INTRODUCTION

Asthma is a chronic inflammatory disease of the airways and it is one of the most common chronic diseases of the childhood. It is a multifactorial disease that has been associated with familial, infectious, allergenic, socio-economic, psychological and environmental factors ***(National Health Interview Survey, NHIS, 2005).*** However, asthma is a serious public health problem throughout the world, that affecting people of all ages. When asthma uncontrolled, it can place severe limits on daily life and is sometimes fatal ***(Global Initiative for Asthma, GINA, 2006).***

Understanding of asthma development is still incomplete and it is differs from the other obstructive lung diseases as it is largely reversible process, either spontaneously or with treatment. However, asthma is not a single disease but a syndrome of recurrent coughing, wheezing and breathlessness ***(American Lung Association, 2002).***

The exact cause of asthma is not known, however it is a chronic inflammatory disease of the lungs, where the airways are constricted from inflammation and hyper-responsiveness to asthma triggers. There are many potential triggers including; allergens, infections, exercise, abrupt changes in the weather and exposure to airway irritants, such as tobacco smoke. Meanwhile, recurrent asthma episodes, called exacerbations, range in severity from inconvenient to life threatening and involve shortness of breath, coughing, wheezing, chest pain or tightness, or a combination of these symptoms; it lasts from minutes to hours or days ***(Evans et al., 2003).***

Despite the fact that some asthma morbidity and mortality may be preventable, it remains the most severe threats to public health.

Moreover, asthma has increased over the last several years, especially among children aged 5-17 years old and younger. The prevalence of asthma among children is a major health threat around the world ***(Rubin et al., 2004).*** As mentioned by ***Bochner & Holgate (2003),*** there is a marked increase in the prevalence of allergic diseases including bronchial asthma. However ***Attlam, (2003)*** mentioned that in developing countries, asthma is common, in Saudi Arabia, the prevalence of asthma among urban schoolboys was 9%. The overall nationwide prevalence of asthma in Oman among children aged 6-7 years was 10.5% and 20.7% among children 13-14 years. The childhood prevalence of asthma in Kuwait was 17.5%.

In Egypt, the WHO did not represent any asthma statistics. The prevalence of asthma was obtained from studies that done on some governorates. However, in Egypt, the prevalence of asthma among children aged 3-15 years was found to be 8.2% ***(Egyptian Guidelines, 1999).*** Another study carried out in Port Said governorate, it was 11.4% among children aged 6-12 years ***(Saber, 2000)***. Meanwhile ***Fahim et al., (2006)*** reported that, the prevalence physician-diagnosed asthma in Cairo was 9.4%. Meanwhile, there is a higher prevalence and increased severity of asthma symptoms in children of lower socio-economic groups ***(Abdel-Rahman, 2006).***

Children with asthma and their families must receive education about effective disease management. Successful asthma management requires instruction about medication used and asthma symptoms by anyone providing care for the child with asthma ***(Lara et al., 2003).*** Successful outcomes of asthma management depend on the response of the child to treatment, amount of treatment required, number of symptom

free days and history of atopy in the family and child ***(Weiss & Sullivan, 2002).*** A written discharge plan for the child with asthma will improve his compliance and reduce the frequency of medication errors ***(Plaut, 2004).***

Nurses play a vital role in asthma management. The public relies on nurses to be accessible, well informed and reliable. It is the nurse's duty to give correct and current information and remove barriers to care. Even if the nurse does not feel prepared enough to provide in-depth patient education about asthma; she has a responsibility to assess symptom control, safe medication use and correct any erroneous information ***(Jackson & Rees, 2006).***