

Shadow Health Focused Exam Asthma Exacerbation

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Focused Exam: Asthma Exacerbation Results | Turned In

Patient-Centered Care Child and Families - Fall 2022, NURS 430

[Return to Assignment \(Assignment ID: 659000\)](#)



Your Results

Lib Pass (assignment_attempts/13286927/lib_pass)

Overview

Transcript

Subjective Data Collection

Objective Data Collection

Education & Emotions

Documentation

Care Plan

Student Survey

Care Plan : 7 of 8 (87.5%)

Nursing Diagnosis1.5 out of 2

Informational classification for nursing practice (ICNP) nursing diagnoses (v2019_06_27) [Data set]. (2019). International Council of Nurses (ICN). <https://www.icn.ch/ah/ah-we-do/projects/sh-health-icn/ah/ah-we-do/download>

Diagnosis

Student Response	Model Answer	Explanation	Points Earned
non adherence to medication regime	non adherence to medication regime	Gabriel's asthma exacerbation indicates he and his mother are not effectively managing his medication regime.	0.5 out of 0.5

Signs & Symptoms

Student Response	Model Answer	Explanation	Points Earned
impaired breathing	impaired breathing	Gabriel's non-adherence to medication regime is evidenced by his impaired breathing, limited knowledge of prescribed medication, and perceived inability to participate in sports.	0.5 out of 0.5
limited knowledge of prescribed medication	limited knowledge of prescribed medication	Gabriel's non-adherence to medication regime is evidenced by his impaired breathing, limited knowledge of prescribed medication, and perceived inability to participate in sports.	0.5 out of 0.5
hypoxia	perceived inability to participate in sports	Gabriel's non-adherence to medication regime is evidenced by his impaired breathing, limited knowledge of prescribed medication, and perceived inability to participate in sports.	0 out of 0.5

https://app.shadowhealth.com/assignment_attempts/13286927

1/5

SHADOW HEALTH FOCUSED EXAM ASTHMA EXACERBATION IS A CRITICAL ASPECT OF MANAGING PATIENTS WITH ASTHMA, PARTICULARLY DURING ACUTE EPISODES. ASTHMA EXACERBATIONS ARE EPISODES OF INCREASED ASTHMA SYMPTOMS, WHICH CAN LEAD TO SIGNIFICANT MORBIDITY AND, IN SEVERE CASES, MORTALITY. UNDERSTANDING THE NUANCES OF ASSESSING AND MANAGING THESE EXACERBATIONS IS ESSENTIAL FOR HEALTHCARE PROVIDERS. THIS ARTICLE DELVES INTO THE SHADOW HEALTH FOCUSED EXAM FOR ASTHMA EXACERBATIONS, INCLUDING DEFINITIONS, ASSESSMENT TECHNIQUES, MANAGEMENT STRATEGIES, AND THE IMPORTANCE OF PATIENT EDUCATION.

UNDERSTANDING ASTHMA EXACERBATION

ASTHMA IS A CHRONIC RESPIRATORY CONDITION CHARACTERIZED BY AIRWAY INFLAMMATION, HYPERREACTIVITY, AND OBSTRUCTION. AN EXACERBATION, OR AN ACUTE WORSENING OF ASTHMA SYMPTOMS, MAY BE TRIGGERED BY VARIOUS FACTORS, INCLUDING ALLERGENS, RESPIRATORY INFECTIONS, EXERCISE, AND ENVIRONMENTAL IRRITANTS.

SIGNS AND SYMPTOMS

PATIENTS EXPERIENCING AN ASTHMA EXACERBATION MAY PRESENT WITH A RANGE OF SYMPTOMS, INCLUDING:

- INCREASED SHORTNESS OF BREATH
- WHEEZING OR COUGHING
- CHEST TIGHTNESS
- DECREASED PEAK EXPIRATORY FLOW (PEF) READINGS
- DIFFICULTY SPEAKING OR PERFORMING DAILY ACTIVITIES

RECOGNIZING THESE SIGNS EARLY IS CRITICAL, AS PROMPT INTERVENTION CAN PREVENT FURTHER DETERIORATION.

CONDUCTING A SHADOW HEALTH FOCUSED EXAM

A SHADOW HEALTH FOCUSED EXAM FOR ASTHMA EXACERBATION INVOLVES A SYSTEMATIC APPROACH TO EVALUATING THE PATIENT. THIS INCLUDES A THOROUGH HISTORY-TAKING, PHYSICAL EXAMINATION, AND ASSESSMENT OF THE PATIENT'S CURRENT MEDICATION REGIMEN.

PATIENT HISTORY

GATHERING A COMPREHENSIVE PATIENT HISTORY IS ESSENTIAL FOR UNDERSTANDING THE CONTEXT OF THE EXACERBATION. KEY AREAS TO EXPLORE INCLUDE:

1. PREVIOUS ASTHMA HISTORY:
 - FREQUENCY AND SEVERITY OF PAST EXACERBATIONS
 - RESPONSE TO PREVIOUS TREATMENTS
 - HOSPITALIZATIONS OR EMERGENCY ROOM VISITS
2. TRIGGERS:
 - IDENTIFYING KNOWN ALLERGENS (E.G., POLLEN, DUST MITES)
 - RECENT RESPIRATORY INFECTIONS OR ILLNESSES
 - EXPOSURE TO IRRITANTS (E.G., SMOKE, STRONG ODORS)
3. CURRENT MEDICATIONS:
 - USE OF CONTROLLER MEDICATIONS (E.G., INHALED CORTICOSTEROIDS)
 - USE OF RESCUE MEDICATIONS (E.G., ALBUTEROL)
 - ADHERENCE TO PRESCRIBED THERAPY
4. LIFESTYLE FACTORS:
 - EXERCISE HABITS
 - SMOKING STATUS
 - ENVIRONMENTAL EXPOSURES

PHYSICAL EXAMINATION

THE PHYSICAL EXAMINATION SHOULD FOCUS ON RESPIRATORY ASSESSMENT. KEY COMPONENTS INCLUDE:

- VITAL SIGNS:
 - ASSESSING RESPIRATORY RATE, HEART RATE, AND OXYGEN SATURATION
- INSPECTION:
 - OBSERVING FOR USE OF ACCESSORY MUSCLES DURING BREATHING
 - EVALUATING THE PATIENT'S OVERALL DISTRESS LEVEL

- AUSCULTATION:
- LISTENING FOR WHEEZING, DECREASED BREATH SOUNDS, OR PROLONGED EXPIRATION
- PEAK EXPIRATORY FLOW MEASUREMENT:
- MEASURING PEF TO QUANTIFY AIRFLOW OBSTRUCTION

DIAGNOSTIC TESTS

WHILE THE HISTORY AND PHYSICAL EXAMINATION OFTEN PROVIDE SUFFICIENT INFORMATION, FURTHER DIAGNOSTIC TESTS MAY BE WARRANTED IN SOME CASES:

- SPIROMETRY: TO ASSESS LUNG FUNCTION AND QUANTIFY THE SEVERITY OF OBSTRUCTION.
- CHEST X-RAY: TO RULE OUT OTHER CAUSES OF RESPIRATORY DISTRESS, SUCH AS PNEUMONIA OR PNEUMOTHORAX.
- ALLERGY TESTING: TO IDENTIFY SPECIFIC ALLERGENS THAT MAY BE TRIGGERING THE EXACERBATION.

MANAGEMENT OF ASTHMA EXACERBATION

THE MANAGEMENT OF ASTHMA EXACERBATIONS CAN BE DIVIDED INTO IMMEDIATE INTERVENTIONS AND LONG-TERM STRATEGIES.

IMMEDIATE INTERVENTIONS

THE PRIMARY GOALS DURING AN ACUTE EXACERBATION ARE TO RELIEVE SYMPTOMS AND RESTORE LUNG FUNCTION. IMMEDIATE INTERVENTIONS MAY INCLUDE:

1. BRONCHODILATORS:
 - ADMINISTERING SHORT-ACTING BETA-AGONISTS (SABAs) LIKE ALBUTEROL FOR RAPID RELIEF.
2. OXYGEN THERAPY:
 - PROVIDING SUPPLEMENTAL OXYGEN TO MAINTAIN ADEQUATE SATURATION LEVELS, TYPICALLY AIMING FOR 92% OR HIGHER.
3. CORTICOSTEROIDS:
 - ADMINISTERING SYSTEMIC CORTICOSTEROIDS (E.G., PREDNISONE) FOR SIGNIFICANT EXACERBATIONS TO REDUCE INFLAMMATION.
4. MONITORING:
 - CONTINUOUS MONITORING OF THE PATIENT'S VITAL SIGNS AND RESPONSE TO TREATMENT. USE OF PEAK FLOW METERS CAN HELP ASSESS IMPROVEMENT.

LONG-TERM MANAGEMENT STRATEGIES

ONCE THE ACUTE EXACERBATION IS UNDER CONTROL, IT IS CRUCIAL TO ADDRESS LONG-TERM MANAGEMENT TO PREVENT FUTURE EPISODES. KEY STRATEGIES INCLUDE:

- MEDICATION ADJUSTMENTS:
 - REVIEWING AND POTENTIALLY ADJUSTING THE PATIENT'S MAINTENANCE MEDICATION REGIMEN, INCLUDING INCREASING DOSE OR ADDING MEDICATIONS.
- ASTHMA ACTION PLAN:
 - DEVELOPING A PERSONALIZED ASTHMA ACTION PLAN THAT OUTLINES DAILY MANAGEMENT AND RESPONSE STRATEGIES FOR WORSENING SYMPTOMS.
- PATIENT EDUCATION:
 - EDUCATING PATIENTS ON RECOGNIZING EARLY SIGNS OF EXACERBATION AND THE IMPORTANCE OF ADHERENCE TO PRESCRIBED

MEDICATIONS.

- LIFESTYLE MODIFICATIONS:
- ENCOURAGING LIFESTYLE CHANGES SUCH AS SMOKING CESSATION, AVOIDING IDENTIFIED TRIGGERS, AND MAINTAINING REGULAR EXERCISE.

IMPORTANCE OF PATIENT EDUCATION

EDUCATION PLAYS A PIVOTAL ROLE IN MANAGING ASTHMA AND PREVENTING EXACERBATIONS. PATIENTS MUST UNDERSTAND THEIR CONDITION AND THE IMPORTANCE OF ADHERING TO THEIR ASTHMA MANAGEMENT PLAN. KEY EDUCATIONAL COMPONENTS INCLUDE:

- UNDERSTANDING ASTHMA:
 - HELPING PATIENTS COMPREHEND WHAT ASTHMA IS AND HOW IT AFFECTS THEIR LUNGS.
- MEDICATION USAGE:
 - EDUCATING PATIENTS ON THE DIFFERENCE BETWEEN CONTROLLER AND RESCUE MEDICATIONS, INCLUDING PROPER INHALER TECHNIQUES.
- RECOGNIZING TRIGGERS:
 - ASSISTING PATIENTS IN IDENTIFYING AND AVOIDING PERSONAL TRIGGERS THAT CAN LEAD TO EXACERBATIONS.
- DEVELOPING AN ASTHMA ACTION PLAN:
 - COLLABORATING WITH PATIENTS TO CREATE A CLEAR, CONCISE ACTION PLAN THAT GUIDES THEM ON WHAT TO DO IN CASE OF WORSENING SYMPTOMS.

CONCLUSION

IN SUMMARY, UNDERSTANDING AND EFFECTIVELY MANAGING ASTHMA EXACERBATIONS IS ESSENTIAL FOR IMPROVING PATIENT OUTCOMES. THE SHADOW HEALTH FOCUSED EXAM FOR ASTHMA EXACERBATION INVOLVES A COMPREHENSIVE ASSESSMENT OF THE PATIENT'S HISTORY, SYMPTOMS, AND FUNCTIONAL STATUS. IMMEDIATE AND LONG-TERM MANAGEMENT STRATEGIES MUST BE IMPLEMENTED TO STABILIZE THE PATIENT AND PREVENT FUTURE EXACERBATIONS. FINALLY, PATIENT EDUCATION IS KEY TO EMPOWERING INDIVIDUALS TO TAKE CONTROL OF THEIR ASTHMA AND MAINTAIN OPTIMAL HEALTH. BY FOSTERING A PARTNERSHIP BETWEEN HEALTHCARE PROVIDERS AND PATIENTS, THE BURDEN OF ASTHMA EXACERBATIONS CAN BE SIGNIFICANTLY REDUCED, LEADING TO A BETTER QUALITY OF LIFE FOR THOSE AFFECTED BY THIS CHRONIC CONDITION.

FREQUENTLY ASKED QUESTIONS

WHAT ARE THE COMMON TRIGGERS FOR ASTHMA EXACERBATIONS THAT HEALTHCARE PROVIDERS SHOULD ASSESS DURING A FOCUSED EXAM?

COMMON TRIGGERS INCLUDE ALLERGENS (LIKE POLLEN, DUST MITES, AND PET DANDER), RESPIRATORY INFECTIONS, COLD AIR, EXERCISE, SMOKE, AND STRONG ODORS.

HOW CAN A PATIENT'S HISTORY OF ASTHMA EXACERBATIONS INFORM THEIR CURRENT TREATMENT PLAN?

A DETAILED HISTORY CAN REVEAL PATTERNS IN EXACERBATIONS, HELPING TO TAILOR MEDICATION DOSAGES, IDENTIFY NECESSARY LIFESTYLE MODIFICATIONS, AND IMPLEMENT PREVENTIVE STRATEGIES.

WHAT PHYSICAL EXAMINATION FINDINGS ARE INDICATIVE OF AN ASTHMA EXACERBATION?

FINDINGS MAY INCLUDE WHEEZING, PROLONGED EXPIRATORY PHASE, INCREASED RESPIRATORY RATE, USE OF ACCESSORY MUSCLES FOR BREATHING, AND DECREASED OXYGEN SATURATION LEVELS.

WHAT ROLE DO PEAK FLOW MEASUREMENTS PLAY IN ASSESSING AN ASTHMA EXACERBATION DURING A FOCUSED EXAM?

PEAK FLOW MEASUREMENTS HELP EVALUATE THE SEVERITY OF AIRWAY OBSTRUCTION, ALLOWING PROVIDERS TO DETERMINE THE NEED FOR IMMEDIATE INTERVENTIONS OR ADJUSTMENTS IN ASTHMA MANAGEMENT.

WHAT ARE THE FIRST-LINE TREATMENTS TO CONSIDER DURING AN ASTHMA EXACERBATION IN A FOCUSED EXAM?

FIRST-LINE TREATMENTS TYPICALLY INCLUDE SHORT-ACTING BETA-AGONISTS (SABAS) FOR RAPID BRONCHODILATION AND POSSIBLY SYSTEMIC CORTICOSTEROIDS FOR REDUCING INFLAMMATION.

HOW SHOULD PATIENT EDUCATION BE INCORPORATED INTO THE MANAGEMENT OF ASTHMA EXACERBATIONS DURING A FOCUSED EXAM?

PATIENT EDUCATION SHOULD INCLUDE INSTRUCTION ON PROPER INHALER TECHNIQUE, RECOGNIZING EARLY SIGNS OF EXACERBATION, AND DEVELOPING AN ASTHMA ACTION PLAN THAT OUTLINES WHEN TO SEEK EMERGENCY CARE.

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