

Reflection Paper

Name:

Institution

### Reflection Paper

This week I had to handle a case of asthma exacerbation. Asthma exacerbation refers to an inflammation of the airway in which the bronchial tubes that act as airway leading to the lungs tighten and constrict making breathing extremely difficult for patients. The classic symptoms of an acute asthma attack include chest tightness, wheezing and shortness of breath. Genetic diseases such as atopic disease, hay fever, obesity and Churg-Strauss syndrome are the commonest risk factors that greatly predispose one to asthma. Allergies and the increased levels of immunoglobulin also increase the possibilities of a person developing asthma.

In my capacity as a nurse working on the situation of acute asthma attack, I strongly believe that my role is to help relieve the patient of the pain, struggles and breathing difficulty. Prior to giving any clinical intervention, the nurse should first get the panicking patient calm down and rest assured things are under control. The patient should first be taken away from the possible sources of irritants and allergens after which rescue inhalers/bronchodilator will be given to unblock the airway. The nurse should assure the patient throughout the stages. Finally, it is the whole duty of a nurse to enlighten the patients on the proper use of prescribed medication. It was so agonizing though to see a patient writhe in pain, wheeze and lose consciousness in the midst of asthma exacerbation.

Before the patient was given any clinical treatment, I had been very skeptical about the patient's situation and really doubted if he could recover from the attack as expected considering the severity of his condition. However, I gradually become optimistic about the patient's recovery as I spend more time with him given that he was responding so well to the effects of bronchodilator. The support of his immediate family members also motivated me to handle the situation with confidence as I did and demanded of every nurse or medical practitioner.

### **Interpretation**

At first I was duped into believing that the patient was suffering from chronic pneumonia on the basis that he experienced shortness of breath and chest lock. However, I came to learn that the situation was actually asthma exacerbation triggered by the excessive presence of irritants or allergens in the air from the family members and medical records. Family members in particular confirmed that the condition was hereditary and that it can occur even in the absence of foreign particles/allergens. Additionally, the blood screening also ruled the possibility of bacteria in the patient's blood. This informed my decision that the situation was asthma exacerbation.

### **Response**

Having established that the patient was suffering from asthma attack, my goal for the patient was to do away with tension, put him at ease and has his airway unblocked. The key interventions I took included reassuring both the patient and family members that everything is under control followed by the administration of bronchodilator and general medication to stop inflammation of the lungs. I experienced a lot of tension as I handled the situation. The family members were so curious of my clinical procedures causing me much anxiety.

My experience of the situation enhanced my capacity to handle stress better and accurate diagnosis of asthma attack. If I encountered the situation again, I would first give the patient an inhaler then proceed with medication; and also rely on medical records to aid in diagnosis. In the future, I need resuscitation and bronchodilator administration skills to handle the situation better. From my experience of the situation, I developed confidence and audacity necessary to manage patients with acute asthma exacerbation without any emotional breakdown.