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Exploring the Characteristics and Nursing Methods of Children with Pediatric Respiratory Diseases

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Abstract

Objective: This experiment mainly discusses and analyzes the characteristics of children with pediatric respiratory diseases, and proposes corresponding nursing measures. **Methods:** 85 children with respiratory diseases admitted to the pediatric department were included in the experiment, and their symptoms and clinical treatment information were integrated and classified. **Results:** The study showed that the incidence of upper respiratory tract infection in all children was relatively high, with 60 cases, accounting for 70.59%, 8 cases of pneumonia, 7 cases of complex disease, 6 cases of asthma, and 4 cases of recurrent infection. The proportions were 9.41%, 8.23%, 7.06%, and 4.71%, respectively, and they were all cured and discharged after effective treatment. **Conclusion:** The causes of respiratory diseases in pediatrics have complex characteristics, and there are relatively many types of diseases. Targeted treatment should be carried out in combination with the actual situation of children, and on this basis, scientific and reasonable nursing plans can Promote the recovery of the patient as soon as possible.

Keywords

Pediatric respiratory diseases; characteristics of children; nursing methods

Introduction

According to relevant data, respiratory diseases are relatively common in pediatrics. Children with respiratory diseases often have symptoms such as fever, cough, and wheezing. If they are not treated and cared for properly, they may directly endanger the life and health of children. Therefore, it is necessary to start with the cause of the disease, study the relationship between pediatric respiratory diseases and the environment, infection, and nutrition, and carry out corresponding treatment and care. This study focused on analyzing the characteristics of pediatric respiratory diseases and formulating corresponding the supporting measures are as follows:

1. Materials and methods

1.1 General information

The 85 subjects included were children admitted to the hospital's pediatric department from November 2020 to October 2021. They were all diagnosed with respiratory diseases and randomly selected. There were 47 males and 38 females, with an age range of 2 to 24 months, and an average age of (17.82±3.11) months. All children had clinical symptoms such as wheezing, coughing, fever, and dyspnea. Patients with other systemic diseases were excluded. The data were relatively balanced after comparison ($P>0.05$).

1.2 Methods

After studying and analyzing the case information of all children, it can be seen that common diseases are mostly

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upper respiratory tract infection, pneumonia, asthma and other types: ① Upper respiratory tract infection, this disease is mainly caused by the invasion of various pathogens, common in pharyngitis, rhinitis and tonsillitis, etc. Children will have sore throat, nasopharyngeal congestion, fever and other symptoms. After infection, children will have symptoms such as coughing, which often occur at night. After symptomatic treatment of bacterial and viral infections, they can recover effectively. ② Pneumonia, pneumonia is relatively common in pediatric respiratory diseases, and it is easy to occur in all seasons. Infants and young children under 3 years old have a higher incidence in spring and winter. If the treatment is not thorough, it will cause repeated attacks and cause various serious complications, affecting the overall health of the children. Common clinical manifestations include irregular high fever and frequent cough, which will be accompanied by sputum and increased respiratory rate in the later stage. Children with mild symptoms do not need to be hospitalized. Children with severe symptoms need to undergo etiological examination and use targeted drugs. According to previous experience, most of them are penicillin and cephalosporins such as amoxicillin and cefaclor, macrolide antibiotics such as azithromycin, antiviral drugs such as ribavirin, and cough and expectorant drugs such as ambroxol. The above drugs are used relatively frequently in the treatment of respiratory diseases and have a good effect [1-6]. ③ Asthma, because asthma is a multi-cause disease, airway stenosis, bronchial dysplasia and weak immune function can all cause viral infection and recurrent cough. Before treatment, the cause should be found out to ensure that the treatment plan can meet the patient's actual condition. Usually, glucocorticoid therapy is adopted, and the administration method is inhalation. Because the children are young and their autonomous behavior ability is relatively weak, there will be certain obstacles in the treatment process. At present, inhalation of beclomethasone dipropionate has been widely used in clinical practice. If the child's condition is relatively serious, intravenous administration can be used, but the duration of use should be controlled to avoid long-term and large-scale use. Commonly used drugs are bronchodilators such as salbutamol and leukotriene inhibitors. It should be noted that all medication regimens and dosages should be determined according to the actual situation of the child to avoid adverse effects on the patient [7-10].

1.3 Observation indicators

After the patient is admitted to the hospital, the nursing staff needs to integrate all the information and do statistics on the incidence of various diseases. At the same time, they should also pay attention to observing and analyzing the role of the nursing plan in promoting the child's recovery after its implementation.

1.4 Statistical analysis

SPSS 21.0 was used for statistical processing in this study. The indicators of measurement data can be expressed as $\bar{x} \pm s$, and the counting data can be expressed as [n, (%)]. t and χ^2 were used as tests. The data had large differences and were statistically significant, which can be expressed as ($P < 0.05$).

2. Results

According to the statistical data, among the 85 children, the incidence of upper respiratory tract infection was relatively high, with 60 cases accounting for 70.59%, followed by pneumonia, complex disease conditions, asthma and repeated infections. After treatment and care, the conditions of all children were effectively controlled and gradually recovered.

Table 1. Probability of respiratory disease infection in 85 children (n/%), ($\bar{x} \pm s$)

Group	n	Proportion (%)
Upper respiratory tract infection	60	70.59
Asthma	6	7.06
Pneumonia	8	9.41
Recurrent infection	4	4.71
Complex disease conditions	7	8.23

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3. Discussion

For children with respiratory diseases, corresponding nursing measures should be taken during treatment to carry out comprehensive intervention in accordance with their actual situation, so as to achieve the fundamental purpose of promoting the patient's recovery as soon as possible. It can be carried out mainly from the following aspects: ① Psychological care. Because the children are relatively young, their thinking and understanding ability is relatively weak. The utility value of simply taking the communication method is not high. In addition, due to the troubles of the disease, the children will have negative emotions such as fear and tension in an unfamiliar environment. Continuous crying will aggravate the condition, and their heart rate and breathing will be affected, which is not conducive to the development of treatment and nursing work. In this regard, when carrying out the operation, the nursing staff should also smile, use some encouraging words, and perform physical touch, such as stroking the head and patting the shoulders, to eliminate the child's sense of strangeness and stabilize the child's emotions. At the same time, communication with their family members should be strengthened, and the cause of the disease, treatment methods, precautions, etc. should be explained in detail to them one by one, and the purpose and necessity of each nursing operation should be informed, so as to improve the family's cognition and cooperation [11-16]. ② Diet care. Under the influence of the disease, children often have loss of appetite, which also has a great impact on the improvement of treatment effect. In this regard, nursing staff should also provide nutritional support to children in an acceptable way according to their conditions with the cooperation of their families, and formulate a scientific and reasonable diet structure plan for them, try to focus on high-nutrition and light food, eat more fresh vegetables and fruits, supplement vitamins and various functional needs, and effectively improve their immunity. ③ Condition care. During the treatment of patients, we should also pay close attention to their clinical symptoms and changes in various indicators. Once abnormalities are found, they should be treated in time to minimize the impact on patients. At the same time, the nursing plan should be appropriately adjusted according to the patient's condition to ensure its consistency and feasibility [17-19]. ④ Comfort care. The good environment is closely related to the recovery efficiency of children. In this regard, we should also do a good job in adjusting the temperature and humidity in the ward, open windows for ventilation regularly, maintain air circulation in the ward, reduce the occurrence of infections and other problems, ensure that the children are in a benign respiratory state, and do a good job of cleaning and disinfection in time. At the same time, if the child has nasal congestion and sputum, the secretions should be cleared in time to maintain the patient's breathing and reduce discomfort. Secondly, the pharynx should be cared for and atomization should be used to reduce pharyngeal redness, swelling, suppuration and other problems [20, 21]. Finally, for children with fever, physical methods such as ice compresses and ice packs can be used to reduce the temperature.

To sum up, children with this disease have relatively weak physical functions and are more susceptible to external factors. They will experience repeated attacks during treatment. Therefore, it is necessary to carry out targeted treatment after clarifying the child's condition, and cooperate with comprehensive care to control the child's condition and promote his recovery as soon as possible.

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