

Treatment of Asthmatic Patients During Emergency Conditions

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Commentary

Received: 01-Jun-2022, Manuscript No. JCROA-22-64377; **Editor assigned:** 03-Jun-2022, Pre QC No. JCROA-22-64377 (PQ); **Reviewed:** 17-Jun-2022, QC No. JCROA-22-64377; **Revised:** 24-Jun-2022, Manuscript No. JCROA-22-64377 (R); **Published:** 30-Jun-2022, DOI:

10.4172/jclinresp.4.3.002

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DESCRIPTION

Asthma is a medical condition which causes swelling of the airway, spasm of the smooth muscle of the bronchioles (smaller airways), and increased mucous production in the alveoli (the air sacs where oxygen from the air is exchanged for carbon dioxide from the blood) constricting airflow. Asthma attacks can range from mild to life threatening & everything in between. They can come on gradually or very rapidly & can be triggered by allergic reactions, weather changes, respiratory infections, exercise and irritants in the air such as smoke or dust.

Hyperventilation is simply breathing at an inappropriately high rate. It can be caused by numerous conditions including anxiety; injuries that limit adequate intake or circulation of oxygen or cause a build-up of carbon dioxide; toxins that prevent adequate oxygen exchange such as carbon monoxide or paraquat poisoning; increased demands of the cells for more oxygen such as exercise, severe infection, pregnancy, etc and many more.

Psychogenic hyperventilation (rapid breathing from psychological causes such as anxiety or fear) should be the last condition considered in first aid, once other, more life threatening or reversible causes have been ruled out. However, decreasing anxiety as much as possible can help decrease hyperventilation, physical demands for oxygen & improve oxygenation.

Asthma is characterized by difficulty breathing, wheezing, increased secretions in the airway, coughing and a history of asthma. The sensation of not being able to breathe, as well as adrenaline released by the body in response to the anxiety & to help try to maximise oxygenation, will make people feel anxious & possibly become agitated & restless.

The wheeze in Asthma attacks is usually a high-pitched soft noise. During mild or early attacks, it usually presents first as a sound when breathing out, as the air is able to enter the lungs, but is restricted from getting out as easily.

The spasm of the bronchioles, inflammation & increased mucous cause the airways to narrow & the air to create friction in the airways, creating the wheezing sound. If an attack progresses & it becomes harder to get air in & out, a wheeze will develop on inspiration as well. As it progresses further & air starts becoming trapped in the lungs, only an inspiratory wheeze will present. Eventually, if not treated effectively, the breathing will become silent. This is a late & extremely serious sign that will be accompanied by a decreasing level of consciousness & can rapidly progress to death as very little air will reach the bloodstream.

Although wheezing is a common symptom of asthma, it also occurs in other conditions that affect respiratory function like allergic reactions/anaphylaxis or respiratory infections. And it is sometimes mistaken for other noisy breathing like stridor, which is a more harsh, coarse, loud wheezing sound that is produced by obstruction of the upper airways.

Hyperventilation can be recognized as fast breathing which is inappropriate for the circumstances. It may be accompanied by a feeling of not being able to catch one's breath and, if excessive, it may cause light headedness, tingling in the hands & feet, progressing to muscle spasms in the hands & feet. The spasms are most likely to occur if the hyperventilation is psychogenic - caused by the mind rather than a disease process or injury.

If the victim has a fast-acting inhaler for asthma attacks, encourage them to use it as directed by their doctor or Asthma Action Plan. You may assist with finding the inhaler. Be aware that the bronchodilators in the inhalers can increase a feeling of anxiety & cause shaking as a side effect. Try to keep the victim as calm as possible and slow their breathing rate. Assist the casualty to sit in a position which relieves pressure on the chest. The tripod position is ideal - sitting up, leaning slightly forward, supporting their weight with their hands either on their knees or on a table or the like in front of them. Call EMS if the victim's condition does not improve or if the victim's level of consciousness is lowered. If the person does start to lose consciousness, lie them on the floor (preferably their left side) with their head tilted back a bit to ensure their airway is open. Watch their breathing carefully & if they vomit, ensure their mouth & nose are kept clear.