

Cass County Medical Control

ALBUTEROL NEBULIZER PROCEDURE

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Purpose: Proper administration of nebulized albuterol.

I. Indication

- A. Patient with respiratory distress and wheezing.

BSP

II. Management

- A. Obtain complete vital signs and lung sounds.
- B. Explain procedure to pt./family. Determine any known allergies.
- C. Place the appropriate volume of medication (unit dose, Adult 2.5mg, Child >5 2.5mg, Child <5 1.25mg) in the lower half of the nebulizer unit. Then screw the upper half of the unit in place.
- D. Attach the nebulizer to the base of the T-piece. Then attach the mouthpiece to the T-piece or connect nebulizer chamber to Aerosol mask.
- E. Attach one end of the oxygen tubing to the base of the nebulizer and the other end of the oxygen tubing to the oxygen source.
- F. Set the oxygen liter flow at 6-7 L/min.
- G. Instruct the patient to breathe normally through the mouthpiece, taking a deep inspiration every 4 or 5 breaths.
- H. Continue the treatment until all the medication has been delivered through the nebulizer. You may need to gently tap the reservoir once or twice during the treatment to redispurse the medication.
- I. Obtain and record another complete set of vital signs and lung sounds after completion of the treatment. If, at any time during treatment, you note an increase in pulse rate of more than 30 bpm above pre treatment measure, or the pulse rate exceeds 140, stop treatment and contact medical control.
- J. **CONTACT MEDICAL CONTROL WITH ABOVE INFORMATION AND ASK FOR FURTHER ALBUTEROL ADMINISTRATION ORDERS**
- K. Initiate 2nd and 3rd Nebulizer treatment if patient remains symptomatic. Treatments should be maintained in a continuous nature as long as patient remains symptomatic.

III. Special Considerations

- A. (Pediatric) Infants and small children may not be able to use adult mouth piece and may need to use blow-by.
- B. Do Not allow a Nebulizer treatment to delay transport of a patient who is experiencing severe respiratory distress; it should be administered enroute to ER.
- C. Intubated patients may require connection to tube, and BVM the individual while assisting respirations.
- D. Nebulizer treatments with 100% O₂ may cause respiratory depression in COPD patients. Monitor respirations closely.