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Department/Section:	Respiratory Therapy Services
Document Title:	INHALATION THERAPY

#### **PURPOSE:**

To provide guidelines on how to safely perform the procedure on patients needing inhalation therapy.

### SCOPE:

Applies to all Respiratory Therapy Services staff of Or. Pablo O. Torre Memorial Hospital

#### PERSON RESPONSIBLE:

Respiratory Therapist, Nurses, Inhalation Therapist

#### **GENERAL GUIDELINES:**

- 1. Proper maintenance of all inhalation therapy equipment including preventive maintenance, cleaning and repair shall be observed.
- 2. Proper disposal of waste, empty plastic nebules & medicine containers shall be observed.
- 3. The wearing of Personal Protective Equipment like mask & gloves shall be used to prevent contamination & further spread of infection.
- 4. Nebulizers shall be cleaned according to infection control policy.
- 5. A new nebulizing kit with plastic container shall be issued to all patients receiving aerosol therapy.
- 6. Nebulizing machine (Pulmo-Aide) shall be placed on the table or chair to avoid contamination of dust and other particles on the floor that may trigger infection.

#### PROCEDURE:

- 1. The RTS Staff checks the physician's order prior to giving the inhalation therapy.
- 2. The RTS Staff reviews the patient's chart for:
  - 2.1. Patient's chief complaint & diagnosis



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- 2.2. Medication order, usually normal saline (0.9 % Sodium Chloride) is used, however, other medications can be incorporated with therapy such as bronchodilator, steroids & mucolytics.
- 2.3. Duration of therapy depends upon the amount of medication used per therapy and upon physician's request. An ordinary inhalation therapy (usually single nebule which contains 2.5 mL solution) takes about 10 -15 minutes.
- 2.4. The frequency of therapy:
  - a) Every 6 hours (Q6H)
  - b) Every 8 hours (Q8H)
  - c) Once a day (OD)
  - d) Twice a day (BID)
  - e) Thrice a day (TID)
  - f) Every four hours (Q4H)
  - g) Every twelve hours (Q12H)
  - h) Every two hours (Q2H)
  - i) Every five times a day (Q5)
- 3. After preparing for the therapy to be given, the RTS Staff introduces self to the patient.
- 4. The RTS Staff explains the procedure to the patient:
  - 4.1. Impress upon the patient the necessity of the therapy to be given.
  - 4.2. Instruct the patient of the correct breathing technique.
    - a) The patient should be placed in proper body alignment for maximal breathing efficiency (Semi recumbent).
    - b) The patient should be instructed to breathe slowly and deeply through his mouth with a slight inspiratory pause.
    - c) This method produces better particle deposition and more effective Alveolar Ventilation (AV).
- The RTS Staff places the normal saline and medication to be delivered into the nebulizing unit.
- 6. The RTS Staff turns on the machine and adjust the amplitude to the desired setting.
- 7. The RTS Staff places the delivery device on the patient.
- 8. Coaches the patient in the correct breathing pattern.

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- 9. If the patient becomes fatigued as evidenced by hyperventilation, reduced inspiratory force, shortness of breath, dizziness, nausea, stop the therapy and let the patient rest. Resume therapy when the patient is ready.
- 10. After the therapy is over, the RTS Staff instructs the patient to breathe deeply and to cough successively in short, rapid and sharp movements.
- 11. The RTS Staff drains the tubing after the therapy and wipe in a cloth/paper towel and put in the plastic container.
- 12. Charting should be done immediately after therapy and should include the following:
  - 12.1. Time the therapy was started and terminated.
  - 12.2. Signature of the person giving the therapy.
  - 12.3. State quantity and amount of medication if given. If solution such as saline or sterile water was used, it is not necessary to state the amount. However, if hypotonic or hypertonic solutions were used, state the percentage of the solution.
  - 12.4. State how well the patient tolerated the therapy.
  - 12.5. Describe the type of cougn and displayed, whether it was productive or non-productive and note the amount, color, and viscosity of the sputum expectorated.
  - 12.6. Chart any complications or side effects encountered.
  - 12.7. Always wash your hands before and after the therapy.

### REFERENCE:

- G. Crompton. Ä brief history of inhaled asthma therapy over the last fifty years," Primary Care Respiratory Journal, vol. 15, no. 6 pp. 326-331, 2006
- 2. F. Lavorini, C. Mannini, and E. Chellini, "Chalenges of inhaler use in the treatment of asthma a chronic odstructive pulmonary disease," EMJ Respiratory, vol.



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	KEY TASKS	PERSON RESPONSIBLE
1.	Checks order or request from the physician.	
2.	Explains the procedure to the patient.	
3.	Places the normal saline and medication to be delivered into the nebulizing unit.	
4.	Turns on the machine and adjust the amplitude to desired setting.	the
5.	Places the delivery device on the patient.	
6.	Coaches the patient in the correct breathing pattern.	RTS Staff
7.	Assesses the patient all throughout the procedure.	
8.	Instructs the patient to breathe deeply and to cough successively in short, rapid and sharp movements after the therapy.	1
9.	Drains the tubing after the therapy and wipe in a cloth/paper towel and put in the plastic container.	
10	. Documents the procedure in the patient's chart.	



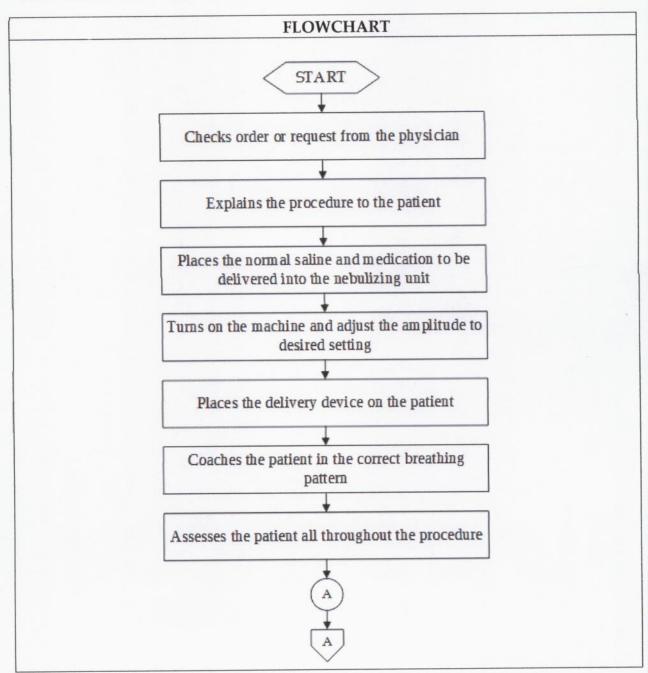
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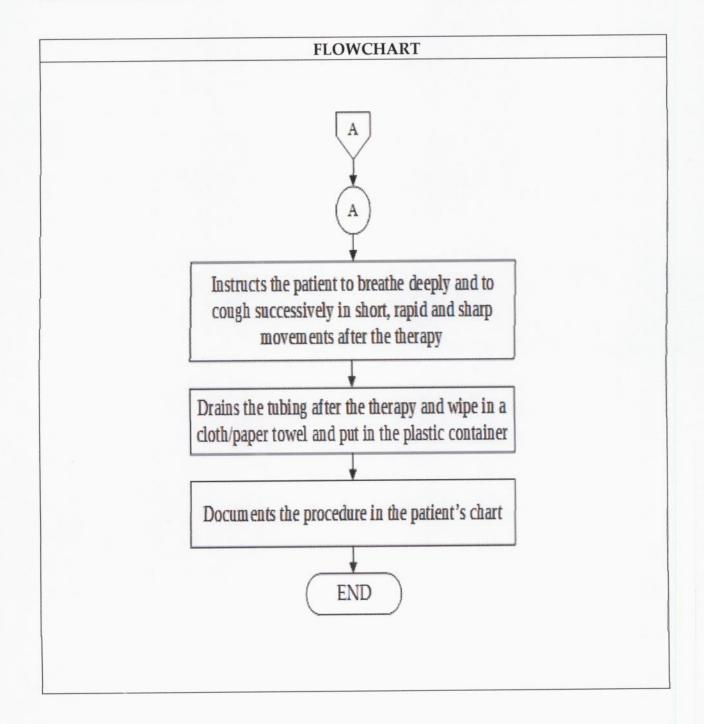


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