

Asthma Assessment

Asthma is an airway disorder that is characterized by varying degrees of obstruction of the airways by bronchial hyperresponsiveness, production of excess mucous or bronchospasm. The airways of the patient with asthma are identified by a decreased lumen size which decreases the amount of air that can be exchanged.



PLAY PICMONIC

Assessment

Triggers (Cold air, Dander, Dust, Infection, Mold, Pollen, Smoke)

Cold-Dirty-DIMPS Trigger-man

Asthma may be exacerbated by genetic predisposition as well as environmental causes. These environmental causes are termed triggers and should be avoided. Many triggers may be patient specific and include things such as dust, molds, pollen, cold air, animal dander, smoke or a patient infection.

Shortness of Breath (SOB)

S.O.B

A patient with asthma may present with many symptoms but primarily shortness of breath which may include wheezing, crackles, chest tightness, and coughing. A patient may also present with cyanosis, diaphoresis, decreased oxygen saturation, restlessness and pulsus paradoxus.

Tachypnea and Tachycardia

Tac-P-lungs and Tac-heart-card

Patients with asthma experience a fast heart rate and breath rate as the body struggles to take in more oxygen through the lungs and deliver it to cells via blood.

Wheezing

Weasel

A patients with asthma often presents with wheezing that may be accompanied with adventitious breath sounds called crackles. Patients who are wheezing may present with prolonged expiration.

Diaphoresis

Sweaty-sweatband

As a compensatory mechanism to increased stress the patient may present with generalized diaphoresis and or sweating.

Accessory Muscles

Accessories Muscle-man

Use of accessory muscles, especially in children is a common finding during an acute attack. It is characterized by visualizing retractions of the intercostal muscles between the vertebrae and scalene muscles supra-sternally. Use of the accessory muscles is an attempt to aid in respiration.

Decreased Pulmonary Function Tests

Down-arrow Lungs Function Test

Patients with asthma often have decreased pulmonary function tests with decreased flow rates. Decreased expiratory flow include decreases of: Peak Expiratory Flow Rate (PEFR), Forced Vital Capacity (FVC), Forced Expiratory Volume in one second (FEV1), as well a decreased FEV1/FVC ratio. The asthma patient would have characteristic increases in these pulmonary function tests when being treated between attacks with bronchodilator medications.