INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT
SJIF 2019: 5.222 2020: 5.552 2021: 5.637 2022:5.479 2023:6.563 2024: 7,805
eISSN :2394-6334 https://www.ijmrd.in/index.php/imjrd Volume 11, issue 11 (2024)

PEDAGOGICAL SKILLS FOR TEACHING CHILDREN WITH RESPIRATORY DISEASES

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Abstract: This article describes the pedagogical skills for teaching children with respiratory diseases. Successful teaching of children with respiratory diseases requires teachers to have not only deep knowledge of their subject, but also special pedagogical skills. These skills help to create a comfortable and accessible learning environment, taking into account the individual characteristics of each child.

Keywords: respiratory system, dyspnea, subjective, objective and mixed, cardiac asthma, pulmonary edema, cough, chronic bronchitis, pneumonia, tuberculosis.

The most important function of the respiratory system is to ensure gas exchange - saturating the blood with oxygen and removing metabolic products from the body, including carbon dioxide. If these processes are disrupted, organs and tissues experience hypoxia, which disrupts the functioning of the entire body. That is why it is important to take care of the health of the respiratory system - not to allow the development of diseases, and if they do occur, to maintain them in a state of remission, prevent progression and prevent complications.

Respiratory diseases are pathologies that disrupt the normal breathing process.

There are many respiratory diseases, but all of them, to one degree or another, disrupt the respiratory function of a person and reduce the quality of his life. Each disease has its own symptoms and its own specific approach to treatment.

Symptoms of respiratory diseases (RD):

Shortness of breath. It is divided into subjective, objective and mixed.

Subjective shortness of breath is a subjective sensation of difficulty breathing, occurs during attacks of hysteria, neuroses and thoracic radiculitis.

Objective shortness of breath is characterized by a change in the frequency, depth or rhythm of breathing, as well as the duration of inhalation and exhalation.

With RRD, shortness of breath is usually mixed, that is, there are subjective and objective components. The respiratory rate often increases. This is observed in pneumonia, bronchogenic lung cancer, pulmonary tuberculosis. Dyspnea can occur both with a normal respiratory rate and with a slower respiratory rate.

Depending on the difficulty of one or another phase of breathing, dyspnea is:

a) inspiratory, when inhalation is difficult, more often with diseases of the trachea and larynx;

b) expiratory, when exhalation is difficult, with diseases of the bronchi;

c) mixed, inhalation and exhalation are difficult with pulmonary embolism.

A severe form of dyspnea is suffocation, which occurs with pulmonary edema, with cardiac and bronchial asthma.

With bronchial asthma, an attack of suffocation occurs as a result of a spasm of the small bronchi and is accompanied by a difficult, prolonged and noisy exhalation. In cardiac asthma, suffocation occurs due to weakening of the left side of the heart, often developing into pulmonary edema and manifested by a sharp difficulty in breathing.

Dyspnea can be:

a) physiological, occurring with increased physical activity;

b) pathological, with diseases of the respiratory system, cardiovascular and hematopoietic systems, with poisoning with some toxins.

Cough is a complex reflex act that occurs as a protective reaction when mucus accumulates in the larynx, trachea and bronchi or when a foreign body gets into them.

Dust particles and mucus exhaled with air are removed from the lumen of the bronchi in small quantities by the ciliated epithelium. However, with inflammation of the bronchial mucosa, the secretion irritates the nerve endings and causes a cough reflex. The most sensitive reflexogenic zones are located at the branching points of the bronchi, in the bifurcation area of the trachea and in the larynx. But cough can also be caused by irritation of the reflexogenic zones of the mucous membrane of the nasal cavity, pharynx and pleura.

Cough can be dry, without sputum secretion, and wet, with sputum secretion.

Dry cough occurs with laryngitis, dry pleurisy, compression of the main bronchi by bifurcation lymph nodes (lymphogranulomatosis, tuberculosis, cancer metastases). Bronchitis, pulmonary tuberculosis, pneumosclerosis, lung abscess, bronchogenic lung cancer initially cause a dry cough, then a wet cough with sputum secretion.

Wet cough with sputum is typical for chronic bronchitis, pneumonia, tuberculosis, oncological diseases of the respiratory system.

In inflammatory diseases of the bronchi, larynx, bronchogenic lung cancer, some forms of tuberculosis, the cough is usually constant.

In case of influenza, acute respiratory viral infections, pneumonia, the cough bothers periodically.

In case of a strong and prolonged cough, for example, with whooping cough, in addition to coughing, vomiting may occur, since excitation from the cough center in the brain is transmitted to the vomiting center.

A loud, "barking" cough occurs with whooping cough, compression of the trachea by a retrosternal goiter or tumor, A loud, "barking" cough can occur with whooping cough, compression of the trachea by a retrosternal goiter or tumor, damage to the larynx, hysteria.

A quiet cough (coughing) can occur in the first stage of lobar pneumonia, with dry pleurisy, in the initial stage of pulmonary tuberculosis.

Hemoptysis - the release of blood with sputum during coughing.

Hemoptysis can occur with diseases of the lungs and airways: bronchi, trachea, larynx, and with diseases of the cardiovascular system.

Hemoptysis occurs with pulmonary tuberculosis, lung cancer, viral pneumonia, abscess and gangrene of the lungs, bronchiectasis, actinomycosis, with viral tracheitis and laryngitis, with influenza.

Cardiovascular diseases that can cause hemoptysis: heart defects (mitral valve stenosis) create blood stagnation in the pulmonary circulation; thrombosis or pulmonary embolism and subsequent development of pulmonary infarction.

Bleeding may be minor, in the form of streaks of blood or diffuse staining of sputum.

Bleeding may be pronounced: with tuberculous cavities of the lungs, bronchiectasis, disintegration of a lung tumor, pulmonary infarction. Such bleeding is accompanied by a strong cough.

Scarlet blood in sputum occurs with pulmonary tuberculosis, bronchogenic cancer, bronchiectasis, pulmonary actinomycosis, and pulmonary infarction.

With lobar pneumonia, the blood is "rusty in color" due to the breakdown of red blood cells.

Pain associated with ZOD can have different localizations. Chest wall pains are often localized, aching or stabbing, intense and prolonged, and may increase with deep breathing, coughing, lying on the sore side, or body movements. They may depend on damage to the skin (trauma, erysipelas, shingles), muscles (trauma, inflammation - myositis), intercostal nerves (thoracic radiculitis), ribs and costal pleura (tumor metastases, fractures, periostitis). In diseases of the respiratory system, chest pains may be associated with irritation of the pleura, especially the costal and diaphragmatic. There are sensitive nerve endings in the pleura, but not in the lung tissue. Pain associated with the pleura occurs with its inflammation (dry pleurisy), subpleural pneumonia (lobar pneumonia, lung abscess, tuberculosis), pulmonary infarction, with tumor metastases to the pleura or the development of a primary tumor in the pleura, with trauma (spontaneous pneumothorax, wound, rib fracture), with subdiaphragmatic abscess and acute pancreatitis. The localization of pain depends on the location of the painful focus.

Methods of preventing respiratory diseases.

Measures for the prevention of ZOD:

Quitting smoking. Smoking is the most formidable enemy of respiratory health. Smokers suffer from chronic bronchitis much more often than non-smokers (there is even a separate form of this disease - chronic bronchitis of a smoker), and lung cancer develops in them from 15 to 30 times more often than in people who do not have this bad habit. The latter, however, can be passive smokers if they are near a smoker. They inhale harmful substances emitted by him, and they harm them to the same extent, and perhaps even more.

Climate and microclimate. The composition of the air we breathe is very important. Industrial pollutants, entering the body, cause allergic reactions, contribute to the development of inflammation and increase the likelihood of malignant degeneration of cells. Dust also contains all sorts of allergens, and it is also rich in pathogenic microorganisms that cause various infectious diseases. Air containing a small amount of oxygen cannot satisfy the human body's need for it, as a result of which tissues and organs experience a deficiency of this element. The latter entails diseases.

So, the following measures reduce the risk of developing respiratory diseases:

a) living in ecologically favorable areas without large industrial facilities;

b) if a person's activity involves working in dusty conditions polluted with industrial pollutants, good ventilation of the premises is required, as well as the use of respiratory protection equipment, in particular, respirators;

c) frequent ventilation of the home;

d) regular (ideally daily) wet cleaning - dust should be wiped and floors washed;

d) refusal to keep "dust collectors" in the house - wall and floor carpets, soft toys, open shelves with books.

avoid contact with sick people (do not stay in closed, poorly ventilated, crowded rooms; in this regard, a walk under the New Year tree in an open area with many people is safer than going to the supermarket);

Lead a healthy lifestyle;

if contact is still expected, avoid shaking hands, hugging with a sick person; it is great if he is wearing a gauze mask;

observe the rules of personal hygiene (wash your hands as often as possible, do not put them in your mouth);

after visiting crowded closed rooms, rinse the nasal cavity with saline solution (this will quickly wash out viruses and other harmful substances that the ciliated epithelium has captured from the air);

conduct aromatherapy sessions (coniferous oils have a good antiviral and antiseptic effect, as mentioned above). Pedagogical aspects of teaching children with respiratory diseases:

1. Specifics of teaching:

• Individual approach:

o Taking into account the diagnosis, physical capabilities, level of training and characteristics of each child.

o Development of individual curricula and programs.

• Creation of a favorable environment:

o Ventilation, wet cleaning, control of temperature and humidity.

o Compliance with sanitary and hygienic standards.

• Compliance with the daily routine:

o Alternation of educational activities with rest, physical education and walks.

o Dosed physical activity taking into account the child's capabilities.

• Breathing exercises:

o Inclusion of exercises to strengthen the respiratory system in classes.

• Psychological support:

o Creating an atmosphere of trust and mutual assistance.

o Helping the child overcome difficulties.

2. Teaching methods and techniques:

• Use of visual materials:

o Illustrations, diagrams, tables, videos.

• Game methods:

o Games, game exercises, game situations.

• Practical methods:

o Laboratory work, experiments, observations.

• Problem-based learning:

o Creating problem situations, finding solutions.

• Information and communication technologies:

o Using a computer, tablet, interactive whiteboard.

3. Forms of organizing training:

• Individual lessons:

o For children with severe forms of diseases.

• Group lessons:

o For children with the same or similar diseases.

• Integrated training:

o Joint training of children with respiratory diseases and healthy children.

4. Interaction with parents:

• Informing about the child's progress.

• Providing recommendations for his education and upbringing at home.

• Joint work to create favorable conditions for the child's learning and development.

5. Recommendations:

• Teaching children with respiratory diseases is a complex task that requires an interdisciplinary approach.

• Teachers should closely cooperate with doctors, psychologists, speech therapists and other specialists.

• It is necessary to constantly improve the methods and forms of teaching children, taking into account their special educational needs.

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