

Original article

Development the guideline of the caring and following asthma child, in the context of a secondary care hospital and service network

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Background and Rationale of the study

The Asthma disease is the problem of the public health around the world. It was born with every the gender and nationality. The signs and symptoms of the asthma is coughing, gasping, subcostal and sternal retraction. Report of world health organization: WHO that in 2005, the asthma is often in the child. Thailand, Philippines, and Singapore have the most of prevalence rate in the continent of Asia

In Thailand country, the incidence of the asthma is in the percentile of 4-13 all of people. In the present, the patients who were admitted in the hospital, have the trends of increase in every years. Because of the environment is exchanging every days, affection of the child and adult able to be the asthma too. (Ministry of the public health,2559)

The report to the top of five diseases at the center of the health promotion in area of seven. Asthma disease on the top of 1 in 5. (Statistics,2558) And, the asthma child have the trends of increasing the patients in the future, who has the acute asthma severe and on ET-tube in order to referral in a tertiary care hospital. Care givers have the knowledge in caring insufficiency and lacking of the awareness in nebulizers and disappointment. The including of the asthma child must be often treatment in the emergency room.

The dead rate of asthma child is equal 0.86 per 100,000 the patient of people (kolrat Yodduangjai, 2560) So the assessment of severe in asthma by the guideline of diagnosis and treatment the asthma in Thailand for the asthma child, as the important of the treatment in precision. Include of helping the safety and prolong of the treatment will be making the asthma child has the good health and quality of life. (Ongart Kosinjit, 2558)

The above of problems, multidisciplinary teams and service network have the conference in order to making the process of solving the summary of problems by the collaborative action and the cycles of the mutual collaborative action and Kemmis S., Mc.Taggart. Including of the three action research cycles were as following and have four process by including of plan, acting, observe, and reflecting

So the mutual collaborative action and and Kemmis S, McTaggart are propelling of hand in hand with decided and practicing in development the guideline of the caring and following asthma child, in the Context of a Secondary Care Hospital and Service Network during 1-5 years old. In order to the patients receive the benefit of efficacy, decrease of severe in asthma.

The process of the nursing care in asthma child of the pediatric ward, Wapipathum hospital, Mahasarakham province. Asthma 1 in 5 disease of frequently in the pediatric ward that problems of caring asthma child were reported in both process and outcome domains that In 2558-2560 have asthma child include 412 people who were diagnosis by the pediatric doctor. Personal have knowledge, assessment, screening surveillance of the incomprehensive asthma child and notify the doctor insufficiently. the study of the assessment of severe have the important of treatment in order to the patient were the receives of treatment accurately. (Ongart Kosinjit, 2558.) The Patient have labored breathing in asthma rate $\geq 3\%$ and on ET-Tube and refer $\geq 3-5$ child/month, the re-admit rate 13.5%, and Lacking of the appointment and nebulizers. The Care Givers have the insufficient and lacking of awareness and knowledge in caring asthma child in the percent of 52.28%. The study of main cause of asthma form the lacking of medicine, appointment ,the care giver have the knowledge insufficiency, So the treatment of asthma as the care givers need to participation in everything caring. (Chalernpol Somsap, 2559.)

The research teams aimed to the important in nursing care of asthma child, so planning the Development the Guideline of the Caring and Following Asthma Child, in the Context of a Secondary Care Hospital and Service Network during 1-5 years old. For development of the excellence nursing care and service, and in order to the asthma child has the good health and quality of life.

Keywords: asthma, caring guideline, secondary care hospital

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Objectives :

For Development the Guideline of the Caring and Following Asthma Child, in the Context of a Secondary Care Hospital and Service Network

Question of the study:

How is the Development the Guideline of the Caring and Following Asthma Child, in the Context of a Secondary Care Hospital and Service Network which was developed, in during three years?

Venue of the study:

Wapipathum Hospital and Subdistricts Promotion hospital have three areas.

Timeline of study: in October, 2015 to December, 2017.

Research Design:

The mutual collaborative action research in order to aimed to development the Guideline of Caring Asthma Child in the Context of a Secondary Care Hospital and Service Network during 1-5 years old

Research Methodology:

The cycles of the mutual collaborative action research and the Kemmis S, McTaggart. Include of The three action research cycles were as following and have four process by including of plan, acting, observe, and reflecting.

Population Target groups consisted of four groups:

- 1) Data record forms for Asthma Child 100 papers
- 2) Asthma Child during 1-5 years old 100 person
- 3) Multidisciplinary Teams 50 person
- 4) Care Givers 100 persons

Inclusion criteria

1. Asthma child during of 1-5 years old, who was the diagnosis by the doctor and treated by medicine.
2. Care Giver of asthma child during of 1-5 years old have the ability of speech and writing of Thai Language.
3. Care Giver of asthma child pleased of collaboration.

Exclusion criteria

1. Care Giver and Asthma Child refuse the participation of this research.
2. Asthma Child have the underlying such as heart disease, tuberculosis etc.

Data Collection: Research instruments included of

1. The data record form for Asthma Child.
2. An evaluation form for practice related to the standard care pathway.
3. An evaluation form for questions for caregivers.
4. Focus group discussion guideline and record the sound in interview.
5. The peak flow meter.
6. An evaluation form for the complacency of guidelines.

Data Analysis and Statistics:

Data were analyzed by descriptive statistics, frequency percentage, content analysis.

Procedures of the research 3 phase

1. Situational analysis phase: The multidisciplinary teams and service network conference in order to situational analysis and summary of problems that "problems of caring asthma child were reported in both process and outcome domains that In 2558-2560 have asthma child include 412 people who were diagnosis by the pediatric doctor. Personal have knowledge, assessment, screening, and surveillance of the incomprehensive asthma child and notify the doctor insufficiently. The Patient have labored breathing in asthma rate $\geq 3\%$ and on ET-Tube and refer $\geq 3-5$ child/month, the re-admit rate 13.5%, and Lacking of the appointment and nebulizers. The Care Givers have the insufficient and lacking of awareness and knowledge in caring asthma child in the percent of 52.28".

Using the data collection by the data record form for Asthma Child. The conference with multidisciplinary teams and service network by co-ordination in order to solving problems and using to development the guidelines, Planning the process by conference 5 times, Reflecting the data and checking the precision of the data, criticize the problems and cause, sort of main the problems, And then practicing of the planning of guidelines.

And, The practicing by the data collection of the data record form for asthma child 100 papers and focus group discussion guideline and record the sound in interview.

2. Development phase: Using form situational analysis phase in order to reflecting, designs the activity, focus group discussion guideline with conference, and review the old guideline with multidisciplinary teams and service network by co-ordination. Using by the cycles of the mutual collaborative action research by Kemmis S, McTaggart. Include of The three action research cycles were as caring and following. Then having the four process by including of plan, acting, observe, and reflecting. By have the three cycle in process:

1. The first cycle: Development the Guideline of the Caring and Following Asthma Child (October, 2558 to September, 2559) (Planning and Acting)

1. Multidisciplinary teams and service network 50 people conference with together and making to policy plan.

2. Making the questions of alarm emergency in asthma child.

3. Development the personal about the skill in caring, assessment, screening, and surveillance, and role-Playing.

4. Public relations many of way in order to people understand and receive the data about nursing care in asthma child. Such as promoting the sign and symptom about assessment, screening, and surveillance.

5. Development the innovation and technology such as the three traffic lights, Alarm signal of asthma child song, and Baby carrier of nebulizers.

From the process of the first cycle (Observing): the innovation able to use the assessment, screening, and surveillance, It is easily and possible.

However, From the process of the first that the problem cycle (Reflecting) is not clearly of the consult systems and an incomprehensive of the people who were servicing. In this phase, The continue of development is consult systems with multidisciplinary teams and service network.

2. The second cycle: Development the Guideline of the Caring and Following Asthma Child (October, 2559 to April, 2560) (Planning and Acting)

1. Review the nursing care systems in the Guideline of the Caring and Following Asthma Child with multidisciplinary teams and service network by primary situational analysis to decreasing the process.

2. Making the consult systems in nursing care by application Line.

3. Development the Guideline of the Caring and Following Asthma Child by

3.1 Assignment of role the case manager

3.2 Mutual agreement of making to use the innovation

3.3 Setting the consult systems in education about home health care, right drug use by application Line.

3.4 Supporting the lecturer in learning to Multidisciplinary teams and service network

4. Public relationship for learning about nursing care to concept by near heart and near home or holistic care.

From the process of the second cycle (Observing) : the consult systems by line is clearly about using drug in asthma child such as 10%MgSO₄, dexamethasone, hydrocortisone, prednisolone ,etc. home health care, The innovation able to use the assessment, screening, and surveillance, It is easily and possible.

However, From the process of the second that the problem cycle (Reflecting) is difficult to practicing the guideline of caring .Not have the practicing of caring and the communication of referral is not clearly in asthma child.

3.The third cycle: Development the Guideline of the Caring and Following Asthma Child (May, 2560 to December, 2560) (Planning and Acting)

1. Situational analysis and planning by mutual collaborative action.

2. Propelling the policy to practicing.

3. Making the comprehension.

4. Development the personal about the skill in caring.

5. Development the service network.

6. Development the innovation and technology.

7. Following the process in the research about 5 times.

8. Reflecting the result of development.

And, the summary of Development the Guideline of the Caring and Following Asthma Child, in the Context of a Secondary Care Hospital and Service Network. "WAPI model."

W=Warning Sign

A=Asthma School

P=Patient Centered Approach

I=Innovation/Integration

From the process of the third cycle (Observing and Reflecting): the Guideline of the Caring and Following Asthma Child, in the Context of a Secondary Care Hospital and Service Network. "WAPI model" able to using in the excellence and capability of nursing care with mutual collaborative action of multidisciplinary teams and care givers, etc. this guideline have the exactness and precision.

4. Evaluation phase: The evaluation of the process form the conference with multidisciplinary teams and service network in order to situational analysis and summary of problems 5 times, and conclude of focus group discussion guideline and record the sound in interview. The process of evaluation the development by research including of an evaluation form for practice related to the standard care pathway, evaluation form for questions for caregivers, focus group discussion guideline and record the sound in interview, the peak flow meter, evaluation form for the complacency of guidelines.

The Result of research

1. Evaluation of development the process

The result of research is 100 % of multidisciplinary team followed the guideline of caring asthma child. Including of having the innovation, such as three traffic lights, Alarm signal of asthma child song, Baby carrier of nebulizers. And this project have three people of the sample care givers and volunteer of caring three people.

2. Evaluation of development the Clinic

The result of research is in 2558-2560 have the compliance of lungs by peak flow meter in 82.58 %, 88.65 % and 1.98 %, in 2558-2560 have the decreased asthma rate in 2.77 %, 2.61 %, 1.98 %. The Knowledge of care givers and Training in 94.21% and Noting of Re-admit rate in 28 days. The complacency of caring by guideline have the percent of 94.21. Noting the event of dead asthma child in respiratory failure and not have the event of on ET-tube and sending to third hospital.

The Expected or Anticipated Benefit Gain

1. Able to be using the guideline of the caring and following Asthma child, In the context of a secondary care hospital and service network by WAPI model to adapt the other hospital and the sample of the best practice in the nursing care.

2. Able to be the technique of creating the guideline and the innovation to learn and exchange with together.

3. Able to be the institution of the asthma school in the primary care of health promotion hospital in order to develop the personal and care giver in community.

The Suggestion of this research:

1. Should be studying in the program of development the health promotion by holistic care and innovation of nursing care in asthma child.

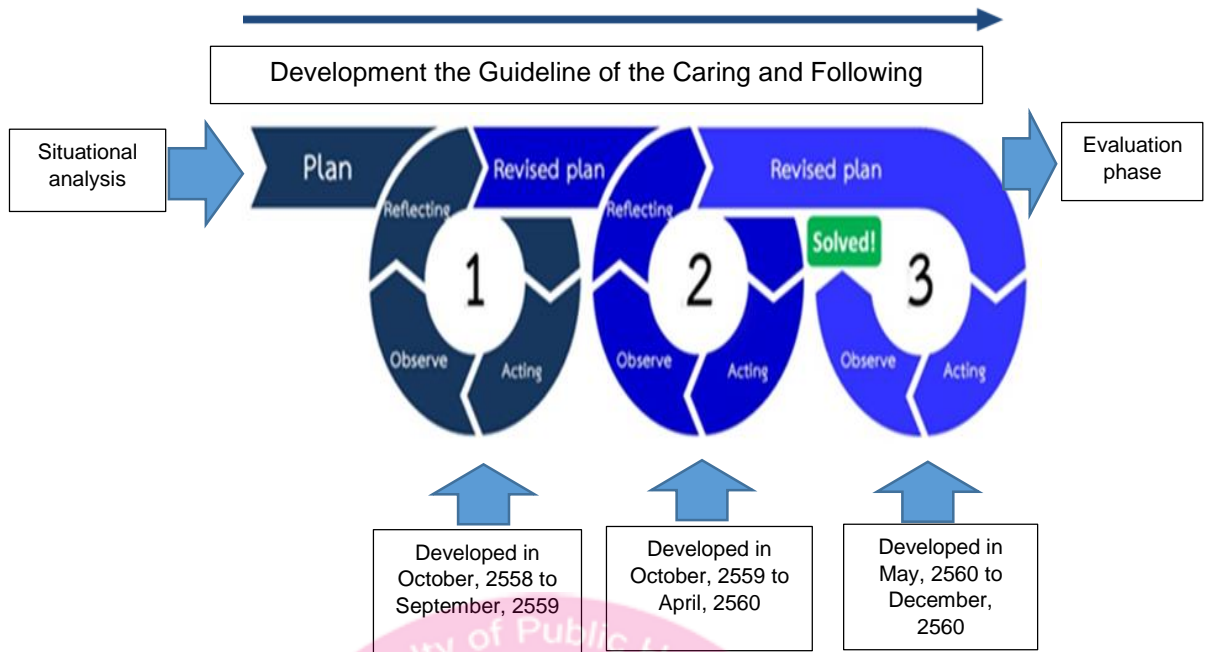
2. Should be integration of the study in broadcasting the near or around other hospitals in order to changing the new guideline.



References

- Bureau of Policy and Strategy. (2015). **Public Health Statistics A.D. 2014**. Nonthaburi: Office of the Permanent Secretary, Ministry of Public Health; (in Thai).
- Chalermopol Somsap. (2555). The study of the cause of acute asthma in child with steriodes. **The Journal of pediatric**. 48: 151-7.
- Global Initiative for Asthma. (1995). Global Strategy for Asthma Management and Prevention NHLBI/WHO workshop report.
- Global Initiative for Asthma. (2006). **Global Strategy for Asthma Management and Prevention** [online]. [Cited 2012 Feb 6]. Available from: <http://www.ginasthma.org>.
- Kemmis S, McTaggart R (eds.) (1988). **The action research planner**. Victoria, Australia: Deakin University Press.
- Mukda wangweerawong. (2555). **The Guideline of the diagnosis and caring the asthma of Thailand for the adult and child**. Bangkok: Union Ultraviolet.
- Orapan Thosingha. (2002). **Nursing case management: Models and methods for implementation in hospital**. In Wanpen Pichitpornchai and Usavadee Asdornwised (Eds.). Nursing case management. Bangkok: Niyomwitaya. (in Thai).
- Pornchai Wathanarangsarn. (2556). The result of the asthma clinic in asthma child. **The journal of the Ministry of Public Health**. 22: 437-44.
- Wapipathum Hospital. (2016). **Stroke fast track: Group discussion report 2016**. Wapipathum: Wapipathum Hospital. (in Thai).
- Wapipathum Hospital. (2016). **The annual statistics report 2014**. Wapipathum: Wapipathum Hospital; (in Thai).





The Main of Research Methodology:

Research Methodology

- Mutual collaborative action
- The cycles of practicing by Kemmis S, McTaggart.

