

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
- O2 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 O2 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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