

**Name of Policy:** **Use of Aerosols/Nebulizers for Delivery of Respiratory Medications to the Upper Airway**

**Policy Number:** 3364-125-23

**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:** June 1, 2023

**Original effective date:** June 1, 2001

**Key words:**

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

**(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 [3364-136-03-01 Preparation and Administration of Medications Used in Respiratory Care.](#)

**(B) Purpose of policy**

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

- (1) Indications for nebulizer/aerosol therapy.
  - (a) Bronchospasm.
  - (b) Chronic obstructive pulmonary disease.
  - (c) Laryngeal edema.

- (2) Goals. To improve respiratory status through the delivery of prescribed medications.

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- (3) Contraindications to nebulizer therapy include tachycardia, adverse drug reactions, and the inability to effectively take the treatment.
- (4) 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><b>Approved by:</b></p> <p><u>/s/</u></p> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Revision completed by: Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services</i></p>	<p><b>Policies Superseded by this Policy:</b></p> <ul style="list-style-type: none"><li>• 1-R-23</li></ul> <p>Initial effective date: June 1, 2021</p> <p><b>Review/Revision Date:</b></p> <p>April 2002 July 2005 May 20, 2008 March 20, 2009 August 27, 2012 June 23, 2014 May 1, 2017 July 1, 2020 June 1, 2023</p> <p><b>Next review date:</b> June 1, 2026</p>
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