

Unravelling Complexity in Health

HEALTH & MEDICINE

Tutorial

The Case of Ali's Recurrent Asthma Exacerbations



THEME II: POPULATION, SOCIETY HEALTH AND ILLNESS
Med1100/1200 Semester 1



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Alis is a seven-year-old boy and presents to the emergency department at 2 a.m. with wheeze and increased work of breathing. He was diagnosed with asthma at three years of age. This is his fourth emergency visit for an asthma exacerbation in the past three months. His father left school early and works in a factory, and his mother is a homemaker. The family lives in a cramped low-cost flat with exposure to cigarette smoke and damp, moldy walls.

Current medications in hospital record:

- Inhaled corticosteroid preventer
- Salbutamol reliever inhaler

Examination

- Mild respiratory distress
- Expiratory wheeze
- Speaking comfortably
- Oxygen saturation 98% on room air

He receives inhaled bronchodilator therapy in the emergency department with good clinical improvement. His work of breathing settles,

wheeze decreases, and oxygen saturation remains normal on room air. He does not require ICU admission, and there is no deterioration after initial ED treatment.

He has required hospital admission on several of his previous visits, although he has never needed ICU care. On previous admissions, the parents requested discharge against medical advice because they were unable to remain in hospital due to work commitments and lack of alternative caregivers for their other children.

He has been prescribed appropriate controller and reliever therapy, including inhaled corticosteroids and salbutamol, but his medication use is inconsistent.

Additionally, his inhaler technique remains poor despite hospital staff providing education to his parents at each visit. The preventer inhaler often runs out before the refill date and repeat prescriptions have not been collected. He does not attend scheduled outpatient follow-ups.