

Chapter Four
Results

Chapter Four

Results

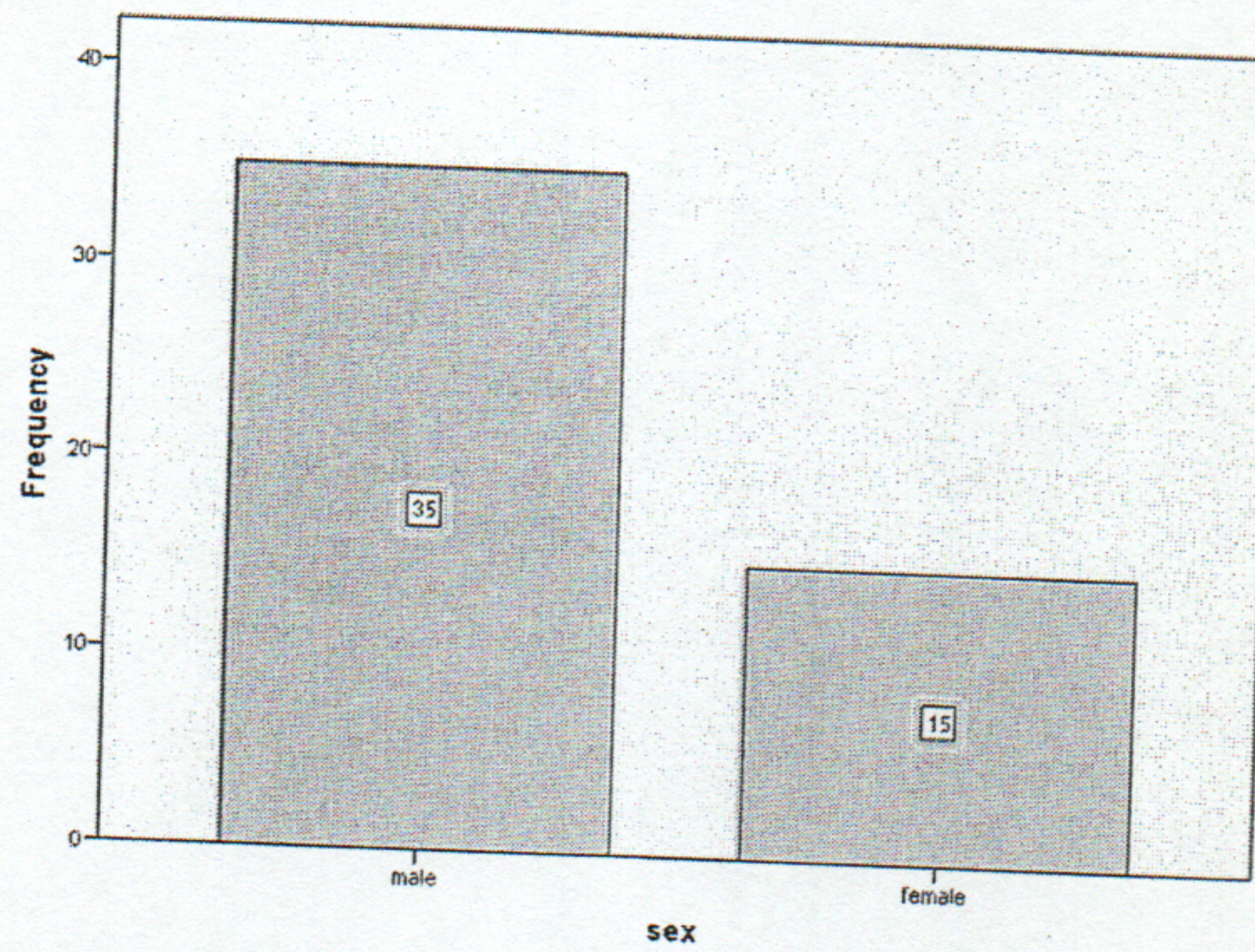


Figure (1): Distribution of study group according to the Sex

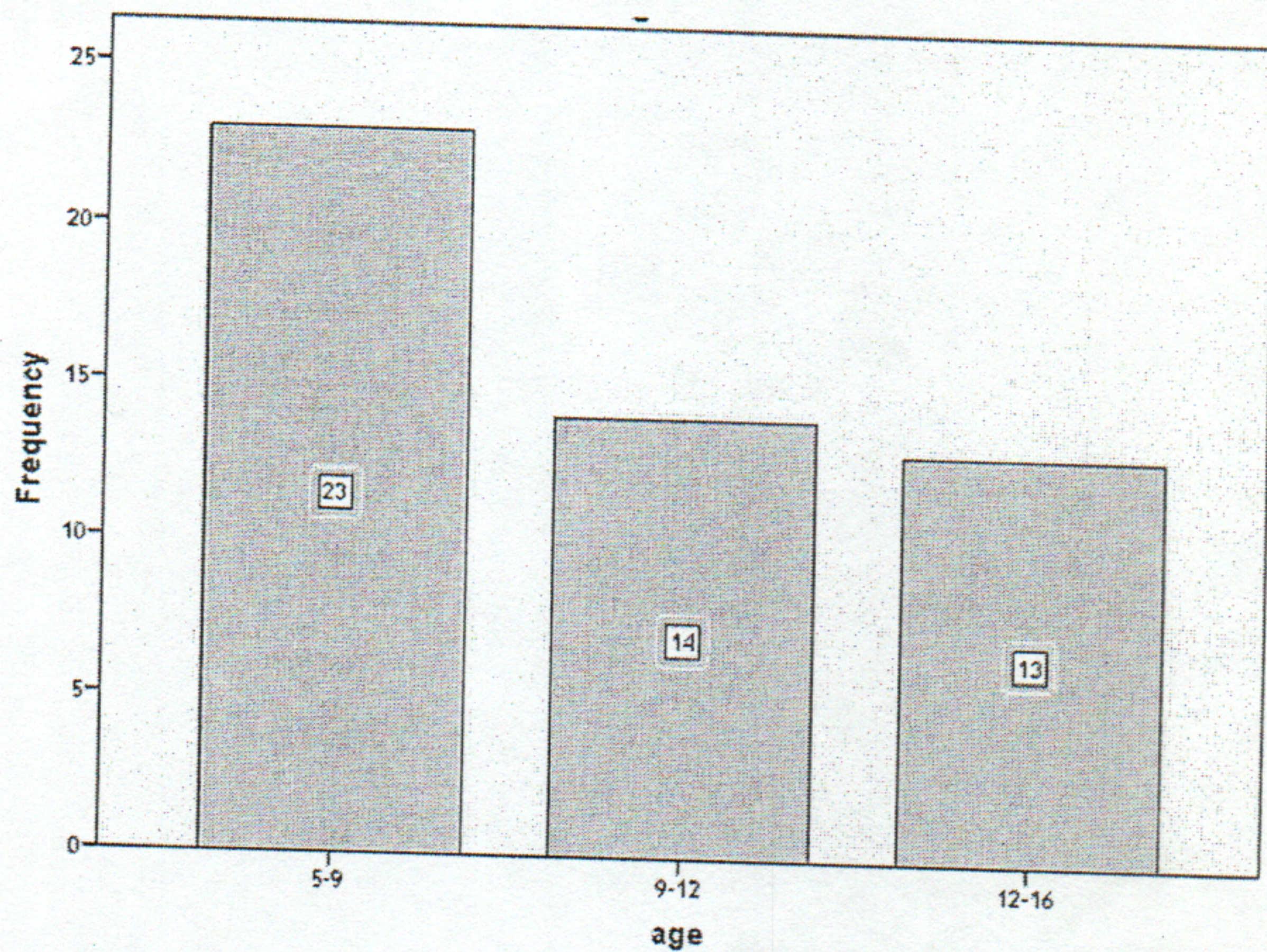


Figure (2): Distribution of study group according to the age

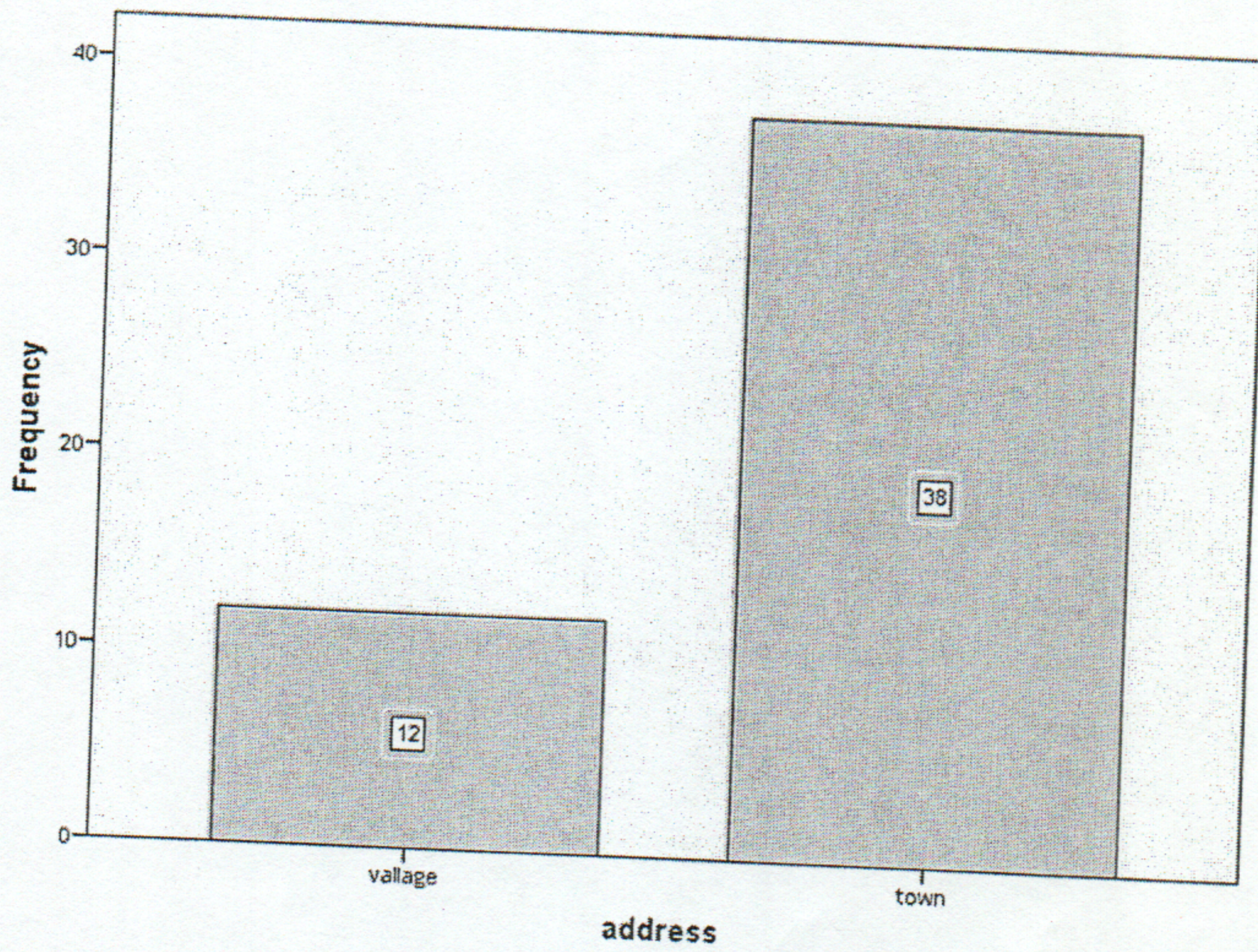


Figure (3): Distribution of study group according to the housing

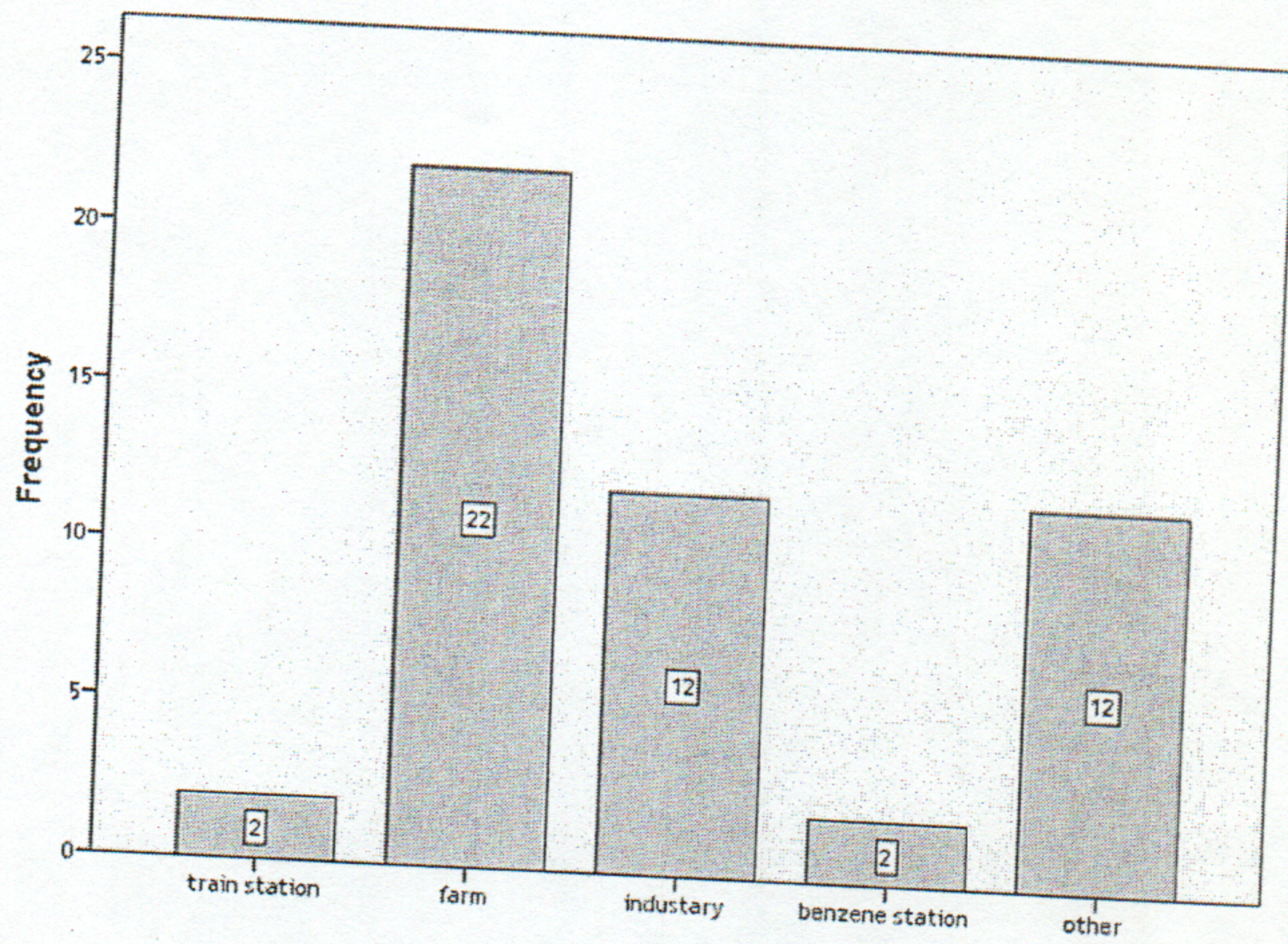


Figure (4): Distribution of study group according to the their housing surrounding

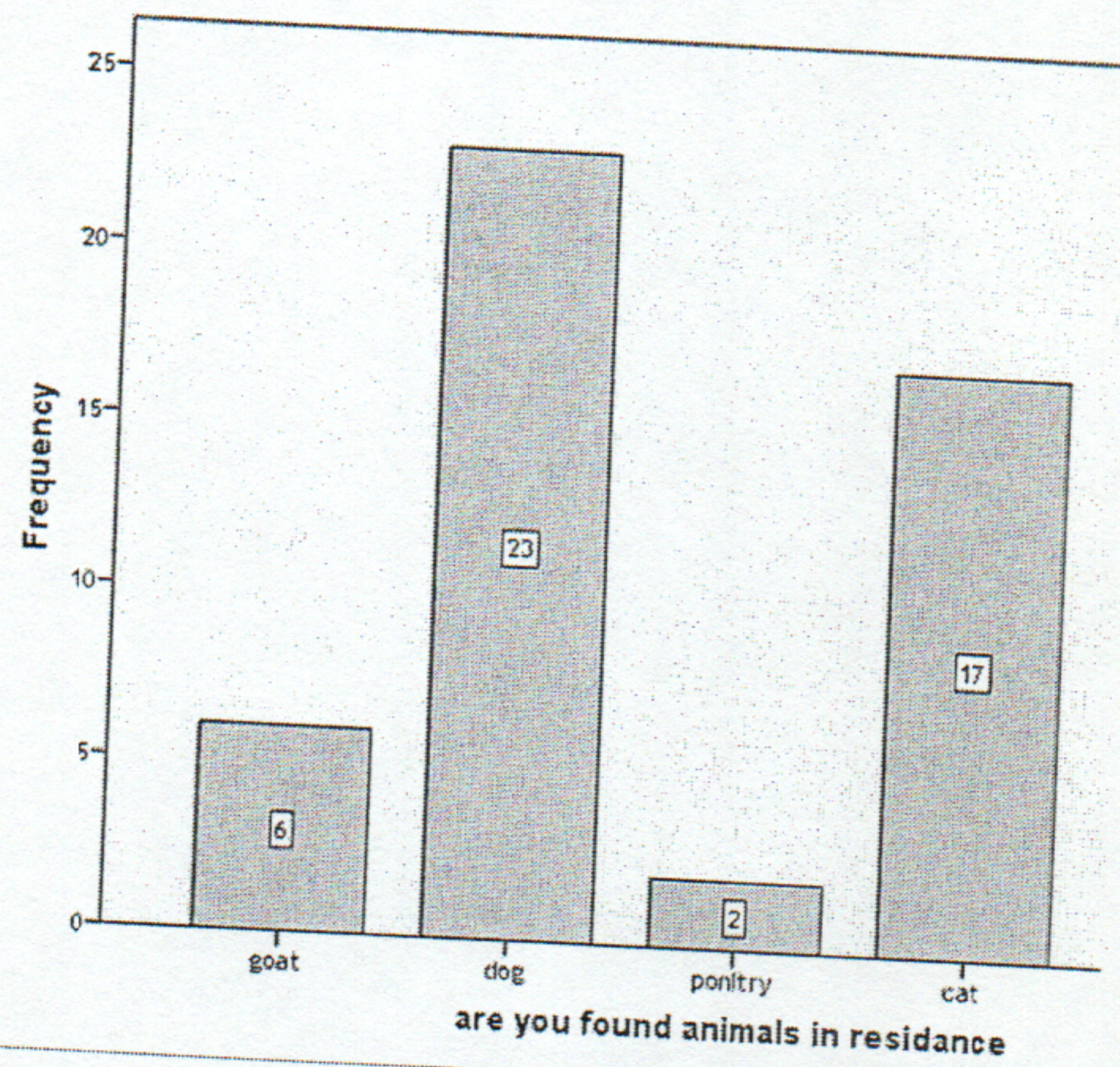


Figure (5): Distribution of study group according to house animal

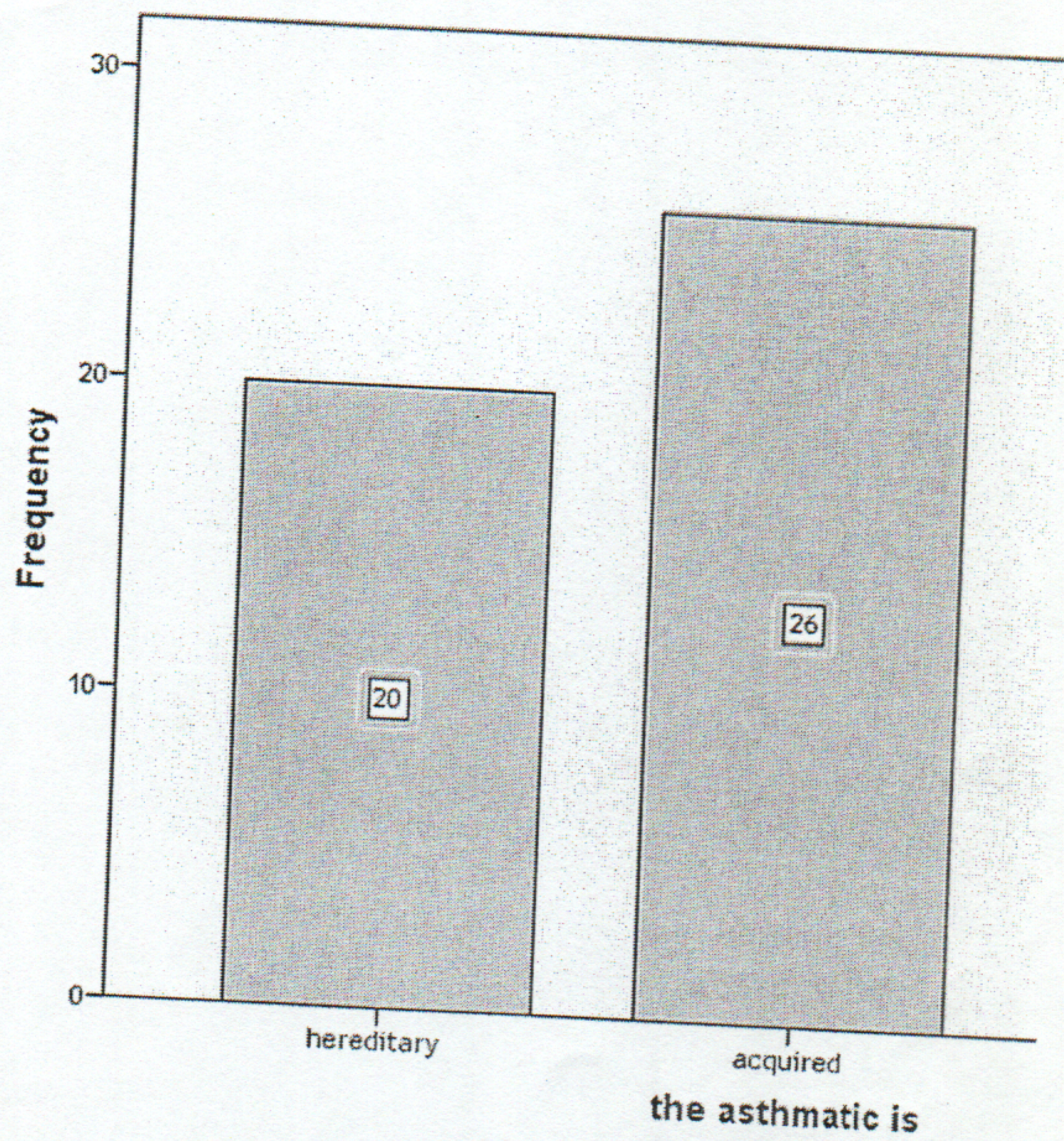


Figure (6): Distribution of study group according to the presence of asthma at home

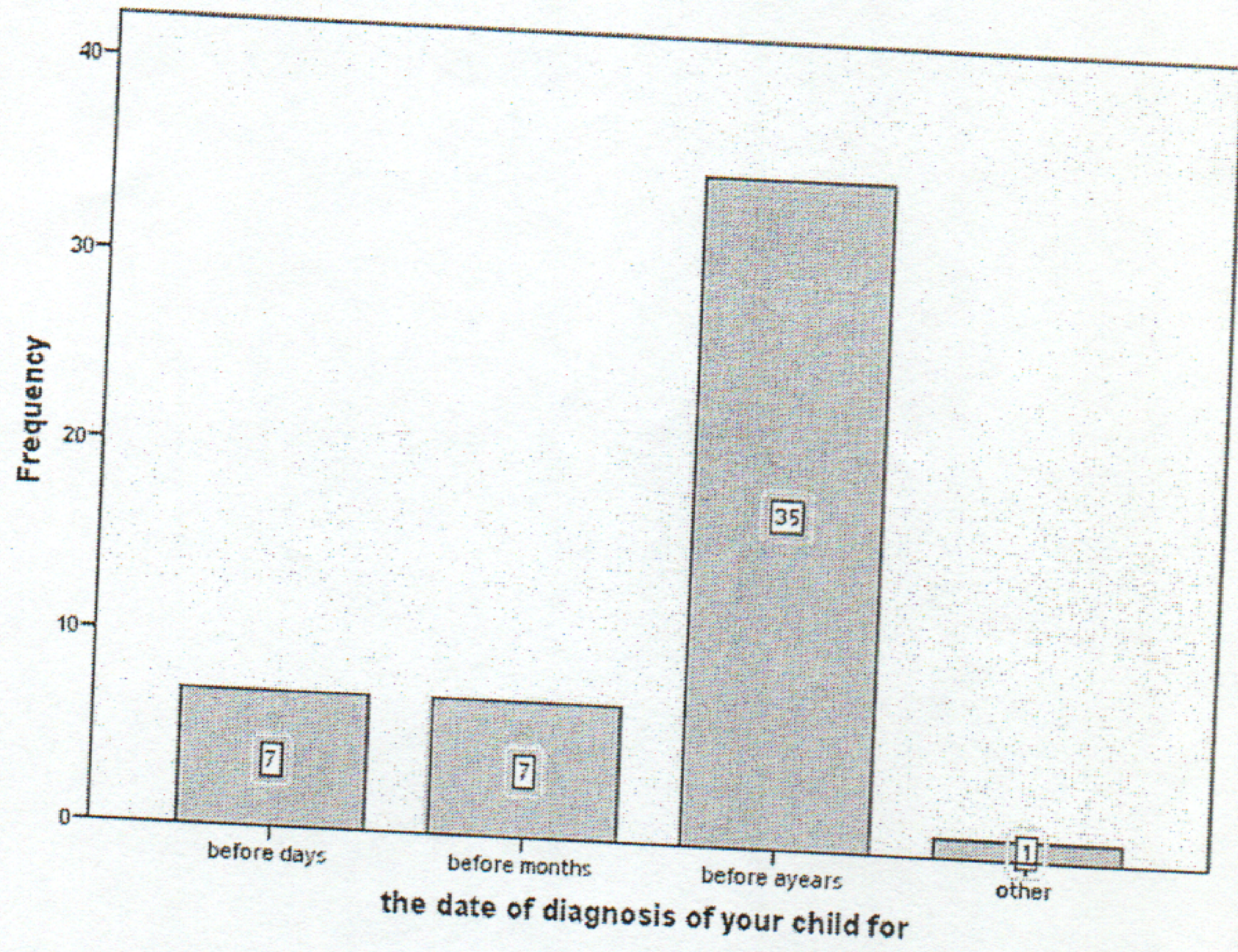


Figure (7): Distribution of study group according to the time of disease

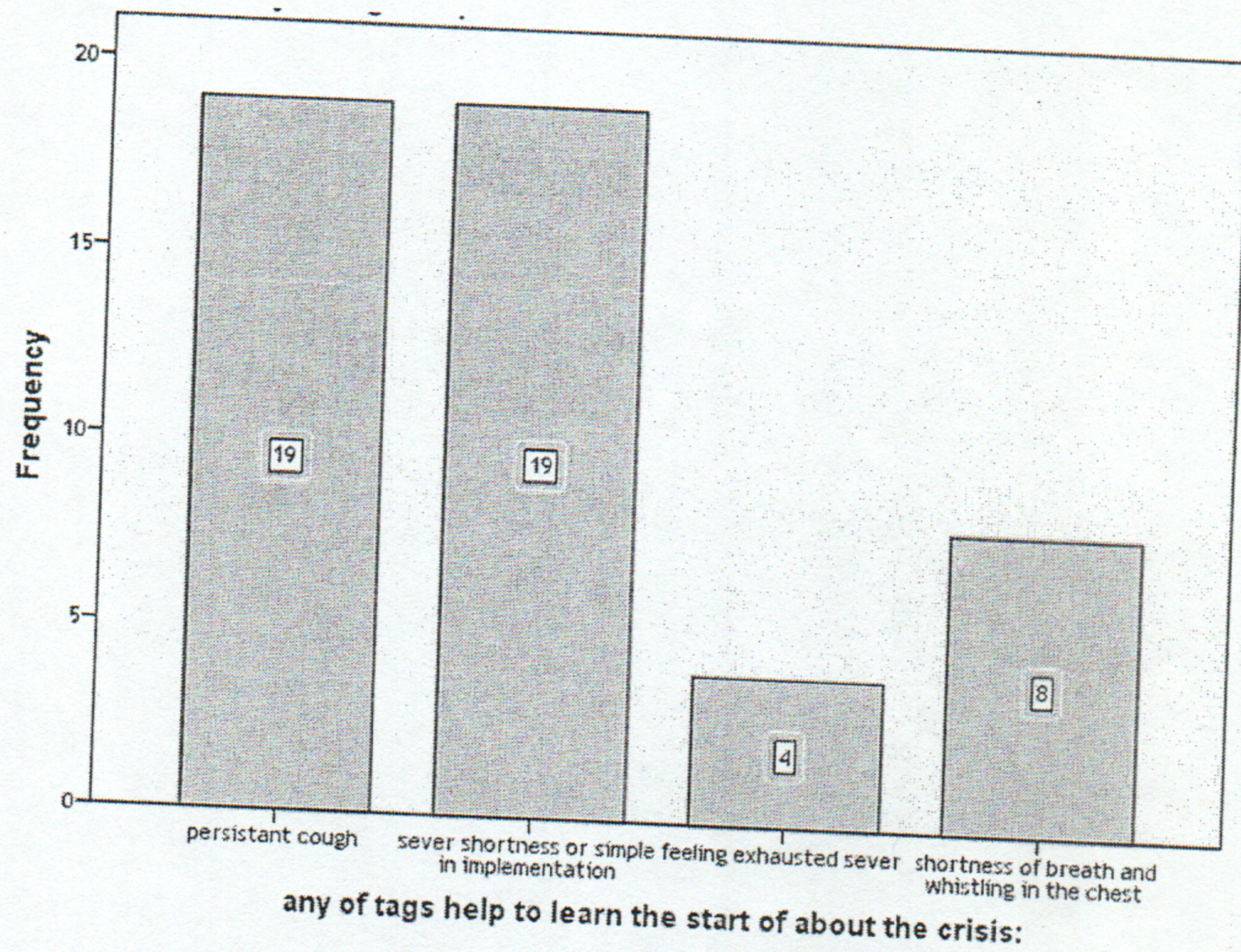


Figure (8): Distribution of study group according to knowing signs starting of Asthma attack

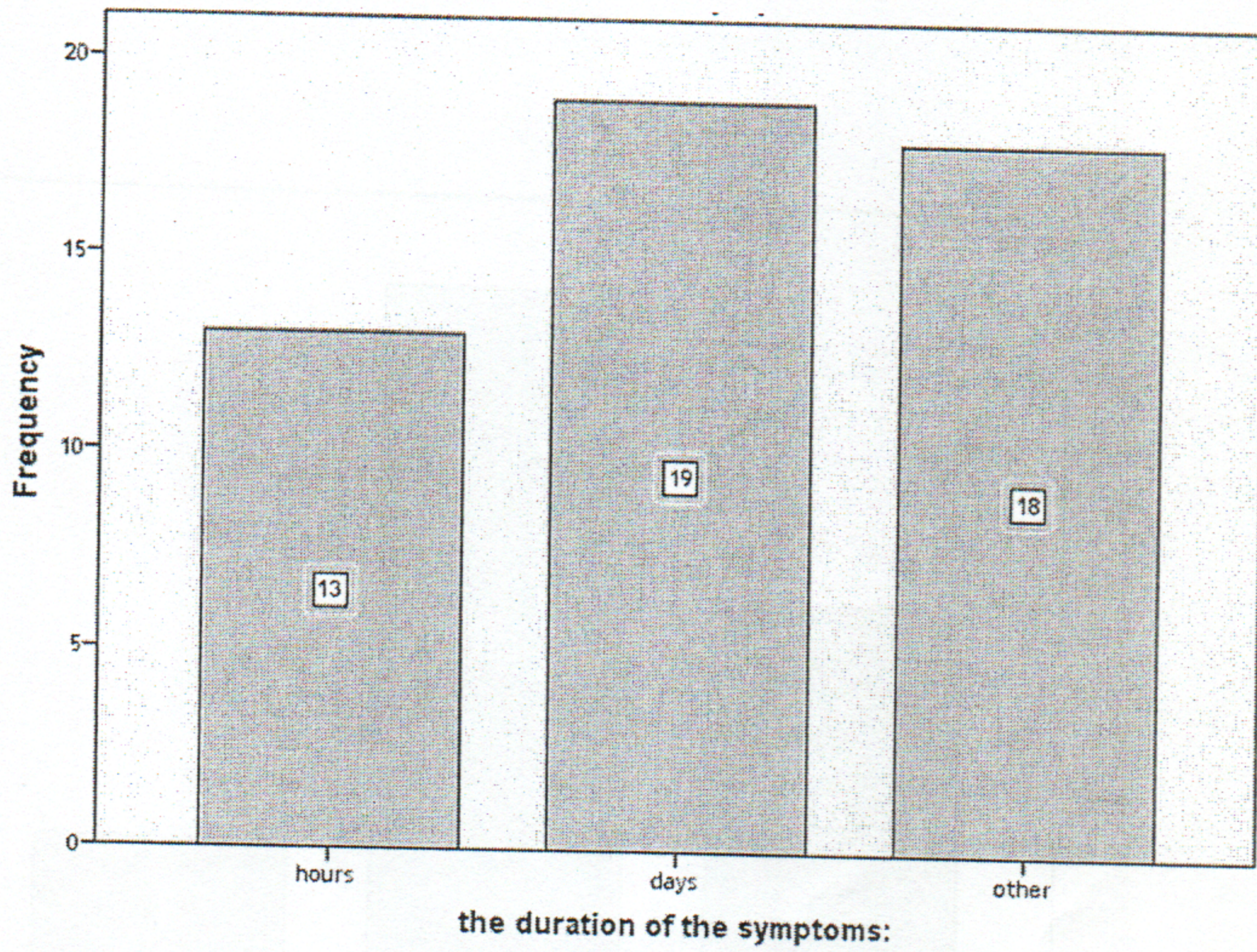


Figure (9): Distribution of study group according to the duration of symptoms

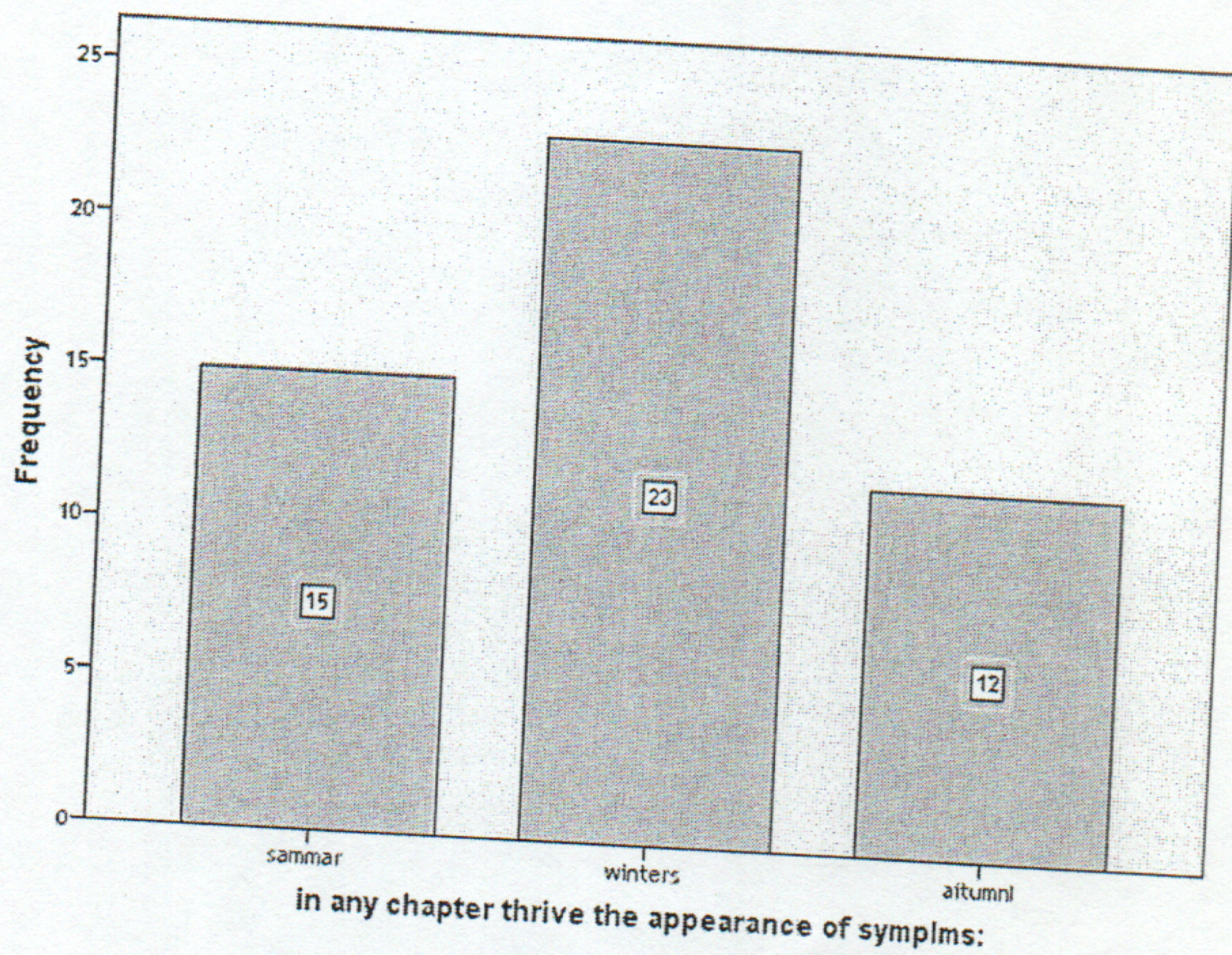


Figure (11): Distribution of study group according to the which season symptoms increasing

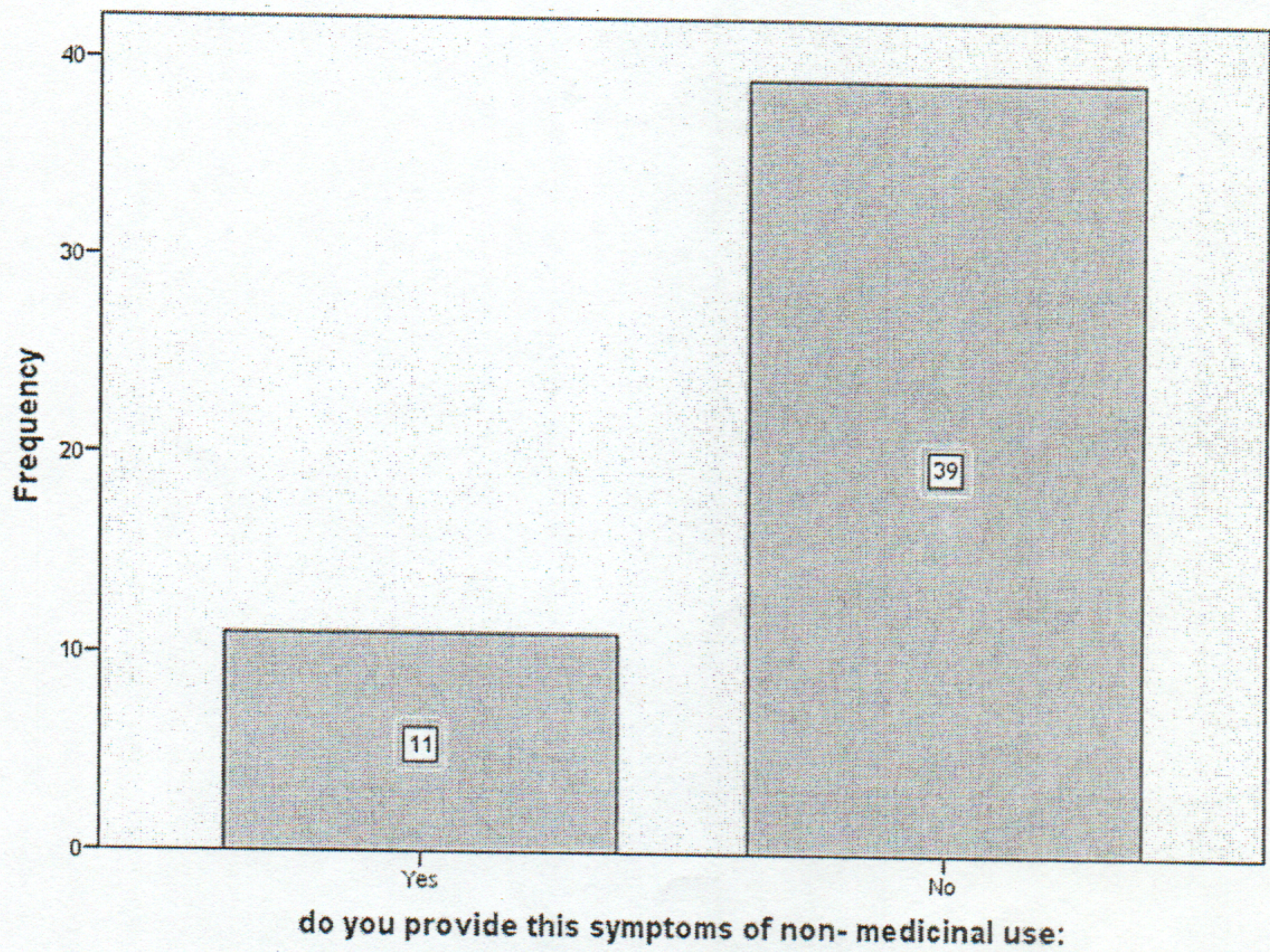


Figure (12): Distribution of study group according to the decrease of symptoms without the use of drugs

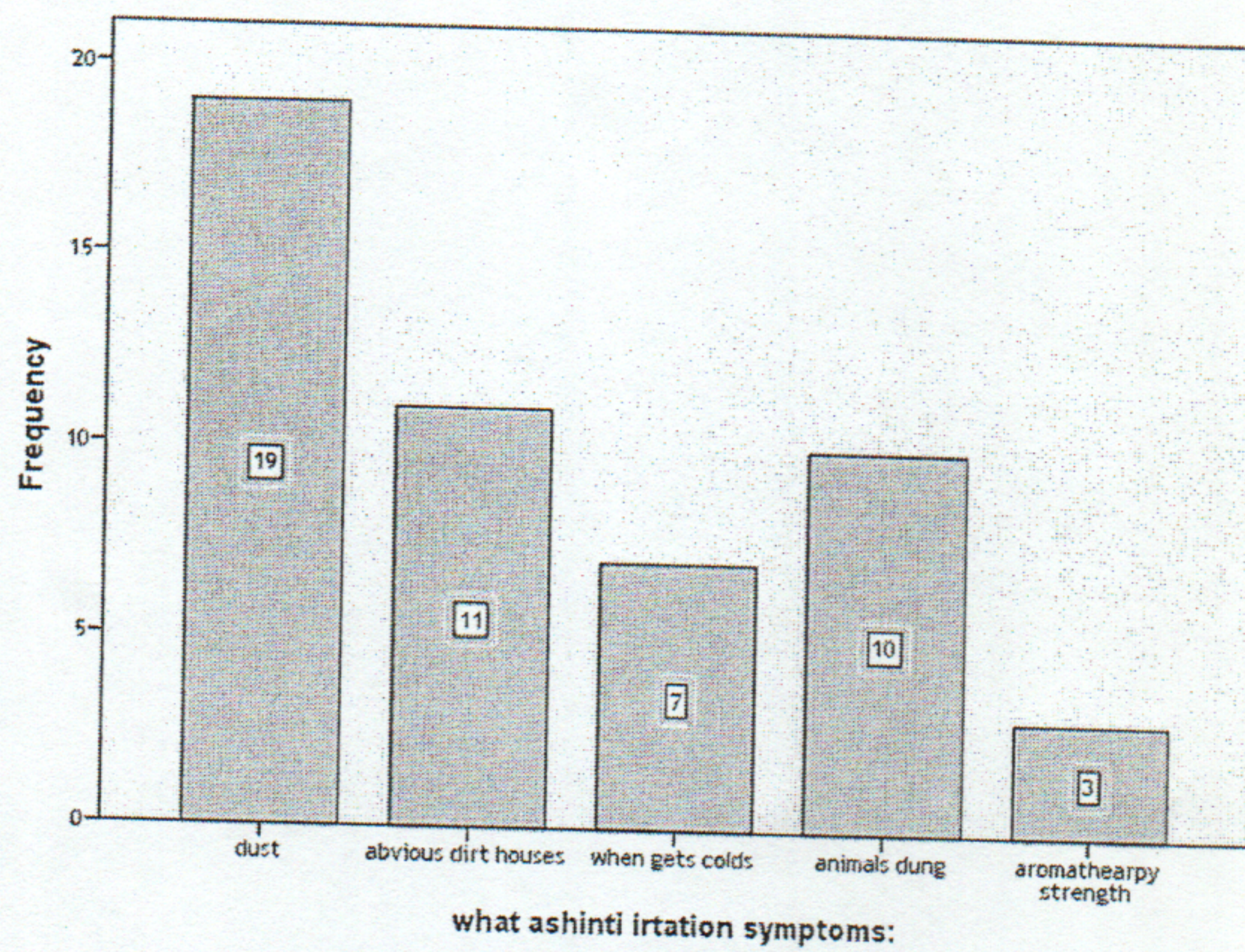


Figure (13): Distribution of study group according to the things trigger Asthma

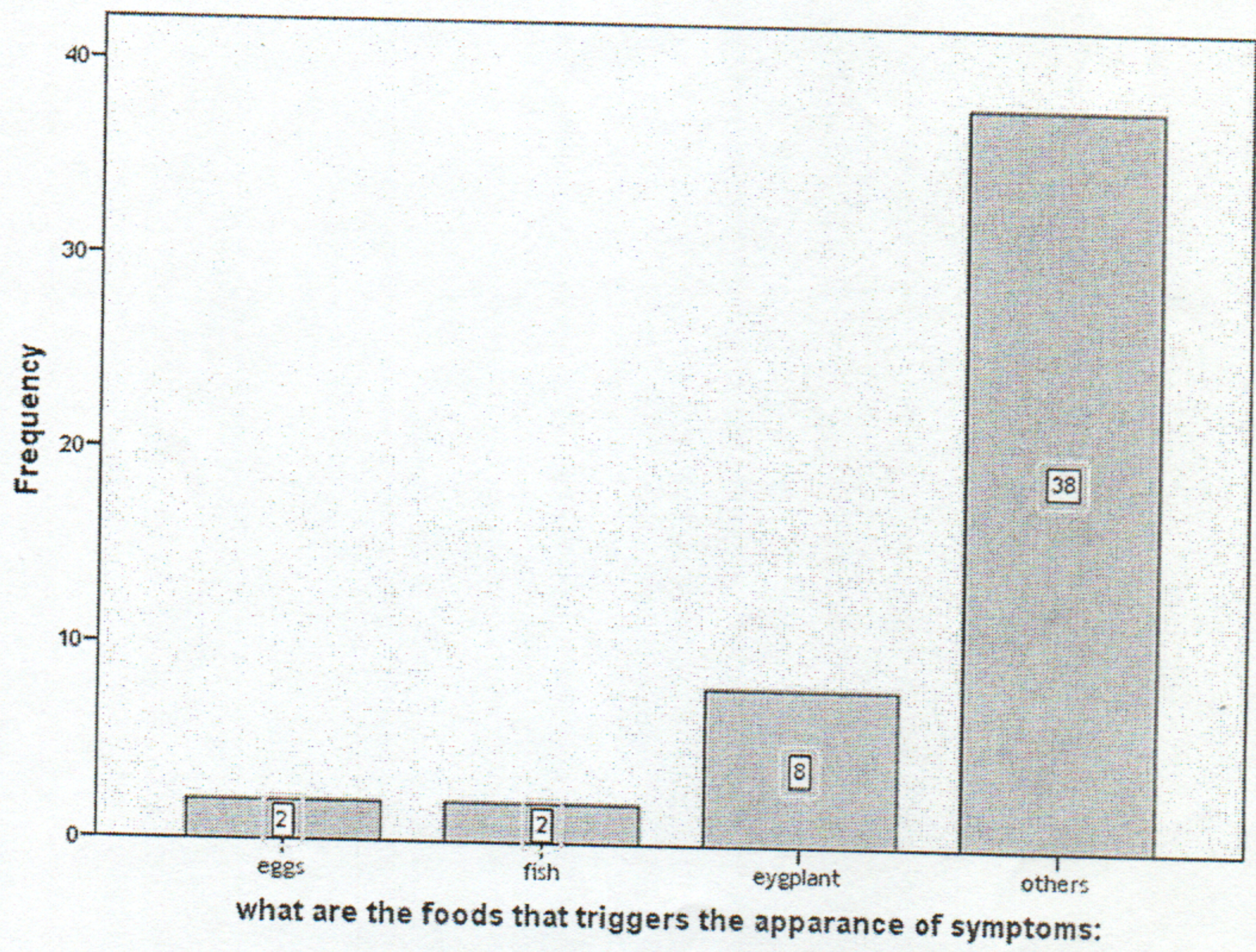


Figure (14): Distribution of study group according to the foods

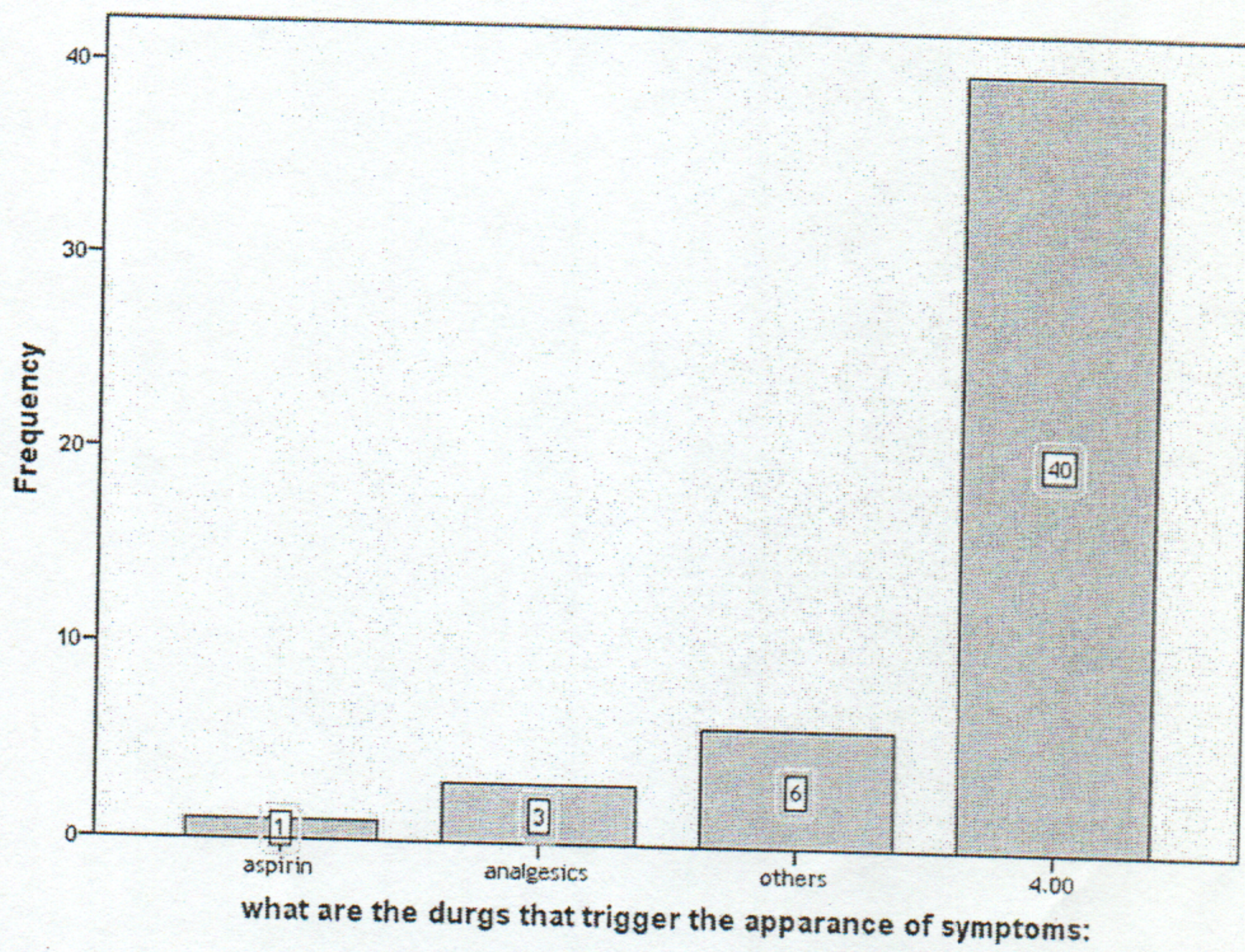


Figure (15): Distribution of study group according to the medications

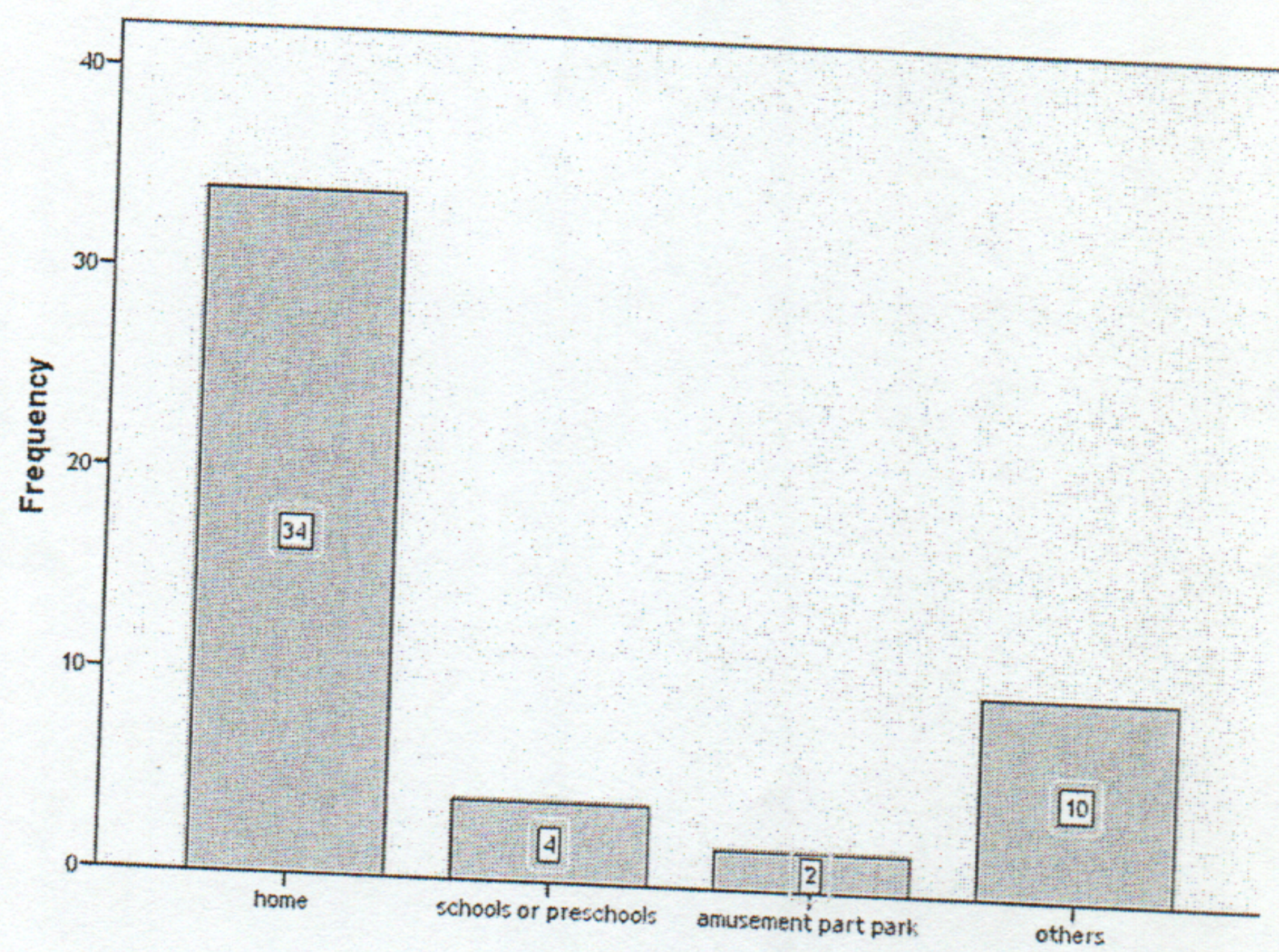


Figure (16): Distribution of study group according to the majority of the symptoms incidence

Chapter Five
Dissuasion

Chapter Five

Dissuasion

After conducting the field study through the analysis of the questionnaire, the study reached many results that achieve the objectives of the study.

5.1 Results

1. The largest age group was 5-9 years, followed by the age group 9-12 years and the lowest category was 12-16 years.
2. The majority of the urban population is 8% and the rural population is 12%.
3. We find that the highest percentage of the farms were 22% and the least surrounds the housing was the petrol stations and the train by 2%.
4. Most of the families have dogs with 23% followed by cats with 17% and the lowest number of poultry by 2%.
5. Which shows the presence of asthma at home, we find that most of the sample is considered a crisis disease gain them by 26% and some of them are hereditary by 20%.
6. Most of the families discovered the disease 35 years ago, followed by those who discovered the disease months or days ago by 7% and a few in others by 1%.
7. Most patients continue with the disease for a day by 19% and some in others by 18%.
8. The symptoms are increased at night by 28%, and some of them are associated with any activity by 16% and a few of them by 6%.
9. The appearance of most patients symptoms due to other 40% and some of them due to penicillin by 6% and a few of them due to aspirin by 1%.

10. Which shows the majority of the incidence of symptoms at home by 34% and some in others by 10% and a few in school by 4%.

5.2 Recommendations:

11. Recommend that parents ensure children not exposure or reduce Environmental irritants (e.g. Smoke, house dust, spray).
12. To keep the windows open and good ventilation.
13. Wearing a scarf that covers nose and mouth in the cold weather.
14. Recommend the school's child about the disease and let exercise.
15. Early treat when suggest their child suffer from infection in upper respiratory tract .

الخلاصة:

أجريت هذه الدراسة لتحديد مهيجات الأزمة لدى الأطفال من عمر (5-16 سنة) .

توصلنا إلى أن:

- معدل الإصابة بمرض الأزمة عند الأطفال الذكور أعلى من الإناث.
- أكثر مهيجات المرض كانت في الغبار وأتربة المنازل.
- للعمر أثر في الإصابة بنوبات مرض الأزمة عند الأطفال وأكثر فئة عمرية كانت (5-9 سنوات).
- للمنطقة السكنية أثر ونجد أن سكان المدينة أعلى نسبة من سكان القرى.
- للعامل الوراثي أثر كبير في اكتساب مرض الأزمة عند الأطفال.

References

References:

1. AND HEALTH EDUCATION, Theory, Research, and Practice.- 4th . ed.- Jossey-Bass.- 2008.
2. Arbes SJ Jr, ET al .- Result from the first National survey of lead and allergen's in Housing . - J allergy cline immunol. - 2003.
3. Chugh Ashima. - Medicine of nurse. - Jaypee brothers medical publishers (p) LTD, 2005.
4. Daniel Bernstein.- PEDIA THRTIPCS for MEDICAL STUDENTS.- 3rd .- Lippincott Williams & Wilkins.- 2012.
5. Data Parul. - Pediatric nursing . - 3rd.ed . - Jaypee Brothers medical publishers(p) LTD, 2014.
6. Dennis S.Weiner, M.D.- PEDIATRIC ORTHOPEDICS for Primary Care Physicians.- 2nd .- Cambridge university press.- 2004.
7. Gauderman WJ, et al. - Childhood asthma and exposure to traffic and nitrogen dioxide. - Epidemiology. - 2005.
8. HEATHER AGAR RGN.- DRUG CALCULATIONS FOR NURSES.- 3rd .- Hodder Arnold, an imprint of Hodder Education.- 2009.
9. Joyce Y. Johnson.- Pediatric Nursing Demystified.- The McGraw-Hill Companies.- 2010.
- 10.KAREN GLANZ, BARBARA K. RIMER.- HEALTH BEHAVIOR
- 11.N. Jayne Klossner.- Introductory Maternity & Pediatric Nursing.- 2nd EDITION.- Betsy Gentzler. - 2010.
12. Wu H, et al. .- Genetic variation in ORM1 - like 3(ORMDL3) and Gasdermin - Allergy 2009.



Appendix I
Elshaikh Abdallah Albadri University
Faculty Health Science
Department of Nursing



Determine of pediatric Asthma Triggers Age (5-16) years

The Questionnaire

1. Sex

Male ()

female ()

2. Age

5-9 ()

9-12 ()

12-16 ()

3. The housing:

Town ()

village ()

4. is their housing nearing:

railway station ()

farm ()

factory ()

benzene station ()

other ()

5. are you breeding:

goat ()

dog ()

poultry ()

cat ()

6. The asthmatic is:

Hereditary ()

acquired ()

7. the date of diagnosis of your child for

before days ()

before months ()

before a years ()

other ()

8. which signs help you to know starting of Asthma attack:

persistent cough ()

sever shortness or simple in implementation ()

feeling exhausted sever ()

shortness of breath and whistling in the chest ()

9. Duration of the signs:

hours ()

days ()

other ()

()

10. when getting signs:

the in morning ()

In the night ()

at doing activity ()

11. in any season increase:

summer () winters () autumn ()

12. if the sign disappear with non-medication:

Yes () No ()

13. what this things trigger you the signs:

dust () house dust() animal dander()

getting cold() strong aoraromtic odor() other()

14. what are the foods occurs to the signs

eggs() fish() eggplant() other()

15. what are the medication occur to the signs:

aspirin() analgesics() penicillin() other()

16. most common likely to occur symptoms in the:

home() school() amusement park() other()



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
جامعة الشيخ عبد الله البدرى
كلية العلوم الصحية - قسم التمريض
استبيان



تحديد مهيجات الأزمة لدى الأطفال في الفئة العمرية (15-16 سنة)

1. الجنس: ذكر () أنثى ()
2. العمر: 9-5 () 12-9 () 16-12 ()
3. السكن: مدينة () قرية () حي ()
4. هل السكن بجوار: محطة قطار () مزرعة () مصنع ()
محطة بنزين () أخرى ()
5. هل يوجد في السكن حيوانات:
كلاب () قطط () دواجن () غنم () أخرى ()
6. هل الربو:
وراثي () مكتسب ()
7. تاريخ تشخيص الطفل بالمرض:
قبل أيام () قبل شهور () قبل سنين () أخرى ()
8. أي من العلامات تساعد على معرفة بدء نوبة الأزمة:
سعال (كحة) مستمر () ضيق شديد أو بسيط في التنفس ()
الشعور بالإرهاق الشديد () قصر في التنفس وصفير في الصدر ()
9. مدة استمرار الأعراض:
لساعات () يوم () أخرى ()
10. متى تزداد الأعراض:
صباحاً () ليلاً () عند القيام بأي نشاط ()
11. في أي فصل تزداد ظهور الأعراض:
الصيف () الشتاء () الخريف ()
12. هل تزول هذه الأعراض من غير استخدام الأدوية:
نعم () لا ()
13. ما هي الأشياء التي تهيج عليك الأعراض?
الغبار () أتربة ()
عندما يصاب بنزلات البرد () روث الحيوانات ()
الروائح العطرية القوية () المبيدات الحشرية ()

- بعض أنواع الأقمشة () مخلفات السيارات والمصانع ()
دخان الحرائق () رائحة الطلاء ()
14. ما هي الأطعمة التي تؤدي إلى ظهور الأعراض:
البيض () السمك () باذنجان () أخرى ()
15. ما هي الأدوية التي تؤدي إلى ظهور الأعراض:
الاسبيرين () المسكنات () البنسلين () أخرى ()
16. على الأغلب تحدث الأعراض في:
المنزل () المدرسة أو الروضة () الملاهي () أخرى ()