

## NURSING CARE OF RESPIRATORY SYSTEM DISEASES IN THE ELDERLY

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**Annotation:** This article provides comprehensive information on respiratory diseases in the elderly, focusing on their treatment and nursing care.

**Key Words:** Pulmonary artery and arterioles, sodium bicarbonate, menthol, eucalyptus solutions, chest-bone muscle skeleton, bronchitis, bronchi.

**Introduction:** In individuals over 60 years old, dystrophic changes in the chest-bone muscle skeleton occur, leading to deformation and restricted movement of the thoracic cavity, which negatively impacts lung ventilation. The muscular layer of the bronchial walls atrophies and narrows, causing mucus accumulation and reduced bronchial peristalsis, thus slowing down sputum clearance.

**Age-Related Respiratory Changes:** After the age of 60, the connective tissue in the lungs undergoes destructive changes. Developed fibrosis in the pulmonary artery and arterioles decreases their elasticity, significantly reducing the vital capacity of the lungs. Consequently, arterial blood oxygen saturation decreases, leading to arterial hypoxemia. **Acute Bronchitis:** Acute bronchitis is the inflammation of the bronchi, often resulting from influenza or acute respiratory diseases in the elderly. The primary cause is typically viral. Symptoms include lethargy, a sensation of burning or scratching behind the sternum, and a dry cough that later produces mucopurulent sputum. Inflammation can spread to the bronchioles, worsening the patient's condition, causing intoxication, tachycardia, hypotension, dyspnea, and heart failure. Auscultation reveals dry and moist rales.

Treatment:

- Bed rest with a semi-sitting position to facilitate lung ventilation.
- Antibiotics and sulfonamides (ampicillin, erythromycin, biseptol, sulfadimethoxine) to prevent complications like chronic bronchitis and pneumonia.
- Antitussives (libexin, glauvent), antipyretics (acetylsalicylic acid), expectorants (thermopsis, mukaltin, bromhexine).
- Inhalations with sodium bicarbonate, menthol, eucalyptus solutions.
- Chest compresses with mustard, alcohol, and cupping.

Chronic Bronchitis

Chronic bronchitis, a diffuse inflammation of the bronchial walls, is prevalent among the elderly. Causes include acute bronchitis, chronic catarrh of the upper respiratory tract, toxic factors, occupational diseases, smoking, and a damp climate.

Symptoms:

- Dry or productive cough, dyspnea, weakness, and fatigue.
- Mucopurulent sputum, with symptoms worsening in cold or damp conditions.
- Auscultation reveals wheezing and moist rales.

Complications:

- Emphysema, bronchiectasis, respiratory, and heart failure.
- Potential development of bronchial asthma due to allergic components.

Treatment:

- Antibiotics (cephalosporins, streptomycin, kanamycin), bronchodilators (euphylline, ephedrine), expectorants, desensitizing agents, and oxygen therapy.
- Physical exercises, outdoor activities, and smoking cessation.

Acute Pneumonia: Acute pneumonia is the inflammation of lung tissue caused by bacteria or viruses. In the elderly, it often arises as a complication of other illnesses or due to reduced immune resistance.

Symptoms:

- General malaise, lethargy, appetite loss, and altered mental status.
- Cyanosis of the face and lips, increased and labored breathing, dry rales, and crepitation on auscultation.
- Elevated ESR, with normal leukocyte count.

Complications:

- Myocardial dystrophic changes and renal impairment.

Diagnosis:

- Confirmed through radiological examination due to subtle clinical signs.

Treatment:

- Early administration of antibiotics and sulfonamides, with cephalosporins being effective.
- Prophylactic antifungal agents (nystatin, levorin) and multivitamins.
- Heart glycosides, stimulants (cordiamin, corasol), camphor to prevent circulatory complications.
- Expectorants, mucolytics, and oxygen therapy.
- Biogenic stimulants (FIBS, aloe extract) to boost immune function.

Nurse's Role: Nurses should monitor pneumonia symptoms and overall patient condition, ensuring early detection and treatment. Proper hydration, nutrition, and preventing secondary complications due to prolonged bed rest are essential. Educating patients on respiratory disease prevention, physical fitness, and the importance of not smoking is crucial.

Conclusion: Effective management of respiratory diseases in the elderly involves timely medical intervention, appropriate nursing care, and patient education to prevent complications and promote recovery.

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