Asthma

[Name]

[Institution]

Author Note

Asthma

# Question 1

## How does the blood cell count leukocytosis affect patients with asthma?

Leukocytes are effectors and biomarkers that indicate the level of inflammation in the body. It increases the presence of leukocytes in the bloodstream upon inflammation, which results in leukocytosis, especially in response to asthma (Fessler et al., 2017). A leukocytosis primarily observed in asthma patients is eosinophilia. It is characterized by elevated count of eosinophil in the blood means that the body’s immune system is hard at work trying to destroy the allergen that has entered the body (Heffler et al., 2017).

# Question 2

## How will the blood cell count and the presence of leukocytosis change your management with a patient with asthma?

Using the blood eosinophil count, the possibility of using POC technology to assess the primary biomarkers responsible for asthma can be managed. This can lead to a possibly better description of phenotypes associated with severe asthma. It can also lead to the prescription of precise biological therapies in a short amount of time (Heffler et al., 2017).

# Question 3

## Is there anything she can do to decrease the exposure to the asthma trigger?

Any substances that can cause allergies, also known as allergens, can trigger asthma. If may occur through inhalation of such substances or coming in contact with them. The most common allergens that can trigger asthma are pollen, dust mites, pet dander, mold spores, cockroach waste, smoke, etc. Thus, the patient should follow the action plan devised by the doctor and identify and avoid asthma triggers which may worsen their asthma or bring on an attack.

# Question 4

## What specifics/symptoms/indicators would you tell the patient to look for in order for her to know to follow up in the office early in-clinic considering these factors to make sure she doesn't decline in the next month?

Suffering from frequent boughs of runny nose, sinus infections, acid reflux and sleep apnea can interfere with a patient’s asthma management action plan. Thus, these things should be relayed to the doctor at the earliest convenience to ensure that the patient does not decline the following month (Anagnostou & Turner, 2019).

# Question 5

## Is this patient at risk of anaphylaxis?

Asthma patients tend to be at a high risk of suffering from anaphylaxis, as the two have a tendency to occur together frequently (Anagnostou & Turner, 2019). It can begin with something as commonplace as wheezing and difficulty breathing and escalate with time. Thus, ways to manage the occurrence of anaphylaxis is an essential part of any asthma management plan. It ensures that you are prepared about what to look for be able to treat anaphylaxis with ease.

# References

Anagnostou, K., & Turner, P. J. (2019). Myths, facts and controversies in the diagnosis and management of anaphylaxis. *Archives of Disease in Childhood*, *104*(1), 83–90.

Fessler, M. B., Carnes, M. U., Salo, P. M., Wilkerson, J., Cohn, R. D., King, D., … London, S. J. (2017). House dust endotoxin and peripheral leukocyte counts: Results from two large epidemiologic studies. *Environmental Health Perspectives*, *125*(5), 057010.

Heffler, E., Terranova, G., Chessari, C., Frazzetto, V., Crimi, C., Fichera, S., … Intravaia, R. (2017). Point-of-care blood eosinophil count in a severe asthma clinic setting. *Annals of Allergy, Asthma & Immunology*, *119*(1), 16–20.