

NEBULIZER

1. Level: EMT, AEMT, Paramedic, RN
2. Purpose: Delivery of medications, e.g., albuterol and/or ipratropium via an inhaled mist.
3. Indications: Respiratory distress that will respond to albuterol and/or Ipratropium administration
4. Adverse Effects/Complications:
 - 4.1. Allergic reaction to the medication
 - 4.2. Failure to achieve desired dose if patient does not inhale through nebulizer
 - 4.3. Respiratory depression secondary to high O₂ concentrations with long term COPD
5. Precautions:
 - 5.1. Limit treatment times to 8-10 minutes
 - 5.2. Discontinue treatment if:
 - 5.2.1. LOC decrease
 - 5.2.2. Respiratory rate or depth drops below normal
 - 5.2.3. HR >150 bpm
 - 5.2.4. SpO₂ of >90% in COPD patients
6. Procedures:
 - 6.1. Unless indicated in specific protocols, the patient should be on an ECG monitor and have an IV established.
 - 6.2. Assemble the nebulizer unit and connect to un-humidified oxygen delivery port.
 - 6.3. Place appropriate dose of medication into the reservoir of the nebulizer unit.
 - 6.4. Adjust oxygen liter flow to administer the treatment at 8 LPM.
 - 6.5. Have the patient place the mouthpiece of the nebulizer into the mouth with tightly sealed lips.
 - 6.6. Slow, deep inhalation through the mouth is required to get the maximum effect.
 - 6.7. Use the mask with an attached nebulizer unit only for patients too fatigued or unable to hold the mouthpiece.
 - 6.8. Continue treatment until the misting of medication has stopped.
 - 6.9. Place the patient back on the previous oxygen delivery device and save the nebulizer unit for subsequent treatments if necessary.
 - 6.10. Back to back treatments of albuterol are acceptable if indicated; Atrovent may be given with the first dose only.