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## Makalah sesak nafas pdf

You are reading a Free Preview page 7 of 8 not shown in this preview. You are reading a Free Preview Page 12 to 18 not shown in this preview. You are reading a Free Preview Page 22 to 35 not shown in this preview. BackgroundSesak breathing while pregnant is one of the things that generally happens during activities and also during rest. Such complaints can be physiological (normal) in the early stages of pregnancy. While pregnant, there is an enlargement in the matrix followed by hormone changes that can affect the chest kavite. With the increase of the matrix, it will push the diaphragm (the layer between the abdominal kavite and chest) about 4 cm of chest craving. Hormone changes in pregnancy can affect the passages and mucosa respiratory trauma. Estrogen is well related to the production of swelling tissues, disturbance in blood vessels, as well as increased mucosa. In addition to esrophon, increased progesterone, can increase the rate of breathing caused by increased carbon dioxide production. Physiologically, when pregnant there is a change in the blood amount in the first quarter and increases by a maximum of 40-50% compared with when conceived. That's improving the work of the mother's heart. Shortness of breath while pregnant can be normal. However, it is important to distinguish physiological breath or due to certain diseases. Concealing complaints also relate to the organs of the heart as well as the lungs. Zika is related to klaustrophobic complaints such as asthma, pulmonary infections, or pulmonary humbling. Some complaints should look like: cereal complaints accompanied by a scientist, it has a history of allergies or asthma; tightness accompanied by chest pain, fever, cough associated with airport or lung infection; conceal accompanied by heart palpitations or a history of blood associated with heart disease; your mouth or nail tips start to be bluish indicating a strong oxygen content. If the complaint of holiness gets worse, it is good to consult with this complaint with the obstetrician. Because, adekuat oxygen is also crucial to the development of fetal.B. Problem Formulation1. What is forced with short breath or asthma?2. How to treat shortness of pregnant woman?C. Goal1. Decrypt shortness of breath or asthma.2. Informing how to treat shortness of pregnant women.D. Benefits obtained from this paper are: 1) That seekings can add to the author's knowledge of brief asthma or asthma in pregnant women.2) So Community matters can increase knowledge so that the public cares more about health and knows how to overcome shortness of pregnant women. CHAPTER IIPEMBAHASANA. Pengertian1. Asthma is an inflammatory disease (inflammation) in their path causing an increase in hyperresponsivity air college repeat episodic symptoms in the form of mengi (sulfur), shortness of chest, severe chest and cough especially late in the morning. These symptoms are associated with extensive obstructions, various and often reversible with or without treatment. As it is known, the human passages start from the mouth and nose, then unite in the neck area of the trachea (throat) which will enter the lungs. Inside the lungs, one tracheal path will be branch two, one in the left lung and another in the right lungs. And each will branch out again, the longer it will get smaller up to 23 times and lead to alveoli, where fuel exchange occurs, oxygen (O 2) enters the blood vessels, and carbon dioxide (CO 2) release. As it is known, the human passages start from the mouth and nose, then unite in the neck area of the trachea (throat) which will enter the lungs. Inside the lungs, one tracheal path will be branch two, one in the left lung and another in the right lungs. And each will branch again, the longer it will get smaller up to 23 times and lead to alveoli, where fuel exchange occurs, oxygen (O 2) enters the blood vessels, and carbon dioxide (CO 2) release.2. Shortness of WomenA's pregnancies incidence of asthma in pregnancy is about 0.5-1% throughout pregnancy. Asthma attacks usually occur in 24-36 weeks of gestation, rarely at the end of pregnancy. The frequency and weight of the attack will affect the hypoxia of the mother and fetus. The reinforcement of diagnosis is similar to outside asthma in pregnancy. Shortness of pregnant women is mainly due to the urgency of the diaphragm as the fetus gets bigger. The expiration of the crust is also disrupted, so the expiration and inspiration is not maximum.B. Asma1 etiology. Factor in patients. Genetic aspect. The possibility of allergies. Airways that are easily excited. Sex. Race / Ethnic. The environmental factor. Material in the room: Tangau, pet dirt, cockroach. Outdoor Ingredients: Mushroom Pollen CBE. Certain foods, preservative, taste, food coloring. Certain drugs. Irritants (pafum, stimulating twist, spray in the house)f. Many expressions of emotion. Cigarette smoke comes from active and passive smokers. Air policeman from outside and inside the house. Airway infection. Exercises provoke asthma, people who return to asthma when performing certain physical activities. Change time. Pathfciology. Signs and symptoms. Signs change in respiratory patterns Snezing Itching on the throat to reduce the body's tolerance of espo2 activities. Symptoms breathe heavily and out whizzing sound coughing short to chest pumping breathing. Complications of asthma influence on the mother and fetus depend heavily on frequent and severe attacks, since the mother and fetus will lack oxygen or hypoxia. Ipoksia if not addressed immediately It will affect the fetus and often occur as follows.- Premature childhood growth- Fetal unibit.F. the effect of asthma on asthma on asthma on the asthma on pregnancy depends on 100 degrees of asthma weight. Asthma especially if weight can significantly affect raw results in pregnancy, some science shows an increase in incidence of abortus, premature birth, fetus and low weight, and hypoxia nerves. The weight of the degree of asthma attack strongly affects this, there is a significant correlation between the mother's lung function and the weight of the fetus' birth. Peinatal mortality rates doubled in pregnant women and asthma compared to the control group. Severe asthma control also possesses a risk to the mother, maternal death is usually associated with the onsluff status, and life-threatening complications such as pneumotoraks, pneumediastinum, acute pulmonale cor. cardiac arhythmia, and weakness in muscles and respiratory failure. The death rate gets more than 40% if the sufferer needs mechanical slits. Asthma in pregnancy also is associated with a slight increase in the occurrence of severe preclampsia, and hypoglicemia in the fetus, especially in mothers with severe asthma. Some studies have shown that with intensive treatment of patients, it will reduce strange attacks and asthmatic status, so that the delicate result of pregnancy and delivery can be better.G. Management1. The basics of treating asthma during pregnancy aim to keep pregnant women as safe as possible free from asthma symptoms, however exaggeration are still inevitable. Treatment that should be tried is: Avoid the device of respiratory disturbances across the suffering educations, avoid exposure to allergy, and treat the appropriate initial symptoms. Avoid emergence treatments in emergency units due to breathing difficulties or asthmatic status, in early and intensive intervention. Achieving a short-term delivery with a healthy baby, in addition to protecting the safety of the mother. In patient treatment the asthma is necessary in treatment, because the treatment in a case is different from other cases of asthma, in starting an obstetric treatment for pregnant women and asthma it is necessary to remember certain principles, namely: Detect and eliminate the trigger factors for the device to attack asthma in certain sufferings. Stop smoking, both for obstetrics and lung purposes Detector and early suspicion if there are suspicious infections in their path, such as bronchitis, sinusitis. Discussion between obstetricians and pulmonologists, to find out potential problems, general treatment plans including drug use. Consideration for reducing the dose of treatment, but they are still within the framework of a good treatment response. Conducts search functions fuel determination, especially in people with severe asthma.2. Commonly used anti-asthma medications For asthma treatment can be divided into 5 main groups namely beta adrenergic, methylxanthine, glucocorticoids, sodium cromolyn and anti-lyergic, in addition to other drugs that are commonly used as additional therapy to suffer asthma such as troughs such as troughs and antibiotics.3. Breathing exercise physiotherapy treatment: making moves away from both arms while dancing deep breath and then getting closer to both hands while exalted. Asmabab Gymnastics IIPENUTUPA Pregnant Gymnastics. In conclusionAsma of pregnancy is a chronic inflammatory disease in the path, especially mast and eosophilphil cells, This causes periodic symptoms such as shortness of breath, severe chest, and cough found in pregnant women largely due to the diaphragm urgency of the fetus, so that the expansion of the puck disrupts and inspiration and aspiration is not maximum.B. Counsel in mahasiwi in order to better understand what kind of disease accompanied pregnancy pregnancy especially asthma. For the Officers