



IMPLEMENTATION OF A "CONTROL DIARY" FOR SELF-CONTROL BY PATIENTS WITH BRONCHIAL ASTHMA AND ASSESSMENT OF ITS EFFECTIVENESS

**Razikova Ilmira Sadullaevna,
Alikulova Dildora Yakhshibaevna,
Abdullaeva Baro Khikmatullaevna**

Tashkent Medical Academy, Tashkent Uzbekistan

Article history:

Received: September 17th 2023

Accepted: October 17th 2023

Published: November 21st 2023

Abstract:

Assessment of the effectiveness of the nursing approach in bronchial asthma by training nurses to develop their skills and medical level according to the nursing approach algorithm for patients with bronchial asthma and by implementing a control diary for self - control of patients.

Keywords: Asthma,

RELEVANCE OF THE PROBLEM. According to the World Health Organization , at present, bronchial asthma (ba), which has become a public health problem for all countries, absolutely regardless of the level of development, is considered one of the global medico - social problems of modern medicine, and bronchial asthma is leading to a deterioration in the quality of life and disability of millions of people of different ages. Asthma cannot be completely cured, but a promising direction to combat bronchial asthma is the Prevention of the disease. The asthma prevention and control strategy is included in the WHO's global action plan for the prevention and control of non-communicable diseases, as well as the United Nations Sustainable Development Agenda until 2030. Through this, it is possible to extend the life of patient , quickly restore working capacity (a topical strategy in the treatment and Prevention of GINA², bronchial asthma). Also the most relevant is that the reasons why bronchial asthma is not controlled by patients have not been fully studied to date, there are a number of reasons for this. Including a late correct diagnosis, a lack of medical information about bronchial asthma in patients, a limited role of primary zveno in controlling ba, and, moreover, the prophylaxis of primary joint nurse activity of ba is practically not foreseen. Beyond that is the fact that the principle of continuity does not arise between the stationary and the primary zveno.

THE PURPOSE OF THE STUDY. Assessment of the effectiveness of the nursing approach in bronchial asthma by training nurses to develop their skills and medical level according to the nursing approach algorithm for patients with bronchial asthma and by implementing a control diary for self - control of patients.

MATERIAL AND RESEARCH METHODS. Of the 200 patients living in a stable in the Syrdarya region, 30 patients were selected through a random selection. Patients were presented with 15 pikfluometers of the Omron PFM 20 brand, a UK-made Pikfloumeter by RIIAM. In the first three months, 15 patients were monitored, and in the second three months, 15 patients used a picfluometer for self-control and kept a diary for 3 months. To do this, a "self-control diary" was distributed to patients, and the patronage, in which patients participated in seminar - trainings, was supervised by nurses. After 3 months, the following indicators were analyzed in patients: the number of daytime and evening attacks, the interval between seizures, the frequency of referral to a doctor, quality of life indicators, the cost of the drug going to drugs. At the stage of processing and analysis of research materials, methods of evidence-based medicine and Variational statistics were used. In particular, the calculation of average errors (m), reliability coefficient (t), probability of errors (p)was carried out using relative and average quantities.

THE RESULTS OBTAINED AND THEIR DISCUSSION. Teaching Ba patients to keep a special diary in self-control is an important pressing issue facing every op, oshp nurse.

Nurses approach patients in asthma in every possible way and help control asthma. Monitoring asthma by nurses in bronchial asthma disease prevention can help achieve the best effect. The approach by nurses involves self-control, drawing up documented plans in collaboration with the patient, promoting the use of essential medicines, and coordinating appropriate control. It is an extremely important issue for asthma patients to have the primary medical system under the control of OPS, oshp and KTMPS. The aim of this is that the treatment that applies to ba, the control of asthma, as well as the administration of diagnosis and



the necessary clinical study should be carried out by the primary medicine network. In order to study the effectiveness of the established asthma school, as well as the developed algorithm, patients were selected voluntarily according to the criteria of physical activity, taking into account the age indicators of 30 patients who received inpatient treatment at RIIAM several times a year directly and who were diagnosed with Stage IV BA, were able to control the disease or not. They were presented with 10 pikfluometers, branded Omron PFM 20, a British-made Pikfloumeter by RIIAM. In the first three months, 10 patients were monitored, and in the second three months, 10 patients used a pikfluometer for self-control and kept a diary for 3 months. To do this, a "self-control diary" was distributed to patients, and the patronage, in which patients participated in seminar-trainings, was supervised by nurses.

Keeping an asthma diary can help patients with asthma better monitor their illnesses. Asthma diaries, which can be paper or electronic, help to monitor (1) asthma symptoms (and severity of symptoms), (2) medication use, (3) highest flow measurements in breathing, and (4) asthma triggers (OLA, 2015). By observing this information, patients can analyze whether their condition is under control or uncontrolled. If asthma is uncontrollable, then it allows you to early identify the causes that can be observed through the diary.

In order for the disease to achieve the optimal goal at any severity level, it is necessary to control it. This is achieved in different ways: the most effective approaches to treatment are used in each step. With the advent of modern combined drugs, it became possible to achieve complete control even in patients with severe bronchial asthma.

In addition, if the patient has a stable retention of the disease for a long time, it will be possible to gradually slow down the basic therapy to the minimum required to maintain control and switch to a treatment regimen typical of the lower stage. It is very important that the patient himself actively participates in the control of the disease: he maintains a special self - monitoring diary, conducts a bronchial asthma control test. The doctor not only gives a treatment recommendation, but also helps the patient to correct an individual plan based on the condition of asthma control, advises on the use of a thinner, evaluates measures to prevent complications, etc. Such collaborative work significantly increases both the patient's responsibility for his own health and his confidence in the doctor, which is the key to the success of self-medication. In addition, the use of a classification based on the assessment of bronchial asthma control makes it possible to quickly determine the level of control using a simple questionnaire.

This simplifies control and helps to quickly and accurately direct the patient in the fight against constipation. According to the weight level classification, bronchial asthma, which requires functional diagnostic methods, is needed in normal practice not for its observation, but primarily for diagnosis.

So the diagnosis of asthma today is not a verdict!. Bronchial asthma is one of the chronic conditions in which a high quality of life can be achieved, characteristic of an absolutely healthy person. At this point, we now have a chance to achieve Bunge in most of the patients. For most patients with bronchial asthma, the course of the disease can be controlled. There are opportunities to introduce this approach in our country.

In the rehabilitation of patients with various acute and chronic pathologies, it is important that the doctor–nurse–patient operates cooperatively and the patient is educated. Such a system of medical care is designed to establish cooperative relations between the nurse, the patient and his family.

In the Prevention of bronchial asthma, it is very important to educate patients on self - control and the practice of keeping a diary. Training bronchial asthma patients in their medical rehabilitation involves a set of measures aimed at achieving reliable compensation of the disease and achieving satisfactory asthma control.

Complete and stable control of the disease is an important element in preventing complications of bronchial asthma (ba) [1,2,3]. Nurses are an important participant in the medical rehabilitation and patient training process. The peculiarity of the nurse's commitment is that she can participate in the entire period of treatment and rehabilitation of the patient, as well as in often changing conditions and in different relationships with the patient and his family. Psychological interaction with the patient and his family is an important element of the rehabilitation process. Control of the BA is also relevant in measures of secondary prevention of BA. In the process of training a patient through a special program in the course of treatment, the patient receives a lot of information about his illness. In addition to it, it is also very important to monitor the functions of the cardiovascular system, especially blood pressure and train patients in the correct breathing technique [3,4]. In particular, the teaching of special diary keeping in self - control to patients with ba disease is an important urgent issue that is facing the nurses of each family polyclinic, rural doctor's offices. Therefore, the routine of keeping a diary that we recommend must be carried out as follows. A pikfloumeter diary is usually given by the doctor to the patient at the reception. It should be published typographically, having been visually formalized in the form of a



notebook. The patient who is at the reception of a doctor in the family polyclinic must first have information about the diary and get complete information about its structure, rules of replenishment.

Many ba patients are well aware that there are changes in breathing even when they feel better, and these changes are sometimes difficult to detect. In addition, some patients cannot answer the question of why asthma attacks occur. Even in some cases, doctors cannot answer. The patient can determine his bronchi by hour using a Picfloumeter or his daily observation at the same time, no matter what conditions he is, reveal the rules he does not know by what medications he is taking, what food he is eating. Usually every day and week, the results of the Picfloumeter are entered into the diary. Daily replenishment is carried out every day, every two hours, weekly – two or three times a day for a week.

At the beginning, using a picfloumeter at a certain time, they constantly determine their indicators, which is the rule. Also, in any cases where breathing is difficult, the later picfloumeter is used less frequently to periodically check the condition of the bronchi.

Start by printing a copy of the breathing test plan and the following should be written in the diary every day:

- description of the manifestation of the disease on a daytime day and the number of snoring (choking detail, wheezing or whistling breath, shortness of breath, chest tightness or snoring cough). If the cause (triggering factor) of such disorders is clear, it should also be indicated;
- number and description of night symptoms. In addition, if these symptoms interrupt sleep and require any action (sitting in bed, getting up, walking around, opening a window, drinking hot tea, inhaling with the help of an inhaler and medicines, etc.) should also be recorded in the diary. Also show the exact time of the appearance of any problem;
- daily overdose in addition to additional ingestion of bronchodilator drugs (i.e., the recommendation of the doctor's treatment) ;
- picfloumetry indications " adverse treatment events (if any), i.e. adverse drug effects.

Subsequently, according to the instructions of the Picfloumeter, it is necessary to identify and record the risk zones (the best indicators before and after taking the drug, when there is a suspicion of snoring). It will be advisable to record this information in a diary for constant storage.

An asthma diary will help the patient implement a treatment plan recommended by the doctor, in which the patient can independently choose the dosage of the drugs to reduce the frequency of seizures. Such a diary can be used to monitor the

dynamics of change in an important parameter even for any person.

A distinctive feature of the diary is the drawing of three different lines on the table, which is divided into 3 regions: green, yellow and red. Increasing the line above the parameter or lowering the line depends on the symptoms and recommendation actions of the disease recorded on the daily page. The lines can be removed, leaving the corresponding lines blank. Thus, the patient is informed about the Daily filling procedure.

EVERY DAY:

1. The date of the Month, Day is determined.
2. With a picfloumeter, the rate of respiration is measured three times before taking the drug.
3. The average value of the indicators is determined.
4. The result is recorded in the diary.
5. The indicators of the high rate of breathing are compared with those that are characteristic of zones.
6. If the peak of the Picfloumeter meter is below 80% of the highest, the instructions of the doctor in charge of the action plan are followed.
7. Do not forget that on this day it is necessary to check the indicator of the high rate of breathing more often than usual, including in the evening.
8. In the last 24 hours, the effects of Beta 2-agonists, which have a short effect on the total number of breaths, are recorded in the diary.
9. Asthma symptoms that appear during the day are all recorded in the diary.

The course of bronchial asthma is chronic in nature. In this regard, the treatment of this pathology is often carried out at home. The asthmatic patient must independently take drugs to relieve symptoms of the disease, snoring. At the same time, it is necessary to limit the effect of the allergen and correct the daily diet. It is also important to control the high rate of breathing (NCHYUT), according to which the success of the treatment effect is determined.

It is recommended to use a picfloumeter to monitor the condition of the bronchi. This apparatus records the maximum rate of respiration and exit of patients with asthma. That is, the device indicates the productivity of the lungs.

With a picfloumeter, the following can be determined:

- * determination of the effectiveness of the treatment being carried out;
- * recording symptoms that appear;
- timely determination of bronchial compression, (development of the disease) ;
- * determination of the laws of the development of disability;
- * recording suffocation attacks that allow you to take the necessary drugs in time.



Bronchial asthma causes various changes. The reasons and likelihood of their origin cannot always be determined. The picfloumeter allows you to determine the relationship between the exacerbation of pathology and certain factors. In particular, if the device shows a decrease in the rate of air intake when the patient is at home, it means that there may be allergens in the room that reduce the activity of the lungs and bronchi.

By keeping a diary that records the hourly and daily change figures of the device, it is possible to determine under what conditions the maximum speed of the Picfloumeter changes. Based on the data obtained, the following will be considered:

- * treatment scheme;
- * living conditions;
- * patient discipline;
- * rasioni.

A picfloumeter will help to timely carry out measures aimed at preventing the development of complications of the disease. Picfloumetry is an indication for all patients with Ba. This method of assessing the patient's condition should be used daily. When the patient's condition remains unchanged for a long time, it is allowed to reduce the frequency of using a Picfloumeter. In accordance with the developed schedule, the treatment should be repeated at least twice a day. The procedure for controlling using a picfloumeter depends on the characteristics of the treatment:

1. For patients who take broncholitics, the treatment is carried out in the morning after waking up and before sleep.

2. Patients who do not take broncholitics do the treatment after 3-4 hours after getting up from sleep and 3-4 hours before sleep.

Picfloumetry is performed 3 times in a row to reduce the level of exposure to the patient's high rate of respiration (PSV). Before starting treatment, the patient must keep the device in a horizontal position. The device must be set to zero. When the device is brought to the patient's mouth, his fingers should not cover the scale numbers. Then the following actions should be performed:

1. Deep breathing is necessary to release the maximum air flow.
2. The hardware mundshtug of the picfloumeter should be kept tight with lip - lugs.
3. It is necessary to exhale quickly.

From the data obtained after repeating the procedure three times, he writes his average value in the "Diary of self - control". Various factors influence the results of the picfloumeter, including gender, age, and the patient's lifestyle. Therefore, when evaluating the data obtained, the values of the high index of breathing at different periods are taken into account.

To better control the changes that occur against the background of bronchial asthma, the graph is divided into red, yellow and green areas. The boundaries of the latter are determined by the best PSV indicator achieved during the period of remission of pathology. The lower zones account for 80% and 60% of the result shown.

Usually, green, yellow and red area (zones) are represented in the diary, using traffic light colors:

- The **green area** is the normal level of permeability in the bronchi, which in itself expresses the fact that asthma is going optimally and steadily, and the current therapy needs to be continued.
- **Yellow area**-light obstruction, represents a moment of "vigilance" when the course of asthma worsens and control over the disease is derailed. Depending on the loss of control, treatment therapy represents the need for correction or medical attention.
- **Red area**-a clear obstruction level, representing a "safe" condition, requires urgent measures to improve the permeability of the bronchi. Expresses that asthma is uncontrolled and severe enough to require urgent medical attention.

From this, an action plan is drawn up for the patient, depending on the patient's Picfloumeter indicators. In asthma, an action plan is a personalized, written, electronic, or monitor - described plan designed for self-control in asthma sufferers.

The plan focuses on imaging monitoring of asthma, based on symptoms, the use of fast-acting drugs, and detailed management actions in accordance with picfloumetry measurements and the patient's asthma control. The action plan is developed according to the patient's wishes, treatment and type of complications, and may include triggers. The action plan should be drawn up together with the patient. An action plan for bronchial asthma is developed together with the attending physician and supplemented under his supervision. Arbitrary treatment is not possible. For all questions related to the methods of treating the disease, it is necessary to consult a doctor.

Extended therapy with drugs can be approved by the person who made the recommendation of the treatment. The level of detail in the plan depends on the level of desire, desire and understanding of the patient. The main points of training the patient to use a personal action plan include worsening asthma control, correcting drug therapy, and symptoms and symptoms (outpatient and emergency) that the patient may seek medical attention. The main aspect of using the action plan until the patient seeks medical attention (outpatient, emergency) is that when training the patient, it is very important to control asthma, such as disease symptoms, symptoms, correction in drug treatment. If the patient has an action plan, careful questioning on



the part of the specialist about the fact that he will not soon be able to control the disease will help to understand the plan by the patient, assess the skills, determine the skills necessary for the correct execution of the plan and make it widely possible to learn his needs in subsequent training sessions.

CONCLUSION. Routine monitoring monitoring of asthma, carried out with the help of a diary, increases the patient's chances of successful recovery, improves the quality of life and prolongs the period of remission.

As part of the treatment of bronchial asthma attacks, it is also necessary to use other methods aimed at preventing complications and alleviating their symptoms, and it is necessary to promote daily maintenance.

During the period of bronchial asthma attacks, nurses need to create a favorable psychological environment and atmosphere for the patient to calm down in time. The nurse also needs to be able to approach and help properly for patients. He must constantly show positive emotional states and encourage patients to "asthma is not a judgment."

So, since bronchial asthma is considered the most pressing issue today, taking into account that the risk of complications of the disease is slightly higher, it is advisable in bronchial asthma prophylaxis to educate patients on their disease with extensive knowledge, to teach self - control, to carry out picfloumetry and record their indicators in a special diary, to give this patient

In addition, patients with bronchial asthma should be carried out in their family polyclinics, inpatients on the basis of certain procedures related to the primary medical examination by nurses and filling out special questionnaires. In order to improve the quality of patient life, we recommend creating asthma schools in family polyclinics and group and individual training of patients with bronchial asthma by nurses. In bronchial asthma, it is important to analyze the patient's daily indicators, develop and carry out socio-hygienic, therapeutic-preventive and medico – mental measures. It is known that the indicator of infection with ba is different in certain regions, gods being, it also requires taking in-depth observations in places, even for its dependence on many factors.

By self - monitoring and keeping a diary of the patient, QVP allows you to prevent diseases in the conditions of family polyclinics, to quickly determine its prospects. It makes it possible to develop appropriate preventive measures for each studied individ.

REFERENCES.

1. Registered Nurses' Association of Ontario. (2004a). *Adult asthma care guidelines for*

nurses: Promoting control of asthma. Toronto, ON: Author.

2. Баур К., Прейссер А. Бронхиальная астма и хроническая обструктивная болезнь легких. – М:ГЭОТАР-Медиа, 2010. – 210 с.
3. Баур К., Прейссер А. Перевод с нем. / Под ред. И.В Лещенко. Бронхиальная астма и хроническая обструктивная болезнь легких: руководство. – М.: ГЭОТАР-Медиа, 2010. – 192 с.
4. Вахрушев Я.М., Жукова И.В. Современные рекомендации по ведению больных бронхиальной астмой в амбулаторно-поликлинических условиях.// Пульмонология.-2009.-№2.-с.74-76.
5. Глобальная стратегия лечения и профилактики бронхиальной астмы (пересмотр 2014) / пер. с англ. А.С. Белевского. – М.: Российское респираторное общество, 2015. – 148 с.
6. Рогачиков, А.И. Техника ингаляции лекарственных средств и контроль над бронхиальной астмой / А.И. Рогачиков, О.М. Урясьев // Российский медико-биологический вестник им. академика И.П. Павлова. – 2016. – Т. 24, № 3. – С.86–91.
7. Эвелина Кивинен, Ханна Хопия, Сари Ярвинен, Илккавяянянен, 2018, «Методологические рекомендации по адаптации международных клинических сестринских руководств»
8. World Health Organization. (2007). *Global surveillance, prevention and control of chronic respiratory diseases: A comprehensive approach.* Retrieved from <http://www.who.int/gard/publications/GARD%20Book%202007.pdf>