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, according to the CDC, an estimated 6.2 million children in the U.S. alone have asthma. With such a significant prevalence of the condition, it is crucial for healthcare providers to understand that managing asthma in children is critical for any nurse working with pediatric patients. Proper asthma management in children can promote optimal pulmonary function and prevent the frightening and potentially fatal symptoms, strong asthma management skills are crucial for any nurse working with pediatric patients.

To ensure that your nurses are checking all the boxes when it comes to their asthma management skills, use the checklist below to see if your nurses are checking all the boxes when it comes to asthma management in children.

Are Your Nurses Checking All the Boxes?

**PRE-PROCEDURE STEPS**

1. Perform hand hygiene and don PPE
2. Review the treating clinician’s orders, noting orders for diagnostic tests (e.g., chest X-ray, spirometry) and medications
3. Review the patient’s medical history/medical record
4. Review the facility/unit-specific protocol for managing asthma in children
5. Review the patient’s asthma action plan, if available

**PROCEDURE STEPS**

1. Follow standard pre-procedure steps
2. Ask the patient (as age-appropriate) and/or parents about symptoms and medication taken to alleviate symptoms
3. Collect/arrange for collection of blood for laboratory tests (e.g., arterial blood gas [ABG]), as ordered, and review results as they become available
4. Monitor the patient
5. Assess the patient’s vital signs, including pulse oximetry
6. Perform a thorough respiratory assessment, taking particular note of signs and symptoms of asthma or respiratory distress, including assisting with intubation and mechanical ventilation, and refer the patient to a respiratory therapist
7. 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
8. Follow standard precautions
9. Perform hand hygiene and don PPE
10. Connect the nasal cannula tubing to the humidifier according to clinician orders or unit/facility protocol, if indicated
11. Do not make the cannula tubing too tight
12. Turn on the humidified oxygen
13. Place the cannula tubing around the patient’s ears
14. Adjust so the cannula tubing fits snugly
15. Fit the prongs to the patient’s nostrils
16. Attach prefilled humidifier
17. Assess for adverse effects following administration of the medication, including increased heart rate and hand tremors
18. Administer or assist with the self-administration of prescribed medication and assess patient response
19. Use a peak flow meter or spirometer to measure FEV1 or other respiratory parameters
20. Monitor the patient
21. Call for assistance and provide emergency interventions if the patient appears to be in respiratory distress, including assisting with intubation and mechanical ventilation, and refer the patient to a respiratory therapist
22. Ask about exposure to possible triggers and interventions performed to reduce exposure to triggers
23. Review the patient’s asthma action plan, if available
24. Educate/reinforce education on correct technique for inhaler use, proper use of a spacer, if appropriate, and potential adverse effects of medication
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26. Assess for adverse effects following administration of the medication, including increased heart rate and hand tremors
27. Collect/arrange for collection of blood for laboratory tests (e.g., arterial blood gas [ABG]), as ordered, and review results as they become available
28. Follow standard precautions
29. Perform hand hygiene and don PPE
30. Manage trigger exposure as appropriate, including notifying the treating clinician and prescribing additional medication
31. Educate/reinforce education on correct technique for inhaler use, proper use of a spacer, if appropriate, and potential adverse effects of medication
32. Perform hand hygiene and don PPE
33. Review the patient’s asthma action plan, if available

**POST-PROCEDURE STEPS**

1. Is your patient stable?
2. Did the patient require emergency interventions?
3. Do the patient’s signs and symptoms appear to have deteriorated?
4. Did the patient receive the prescribed medications?
5. Was the patient educated on managing asthma?

**Like what you saw?**

See it in Action

Dynamic Health

As an educator, I often have patients come to my practice who have asthma. It’s important to treat asthma effectively, which can be challenging. Many of my patients struggle with managing their asthma, and it’s crucial to work with healthcare providers to ensure that they are using the right medications and strategies to control their symptoms.

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