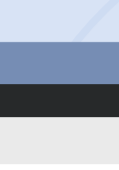


Asthma Management in Children

Are Your Nurses Checking All the Boxes?

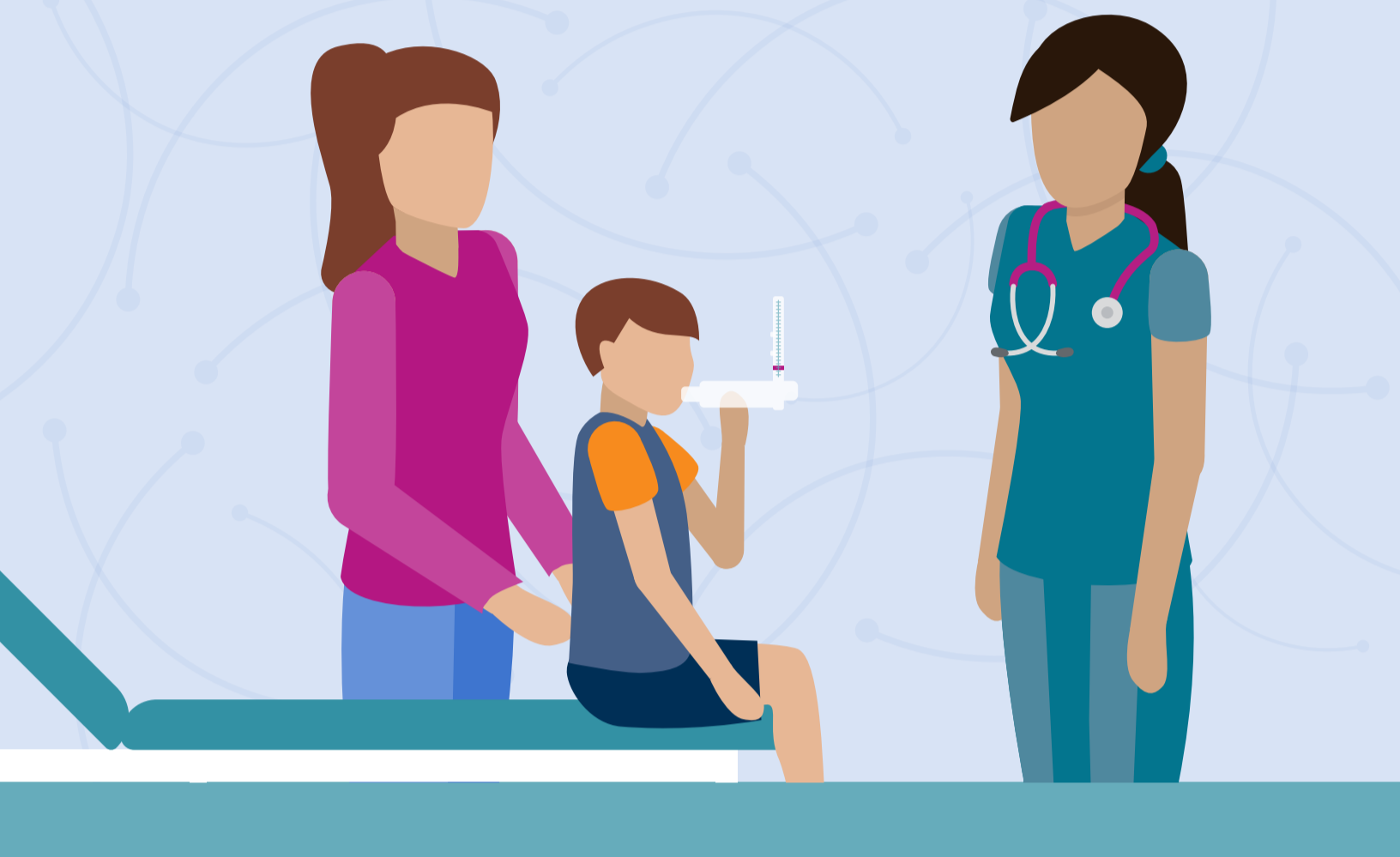
Did you know, most children with asthma develop symptoms before five years of age and more than 50% develop symptoms before three years of age? And, according to the [CDC](#) an estimated 6.2 million children in the U.S. alone have asthma. With such a high prevalence of this condition that brings with it a host of frightening and potentially fatal symptoms, strong asthma management skills are critical for any nurse working with pediatric patients.

Proper asthma management in children can promote optimal pulmonary function and prevent restrictions in sports, play, and other extracurricular activities. It also prevents school absences, the need for emergency care and hospitalization, chronic signs and symptoms, asthma exacerbation, reduced lung growth, respiratory failure, and death. Check out the *Dynamic Health*™ competency checklist below to see if your nurses are checking all the boxes when it comes to their asthma management skills as they relate to pediatric patients.



PRE-PROCEDURE STEPS

- 1. Review the facility/unit-specific protocol for managing asthma in children
- 2. Review the treating clinician's orders, noting orders for diagnostic tests (e.g., spirometry) and medications
- 3. Review the patient's medical history/medical record
- 4. Follow standard pre-procedure steps
- 5. Review the patient's asthma action plan, if available



PROCEDURE STEPS

- 1. Ask the patient (as age-appropriate) and/or parents about S/S and medication taken to alleviate S/S
- 2. Ask about the use of routine medications for asthma or comorbid conditions
- 3. Position the patient in a semi-Fowler's position (i.e., sitting at a 45–60° angle) to promote chest expansion and air exchange
- 4. Assess the patient's vital signs, including pulse oximetry
- 5. Administer supplemental humidified oxygen according to clinician orders or unit/facility protocol, if indicated
- 6. Gather and prepare equipment
- 7. Perform hand hygiene and don PPE
- 8. Follow standard precautions
- 9. Attach prefilled humidifier
- 10. Connect the nasal cannula tubing to the humidifier
- 11. Turn on the humidified oxygen
- 12. Fit the prongs to the patient's nostrils
- 13. Place the cannula tubing around the patient's ears
- 14. Adjust so the cannula tubing fits snugly
- 15. Do not make the cannula tubing too tight
- 16. Monitor the patient
- 17. Notify the treating clinician if there is no improvement or if the patient's condition deteriorates
- 18. Perform a thorough respiratory assessment, taking particular note of S/S of asthma or an impaired breathing pattern
- 19. Reassure the patient/parents that asthma manifestations will be successfully managed, if sign and symptoms are present
- 20. Use a peak flow meter or spirometer to measure FEV1 or other respiratory parameters according to clinician orders or unit/facility protocol
- 21. Suggest distraction (e.g., watching television, reading) to relieve anxiety, as appropriate
- 22. Call for assistance and provide emergency interventions if the patient appears to be in respiratory distress, including assisting with intubation and mechanical ventilation, and transfer to the pediatric intensive care unit (PICU), if indicated
- 23. Administer or assist with the self-administration of prescribed medication and assess patient response
- 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. 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. Ask about exposure to possible triggers and interventions performed to reduce exposure to triggers
- 29. Educate/reinforce education on trigger avoidance and adherence to the prescribed medication regimen
- 30. Manage trigger exposure as appropriate, including notifying the treating clinician and administering additional medication (e.g., antibiotics for infection)
- 31. Reevaluate the patient's response to administered medication(s). Contact treating clinician regarding the need for additional medication or other interventions, if indicated
- 32. Evaluate the patient's asthma action plan or, in collaboration with the treating clinician and patient/parents, assist in developing an asthma action plan that provides information on self-care and treatment goals and incorporates elements of all education provided
- 33. Provide written materials, if available, to reinforce verbal education



POST-PROCEDURE STEPS

- 1. Follow standard post-procedure steps
- 2. Educate and prepare the patient for procedures (e.g., chest X-ray), if ordered
- 3. 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 school
- 4. Request referral, if appropriate, to a pediatric pulmonologist and allergist for long-term asthma management

Like what you saw?

There's lots more where this came from. *Dynamic Health*, an innovative new evidence-based tool, offers thousands of actionable clinical skills and accompanying competency checklists to help nurses and allied health professionals master critical skills. Users will find current, relevant, evidence-based information on core nursing competencies, transcultural care, patient training, occupational therapy, speech therapy, nutrition and dietetics, social work and so much more.

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