Asthma Q

1. List the risk factors for severe, life-threatening asthma

2. Describe the pathophysiology of asthma.

3. List the most common triggers for asthma.

4. List the site of B receptors found in the airways

5. Describe the pathophysiology of pulsus paradoxus. Please see Figure 3.

6. Why would a clinician be more reassured by a patient having an asthma exacerbation who presents with respiratory distress and a “noisy chest” vs. an asthmatic that has respiratory distress with no wheezing.

7. List the clinical factors of impending respiratory failure.

8. Describe the clinical situation where blood gases are important in the care of the patient with asthma. THE DECISION TO INTUBATE AN ASTHMATIC CHILD SHOULD NOT DEPEND ON BLOOD GAS DETERMINATION, BUT SHOULD BE MADE ON CLINICAL GROUNDS!

9. What is the correct dose for continuous albuterol nebulized treatments?

10. Name the 4 different IV B agonists. Which is most commonly used in the US? What is the appropriate dose?

11. List the side effects of B agonists. Why does it cause a widened pulse pressure?

12. How do steroids help patients with asthma?

13. Why is theophylline falling out of favor in the treatment of status asthmaticus?

14. List the mechanism of action of magnesium sulfate in pts with asthma.

15. List the indications for endotracheal intubation of an asthmatic and the risks. THE DECISION TO INTUBATE AN ASTHMATIC CHILD SHOULD NOT DEPEND ON BLOOD GAS DETERMINATION, BUT SHOULD BE MADE ON CLINICAL GROUNDS!
16. List the most common causes of acute decompensation in intubated asthmatics.

17. Why do recently intubated patients with asthma experience hypotension?

18. Describe ventilator management on intubated patients with status asthmaticus.

19. Describe the adverse effect of using steroids and paralytics.

20. Describe the pros and cons of using ketamine for mechanically ventilated patients with status asthmaticus.