


Name of Policy:	<u>Pentamidine Aerosol Administration</u>	 <p>Effective Date: June 1, 2020 Initial Effective Date: January 22, 1989</p>
Policy Number:	3364-136-PF-07	
Department:	Respiratory Care	
Approving Officer:	Associate VP Patient Care Services / Chief Nursing Officer	
Responsible Agent:	Director, Respiratory Care	
Scope:	The University of Toledo Medical Center Respiratory Care Department	
<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	

(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 Respigard II 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 Respigard II nebulizer system. Treatment will be administered in accordance with 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 needles
 - i. 50 psi gas source

2. Review the orders to determine that the physician has documented that active tuberculosis has been ruled out.
3. Obtain order and administer unit dose bronchodilator prior to pentamidine treatment.
4. For Outpatients: order should also include a frequency for up to 12 months and allergy review.
5. The medication will be diluted as prescribed by the ordering physician.
6. Prior to initiation of the Pentamidine treatment, family members will be required to leave the room and the door will be closed.
7. 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.

Approved by:	Review/Revision Date:
<u>/s/</u> Michael Taylor Director, Respiratory Care	03/19/1990 10/06/1992 05/26/1993 05/11/1995 09/12/1996 07/27/1999 05/30/2002 08/11/2005
<u>6/15/2020</u> Date	08/05/2008 06/60/2011 02/27/2014 05/01/2017 06/01/2020
<u>/s/</u> Monecca Smith Associate VP Patient Care Services / Chief Nursing Officer	
<u>6/19/2020</u> Date	
<i>Review/Revision Completed By:</i> <i>Director, Respiratory Care</i>	
Policies Superseded by This Policy:	Next Review Date: June 2023

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