectiveness and productivity – note the technique and the position of the patient. Patient should be sitting up right to promote full expansion of the thorax.  Consider possible causes for ineffective cough: respiratory muscle fatigue, severe bronchospasm, thick secretions, and others. |
| 1. Patient will verbalize understanding that allergens like dust, fumes, animal fur, pollen, and extremes oftemperature and humidity are irritants or factors that can contribute to ineffective airway clearance and should be avoided | Ask the patient to provide examples of allergens that can irritate the airways and factors that can contribute to ineffective airway clearance. If the patient is unable to state the factors, the nurse will need to educate and provide appropriate information.  Patient education will vary depending on the information stated as well as the patient’s cognitive level. |

1. Client EducationAsthma self-management education is essential to the control of asthma and should be encouraged to all patients to take responsibility for his or her own care. If asthma symptoms are controlled, the patient should have fewer exacerbations, a higher quality of life, lower costs, slower progression of airway from inflammation, less morbidity, and lower risk of death from asthma.

Patient asthma education can also improve beyond symptom control, such as patient knowledge about asthma and patient satisfaction and feeling of self-control. Other benefits include reduced school absences or work days, fewer exacerbations, restrictions on activities, and emergency-department visits.

The burden of living with asthma can also result in depression and anxiety for the patient and/or family, and these psychological changes can compromise asthma control. Children will asthma are likely to feel embarrassed of their condition and may suffer low self-esteem. If the parent’s stress, social isolation, or anxiety increases, the likelihood of poor asthma control in the child increases.

However with proper education, psychological factors such as low self-esteem, isolation and anxiety can also be managed. Parents can help an asthmatic child avoid embarrassment by asking the school teacher and/or counsellor to support and encourage the child. Having a school nurse, teacher or outside educator talk to the students in the class about asthma can also be quite helpful. The more informed the children are about the illness, the less likely they will be to tease a child with asthma.

One other way for people with asthma to feel less anxious is to educate others about it. They can empower themselves by becoming an expert in the illness. When they share information with family members, friends, fellow students and co-workers, everyone benefits and becomes more understanding about what it’s like to live with asthma.

1. Community Resources available
2. Asthma AustraliaAsthma Australia and member Foundations deliver high quality support to people with asthma and their careers. They offer support, training and resources to the primary health care sector and when treatment is required they ensure patients and their careers have the skills, information and power to be actively engaged in the decision making process. http://www. asthmaaustralia. org. au/Children\_and\_asthma. aspx
3. National Asthma Council AustraliaTo improve the quality of life and health outcomes of people with asthma and their careers, reduce the social and economic impact of asthma on the community and reduce the prevalence of asthma in the Australian communityhttp://www. nationalasthma. org. au/
4. The Asthma Foundation of Victoria (Support Group)Provide services to help people manage their Asthma and provide the whole Victorian community with an excellent service based on asthma advice, information and programshttp://www. asthma. org. au/
5. The Australian Lung Foundation (Victorian Support Groups)To provide caring, support and information for those with lung disease/s and for their careers and families. http://www. lungnet. com. au/