Standard of Care for the Patient with Asthma

Objectives:
1. To promote adequate oxygenation and ventilation.
2. To maintain a patent airway.
3. To relieve respiratory distress.
4. To decrease anxiety and fear.
5. Prevent ventilator associated pneumonia.
6. To maintain the patient’s optimal activity level.
7. To teach awareness of needs/limitations.

Process Standards:
1. The patient’s ventilatory status will be assessed every 15-30 minutes during acute episode and every four hours thereafter; inclusive of rate, rhythm, depth and breath sounds, and documented.
2. The patient will be positioned for comfort and optimal breathing during acute episodes.
3. Oxygenation will be assessed and medical therapy administered as ordered: ex. bronchodilators, corticosteroids, magnesium, oxygen and intubation if necessary.
4. If patient is receiving magnesium, BMP’s or magnesium levels are obtained every 6 hours or as ordered.
5. Reassessment of ventilation status will be done after bronchodilators (color, effort, and wheezes).
6. Vital signs, inclusive of ABGs, and oxygen saturation will be monitored frequently during acute episode and documented on chart.
7. The patient will be assessed for signs of restlessness, irritability and confusion.
8. The patient will be assessed for adequate tissue oxygenation.
9. The physician will be notified of changes in vital signs or mental status.
10. External stimuli during acute episode will be reduced.
11. The patient will have analgesia and sedation given as ordered in a timely fashion. If the patient is intubated and requires paralytics, the nurse will assure the presence of sedation during paralysis.
12. Pain levels shall be assessed using the numbers or faces scale in awake patients and the Critical Care Observation Tool (CPOT) on unresponsive patients.
13. The patient will be assessed for the ability to move secretions with appropriate intervention taken if unable to do so. (i.e. coughing, positioning, suctioning and hydration)
14. If the patient requires ventilatory support the nurses shall have the head of bed elevated 30 - 40 degrees unless otherwise ordered.
15. If ventilated the patient will have oral care per the Critical Care Oral Care Guidelines.
16. If ventilated the patient will have deep vein thrombosis and peptic ulcer prophylaxis.
17. If the patient requires ventilatory support sedation shall be monitored using the RASS. Daily awakening trials shall also be done on patients with a physicians order. Daily awakening trials shall be addressed daily during morning rounds to assure readiness to extubate.
18. The patient will be instructed on:
   a. Proper breathing techniques.
   b. Asthma triggers.
   c. Preventive measures to decrease exacerbation of disease process.
   d. Importance of medication regime.
   e. Smoking cessation.
**Outcome Standards:**

At the time of transfer or discharge:

1. The patient’s airway will be patent.
2. The patient will be able to adequately ventilate.
3. Ventilated patients will be free of ventilator associated pneumonia.
4. The patient understands disease process, breathing techniques, risk factors, associated symptoms and medication regime.

**Reference:**