

respiratory distress and signs of side effects. Pulse oximetry is monitored along with rate and depth of breathing, auscultation of air movement, and any signs of respiratory distress (e.g., nasal flaring, tachypnea, retractions). The child on supplemental oxygen requires intermittent or continuous oxygenation monitoring depending on severity of respiratory compromise and initial oxygenation status. The child in status asthmaticus should be placed on continuous cardiorespiratory (including blood pressure) and pulse oximetry monitoring. Oral fluid intake may be limited during the acute phase; IV fluid replacement may be required to provide adequate tissue hydration.

Older children may be more comfortable standing, sitting upright, or leaning slightly forward. Shortness of breath makes talking difficult. The calm, efficient presence of a nurse helps reassure children that they are safe and will be cared for during this stressful period. It is important to assure children that they will not be left alone and that their parents are allowed to remain with them. Parents need reassurance and want to be informed of their child's condition and therapies. They may believe that they have in some way contributed to the child's condition or could have prevented the episode. Reassurance regarding their efforts expended on the child's behalf and their parenting capabilities can help alleviate their stress. Efforts to reduce parental apprehension will also reduce the child's distress. Anxiety is easily communicated to the child from parents and other family members. Some institutions use an asthma scoring tool to evaluate symptom severity and wean the frequency of inhaled bronchodilator administration. Many asthma scoring tools assesses the child's respiratory rate, oxygen requirements, auscultation findings, retractions, and degree of dyspnea. Nurses and other members of the health care team can use this tool to evaluate how the child is responding to the medications and other therapies.

### **Provide Long-Term Asthma Care**

Nursing care of children with asthma involves both acute and long-term care. Nurses who are involved with children in the home, hospital, school, outpatient clinic, or practitioner's office play an important role in helping children and their families learn to live with the condition. The disease can be managed so that it does not