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Respiratory Disorders in Children

Child Health Nursing

Acute respiratory infections, pneumonia, bronchiolitis, asthma, croup, tuberculosis, respiratory distress and nursing management of respiratory conditions.

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CHAPTER 08 / CHILD HEALTH NURSING 08. Respiratory Disorders in Children

1. Assessment

Observe before disturbing the child: respiratory rate, retractions, nasal flaring, grunting, stridor, wheeze, feeding ability, colour, saturation and fatigue. Count breaths for a full minute in infants. Airway diameter is small, and oedema causes substantial obstruction. Severe work of breathing, cyanosis, apnoea, inability to feed or reduced alertness requires urgent escalation.

Acute respiratory infection and pneumonia

Definition and pathophysiology: Upper viral illness or lower lung infection causing inflammation and impaired gas exchange.

Clinical features and investigations: Cough, fever, tachypnoea, chest indrawing, crackles or hypoxia; assess WHO/IMNCI age bands and local criteria; imaging only when indicated.

Management and nursing care: Support oxygenation and hydration, prescribed antibiotics for bacterial pneumonia, monitor feeding, fever and danger signs. Refer severe cases.

Bronchiolitis

Definition and pathophysiology: Usually viral small-airway inflammation in infants, commonly RSV.

Clinical features and investigations: Coryza followed by wheeze/crackles, tachypnoea, difficulty feeding or apnoea.

Management and nursing care: Supportive care, nasal secretion management and hydration, oxygen when indicated. Routine antibiotics, bronchodilators and steroids generally not indicated for typical bronchiolitis.

Asthma

Definition and pathophysiology: Variable airflow obstruction with inflammation.

Clinical features and investigations: Recurrent wheeze, cough, exercise/nocturnal symptoms; age-appropriate spirometry when possible; assess triggers.

Management and nursing care: Prescribed inhaled corticosteroid-containing plan and reliever, spacer technique and action plan. Severe exacerbation requires oxygen/bronchodilator/steroid protocol; poor air entry/exhaustion is emergency.

Croup

Definition and pathophysiology: Viral upper airway inflammation around larynx/subglottis.

Clinical features and investigations: Barking cough, hoarseness, inspiratory stridor; severe stridor at rest/retractions.

Management and nursing care: Keep child calm, avoid distressing procedures; prescribed dexamethasone and nebulized adrenaline for indicated severity, observe recurrence per protocol. Drooling/toxic appearance needs alternate diagnosis.

Tuberculosis

Definition and pathophysiology: Pulmonary or extrapulmonary infection; children often paucibacillary.

Clinical features and investigations: Chronic cough/fever, contact history, poor growth; clinical, molecular and imaging assessment.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Management and nursing care: Programme-based treatment and contact investigation, nutrition and adherence support; age-appropriate infection precautions based on infectiousness.

2. Respiratory nursing plan

Problem	Actions and outcome
Ineffective breathing/gas exchange	Position comfortably, monitor work of breathing and saturation, prescribed oxygen, escalate deterioration.
Feeding difficulty	Small safe feeds when appropriate; avoid unsafe oral feeding in major distress; prescribed enteral/IV support.
Caregiver anxiety	Explain devices and symptoms, teach inhaler/spacer and return precautions.

Use age- and device-specific oxygen targets, document flow, response and reassessment; do not rely on pulse oximetry alone.

3. Important Examination Questions

Long Answer Questions

1. 1. Explain pneumonia, asthma and bronchiolitis in children with nursing management.

Short Answer Questions

1. 1. Compare croup and lower airway wheeze
2. 2. describe signs of respiratory distress
3. 3. explain TB contact screening.

Very Short Answer Questions (with answers)

1. 1. What is stridor? - High-pitched upper airway sound.
2. 2. Are antibiotics routine in bronchiolitis? - No.

4. Quick Revision

- Assess feeding and respiratory effort together.
- Keep child calm in upper-airway obstruction.

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- Escalate fatigue early.

5. Conclusion

Assess feeding and respiratory effort together. Keep child calm in upper-airway obstruction. Escalate fatigue early.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. A child has a barking cough, hoarseness and inspiratory stridor. Which disorder fits this pattern?

A. Asthma
B. Croup
C. Bronchiolitis
D. Pulmonary tuberculosis

2. Which management approach is typical for uncomplicated bronchiolitis?

A. Routine antibiotics for all cases
B. Routine systemic steroids for all cases
C. Supportive care with hydration and secretion management
D. Routine bronchodilators for all cases

3. Which finding during a severe asthma episode suggests an emergency?

A. Good air entry and normal activity
B. Comfortable breathing during play
C. Normal feeding without respiratory effort
D. Poor air entry and exhaustion

4. A young child with a respiratory illness develops marked chest indrawing, exhaustion and poor feeding. What should the nurse prioritise?

A. Force a large oral feed before assessing breathing
B. Urgent assessment and escalation of respiratory compromise
C. Delay review because the child is no longer crying
D. Teach breathing exercises as the only intervention

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Answer key and explanations

1. B - Croup

Croup involves upper-airway inflammation with barking cough and stridor.

2. C - Supportive care with hydration and secretion management

Typical bronchiolitis is managed mainly with supportive care.

3. D - Poor air entry and exhaustion

Poor air entry and exhaustion indicate dangerous deterioration.

4. B - Urgent assessment and escalation of respiratory compromise

Increased work of breathing with exhaustion and poor feeding suggests significant illness. Stabilisation and urgent assessment take priority over routine feeding or teaching.

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