

ALBUTEROL & ATROVENT (Duoneb®)

PHARMACOLOGY & ACTIONS:

- A potent relatively selective beta 2 - adrenergic bronchodilator.
- Has occasional beta 1 overlap with clinically significant cardiac effects.

INDICATIONS:

- Bronchial asthma
- Reversible bronchial spasm that occur with chronic pulmonary disease.

CONTRAINDICATIONS:

- Stop treatment if pulse increases by 20 bpm, frequent PVCs develop, any tachyarrhythmias other than sinus tachycardia appear, chest pain, apnea, nausea or vomiting, or increased shortness of breath occur.
- Patients with allergies to soy or peanuts should not be administered Atrovent

ADMINISTRATION:

- Nebulizer dosage for adults & children over 1 year - 2.5 mg mixed in 3 ml of saline for a concentration of .83 mg/ml.
- Infants under 1 year: Nebulizer dosage 0.03 ml/kg max dose 1ml.
- Nebulization:
 - Oxygen flow should be set at 6 lpm.
 - Patients should inhale slowly & exhale passively through nose.
- Metered Dose Inhalers (MDI) - delivers 90 mcg per puff
 - Assemble one BVM, one AeroChamber, oxygen tubing and Albuterol inhaler.
 - Begin with two Albuterol puffs into chamber & assist patient's ventilations using the BVM & high flow oxygen.
 - After one minute, repeat with two puffs.
 - Repeat two puffs every two minutes if improvement is not noted.
 - DO NOT EXCEED 20 PUFFS.

SIDE EFFECTS & SPECIAL NOTES:

- Patients with COPD should be monitored carefully for CO₂ retention & decreased levels of consciousness.
- Paradoxical bronchospasm may occur with excessive administration.
- Skeletal muscle tremors
- Albuterol should be used with caution in pregnancy.
- Continually assess patient's respiratory rate, effort, and lung sounds.

CLASS: A

PROTOCOL(S) USED IN: Respiratory Distress, Asthma