

Nursing care plan for asthma management



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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

3. Typical asthma symptoms include:

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

4. 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 breathe. 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 jeopardized.

5. 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 B Nursing Care Plan (Diagnosis, Planning, Intervention)

1. Diagnosis	Goals/	Interventi
	Expected	

Outcomes on

2. Ineffective airway clearance related to mucus retention, amount of mucus. The patient is able to demonstrate deep coughing to assist in airway clearing, spasm, secretions, and patient's chest wall airway is patent and free of secretions, as evidenced by clear lung sounds, and ability to cough up secretions
1. Airway management demonstrated by freeing the airway through suction, monitorin g the chest wall retraction and respirator y rate.
 2. Listen to lung sounds monitor oxygen delivery.
 3. Assess colour, consistenc y and

after amount of
 treatments sputum.
 and deep 4.
 breaths Encourage
 teachings. deep
 Patient will coughing/
 verbalize breathing
 understand 5. Educate
 ing that client on
 allergens the
 like dust, different
 fumes, factors
 animal fur, that can
 pollen, and trigger
 extremes that can
 oftemperat cause
 ure and asthma
 humidity attacks
 are
 irritants or
 factors
 that can
 contribute
 to
 ineffective

airway
clearance
and should
be avoided

<p>3. Ineffecti ve breathin g pattern related to chest wall distentio n, and fatigue due to increase d work of breathin g.</p>	<p>Demonstra tes 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,</p>	<p>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</p>
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and
 regular people
 respiratory from
 rate/patter thinking
 n. about the
 Patient will state of
 be able to anxiety
 verbalize and teach
 the how to
 understand breathe
 ing of effectively
 appropriat
 e 5.
 measures Reassure
 to maintain the client
 a patent and give
 airway at support
 all times when
 by dyspnoea.
 discharge.

4. Activity Patient will 1. Energy
 intoleran demonstra managem
 ce te skill in ent by
 conserving determini
 energy ng the

while causes of
 carrying fatigue,
 out monitorin
 activities g
 of daily respirator
 living y
 (ADLs). (respiratio
 Patient will n,
 have no dyspnoea,
 shortness pallor)
 of breath, 2. Monitor
 weakness response
 and fatigue of
 on breathing
 exertion. during
 Report/ activity;
 demonstra assess
 te a abnormal
 measurabl response
 e increase in
 in respiratio
 tolerance n, blood
 to activity pressure,
 pulse.

3.

Evaluate
patient's
response
to activity.

4. Help
clients
choose
the
activities
that can
be done

5. Explain
importanc
e 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.

<https://assignbuster.com/nursing-care-plan-for-asthma-management/>

Goals/Expected Outcomes	Evaluation
1. The patient's airway is patent and free of secretions, as evidenced by clear lung sounds, and ability to 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/atelec

tasis.

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.

2. 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.

3. Patient will verbalize understanding that allergens like dust, fumes, animal fur, pollen, and extremes of temperature and humidity are irritants or 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
- 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.

5. Client Education Asthma 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 with 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.

6. Community Resources available

1. Asthma Australia Asthma 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.](http://www.asthmaaustralia.org.au/Children_and_asthma.aspx)

[au/Children_and_asthma.aspx](http://www.asthmaaustralia.org.au/Children_and_asthma.aspx)

2. National Asthma Council Australia To 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 community <http://www.nationalasthma.org.au/>

3. 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 programs <http://www.asthma.org.au/>
4. 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/>