
An Evaluation of the Current Trend in Acute Asthma Care

Introduction

Asthma is among the life-threatening medical complications that require emergency acute nursing care. Cockcroft (2018, pp. 12-18) categorizes causes of asthma as allergic and non-allergic. Irritants such as dust, smoke, airborne substances, and pollen are allergic causes while non-allergic causes include the flu; cold, dry or windy weather; stress, and illness. According to Cockcroft (2018, pp.17), patients suffering from asthma portray symptoms such as coughing, shortness of breath, wheezing, difficulty in talking, and uncontrolled anxiety or panic. Miller & Lawrence (2018, pp.24-35) posits that asthma is not a continuous illness, but a patient suffering from asthma exhibits severe conditions when exposed to the allergies or situations such as cold weather that can trigger the asthma attack. In such cases, the patients need emergency healthcare or acute nursing care which, in this case, covers two concepts: breathing management and pain management healthcare. For the breathing management and Pain management, the nurses will assess the patient's condition and evaluate the scope of the asthma attack by use of their health history. Acute nursing care will then be availed upon laboratory tests to ascertain the appropriate medication and post care. The essay will compare the current healthcare system with the best practices and give recommendations for future improvements.

Use non-identifying data to introduce your patient (e.g., 32-year-old female)

Alicia Kingston (pseudonym), 27 years of age was brought to the emergency department by paramedics with a suspected asthma attack. She was dressed in sporting apparel, a clear indication that Alicia was doing her morning jogging when she experienced the attack. Alicia had fallen few meters from her house. She was assisted by passersby who had called the ambulance which rushed her to the hospital where she was admitted to the Emergency Room (ER).

Provide a brief summary of the patient e.g., diagnosis, past medical history, events leading to acute care episode

Alicia past record shows that she was asthmatic. She was diagnosed with asthma in 2001. The cause of her asthma, stated in her EHR was allergy. Her mother stated that the only unusual symptom, in her daughter, was coughing which occurred whenever she was dusting the couches or her father was smoking in the house. Since 2011, Alicia has been using Amoxicillin, especially during winter. She had also been taking Ibuprofen, 200 mg since 2014, with a long record of stomach pains and heavy breathing. On many occasions, she had sought medical attention for chest pains, with records showing a number of pain relief prescriptions such as Tylenol, Aleve and Naprosyn.

Briefly explain why this patient may be considered as 'complex'. Support your position with evidence from literature

In her second day of admission to the clinic, Alicia began complaining of chest pains. After she

had been treated and recovered from the asthma attack and breathing complications, she complained of chest pain, which was not investigated appropriately to diagnose the cause. The difficulties she had in breathing was presumed to be the cause of the chest pains, with the diagnosis giving a blind eye on probable cause of chest pain such as blood pressure or heart attack. No ECG or cardiac enzyme test was done. The patient died from heart attack shortly after been discharged from the hospital.

Identify the two (2) core acute care nursing concepts that you will analyse in relation to the nursing management of your selected patient

Alicia had breathing complications when she was admitted in the emergency care unit. This required the intervention of breathing management. A day after being admitted to the ER, she complained of chest pains. Thus, two acute care nursing concepts relevant to the patient's admission are the management of her breathing and the management of her pain which fit within the Airway and Breathing index of the A – G algorithm patient assessment framework for acute care nursing.

Analyse the current workplace systems in place for the nursing management of patients in relation to your two concepts

The patient was short of breath and wheezing. The patient was also half-conscious. She kept her arms close to her chest whenever she was breathing or coughing. There were also bluish marks on her hands and on her feet, which indicated a case of cyanosis. The paramedics put the patient in an upright, comfortable position with a cushion on her sides to support her weak body. The female nurses also loosened her apparel and scarf to ease the flow of blood.

Before treatment could be administered, the patient's condition had to be diagnosed. A physical assessment was first conducted to ascertain the cause of her critical condition. The nose was inspected and, although she had not recently complained of running nose, swellings were detected on the side of her nose and in her nasal passage which was stained with mucus. Vital assessment was done. The body temperature read 35.8, Heart rate: 110 b/m (tachycardia), Respiratory rate;26 b/m (tachypnea), Blood test had to be conducted, indicating a 91% oxygen concentration and blood pressure: 135/85 mmHg. The patient's respiratory rate was 13 breaths per min. the patient were put in 4-litre oxygen to boost her oxygen saturation from 91%. We administered Ventolin nebulizer to dilate the bronchioles and ease her breathing.

In the second day of admission, the patient started complaining of chest pain. The patient pain was assessed according to PQRST. The chest pain which radiated to the right arm recorded 9 in the 1-10 scale. Based on the recent asthmatic diagnosis, it was assumed that the chest pain was caused by strenuous breathing (Asthma, 2014, pp. 18). The anxiety, rapid breathing, and excessive coughing had strained the chest muscles causing the chest pain. Thus, 2 mg of Morphine was administered to the patient to relieve her pain. The patient relaxed for 30 minutes, after which another pain test was conducted. This indicated that the pain had declined to 5 in the 1-10 scale.

Discuss the strengths and weaknesses of the nursing management provided

There were noticeable strengths as well as weaknesses in the nursing management systems which helped the health status of the patient to improve since the two health concerns -

breathing and chest pains - were addressed before the patient left the medical facility. However, an analysis of the healthcare management also depicted weaknesses. In terms of the strengths, the health care nurses succeeded in correctly diagnosing and managing the patient's breathing problems by conducting an effective primary assessment. Before starting the initial treatment, a physical assessment was done to ascertain the cause of the patient's unconscious state. Mild assessment; blood test, heart beat and respiratory rate were taken. Much of the affirmation on the cause of her ill health was based on her health history. Thus, the medication was not administered on the basis of laboratory tests, but upon medical records that confirmed that the patient was indeed asthmatic. Additional treatment such as Morphine was administered to mitigate the chest pain, which was assumed to have resulted from the asthma attack.

Among other weaknesses noted in the two acute nursing processes is a lack of proper procedures since the first aid was administered long after the primary assessment. The patient was brought to the medical facility, half conscious. However, the healthcare physicians began the physical assessment while the patient was still in a critical condition. Mild laboratory tests were involved in the diagnosis: imaging tests and a sputum induction test. Additionally, the acute nursing care for the chest pain was entirely treated on the assumption that it was caused by asthma. No other assessment was conducted to ascertain other causes of the chest pain such as a heart attack. Thus, the management response was shallow and the post-acute care was poorly administered. The conclusion can be drawn, therefore, that the hospital either lacks policies, or the health practitioners are not fully cognizant of the guidelines to follow in matters concerning asthma.