


Name of Policy: <u>Use of Aerosols-Nebulizers for Delivery of Respiratory Medications to the Upper Airway</u> Policy Number: 3364-125-23 Department: Nursing Service Approving Officer: Chief Nursing Officer Responsible Agent: Nursing Director, Pre-Admission Testing (PAT), Pre-Operative Holding (POH), & Post Anesthesia Care Unit (PACU) Scope: POH/PACU			
	Effective Date: 6/1/2023 Initial Effective Date: 6/1/2001		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy </td> </tr> </table>		<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

The POH/PACU staff will utilize aerosols/nebulizers for the delivery of approved respiratory medications to the upper airway, upon written order from the responsible physician; approved medications are in accordance with policy RC 3364-136-03-01.

(B) Purpose of Policy

To ensure safe and effective set up and use of aerosol/nebulizers used in conjunction with the administration of medications.

Indications for nebulizer/aerosol therapy:

1. Bronchospasm
2. Chronic Obstructive Pulmonary Disease
3. Laryngeal edema

Goals:

To improve respiratory status through the delivery of prescribed medications.

Contraindications to nebulizer therapy:

Include tachycardia, adverse drug reactions, and the inability to effectively take the treatment.

Hazards:

Include nosocomial infections and bronchospasm.

(C) Procedure

1. After verification of a written physician order for the administration of medication via an aerosol/nebulizer, the practitioner should assemble the appropriate equipment.
2. The practitioner should then identify the patient using 2 patient identifiers and provide education to the patient regarding the treatment and its purpose. This should be documented in the electronic medical record.
3. As with all patient oriented or equipment procedures performed by nursing staff, special attention should be given to maintaining asepsis.
4. Prior to initiation of and during therapy, the patient should be assessed in accordance with POH/PACU

standards. Patient response to therapy should also be noted and recorded in the electronic medical record.

5. The practitioner will be responsible for knowledge of safe utilization and maintenance of equipment and medications used.
6. Documentation of procedure performed should be done in the electronic medical record.
7. Adverse reactions to therapy:
 - a. The patient should be closely monitored for the occurrence of any increased shortness of breath, wheezing, nausea/vomiting, dizziness, bronchospasm, cyanosis, chest pain, tachycardia, agitation, or any other undesirable side effects.
 - b. If the patient’s response to therapy is adverse, it may be necessary to terminate therapy, monitor the patient for further change in symptoms, contact the patient’s anesthesiologist, and document appropriately.
8. Practitioners in the POH/PACU shall have successfully completed the competency for the use of Aerosols/Nebulizers before being responsible for such administration.

<p>Approved by:</p> <p>/s/ _____ Date _____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p>Review: Policy & Standard Committee, 6/14, 5/17, 7/2020, 6/2023 Revision by: Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services</p>	<p>Review/Revision Date: 4/02 7/05 5/20/2008 3/20/2009 8/27/2012 6/23/2014 5/1/2017 7/1/2020 6/1/2023</p> <hr/> <p>Next Review Date: 6/2026</p>
<p>Policies Superseded by This Policy: 1-R-23</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.