NEBULIZATION

Introduction

Nebulization is the process of medication administration via inhalation. It utilizes a nebulizer which transports medications to the lungs by means of mist inhalation.

Indications

- Tightness in chest
- Excessive and thick mucus secretions
- Pneumonia (congestion)
- Atelectasis
- Bronchospasms
- Respiratory congestions
- Asthma

Equipments

- Nebulizer
- Compressor oxygen tank (to driver nebulizer)
- Oxygen tubing
- Respiratory medication
- Normal saline(cc vials)
- Mouth piece/mask

Procedure

- Remove cup portion of the nebulizer
- Draw up prescribed amount of the mediation into the eye dropper
- Place medication in the medicine cup with 3cc normal saline
- Return cup to the nebulizer
- Place oxygen tubing on the nipple on the nebulizer and attach other end to the compressor or oxygen tank.
- Turn on the compressor or tank until mist is seen coming out of the mouthpiece
- Check pulse

- Place the mouthpiece in your mouth and take slow, deep breaths. If on ventilator, the nebulizer can be placed in line in the ventilator circuit. To do this, remove the mouthpiece and connect the nebulizer between the dead space tubing and the exhalation valve assembly.
- During the treatment, monitor the pulse. If the pulse increases more than 20 beats a minute, discontinue the treatment. Otherwise continue until the medication is used up.
- Following the treatment, use postural drainage, percussion, assisted coughing and / or suctioning, as appropriate

Complications
- ✓ Palpitation
- ✓ Tremors
- ✓ Tachycardia
- ✓ Headache
- ✓ Nausea
- ✓ Bronchospasms (too much ventilation may result or exacerbate bronchospasms)

Contraindications
- ✓ Patients with unstable and increased blood pressure
- ✓ Individuals with cardiac irritability (may result into dysrhythmias)
- ✓ Persons with increased pulses
- ✓ Unconscious patients (inhalation may be done via mask but the therapeutic effect may be significantly low)

SIGNATORIES

Name of staff(MO/NO/CO/COI/MIDWIFE/ ETC)

Name: ………………..   *sign………*   *Date:*
Department in charge

Name:……………………………..   *sign………*   *Date:*
Nursing Officer in charge

Name:…………………………   *sign………*   *Date:*
Hospital Administrator

Name:………………………   sign……   Date: