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Case Study of Pathophysiology of Asthma

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Case Study of Pathophysiology of Asthma

Introduction

Early last month, I handled a female patient of 44 years of age. She was reported with shortness of breathing, wheezing, and chest tightness, consequently making her cry in pain. Being unable to properly talk out what her problem was due to the chest pains, through the notable symptoms, made me suggest for her asthma tests which came out to be positive. Normally, when a patient is registered with wheezing, difficulty in breathing accompanied with pains due to chest tightness, it is always advisable as a nurse to recommend an asthma test because the disease is associated with inflammation of pathways causing recurring painful symptoms of coughing, wheezing, shortness in breathing accompanied by chest tightness (Education et al., 2007). Since the patient exhibited most of the asthma symptoms, I recommended that she be tested for the same, and the tests came out that the patient had asthma.

Pathophysiology

A patient who has asthma shows difficulty breathing, chest pains resulting from chest tightening, wheezing, and sometimes painful coughs (Mims, 2015). The symptoms keep on recurring to the patients majorly when they get exposed to the causal agents of the disease in their bodies. According to the Ohio University (2020), the disease is caused by both allergens and irritants, which react with the body tissues and cells. As a result, bronchoconstriction, the buildup of mucus in the breathing tract, edema, and inflammation are observed in the airways. When these happen, they change the body's normal function through the interference of the breathing system, hence making the patients experience difficulty in breathing.

History

Historically, the records of the patient provide details that she was born underweight with 1.7kgs. At the age of 27, she was diagnosed with hay fever, for which her doctors have advised her to avoid her contact with the disease causal agents like pollen. During interrogation with a caregiver, who happened to be her mother, she said that she was also suffering from asthma and experienced the symptoms often during winter. She confirmed that her daughter's scenario started with mild sneezing when exposed to cold and dust. Other diseases that the patient had been treated for were pneumonia and the common cold, which was the most recorded disease in her history.

Nursing physical Assessment

1. I checked the patient's nose and throat, and I realized that there was an existence of swellings of the inner parts of the organs.
2. I listened to the wheezing sound produced during breathing and realized that the patient experienced difficulty in breathing.
3. I also observed that the patient's skin had some sports, most probably due to some allergic reaction.

Related Treatment

Given that asthma has got no known cure, it is only controlled to help the patients breathe normally and have active lives like the rest in society (Quirce et al., 2015). Therefore, to control the disease, one has to avoid contact with allergies like pollen and dust, which make their bodies react. Additionally, in the control of asthma, the use of inhalers is categorized as a reliever.

These preventive or combination inhalers help clear the airways and prevent inflammation, making the patient breathe well again within a short time (NHS, 2021). Other recommended treatment of asthma is tablets like theophylline, LTRAs, and Steroids tablets and surgery known as bronchial thermoplastic surgery. The use of injections like Nucala and Fasenra are also key notable treatment methods for asthma.

Nursing Diagnosis and Patient Goal

I diagnosed that patient experienced anxiety because of her health condition. I realized that after the patient's situation had come back to normalcy, she had panic, fear, and uneasiness when told that she had asthma. Besides, she exhibited general restlessness with sweaty hands, which were shaky as well. My patient's goal as a nurse is to ensure that she normally lives, knowing that asthma is a condition that, when correctly controlled, one can lead a normal and active life just like the rest of the people. To achieve my goal, I directed her mother, who doubles as her caregiver, to always stay next to her while encouraging her and booked a counseling period with her every Friday afternoon for one month to help her understand that having asthma is not a death sentence.

Nursing Interventions

The nursing intervention I insisted on the patient to be doing always is timely medication and avoiding contact with triggers to her conditions: dust and pollen. I educated her on the importance of sticking to her treatment plan, combining reliever inhaler and LTRA tablets. I told her that if she takes the tablets as prescribed and uses her inhaler whenever she experiences difficulty breathing, she will normally live, just like others. Sticking to the treatment plan was, therefore, my nursing intervention to her.

Evaluation

A week after she had come for the counseling session as I had instructed her, she reported that she was taking her medications as prescribed. Her mother confirmed the same to be true. She reported that it was only once that she experienced the chest tightening and when she used the inhaler, she found her breathe again within less than two minutes, and from then, she has not experienced such a thing again. Thus, I was amazed by her confidence since she was now sure that she would live a normal life as I had promised her if she correctly took her medications. The intervention was very effective for her.

Recommendation

In the future, nurses handling asthmatic patients should understand the socio-economic status of their patients to provide the perfect intervention method that matches their patients. Through this, they will determine their patient's fears and help them along that line. Patients should also not default drug prescription by their nurses for this will only worsen their health conditions which the main objective of the nurse and the patient is to improve.

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