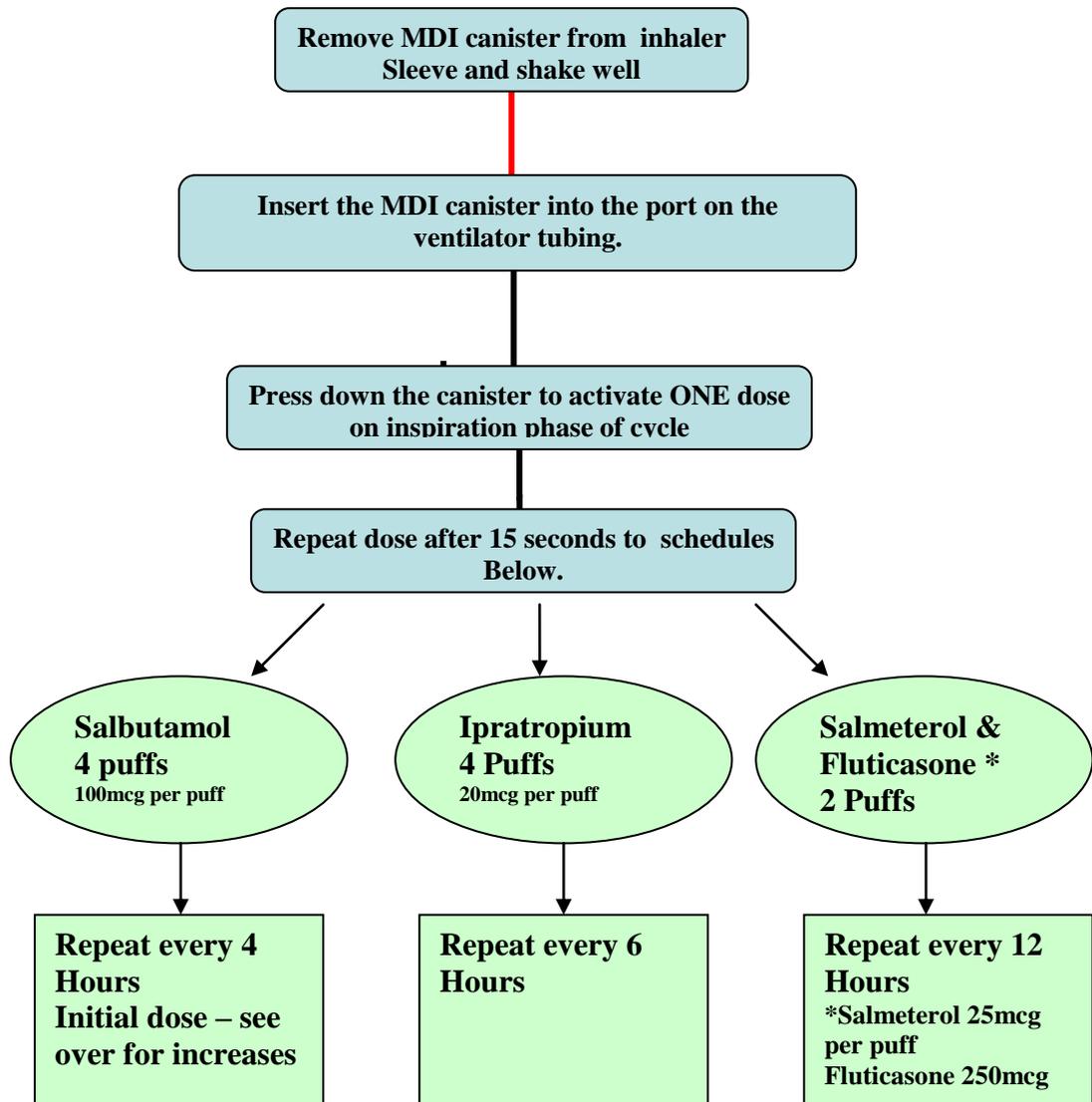


Guidelines for using Metered Dose Inhalers Via Ventilator Tubing



See over for prescribing information and Instructions on use.

Guidelines for Using Metered dose inhalers via ventilator tubing.

General

- MDI's are for single patient use. Label the container with the patients name and retain the plastic sleeve for use when the patient is extubated.
- Salbutamol & Ipratropium MDI's contain 200 puffs and will last around a week at standard doses. Salmeterol & fluticasone contain 120 doses and should last 2 weeks at standard doses
- Always wait 15 seconds between puffs.
- If a patient is on a steroid (fluticasone, beclomethasone or budesonide) always give the salbutamol and ipratropium first to ensure the patient is bronchodilated. This ensures better deposition of the steroid in the lung

Intubated patients

Salbutamol

- If the patient doesn't respond to 4 puffs of salbutamol two to four hourly increase the dose in increments to a maximum of 20 puffs.
- If the patient doesn't respond to the steps above review treatment and consider nebuliser therapy or parenteral salbutamol.

Ipratropium (Atrovent)

- Do not increase the dose or frequency of Ipratropium

Salmeterol & Fluticasone

- **DO NOT** prescribe as Seretide (combination product). Seretide inhalers are fitted with a dose counter that impedes the connection to the ventilator tubing. Prescribe separately as Salmeterol 25mcg 2 puffs BD and fluticasone 250mcg 2 puffs BD.
- If prescribing salmeterol also prescribe regular salbutamol.
- Remember to prescribe PO or IV steroids as necessary for asthmatic and COPD patients.

Extubated Patients.

- If the patient is awake and able to co-operate consider using a Volumatic or Aerochamber spacer device. If using an MDI this way the patient must be capable of holding their breath for 5 seconds after inhaling a dose from the spacer. If using in a patient with a tracheostomy the cuff must be deflated prior to giving the inhaler and the inhaler must be given into the mouth. Do not connect an MDI ventilator tubing adapter directly to a tracheostomy tube.
- If unable to co-operate or breathing through a tracheostomy – use nebulisers.
- If patient on NIV/CPAP, use nebulisers.
- Review the doses of salbutamol and ipratropium needed to revert to normal inhaled doses. Salbutamol 2 puffs up to four hourly & Ipratropium 2 puffs six hourly if possible.
- Continue with fluticasone and salmeterol.