

# When Asthma Goes Out of Control



## Coming back from the brink of death

**“I just remember a doctor telling me to count back from 10, and that was it,” Haden said, when asked what he remembered about his time in the pediatric intensive care unit (PICU) 12 years ago, when he was 14 years old.**

It was a regular, sunny Wednesday afternoon in late May when he came home from school with his sister, a little under the weather. Later that evening, he couldn't breathe, and even after a few hours of nebulizer treatments, his condition was really deteriorating fast.

We called an ambulance. Minutes later, I started to panic and conen up his airways and abate the attacks. His pediatrician told me she considered him a brittle asthmatic—distinguished by recurrent, severe attacks. The episode that Wednesday night left him on the brink of death and categorized him also as a crashing asthmatic—a patient deteriorating into respiratory failure or arrest, despite aggressive nebulizer and intravenous drug treatments.

## When the Trusted Strategies No Longer Work

The emergency room doctors at Shady Grove Hospital had to make some quick decisions when we arrived that evening. They had come to know Haden well, thanks to his many visits there, and immediately administered regimens that had previously been successful. These included albuterol nebulizer treatments with albuterol and Atrovent, cocktails of magnesium solvent and leukotriene inhibitors, and steroids—prednisone and Solu Medrol. He did not respond.

As his chest heaved and he struggled desperately for each crackly breath, they transferred him to the PICU. Blood gases were monitored, blood was siphoned, x-rays were done, and eventually, the anesthesiologist was called in. Respiratory failure was imminent. “We have to put him down,” announced the PICU female pulmonologist on duty.

“What does that mean?” I asked frantically, wondering if that meant he was he going to be euthanized like an old, sick pet. I did not dare think what I would do if I lost him. She looked at me, summoning the calmest demeanor she could muster under the circumstances, and said “We have to induce a coma and intubate him and then put him on a ventilator, so we can treat him without him trying to fight back.” I was numb as she explained the benefits and risks of this procedure. All I could hear was that he could die.

“Mom, help me please, what's happening to me,” he pleaded in a feeble staccato voice. This hurt my heart. I tried to reassure him that he would get better soon. “They are going to try something new, just hang in there a little longer,” I heard myself respond.

In a fog, I signed the necessary paperwork. He was hooked up to clear bags of medication that were pumped into his body through a tangle of IV lines. A big, bulky pale blue and white machine was soon wheeled in and parked by his bed, where it would remain for

almost two weeks. This was the dreaded, but life-saving, ventilator. My heart froze when the anesthesiologist stood over him. My son was soon silent. Would I ever get him back?

He was to remain in a coma for 13 days before he came back to life.

*My heart froze when the anesthesiologist stood over him. My son was soon silent.*

## The Vigil

According to an article in Forbes magazine, nearly 25 million Americans (8 percent of the population) have chronic asthma. Some of the best-selling drugs in the world are used to treat the disease, but 20 percent of patients can't control their condition, leading to decreased lung function, emergency room visits, and hospitalizations. According to the American Lung Association, about 7 million children under 18 suffered a severe asthma attack in 2011, and that number was at its highest in the Washington, D.C. metropolitan area, where we live, because of a mixture of environmental and genetic factors.

The success of intubation to treat crashing asthma is very high, according to Dr. Leo Shue, an asthma and allergy specialist in the D.C. metro area. He said that more than 90 percent of young patients survive intubation if they are conscious when they are brought to the hospital. Without intubation, Haden would have died.

In the whirlwind of events that ensued, I planted myself in his hospital room and my husband and I shared vigil in shifts. There was little quiet, as hospital staff came in every few hours to take blood and perform other tests ordered by the doctors. The nurses floated in and out, monitoring his vitals, administering medication, suctioning and cleaning his face, changing his IVs, and making notes. He was later switched to a rotating bed that could be regulated for temperature and help reposition him to prevent the increasing threat of bed sores.

Family and friends came by regularly, and my sister remembers “a panicked energy” that permeated the room, “because we really thought he was going to die.” My friend, Carole, brought me tea from Starbucks on her way home from work and my office assistant, Shamiso, prayed over him on several of her visits. Others just sat quietly with us. When asked what she remembered from that time, his sister, Kandese, said that she didn't remember much about what was happening, besides going to the hospital most days after school. “I do remember you rubbing his feet and clipping his nails,” she added. My parents flew in from Jamaica during the second week. My mother later shared with me that my father had

## THINGS TO KNOW ABOUT TEENAGERS WITH ASTHMA

According to Dr. Leo Shue, signs that you are having a severe asthma attack, and may be in danger of experiencing crashing asthma include the following:

- You use your rescue inhaler more than twice a day
- You wake up at night to use your inhaler
- You go to the emergency room more than once a year.

According to the American Lung Association, a child who has frequent wheezing with colds or respiratory infections is more likely to have asthma if—

- a parent has asthma;
- the child has signs of allergies, including the allergic skin condition eczema; and
- the child wheezes even when he or she doesn't have a cold or other infection

Smoking and secondhand smoke can cause sudden and severe asthma flares. If your teen has started to smoke, or is spending time with smokers, he is going to have a lot of trouble keeping his asthma under control.

Asthma attacks often flare into a severe state with a respiratory infection such as a cold or the flu. Treat colds and flu immediately.

Your home should be your teenager's safest haven from asthma.

- Create an environment that's free of smoke, strong cleaners with chemicals, and fleas and other bugs and rodents
- Wash your bed linens often—at least once a week.
- Make sure there's free airflow in your house, and use air conditioners in the warm months.

packed his black suit “just in case.” Knowing how close I was to Haden, she said she worried that we might have had to have two funerals.

Dr. Shue explained that the average time for a patient to be on the ventilator for crashing asthma is two to three days. I suspect they didn't tell me this at the time so I wouldn't panic. Dr. Shue also explained that there is a very good chance that the patient will be treated successfully if he is brought to the hospital before the crashing event occurs, as Haden was. Otherwise, there's only a 5 percent chance that the patient will survive.

### After the Storm

Haden recounted the event as being asleep for a few hours and having “vivid dreams about things that happened at school” the day he had the crashing event. He said that when he woke up, he was shocked by the fact that he could not talk. Then, he remembers the sensation of the tube being pulled out of his mouth. “I looked up and saw the bright lights and heard the nurse ask me if I knew where I was. “I said ‘No,’ and then you guys walked in.”

It was a sunny afternoon in mid-June when Haden left Shady Grove Hospital. After 14 days, he was anxious to get home and resume his teenage life. The swelling had gone down in his feet, though he had some nerve damage in his right foot.

I was grateful to be able to reconnect with my son. He is my heart and my heart stopped during that time he was unconscious. I took time off to stay with him as he recuperated at home. It gave me great joy to fix him meals again, help him catch up with his schoolwork, watch movies with him, and take him for his follow-up visits to the pulmonologist, the neurologist (for his feet), and the pediatrician. He listened with great interest to the tales of what happened during those weeks he was intubated. . . and we laughed again.

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