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Continuous Nebulized Bronchodilator Therapy (Large, Medium Volume, and Aerogen Continuous Nebulizer)

Purpose To standardize the use of continuous aerosol therapy as a modality used for the rescue of patients with severe bronchospastic disease who do not respond to conventional therapy. This is not a replacement for routine, periodic treatment.

Scope Respiratory Care Services will provide equipment and therapy for the aerosolization of pharmacological agents to maintain airway patency and provide clearance of retained secretions. The patient must be on a cardiac monitor and an oximeter. **Accountability/Training** May be administered by a Licensed Respiratory Care Practitioner with minimal supervision of the Supervisor with understanding of age specific requirements of patient population treated.

Physician's Order The written physician's order must include:

- Type of solution/medication.
- Amount/dose to be delivered.
- Frequency/duration.
- Mode of administration.

Goals

- Improved drug efficiency.
- Continuous drug administration.

Contraindications Adverse side effects of medications.

Equipment

- Large or Medium volume continuous nebulizer
- Oxygen and Medical Air (optional if using blender)
- Blender (optional)
- Oxygen supply tubing or flow meter adapter

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- Flow meter (0-15 L/min.)
- Non Invasive Monitor (pulse oximeter)
- Aerosol tubing (large volume nebulizer only), aerosol mask.
- Aerogen Controller with medication cup, and continuous nebulizer luer adapter.

Procedure

Step	Action
1	Check physician's order. Verify patient by two identifiers.
2	Explain purpose of therapy and procedure to the patient.

3	Wash hands.
4	Patient Assessment <ul style="list-style-type: none"> • Heart rate • Respiratory rate • Skin color • Breath sounds • Chest excursion • Mental status • Airway status
5	Select either Large or Medium volume continuous nebulizer, or the Aerogen Nebulizer.
6	Attach flow meter to source gas (blender, medical air, or oxygen).
7	Attach oxygen supply tubing to flow meter and to NEBULIZER source gas inlet of nebulizer.
8	For large volume nebulizer, attach aerosol tubing to nebulizer and aerosol mask. For medium volume nebulizer, attach aerosol mask directly to nebulizer.

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9	Obtain mixed medication from pharmacy or see calculation protocol below.
10	Pour medication into nebulizer.
11	For large volume nebulizer, set flow meter to 11 L/min (output 30 mL/hr.). For medium volume nebulizer, set flowmeter to 2.5 L/min (output 8mL/hr.).
12	Attach mask to patient.
13	Be sure to check nebulizer at 60 minutes and 120 minutes to determine output of setup and adjust flow accordingly for desired output.
14	After use, discard remaining solution and rinse with sterile water.
15	Change nebulizer every 48 hours. DO NOT REUSE.

Aerogen

1	Press Power
2	Press # 1 for ml/hr.
3	Press # 1 for B-D then press enter. The size syringe you are using will show. Ensure the size is correct.
4	Input ml/hr. corresponding the mg dose ordered. E.g. for 5mg an hour enter 1ml/hr.
5	Ensure to prime the syringe pump tubing.
6	Press option
7	Press # 2 for volume limit.
8	Enter volume corresponding the dose ordered. E.g. for 5mg/hr. the limit should be set at 4ml.
9	Press enter
10	Check your values
11	Press the start button
12	Ensure the yellow lights are flashing across the syringe pump picture, and make sure volume is infusing
13	Make sure that both the pump and aerogen are connected to a power source

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14	The medication drips slowly into the aerogen. You will not see continuous mist. It will intermittently mist as the drops touch the plate.
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Continuation of

- A physician who has directly observed and assessed the patient should reorder therapy every 8 hours.

Therapy

- Respiratory assessment of patient should be documented every 2 hours. As part of this assessment, the therapist should check physician's order, position and fitting of apparatus, and ensure for adequate flow. Always assess the patient's response to therapy.
- Record pertinent data in EPIC under the flowsheets or RCS Assessment sections and on RCS department treatment care

Discontinuation

- Check physician's order.
- Explain change in therapy to patient.
- Discard all disposable equipment.
- Record the date and time the therapy was discontinued in

EPIC.

Undesirable Side Effects

- Tachycardia
- Palpitation
- Headache
- Nausea

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Assessment The effectiveness of continuous aerosol treatment will be judged on how **of Outcome** well it accomplishes the stated clinical goals. Observation of the following should be noted in Epic:

- Sputum - color, amount, consistency.
- Auscultation - comparison of pre- and post-treatment breath sounds; breath sounds improved.
- Arterial blood gas measurement and/or pulse oximetry.
- Work of breathing - evaluating the ventilatory pattern, use of accessory muscles; decreased WOB.
- Change in heart rate.
- Patient's subjective response ("breathing easier").
- Peak flow improvement.

Patient Teaching

Step	Action
1	Explain to the patient why he/she is receiving continuous aerosol treatment. Relate it to the disease or injury state.
2	Place in the proper body alignment for maximal breathing efficiency.
3	Perform proper cough instruction or cough assistance.
4	Explain how to breathe through the mouth or trach and to breathe slowly and deeply - a slight inspiratory pause is ideal.
5	Show how to breathe diaphragmatically to assure that the maximum distribution and deposition of aerosol will occur in the basilar areas of the lung.
6	Alert patient to possible onset of strong cough.
7	As a result of the educational aspects of this therapy, the patient should be able to verbalize and demonstrate understanding of this therapy.

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Infection Control Follow procedures outlined in Healthcare Epidemiology Policies and Procedures #2.24; Respiratory Care Services.
<http://www.utmb.edu/policy/hcepidem/search/02-24.pdf>

Corresponding Policies RCS Policy and Procedure Manual, Guidelines for Medical Record Documentation, #7.1.1.
 RCS Policy and Procedure Manual, Therapist Treatment Cards, # 7.1.2.

Safety

- Instruct patient and visitors in safety rules for oxygen.
- Safety guidelines as outlined in section 3.6.1 of this manual will be followed.


References

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Craig VL, Bigos D, Brill J. Efficacy and safety of continuous albuterol nebulization in children with severe status asthmaticus. Pediatric Emergency Care. 1996; 12:1-5.

Attachments

Medication calculation chart.

Misty Finity medium volume continuous nebulizer						
Flow rate options	2.5 L/min			8 L/min		
Hourly dosing options	5 mg	10 mg	15 mg	5 mg	10 mg	15 mg
Output per hour	8 mL/hr			20 mL/hr		
Amount of drug to add	1 mL	2 mL	3 mL	1 mL	2 mL	3 mL

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Amount of diluent to add	7 mL	6 mL	5 mL	19 mL	18 mL	17 mL
Total solution to nebulizer	8 mL	8 mL	8 mL	20 mL	20 mL	20 mL
Misty Finity large volume continuous nebulizer						
Flow rate options				11 L/min		
Hourly dosing options				5 mg	10 mg	15 mg
Output per hour				30 mL/hr		
Amount of drug to add				1 mL	2 mL	3 mL
Amount of diluent to add				29 mL	28 mL	27 mL
Total solution to nebulizer				30 mL	30 mL	30 mL

Aerogen Dosing and Rates:

Dose per HR	5mg	10mg	15mg	20mg
ml of Albuterol	6ml	10ml	14ml	18ml
Pump Rate	1ml/hr	2ml/hr	3ml/hr	4ml/hr
Volume limit	4ml	8ml	12ml	16ml

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Moler FW, Johnson CE, Van Laanen C, et al. Continuous versus intermittent nebulized terbutaline: plasma levels and effects. American Journal of Respiratory Critical Care Medicine. 1995; 151:602-6.

Moler Fw, Hurwitz ME, Custer JR. Improvement in Clinical Asthma Score and PaCO₂ in Children With Severe Asthma Treated With Continuously Nebulized Terbutaline. Journal of Allergy & Clinical Immunology 1988, 81:1101-1109.

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