

### Aspiration

Inhalation of a foreign object into the airway occurs most frequently in infants and toddlers

#### Signs & Symptoms

- Choking, hard, forceful coughing
- Increased respiratory difficulty (stridor)

#### Management

- Subdiaphragmatic thrusts (Heimlich Maneuver)
- Stand behind the child & place fist under diaphragm
- upside down with finger inside mouth, trust the back

### Status Asthmaticus

Recurrent diffuse, obstructive pulmonary disease process caused by airway inflammation and hyperreactivity. Occurs when children fail to respond

#### Clinical Manifestation

- Wheezing changes as disease progresses
- Inspiratory & expiratory wheeze: airways obstructed
- Little air movement heard (tight): complete obstruction
- Retractions, hr & rr elevated, cyanosis, hypoxia
- Prolonged expiratory phase

#### Pathophysiology

Smooth muscle spasm to mucosal edema leading to mucosal plugging causing obstruction, air trapping leading to hypoxemia

#### Nursing Care

- Aerosol administration of a bronchodilator (albuterol)
- IV corticosteroids to reduce symptoms
- O<sub>2</sub> by face mask or nasal prongs
- IV infusion for hydration
- Monitor I & O : measure the specific gravity of urine
- In severe attacks, ET intubation & mech. ve

#### Diagnostic Tests

- Chest radiography: detect foreign body, infiltration
- Lab test: evaluate degree of acidosis & infection
- Spirometry: to assess severity of disease
- Pulse oximetry: reveals the low oxygen sat level.

**Extreme emergency** because a child may die of heart failure caused by the combination of: exhaustion, atelectasis, respiratory acidosis from bronchial plugging.

### Cystic Fibrosis

is a chronic, progressive, and frequently fatal. Caused by abnormality of chromosome 7 CFTR gene. genetic disease of the body's mucus glands. life span of 30 yrs

#### CF affects

Respiratory	Increased mucus secretions
Digestive	Decreased pancreatic enzymes
Sweat glands	increase salt in sweat
Reproductive	Infertility

#### Clinical Manifestation

- productive cough, wheezing, hyperinflation of lungs
- Clubbing of extremities, fat soluble deficiencies
- Malnutrition, steatorrhea, strong salt in perspiration.

#### Treatments

- Preventing and controlling lung infections
- Loosening and removing mucus from the lungs
- Preventing and treating intestinal blockage
- Providing adequate nutrition

#### Medications

- Antibiotics (gentamycin)
- Mucus thinning drugs: cough up mucus
- Bronchodilators: help keep the airways open
- Oral pancreatic enzymes: help absorb nutrients

#### Tests and Diagnosis

Sweat test	sweat saltier than normal
Genetic test	defect on chromosome 7
Imaging test	Damage to lungs or intestines
Function test	How much air, how fast, how well
Sputum culture	Analyzed bacteria
Organ func.	health of pancreas and liver

### Laryngotracheobronchitis (Croup)

#### Pathophysiology

- viral infection of parainfluenza or H.influenza causes swelling of the larynx, trachea, and large bronchi.
- Swelling due to infiltration of WBC causes airway obstruction thus, increased work of breathing. (stridor)

#### Signs & Symptoms

- Barking cough ( inspiratory stridor )
- Marked retractions, temp is mildly elevated



### Laryngotracheobronchitis (Croup) (cont)

- Marked retractions, hoarseness
- Difficulty breathing worsen at night

### Nursing Care

- Assess airway obstruction by elev. respi status
- Provide warm, moist envi. & give O<sub>2</sub> for hypoxia
- Corticosteroid (dexamethasone or epinephrine)
- IV therapy to keep child hydrated
- Keep emergency equipment (tracheostomy, intubation)

### Health Teachings

- bath with hot water to produce steam



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