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What is pediatric asthma?

Pediatric asthma refers to a condition in which children older than three years of age experience three attacks of "shortness of breath with audible wheezing in the windpipe" within one year. Clinically, a diagnosis of asthma is made if a thorough examination reveals the following characteristics:

1. fully or partially reversible airway obstruction, occurring either spontaneously or after treatment;
2. bronchial hypersensitivity; and
3. chronic airway inflammation.



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什麼是小兒氣喘？

它又稱為小兒哮喘，就是指三歲左右以上的小孩，一年內有三次以上「呼吸急促，氣管發出喘鳴聲」的發作經驗，都籠統歸為此病。而在臨床上需經過詳細的檢查，確定有以下特徵：

1. 自發性或經治療後的完全或不完全可恢復性的氣流阻塞。
2. 支氣管過度反應性。
3. 呼吸道慢性發炎，才稱之為氣喘。



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Symptoms

Asthma symptoms can vary; some are mild, while some may be severe. Sixty percent of children with asthma initially show flu-like symptoms and 30% exhibit symptoms characteristic of asthma, including the following:

1. Prodrome
 - (1) Runny nose, sneezing
 - (2) Watery eyes, eye redness
 - (3) Coughing
2. Symptoms during an attack
 - (1) Shortness of breath
 - (2) Pallor
 - (3) Productive cough
 - (4) Wheezing
 - (5) Muscle retraction under the ribs
 - (6) Increased heart rate

症狀

氣喘徵兆因人而異，有人輕微、有人嚴重，百分之六十病兒是以類似感冒的症狀開始、百分之三十病兒則以氣喘的症狀開始，包括以下：

1. 前驅症狀
 - (1) 流鼻水、打噴嚏
 - (2) 流眼淚、眼睛發紅
 - (3) 咳嗽
2. 發作時症狀
 - (1) 呼吸急促
 - (2) 臉色蒼白
 - (3) 咳嗽有痰
 - (4) 喘鳴音
 - (5) 肋骨下凹陷
 - (6) 心跳加速

Treatments

1. Medications

Two types of medication are used: oral and inhaled medications.

(1) Oral medications are primarily bronchodilators and steroids. These can reduce the infiltrations of inflammatory cells and mucus secretion in the tracheal mucosa.

(2) Inhaled medications are used if disease condition is severe enough that long-term medication use is required for effective control.

2. Desensitization

Allergy shots are given according to a specific schedule and the dose is increased gradually for about 2-3 years to enable the body to produce antibodies against the allergens. When the child is subsequently exposed to allergens, asthma can be prevented.

治療方法

1. 藥物治療

藥物使用包括口服藥物與吸入性藥物兩種：

(1) 口服藥物：主要為支氣管擴張劑、類固醇藥物，可減少發炎細胞浸潤、氣管粘膜及粘液之分泌。

(2) 吸入性藥物：如果病況特別嚴重而須長期服用藥物，則建議病童使用吸入性支氣管擴張劑與類固醇藥物治療，以達有效控制。

2. 減敏治療

將過敏原按一個特定計劃注射，並逐漸增加劑量，時間約2~3年，使身體產生阻抗抗體，當人體再接觸到過敏原時，便不致於發病。

Home-care

1. Physical care

- (1) Balanced diet : feed children at regular times with adequate quantities of food , discourage the habit of picky eating.
- (2) Avoid eating foods that may cause allergies in sick children. Common allergenic foods include shelled seafood, (such as shrimp, and clams), peanuts and other nuts.
- (3) Regular daily schedule.
- (4) Good personal hygiene.
- (5) Moderate exercise is encouraged.

居家照顧

1. 身體方面

- (1) 均衡的營養：定時、定量，並養成不偏食的習慣。
- (2) 對能引起病童過敏的食物，要儘量避免食用，較常見引起過敏的食物：有殼海鮮（如：魚、蝦、蛤蚌）、花生等堅果類…等。
- (3) 正常的生活作息。
- (4) 良好的個人衛生習慣。
- (5) 鼓勵適度的運動。

2. Psychological care

Treat the children as normal kids in terms of the daily activities allowed. Do not overprotect the kids, which may easily lead to dependent personality, withdrawal, capriciousness, and selfish behaviors.

3. Environmental care

- (1) Clean the house with wet cloth or a vacuum cleaner. Furniture should be simple and avoid the use of heavy carpets, curtains, sofas, and box spring beds.
- (2) Use an air conditioner to keep the room temperature at comfortable level.
- (3) A dehumidifier should be used when the humidity exceeds 40-60%.
- (4) Avoid keeping pets, such as cats, dogs, and birds.

2. 心理方面

平日的生活規範，如同一般孩子的處置方法，勿過度關懷，易養成依賴、退縮、任性、自私的個性。

3. 環境方面：

- (1) 以濕抹布或真空吸塵器打掃房間，傢俱簡單，避免使用厚重地毯、窗簾、沙發、彈簧床等。
- (2) 依天氣冷熱變化，使用冷暖氣機。
- (3) 溼度超過40~50%時，應使用除濕機。
- (4) 避免飼養小寵物，如：貓、狗、小鳥等。

Attitudes of parents toward sick children

1. When not having asthma problem
 - (1) Pay attention to the warning signs of asthma attacks, such as runny nose, sneezing, watery eyes, eye redness, and coughing.
 - (2) Avoid words or actions that indicate excessive worry.
 - (3) Let school teachers know the needs of the sick child. Do not allow the child to participate in intense exercises, although the child may participate in general activities.



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父母對病童的態度

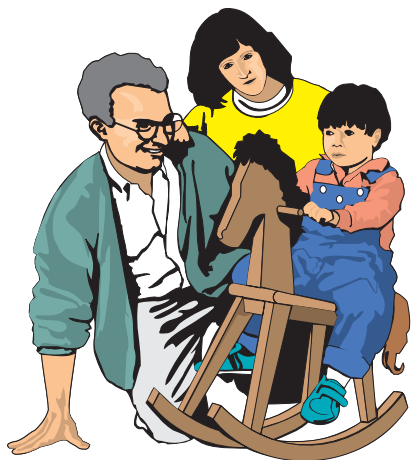
1. 未發作時：
 - (1) 注意觀察發作前兆，如：流鼻水、打噴涕、流眼淚、眼睛發紅、咳嗽等。
 - (2) 避免過度擔心的言行表現。
 - (3) 與學校老師溝通病童需要，勿參加激烈運動，但可參加一般性活動。



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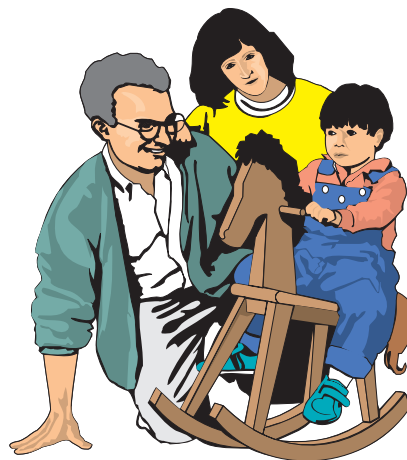
2. During asthma attack

- (1) Stay calm but closely monitor the disease condition(s).
- (2) Maintain clean indoor air and keep the room well-ventilated.
- (3) Assist the sick child to lie in a semi-recumbent position and use bronchodilators as prescribed.
- (4) If breathing is still difficult, see the doctor as soon as possible.



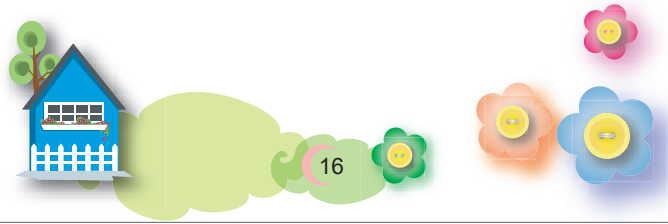
2. 發作時：

- (1) 態度冷靜，注意觀察病情。
- (2) 維持室內空氣清潔暢通。
- (3) 讓患童採半坐臥式，按醫囑使用支氣管擴張劑。
- (4) 若仍感呼吸困難時，應儘速送醫治療。





Memorandum





佛教大林慈濟醫院
Buddhist Dalin Tzu Chi Hospital

認識小兒氣喘 及居家照顧

Understanding pediatric asthma and its home- care

敬祝您

身體健康 平安吉祥

Wish you

Healthy & Peaceful

佛教慈濟醫療財團法人

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