

ASTHMA

Chronic inflammatory disorder of the airways resulting in intermittent and reversible airflow obstruction of the bronchioles

CONTRIBUTING FACTORS

Extrinsic:	Intrinsic:	Older adult clients:
Antigen-antibody reaction triggered by food, meds, or inhaled substances	Pathophysiological abnormalities within the respiratory tract	Beta receptors are less responsive to agonist and trigger bronchospasm

MANIFESTATIONS

Sudden, severe dyspnea w/ use of accessory muscles	Sitting up, leaning forward
Diaphoresis	Anxiety
Wheezing	Gasping
Coughing	Cyanosis (late sign)
Barrel chest	

DIAGNOSTIC PROCEDURES

ABGs
Sputum cultures
Pulmonary function tests

MEDICATIONS

BRONCHODILATORS:

Short-acting inhaled: albuterol for rapid relief

Methylxanthines: theophylline

ANTI-INFLAMMATORY:

Corticosteroids: fluticasone and prednisone

Leukotriene antagonists: montelukast

COMBINATION AGENTS:

Ipratropium and albuterol

Fluticasone and salmeterol

With inhaled agents, administer bronchodilators BEFORE anti-inflammatory med

NURSING INTERVENTIONS

Remain w/ pt during attack

Position pt in high-Fowler's

Monitor lung sounds & pulse oximetry

Administer oxygen therapy

Maintain IV access

Therapeutic measures: respiratory treatments, oxygen administration

CLIENT EDUCATION

Avoid allergens & triggers

Properly use inhaler and peak flow monitoring

