Asthma Management in Children

Did you know, most children with asthma develop symptoms before five years of age and more than 50% develop symptoms before three years of age? And, did you know, most children with asthma develop symptoms before five years of age? With such a high prevalence of this condition that brings with it a host of frightening and potentially fatal symptoms, strong asthma management skills are essential. Professionals master critical skills. Users will find current, relevant, evidence-based tools, offers thousands of actionable clinical skills and accompanying competency checklists to help nurses and allied health professionals. There’s lots more where this came from.

Are Your Nurses Checking All the Boxes?

Request referral, if appropriate, to a pediatric pulmonologist and allergist for long-term school resources to assist the parents with managing their child’s asthma at home and in the community. Request referral, if appropriate, to a social worker for identification of community resources to assist the parents with managing their child’s asthma at home and in the community. Evaluate the patient’s asthma action plan or, in collaboration with the treating clinician regarding the need for additional medication or other interventions, if indicated. Reevaluate the patient’s response to administered medication(s). Contact treating clinician if there is no improvement or if the patient’s condition deteriorates. Provide written materials, if available, to reinforce verbal education. Use a peak flow meter or spirometer to measure FEV1 or other respiratory parameters. Administer or assist with the self-administration of prescribed medication and assess for adverse effects following administration of the medication, including increased heart rate and hand tremors.

Checklist:

1. Establish rapport and begin asthma management
2. Review the patient’s asthma action plan, if available
3. Check list to see if your nurses are checking all the boxes when it comes to asthma management skills as they relate to pediatric patients
4. Follow standard pre-procedure steps
5. Review the patient’s medical history/medical record
6. Review the treating clinician’s orders, noting orders for diagnostic tests (e.g., chest radiography, pulse oximetry, arterial blood gas), as ordered, and review results as they become available
7. Perform hand hygiene and don PPE
8. Follow standard precautions
9. Gather and prepare equipment
10. Connect the nasal cannula tubing to the humidifier
11. Do not make the cannula tubing too tight
12. Place the cannula tubing around the patient’s ears
13. Fit the prongs to the patient’s nostrils
14. Adjust so the cannula tubing fits snugly
15. Place the cannula tubing under the patient’s nares
16. Turn on the humidified oxygen
17. Monitor the patient
18. Call for assistance and provide emergency interventions if the patient appears to be in respiratory distress
19. Perform a thorough respiratory assessment, taking particular note of S/S of asthma or an impaired breathing pattern
20. Use a peak flow meter or spirometer to measure FEV1 or other respiratory parameters
21. Administer or assist with the self-administration of prescribed medication and assess for adverse effects following administration of the medication, including increased heart rate and hand tremors
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23. Monitor the patient
24. Observe the patient’s technique for use of the inhaler and his/her knowledge of the prescribed medication
25. Educate/reinforce education on correct technique for inhaler use, proper use of a spacer, if appropriate, and potential adverse effects of medication
26. Assess for adverse effects following administration of the medication, including increased heart rate and hand tremors
27. Observe the patient’s technique for use of the inhaler and his/her knowledge of the prescribed medication
28. Assess for adverse effects following administration of the medication, including increased heart rate and hand tremors
29. Manage trigger exposure as appropriate, including notifying the treating clinician and providing written materials
30. Use a peak flow meter or spirometer to measure FEV1 or other respiratory parameters
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