Arif Rohman Mansur | Ira Mulya Sari



Pneumonia Unmasked

Unlocking the Secrets of Childhood Infections



Pneumonia Unmasked

Unlocking the Secrets of Childhood Infections

This book, titled "Pneumonia Unmasked: Unlocking the Secrets of Childhood Infections," will provide specific insight into pneumonia in the context of children. With the words "Unlocking the Secrets," this book expects readers to get new, previously unrevealed information about pneumonia infection in children. This book is a comprehensive guide that discusses pneumonia, covering various important aspects such as epidemiology, key facts, the danger of Streptococcus pneumoniae bacteria, the concept of pneumonia including its definition, signs and symptoms, risk factors, transmission, etiology, and pathophysiology. Furthermore, the book explains various classifications of pneumonia, based on the source of infection as well as the areas in the lungs, along with the severity levels of pneumonia. In the following chapters, readers will be introduced to the importance of pneumonia prevention, especially through vaccination and the role of fathers in child health. In the diagnosis section, the book discusses various assessments and diagnostic tests used in the process of diagnosing pneumonia, including chest radiography, fiber-optic bronchoscopy, and laboratory tests. The author then explains the possible complications that may occur and the management of pneumonia, both in terms of treatment and care, whether at home or in a hospital setting. Moreover, the book focuses on nursing care for individuals with pneumonia. Readers will gain guidance on patient history taking, physical examinations, nursing diagnoses, planning and goal setting for nursing care, as well as relevant evaluations to provide optimal care.



9 0858 5343 1992

eurekamediaaksara@gmail.com

Jl. Banjaran RT.20 RW.10

Bojongsari - Purbalingga 53362



PNEUMONIA UNMASKED: UNLOCKING THE SECRETS OF CHILDHOOD INFECTIONS

Arif Rohman Mansur Ira Mulya Sari



PNEUMONIA UNMASKED: UNLOCKING THE SECRETS OF CHILDHOOD INFECTIONS

Penulis : Arif Rohman Mansur

Ira Mulya Sari

Editor : Mutia Farlina

Desain Sampul : Eri Setiawan

Tata Letak : Sakti Aditya, S.Pd., Gr.

ISBN : 978-623-151-169-0

Diterbitkan oleh: EUREKA MEDIA AKSARA, JUNI 2023

ANGGOTA IKAPI JAWA TENGAH

NO. 225/JTE/2021

Redaksi:

Jalan Banjaran, Desa Banjaran RT 20 RW 10 Kecamatan Bojongsari

Kabupaten Purbalingga Telp. 0858-5343-1992

Surel: eurekamediaaksara@gmail.com

Cetakan Pertama: 2023

All right reserved

Hak Cipta dilindungi undang-undang

Dilarang memperbanyak atau memindahkan sebagian atau seluruh isi buku ini dalam bentuk apapun dan dengan cara apapun, termasuk memfotokopi, merekam, atau dengan teknik perekaman lainnya tanpa seizin tertulis dari penerbit.

PREFACE

Alhamdulilaahil-ladzii bini'matihi tatimmush-salihaat. Praise be to Allah, by whose grace all good deeds are perfect. A concise book entitled "Pneumonia Unmasked: Unlocking the Secrets of Childhood Infection" is broaden the author's insight and enriches scientific references in pediatric nursing.

This book, titled "Pneumonia Unmasked: Unlocking the Secrets of Childhood Infections," will provide specific insight into pneumonia in the context of children. With the words "Unlocking the Secrets," this book expects readers to get new, previously unrevealed information about pneumonia infection in children. Through this book, read this book will give readers of the causes, risk factors, treatment and prevention of pneumonia in children. This classified infoinformation interests to want to know details not known before about this condition.

This book will give readers an in-depth understanding of pneumonia, from epidemiology to prevention and treatment. With the attached table of contents, the reader will explore every critical aspect of pneumonia. The chapters in this book describe the basic concepts of pneumonia, classification, prevention, diagnosis, management, and nursing care. This book is comprehensive reference source for medical professionals, students, and other readers who wish to understand pneumonia in depth. The hope is that with better knowledge, we can prevent and treat pneumonia more effectively, improving quality of life and overall public health. Thank you to all who have supported the writing of this book, I hope it can provide real benefits to readers.

Padang, 2 June 2023

Arif Rohman Mansur

LIST OF CONTENTS

PREFACE	••••	• • • • •		. iii
LIST OF CON	VТ	ΕN	TS	. iv
LIST OF PICT	ΓU	RE	S	vii
CHAPTER 1	ΙN	TR	ODUCTION	1
	A.	Pn	eumonia Epidemiology	1
]	В.	Pn	eumonia Facts	5
(C.	Da	inger of Streptococcus pneumoniae Bacteria	8
CHAPTER 2	Τŀ	ΙE	CONCEPT OF PNEUMONIA	.12
4	A.	De	finition of Pneumonia	.12
]	В.	Sig	gns and symptoms of pneumonia	.13
(C.	Ris	sk Factors and Transmission	.15
		1.	Not exclusively breastfed for 6 months	.18
		2.	Other Diseases such as HIV-AIDS or Measles	; 19
		3.	Exposure to unhealthy and unhealthy behavi	
			and environment	.20
			Incomplete immunization	
			ology of Pneumonia	
			thophysiology of Pneumonia	
			SSIFICATION OF PNEUMONIA	
	A.		sed on Source of Infection	
		1.	Community-acquired pneumonia	
		2.	Hospital Acquired Pneumonia (HAP)	.40
		3.	Pneumonia in the Immunocompromised	
			Host	
			Aspiration Pneumonia	
]	В.	Cla	assification of Area Pneumonia in the Lungs	
		1.	Bronchopneumonia (bronchial pneumonia)	
		2.	Interstitial (reticular) pneumonia	
		3.	Alveolar (or acinar) pneumonia	
		4.	Necrotic pneumonia	
(C.		assification of Pneumonia Degree of Severity .	
			Mild pneumonia	
		2.	Severe pneumonia	.42

CHAPTER 4	PN	ΙE	JMONIA PREVENTION	. 45
	Α.	Pre	evention With Pneumonia Vaccines	. 45
	В.	Th	e Role of Fathers in Children's Health	. 49
			ildren's Health	
CHAPTER 5	PN	ΙE	JMONIA DIAGNOSIS	. 52
	Α.	As	sessment	. 52
	В. 9	Su	pporting Examination	. 52
CHAPTER 6			PLICATIONS AND MANAGEMENT OF	
			JMONIA	. 54
	Α.	Co	mplications of pneumonia	. 54
			eatment of Pneumonia	
			eumonia Treatment	
	D. '	Tre	eatment at home	. 56
	E. 3	Ma	anagement of Children in Outpatient Care	. 57
			anagement Children are hospitalized	
			Antibiotic therapy	
			Oxygen Therapy	
	,	3.	Supportive care	
		4.	Monitoring	
	ļ	5.	Corticosteroids	. 60
		6.	Micronutrients	. 63
		7.	Prognosis	. 63
CHAPTER 7	NU	JRS	SING CARE	
	Α.	Ar	namnesis	. 67
	В.	Ph	ysical examination	. 67
		1.	General	. 67
		2.	Chest	. 68
	,	3.	Components for Evaluation of Respiratory	
			Function	. 68
	C. :	Nι	ırsing Diagnosis	. 70
			anning & Goals of Nursing Care	
			arsing Priorities	
	F. :	Ev	aluation	. 71
	G.	Do	ocumentation Guide	. 72
	Н.	Im	proving Health Care Team Outcomes	. 73
			tient Education	

BIBLIOGRAPHY	75
WRITER BIOGRAPHY	70

LIST OF PICTURES

Picture	1	Anatomy of the respiratory organs with pneumonia.	1
Picture	2	Air pollution is the third biggest risk factor for the	
		cause of death in toddlers	2
Picture	3	The number of children under five infected with	
		pneumonia in Indonesia	4
Picture	4	Cause of child death No. 1 in the world	6
Picture	5	Pneumonia will kill 11 million children	7
Picture	6	The forgotten killer's pneumonia	. 10
Picture	7	Signs and Symptoms of Pneumonia	. 14
Picture	8	Risk Factor of Pneumonia	
Picture	9	Pneumoniae-causing microorganisms	. 22
Picture	10	Pneumococcus bacteria	. 25
Picture	11	One of the viruses that cause pneumonia	. 25
		Histoplasmosis fungus	
		Roundworm parasite	
Picture	14	Tracheal respiratory organs	. 30
		Lung alveoli	
Picture	16	Alveoli deflate	. 31
Picture	17	Alveoli expand	. 31
Picture	18	Diffusion of oxygen and CO2 in the alveoli	. 32
Picture	19	carbon dioxide diffusion	. 32
Picture	20	The immune system catches bacteria	. 33
Picture	21	The immune system is not optimal	. 33
Picture	22	Bacteria enter the alveoli	. 34
Picture	23	Inflammation of the alveoli	. 34
Picture	24	Alveoli filled with mucus	. 35
Picture	25	Pneumonia arises from the normal flora	. 35
Picture	26	Alveoli are swollen and produce a lot of mucus	. 36
		The lung area is partially occluded	
		STOP Pneumonia in Children	
Picture	29	Nursing care plan for pneumonia	. 65



PNEUMONIA UNMASKED: UNLOCKING THE SECRETS OF CHILDHOOD INFECTIONS

Arif Rohman Mansur

Ira Mulya Sari

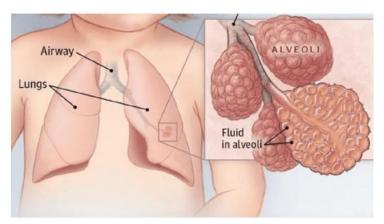


1

INTRODUCTION

A. Pneumonia Epidemiology

Pneumonia is the most serious result of acute respiratory infections (ARI) and kills more children than any other infectious disease, killing more than 800,000 children under five each year, or about 2,200 every day. This includes more than 153,000 newborns. In comparison, in 2018, 437,000 children under five died from diarrhea and 272,000 from malaria. Globally, there are more than 1,400 cases of pneumonia per 100,000 children, or 1 case per 71 children each year, with the largest incidence occurring in South Asia (2,500 cases per 100,000 children) and West and Central Africa (1,620 cases per 100,000 children).



Picture 1 Anatomy of the respiratory organs with pneumonia Source: https://onthewards.org/community-acquired-pneumonia-in-children/

2

THE CONCEPT OF PNEUMONIA

A. Definition of Pneumonia

An infection of the lungs, either one or both, is known as pneumonia. The lungs' air sacs, or alveoli, begin to swell with fluid or pus as a result. Pneumonia may be brought on by viruses, fungi or bacteria. A cough with or without mucus (a slimy material), a fever, chills, and difficulty breathing are just a few of the symptoms that can range in severity from moderate to serious. Depending on your age, general health, and the source of your infection, the severity of your pneumonia will vary(NHLBI, 2022).

Pneumonia is an infection in one or both lungs that causes swelling (inflammation) of the lung tissue. This infection can be caused by a virus or bacteria. Some types of pneumonia in children can be caused by viruses such as coronavirus (COVID-19), while other types are generally caused by bacterial infections. Pneumonia is an acute inflammation that attacks the lung tissue and its surroundings. Pneumonia is the most severe manifestation of acute respiratory infection (ARI) because it can cause death. The causes of pneumonia are various viruses, bacteria or fungi. The most common bacteria that cause pneumonia are pneumococci (Streptococcus pneumonia), HiB (Haemophilus influenza type b), and staphylococci (Staphylococcus aureus). There are many viruses that cause pneumonia, for example rhinovirus, respiratory syncytial virus (RSV) or influenza virus. Measles virus (morbili) can also cause(Nastiti Kaswandani, 2017).

3

CLASSIFICATION OF PNEUMONIA

A. Based on Source of Infection

1. Community-acquired pneumonia

Community-acquired pneumonia in children (CAP) is the leading cause of death in children under 5 years of age worldwide(Chee et al., 2022). Community-acquired pneumonia (CAP) remains a major health problem, causing approximately 20% of all deaths in children under 5 years of age. Viruses are the most common cause of CAP. The introduction of conjugate vaccines for pneumococci and H. influenzae in the last 10 years has reduced the burden of bacterial disease. Currently, Streptococcus pneumoniae and Mycoplasma pneumoniae are the most common bacteria found among the immunized population, especially after the neonatal period.(Scotta et al., 2019). Community Acquired Pneumonia (CAP) occurs either in the community setting or within the first 48 hours after hospitalization. In only 50% of cases a specific etiological agent is identified. Pneumonia is the most common cause of CAP in people under 60 years of age. Viruses are the most common cause of pneumonia in infants and children. The causative agents of CAP that require hospitalization include streptococcus pneumoniae, H. influenza, Legionella, and Pseudomonas aeruginosa.

Complicated community pneumonia in a previously healthy child is a severe disease characterized by a combination of local complications (eg, parapneumonic effusion, empyema, necrotic pneumonia, and lung abscess) and systemic complications (eg, bacteremia, metastatic

4

PNEUMONIA PREVENTION

A. Prevention With Pneumonia Vaccines

Children can be vaccinated against pneumococcal infection, the bacteria that causes pneumonia. The American Academy of Pediatrics recommends that all children from 2 months of age receive this immunization (called pneumococcal conjugate or PCV13). A series of doses should be given at 2, 4, 6, and 12 to 15 months of age, at the same time children are receiving other childhood vaccines.

If your child doesn't receive their first dose at the recommended time, talk to your pediatrician about scheduling a catch-up. One dose of PCV13 should be given to all healthy children aged 2 through 5 years who have not previously received the recommended dose before age 2 years and to children aged 2 years through 18 years with certain medical conditions who have not previously been given. received a dose of PCV13.

Pneumococcal vaccineanother (pneumococcal polysaccharide or PPV23) is also recommended for older children (ages 2 to 5 years) who are at high risk of developing invasive pneumococcal infection. This includes children with:

- Sickle cell anemia
- Heart disease
- Lung disease
- Kidney failure
- The spleen is damaged or absent
- Organ transplant
- HIV (human immunodeficiency virus) infection

5

PNEUMONIA DIAGNOSIS

A. Assessment

The assessment and diagnosis of pneumonia must be accurate because many respiratory disorders have similar manifestations. The following are assessments and diagnostic tests that can determine pneumonia.

- Take the client's health history.
 The diagnosis of pneumonia is made by history, especially a recent respiratory infection.
- Physical examination.
 Primarily, the number of breaths per minute and breath sounds are assessed during the physical examination.

B. Supporting Examination

1. Chest X-Ray

Identify structural distribution (eg, lobar, bronchial); may also show multiple abscesses/infiltrates, empyema (staphylococcus); diffuse or localized infiltration (bacterial); or diffuse/extensive nodular infiltrate (more often viral). In mycoplasmal pneumonia, a chest X-ray may be obvious.

2. Fiberoptic bronchoscopy

It can be diagnostic (qualitative culture) and therapeutic (reexpansion of lung segments).

3. ABG/pulse oximetry.

There may be abnormalities, depending on the extent of lung involvement and the underlying lung disease.

COMPLICATIONS AND MANAGEMENT OF PNEUMONIA

A. Complications of pneumonia

Pneumonia complications are more common in young children, the elderly, and those with pre-existing health conditions, such as diabetes.

Possible complications of pneumonia include:

- Pleurisy
 - The thin lining between the lungs and ribs (pleura) becomes inflamed, which can cause respiratory failure
- Lung abscess
 - A rare complication that is mostly seen in people with a serious pre-existing illness or a history of severe alcohol abuse
- Blood poisoning (sepsis) Also a rare but serious complication

You will be admitted to the hospital for treatment if you have any of these complications.

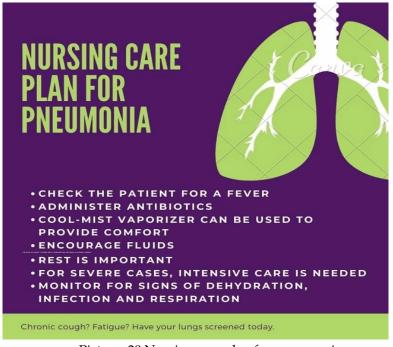
B. Treatment of Pneumonia

Mild pneumonia can usually be treated at home with:

- Plenty of rest
- Take antibiotics if the pneumonia is most likely caused by a bacterial infection
- Drink lots of fluids

7

NURSING CARE



Picture 29 Nursing care plan for pneumonia

Source: https://www.tutorsploit.com/nursing/nursing-care-plan-

for-pneumonia-a-students-guide/

BIBLIOGRAPHY

- American Lung Association. (2023). Pneumonia Symptoms and Diagnosis. https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/symptoms-and-diagnosis
- Belleza, M. (2016, Sept. 12). Pneumonia Nursing Care Management: A Study Guide. Nurseslabs. https://nurseslabs.com/pneumonia/
- Centers for Disease Control and Prevention. (2019, February 13).

 Pneumococcal Disease | Transmission and Those at High Risk | CDC. https://www.cdc.gov/pneumococcal/about/risk-transmission.html
- Chee, E., Huang, K., Haggie, S., & Britton, PN (2022). Systematic review of clinical practice guidelines on the management of community-acquired pneumonia in children. Pediatric Respiratory Reviews, 42, 59–68. https://doi.org/10.1016/j.prrv.2022.01.006
- Chi, H., Huang, Y.-C., Liu, C.-C., Chang, K.-Y., Huang, Y.-C., Lin, H.-C., Chang, L.-Y., Ho, Y.-H., Tsao, K.-C., Mu, J.-J., Huang, L.-M., & Hsieh, Y.-C. (2020). Characteristics and etiology of hospitalized pediatric community-acquired pneumonia in Taiwan. Journal of the Formosan Medical Association, 119(10), 1490–1499. https://doi.org/10.1016/j.jfma.2020.07.014
- de Benedictis, FM, Kerem, E., Chang, AB, Colin, AA, Zar, HJ, & Bush, A. (2020). Complicated pneumonia in children. The Lancet, 396(10253), 786–798. https://doi.org/10.1016/S0140-6736(20)31550-6
- Ebeledike, C., & Ahmad, T. (2023). Pediatric pneumonia. In StatPearls [Internet]. StatPearls Publishing.
- Ellison, J.B. (1932). Intensive Vitamin Therapy in Measles. Br Med J, 2(3745), 708–711. https://doi.org/10.1136/bmj.2.3745.708

- Healthychildren.org. (2020). Pneumonia. HealthyChildren. Org. https://www.healthychildren.org/English/healthissues/conditions/chest-lungs/Pages/Pneumonia.aspx
- Hockenberry, MJ, & Wilson, D. (2018). Wong's nursing care of infants and children-E-book. Elsevier Health Sciences.
- Hockenberry, MJ, Wilson, D., & Rodgers, CC (2016). Wong's essentials of pediatric nursing-e-book. Elsevier Health Sciences.
- Lazzerini, M., Sonego, M., & Pellegrin, MC (2015). Hypoxaemia as a Mortality Risk Factor in Acute Lower Respiratory Infections in Children in Low and Middle-Income Countries: Systematic Review and Meta-Analysis. PLOS ONE, 10(9), e0136166. https://doi.org/10.1371/journal.pone.0136166
- Linnard-Palmer, L. (2010). Peds Notes: Nurse's Clinical Pocket Guide. FA Davis.
- Marangu, D., & Zar, HJ (2019). Childhood pneumonia in low-and-middle-income countries: An update. Pediatric Respiratory Reviews, 32, 3–9. https://doi.org/10.1016/j.prrv.2019.06.001
- Nastiti Kaswandani. (2017). Suppress Pneumonia. IDAI. https://www.idai.or.id/artikel/klinik/pengasuhananak/menekan-pneumonia
- Newberry, L., O'Hare, B., Kennedy, N., Selman, A., Omar, S., Dawson, P., Stevenson, K., Nishihara, Y., Lissauer, S., & Molyneux, E. (2017). Early use of corticosteroids in infants with a clinical diagnosis of Pneumocystis jiroveci pneumonia in Malawi: A double-blind, randomized clinical trial. Paediatrics and International Child Health, 37(2), 121–128. https://doi.org/10.1080/20469047.2016.1260891
- NHLBI. (2022, March 24). Pneumonia What Is Pneumonia? | NHLBI, NIH. https://www.nhlbi.nih.gov/health/pneumonia
- NHS. (2017, October 23). Pneumonia. Nhs. Uk. https://www.nhs.uk/conditions/pneumonia/

- Richardson, B. (2017). Pediatric primary care. Jones & Bartlett Learning. KNOWLEDGE CHECK.
- Sadya, S. (2022). There are 278,261 toddlers in Indonesia infected with pneumonia in 2021. Dataindonesia.id. https://dataindonesia.id/ragam/detail/ada-278261-balita-di-indonesia-terjangkit-pneumonia-pada-2021
- Scotta, MC, Marostica, PJC, & Stein, RT (2019). 25 Pneumonia in Children. In RW Wilmott, R. Deterding, A. Li, F. Ratjen, P. Sly, HJ Zar, & A. Bush (Eds.), Kendig's Disorders of the Respiratory Tract in Children (Ninth Edition) (pp. 427-438 e4). Elsevier. https://doi.org/10.1016/B978-0-323-44887-1.00025-0
- The Royal Children's Hospital Melbourne. (2018). Kids Health Information: Pneumonia. https://www.rch.org.au/kidsinfo/fact_sheets/Pneumonia/
- unicef. (2020). Pneumonia in Children Statistics. UNICEF DATA. https://data.unicef.org/topic/child-health/pneumonia/
- Unicef, I. (2022). The Government Provides PCV Immunization for All Indonesian Children to Protect from the Dangers of Pneumonia (Pneumonia). https://www.unicef.org/indonesia/en/pressreleases/Government-provide-immunization-pcv-for-all-Indonesian-children-to-protect-from
- Unicef Indonesia. (2020). Get to know 6 Facts about Pneumonia in Children. http://www.unicef.org/indonesia/en/stories/6-fact-pneumonia
- Vera, M. (2017, August 27). Pneumonia Nursing Care Plans: 10 Nursing Diagnoses. Nurseslabs. https://nurseslabs.com/pneumonia-nursing-care-plans/

- Wang, L., & Song, Y. (2018). Efficacy of zinc given as an adjunct to the treatment of severe pneumonia: A meta-analysis of randomized, double-blind and placebo-controlled trials. The Clinical Respiratory Journal, 12(3), 857–864. https://doi.org/10.1111/crj.12646
- Wardlaw, TM, Johansson, EW, & Hodge, MJ (2006). Pneumonia: The forgotten killer of children. unicef.
- World Health Organization. (2009). Pocket book of child health services in the hospital. New York: WHO.
- World Health Organization. (2013). Pocket book of hospital care for children: Guidelines for the management of common childhood illnesses.
- Zhuge, Y., Qian, H., Zheng, X., Huang, C., Zhang, Y., Zhang, M., Li, B., Zhao, Z., Deng, Q., Yang, X., Sun, Y., Wang, T., Zhang, X., & Sundell, J. (2018). Residential risk factors for childhood pneumonia: A cross-sectional study in eight cities of China. Environment International, 116, 83–91. https://doi.org/10.1016/j.envint.2018.03.022

WRITER BIOGRAPHY

Arif Rohman Mansur



The author was born in Jepara on August 28, 1987 and is the fifth child of five siblings. He completed his primary education at Jambu IX Mlonggo Public Elementary School in 1999, junior secondary education at Jepara 1st Public Middle School in 2002 and Senior High School at Jepara 1 Public High School in 2005. The author

holds a bachelor's degree (S.Kep) and education Profession Nurse (Ns) from the Nursing Science Study Program (PSIK) Faculty of Medicine, Gadjah Mada University (UGM) in 2009 and 2010. The author has worked at STIKes Madani Yogyakarta and has also served as Chair of the Nursing Science Study Program, Chair of the Research and Community Service Institute / LPPM, and Vice Chair 1 for Academic Affairs. Currently the author works as a Lecturer in the Child and Maternity Section, Faculty of Nursing, Andalas University from April 1 2019 until now. Apart from being a lecturer, he is also active in writing books, articles in mass media and journals, managing community service journals (Andalas devotional warta), Chair of GKM Bachelor of Nursing Study Program, Unand Book Task Force Team. One of the writer's mottos is "Dare to Try and Keep Learning". The author has also written several books or learning modules and published several research results in national and international journals. The writer is married and has three sons. One of the writer's mottos is "Dare to Try and Keep Learning". The author has also written several books or learning modules and published several research results in national and international journals. The writer is married and has three sons. One of the writer's mottos is "Dare to Try and Keep Learning". The author has also written several books or learning modules and published several research results in national and international journals. The writer is married and has three sons.

Ira Mulya Sari



This woman who was born in Padang, April 13, 1984 is a permanent lecturer at the Maternity and Children Section, Faculty of Nursing, Andalas University. Previously he had taught at the Padang Indonesian STIKes and the Nabila Padang Panjang Academy. This writer with the first name Ai, is married and blessed with 4 children namely Zahid,

Sadiq, Shanum and Ali. She completed her pediatric nursing specialist education at the University of Indonesia in 2016.