


<b>Name of Policy:</b> <u>Pentamidine Aerosol Administration</u> <b>Policy Number:</b> 3364-136-PF-07 <b>Department:</b> Pulmonary Services <b>Approving Officer:</b> Senior Administrator <b>Responsible Agent:</b> Director, Pulmonary Services <b>Scope:</b> The University of Toledo Medical Center Pulmonary Services Department	  <b>Effective Date:</b> May 17, 2023 Initial Effective Date: January 22, 1989				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy
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### (A) Policy Statement

All Pulmonary Function staff, after an appropriate physician order is received, will use the following guidelines for the safe delivery of Pentamidine aerosols. Appropriate orders should be accompanied by physician's documentation that active tuberculosis has been ruled out.

The order must include pre-Pentamidine treatment with a unit dose bronchodilator.

Pentamidine will be given via a filtered and valved nebulizer for the treatment or prevention of *Pneumocystis carinii* pneumonia.

Those staff members who are pregnant or trying to conceive may elect to refrain from exposure of the Pentamidine drug.

### (B) Purpose of Policy

To assure that Pentamidine is delivered in a manner that is considered safe and effective to the patient while assuring that the medication is not aerosolized into the atmosphere.

### (C) Procedure

1. Pentamidine aerosols shall only be administered in the Pulmonary Function Lab Pentamidine aerosolization booth. The following equipment should be gathered before beginning procedure:
  - a. AeroStar portable aerosol protection cart
  - b. Oxygen flowmeter with nipple adapter
  - c. A filtered and valved nebulizer system. Treatment will be administered in accordance with the manufacturer's insert.
  - d. Standard nebulizer for bronchodilator administration
  - e. Unit dose Proventil (2.5 mg Albuterol / 0.5 mL)
  - f. One 300 mg vial of Pentamidine
  - g. One 10ml vial of sterile water, USP
  - h. 12ml syringe with 18-gauge needle
  - i. 50 psi gas source

2. Obtain order and administer unit dose bronchodilator prior to pentamidine treatment.
3. For Outpatients: order should also include a frequency for up to 12 months and allergy review.
4. The medication will be diluted as prescribed by the ordering physician.
5. Prior to the initiation of the Pentamidine treatment, family members and non-essential staff members will be required to leave the room, and the door will be closed.
6. The patient will be monitored by the Pulmonary Function staff member for any adverse reactions including coughing, bronchospasm, or increased pulse rate. If any adverse reactions are observed, the treatment will be stopped, and the physician notified.

<b>Approved by:</b>		<b>Review/Revision Date:</b>	
		03/19/1990	08/05/2008
		10/06/1992	06/60/2011
<u>/s/</u>	<u>5/17/2023</u>	05/26/1993	02/27/2014
Michael Taylor	Date	05/11/1995	05/01/2017
Director, Pulmonary Services		09/12/1996	06/01/2020
		07/27/1999	05/17/2023
<u>/s/</u>	<u>5/17/2023</u>	05/30/2002	
Russell Smith	Date	08/11/2005	
Senior Hospital Administrator			
<i>Review/Revision Completed By:</i> <i>Director, Pulmonary Services</i>			
		<b>Next Review Date:</b> May 2026	
<b>Policies Superseded by This Policy:</b>			

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