



# RESPIRATORY

## Rate Typical Diseases

**Ns. Devia Putri Lenggogeni, M.Kep, Sp.Kep.MB**  
**Muhammad Umar Ridhwan, S.Pd., MM.**

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English has become one of the most important languages that is beneficial to master for every student who wants to compete globally and work internationally. It is also the same for nursing students. The need to understand kinds of new nursing knowledge and apply it in the field and communicate in English professionally for them seems as a must in recent years due to the demand of professional nurses to work all around the world. This book which is created by compiling from some major sources and being equipped by attractive yet easy-to-understand language is trying to help them understanding new knowledge in easy way. The advantages of this book are:

- Deep explanation about topic with an easy diction
- Giving new information structurally
- Explanation when preparing for appointment
- List of important questions: doctors, patients, nurses

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**Penulis** : Ns. Devia Putri Lenggogeni, M.Kep,  
Sp.Kep.MB  
Muhammad Umar Ridhwan, S.Pd., MM.

**Desain Sampul** : Eri Setiawan

**Tata Letak** : Nur Cholifatun Nisa

**ISBN** : 978-623-120-824-8

**Diterbitkan oleh:** EUREKA MEDIA AKSARA, JUNI 2024  
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 : 2024

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## PREFACE

English has become one of the most important languages that is beneficial to master for every student who wants to compete globally and work internationally. It is also the same for nursing students. The need to understand kinds of new nursing knowledge and apply it in the field and communicate in English professionally for them seems as a must in recent years due to the demand of professional nurses to work all around the world. This book which is created by compiling from some major sources and being equipped by attractive yet easy-to-understand language is trying to help them understanding new knowledge in easy way. The advantages of this book are:

- Deep explanation about topic with an easy diction
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- Explanation when preparing for appointment
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Although this is an Nursing book with English Language, It is also supported yet equipped with explanation and information towards the topics discussed with simple delivery. It is hoped that readers will not only be able to undertsand the topic but also could use the language as needed while having to re-explain or re-inform to others. Then, both theory and practice as it is aimed will be obtained. Our gratitude to all people we could not mention individually. This book is categorized to Non-Clinical Nursing Skill. It is then named Respiratory Rate Typical Disease.

Writers,

Devia and Ridhwan

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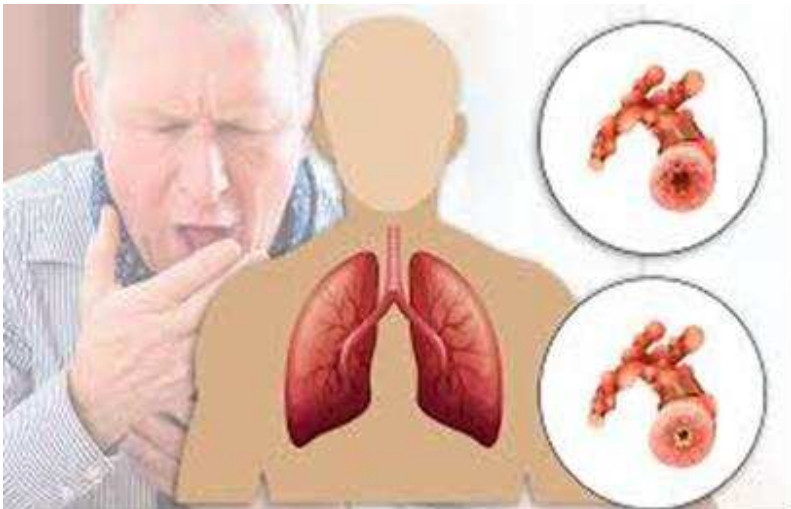




UNIT

1

CHRONIC  
OBSTRUCTIVE  
PULMONARY DISEASE  
(COPD)



**Source:**

[https://www.google.com/search?q=copd&rlz=1C1FHFK\\_idID951ID951&source=lnms&tbm](https://www.google.com/search?q=copd&rlz=1C1FHFK_idID951ID951&source=lnms&tbm)

## **A. Overview**

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. It's typically caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. People with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions.

Emphysema and chronic bronchitis are the two most common conditions that contribute to COPD. These two conditions usually occur together and can vary in severity among individuals with COPD.

Chronic bronchitis is inflammation of the lining of the bronchial tubes, which carry air to and from the air sacs (alveoli) of the lungs. It's characterized by daily cough and mucus (sputum) production.

Emphysema is a condition in which the alveoli at the end of the smallest air passages (bronchioles) of the lungs are destroyed as a result of damaging exposure to cigarette smoke and other irritating gases and particulate matter.

Although COPD is a progressive disease that gets worse over time, COPD is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions.

## **B. Symptoms and Causes**

COPD symptoms often don't appear until significant lung damage has occurred, and they usually worsen over time, particularly if smoking exposure continues.

UNIT

2

# CHRONIC BRONCHITIS



**Source:**

<https://www.google.com/search?q=chronic+bronchitis&tbm=isch&ved=2ahUKewiA1IXEtJ>

## **A. Overview**

Bronchitis is an inflammation of the lining of your bronchial tubes, which carry air to and from your lungs. People who have bronchitis often cough up thickened mucus, which can be discolored. Bronchitis may be either acute or chronic.

Often developing from a cold or other respiratory infection, acute bronchitis is very common. Chronic bronchitis, a more serious condition, is a constant irritation or inflammation of the lining of the bronchial tubes, often due to smoking.

Acute bronchitis, also called a chest cold, usually improves within a week to 10 days without lasting effects, although the cough may linger for weeks.

However, if you have repeated bouts of bronchitis, you may have chronic bronchitis, which requires medical attention. Chronic bronchitis is one of the conditions included in chronic obstructive pulmonary disease (COPD).

## **B. Symptoms and Causes**

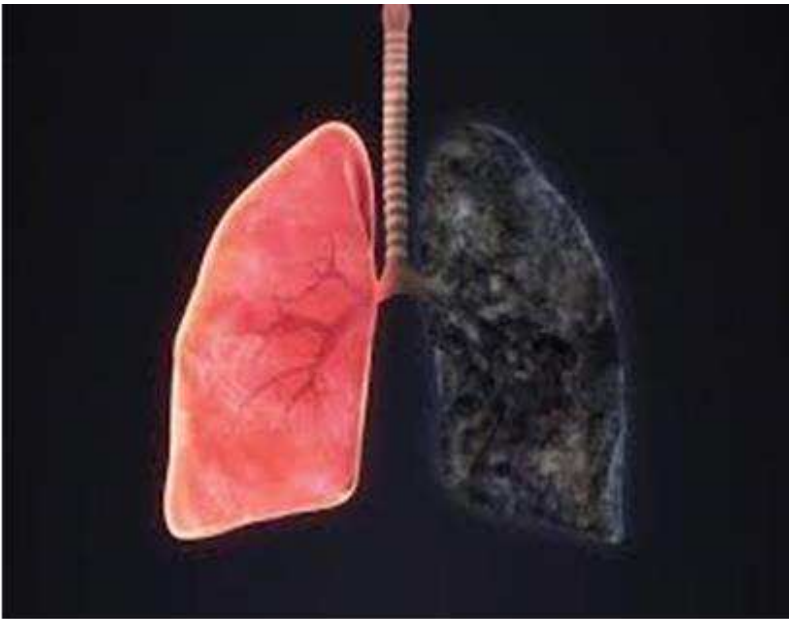
For either acute bronchitis or chronic bronchitis, signs and symptoms may include:

1. Cough
2. Production of mucus (sputum), which can be clear, white, yellowish-gray or green in color – rarely, it may be streaked with blood
3. Fatigue
4. Shortness of breath
5. Slight fever and chills
6. Chest discomfort

UNIT

3

EMPHYSEMA



**Source:**

<https://www.google.com/search?q=Emphysema&tbm=isch&ved=2ahUKEwjSxaDSuJzz>

## A. Overview

Emphysema is a lung condition that causes shortness of breath. In people with emphysema, the air sacs in the lungs (alveoli) are damaged. Over time, the inner walls of the air sacs weaken and rupture – creating larger air spaces instead of many small ones. This reduces the surface area of the lungs and, in turn, the amount of oxygen that reaches your bloodstream.

When you exhale, the damaged alveoli don't work properly and old air becomes trapped, leaving no room for fresh, oxygen-rich air to enter.

Most people with emphysema also have chronic bronchitis. Chronic bronchitis is inflammation of the tubes that carry air to your lungs (bronchial tubes), which leads to a persistent cough.

Emphysema and chronic bronchitis are two conditions that make up chronic obstructive pulmonary disease (COPD). Smoking is the leading cause of COPD. Treatment may slow the progression of COPD, but it can't reverse the damage.

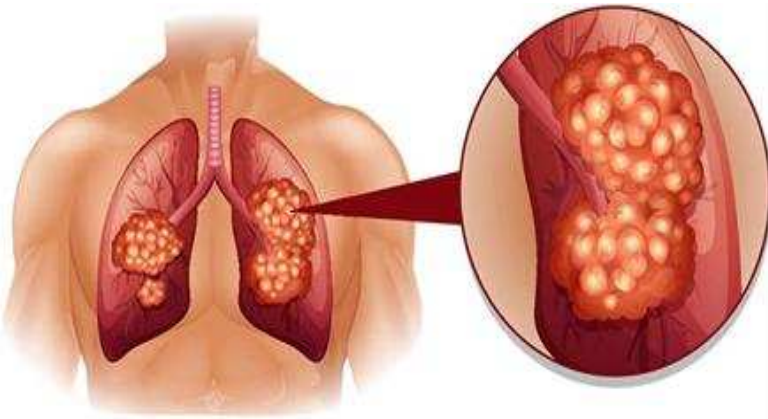
Pulmonary emphysema, a progressive lung disease, is a form of chronic obstructive pulmonary disease (COPD). The Global Initiative for chronic obstructive lung disease (GOLD) has defined COPD as "a common, preventable, and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases.

COPD is the third leading cause of death in the United States and the fourth leading cause of death worldwide. The World Health Organization (WHO) estimates suggest that it will rise to be the third most

UNIT

4

LUNG CANCER



**Source:**

[https://www.google.com/search?q=lung+cancer&rlz=1C1FHFK\\_idID951ID951](https://www.google.com/search?q=lung+cancer&rlz=1C1FHFK_idID951ID951)

## **A. Overview**

Lung cancer is a type of cancer that begins in the lungs. Your lungs are two spongy organs in your chest that take in oxygen when you inhale and release carbon dioxide when you exhale.

Lung cancer is the leading cause of cancer deaths worldwide. People who smoke have the greatest risk of lung cancer, though lung cancer can also occur in people who have never smoked. The risk of lung cancer increases with the length of time and number of cigarettes you've smoked. If you quit smoking, even after smoking for many years, you can significantly reduce your chances of developing lung cancer.

## **B. Symptoms and Causes**

Lung cancer typically doesn't cause signs and symptoms in its earliest stages. Signs and symptoms of lung cancer typically occur when the disease is advanced.

Signs and symptoms of lung cancer may include:

1. A new cough that doesn't go away
2. Coughing up blood, even a small amount
3. Shortness of breath
4. Chest pain
5. Hoarseness
6. Losing weight without trying
7. Bone pain
8. Headache

### **When to see a doctor**

Make an appointment with your doctor if you have any persistent signs or symptoms that worry you.



UNIT

5

# CYSTIC FIBROSIS



**Source:**

<https://www.google.com/search?q=cystic+fibrosis&tbm=isch&ved=2ahUKEwiz7bGUwtX>

## **A. Overview**

Cystic fibrosis (CF) is an inherited disorder that causes severe damage to the lungs, digestive system and other organs in the body.

Cystic fibrosis affects the cells that produce mucus, sweat and digestive juices. These secreted fluids are normally thin and slippery. But in people with CF, a defective gene causes the secretions to become sticky and thick. Instead of acting as lubricants, the secretions plug up tubes, ducts and passageways, especially in the lungs and pancreas.

Although cystic fibrosis is progressive and requires daily care, people with CF are usually able to attend school and work. They often have a better quality of life than people with CF had in previous decades. Improvements in screening and treatments mean that people with CF now may live into their mid- to late 30s or 40s, and some are living into their 50s.

## **B. Symptoms and Causes**

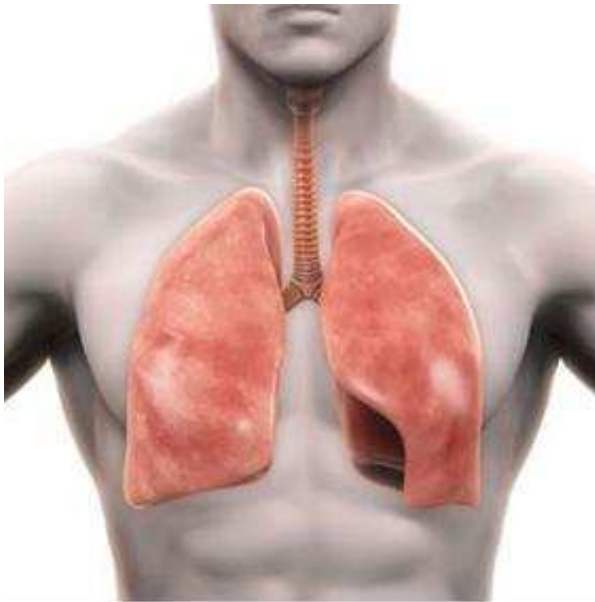
Cystic fibrosis signs and symptoms vary, depending on the severity of the disease. Even in the same person, symptoms may worsen or improve as time passes. Some people may not experience symptoms until their teenage years or adulthood. People who are not diagnosed until adulthood usually have milder disease and are more likely to have atypical symptoms, such as recurring bouts of an inflamed pancreas (pancreatitis), infertility and recurring pneumonia.

People with cystic fibrosis have a higher than normal level of salt in their sweat. Parents often can taste the salt when they kiss their children. Most of the other signs and

UNIT

6

PLEURISY



**Source:**

<https://www.google.com/search?q=Pleurisy&tbm=isch&ved=2ahUKEwiWzpzhwNXzAhWYG7>

## A. Overview

Pleurisy is a condition in which the pleura – two large, thin layers of tissue that separate your lungs from your chest wall – becomes inflamed. Also called pleuritis, pleurisy causes sharp chest pain (pleuritic pain) that worsens during breathing.

One pleural layer of tissue wraps around the outside of the lungs. The other pleural layer lines the inner chest wall. Between these two layers is a small space (pleural space) that's usually filled with a very small amount of liquid. Normally, these layers act like two pieces of smooth satin gliding past each other, allowing your lungs to expand and contract when you breathe.

If you have pleurisy, these tissues swell and become inflamed. As a result, the two layers of the pleural membrane rub against each other like two pieces of sandpaper, producing pain when you inhale and exhale. The pleuritic pain lessens or stops when you hold your breath.

Pleurisy is a symptom characterized by localized chest pain caused by a disease-causing inflammation of the pleura. Pleurisy can be caused by a primary pleural disease or secondary to a systemic illness. Hippocrates first described "pleuritis" in the 5 century B.C. as "pain in his side, fever and shivering" accompanied by "orthopnea" and tachypnea. "Different types of pleuritis were described, including "bilious," "sanguineous," and "dry."

Location of the pain was also used to describe pleuritis in these early texts, e.g., "pleuritis in the back," "extending along the spine and to the chest and groin," etc. The definition was then expanded by Galen, who tied Hippocrates' ideas on pleuritis to inflammation of the

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## BIOGRAPHY

### **Ns. Devia Putri Lenggogeni, S.Kep., M.Kep., Sp.Kep. MB.**

A lecturer in medical surgical nursing at Andalas University. Graduated from Universitas Andalas for its bachelor degree and Universitas Indonesia for its master degree. Besides, focusing on International Relations Unit in Universitas Andalas.

### **Muhammad Umar Ridhwan, S.Pd., MM.**

A professional lecturer for English Language in several national and international universities. Graduated from Universitas Negeri Padang for its bachelor degree and ITB HAS for its master degree. Besides, having responsibility as COO for Capitol Toefl Center.