

**OLIVE VIEW-UCLA MEDICAL CENTER
RESPIRATORY CARE SERVICES - ADULT
POLICY & PROCEDURE**

**NUMBER: 880
VERSION: 1**

SUBJECT/TITLE: ALBUTEROL SULFATE

POLICY: Delivery of any aerosolized therapy for adult therapy will be the responsibility of the respiratory therapist. Please refer to the PDR for a full description of this medication.

PURPOSE: To give a comprehensive view of Albuterol.

DEPARTMENTS: RESPIRATORY CARE SERVICES

DEFINITIONS:

PROCEDURE: **Description**
Albuterol is a relatively specific beta-2 bronchodilator. By virtue of its relatively selective action on beta-2-adrenoceptors, Albuterol relaxes smooth muscle of the bronchi, and vascular supply to skeletal muscle, but may have less cardiac stimulant effects than does isoproterenol. Albuterol is longer acting than isoproterenol by any route of administration.

Indications

Albuterol is used for the prevention and relief of bronchospasm in patients with reversible obstructive airway disease.

Therapeutic Objectives

To improve ventilation by relieving bronchospasm and enhance mucociliary clearance through enhanced ciliary function.

Contraindications

Albuterol is contraindicated for patients with a history of hypersensitivity to any of its components.

Dosage and Administration

May be administered by HHN, with an oxygen flow set at 8 to 10 lpm.

2.5mg to 5mg every 4-6 hrs but may be given in higher doses up to 0.15mg/kg every 20 minutes or as ordered by physician.

Dispensed through unit dose vials 2.5mg (1/2 cc).

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Adverse reactions: Should be used with caution in patients with cardiovascular disorders, including coronary insufficiency and hypertension, in patients with hyperthyroidism or diabetes mellitus.

Warnings: Can produce life threatening paradoxical bronchospasm.

Precautions: Should be used with caution in patients with cardiovascular disorders, convulsive disorders, hyperthyroidism and diabetes mellitus.

Documentation

All respiratory medication documentation will be done in a two-step process. First, in the iView & I & O section. This can be accomplished by double clicking on the “Medication Nebulizer” task in the Multi-Patient Task List (MPTL), which will automatically link to the following charting sections:

- RT Assessment
- RT Vitals
- Pulse Oximetry Monitor
- Breath Sounds
- Medication Nebulizer
- Respiratory Treatment Outcome

Secondly, in the MAR section of ORCHID. It is vital that both sections are documented properly.

References:	
Approved by: Edward Richard Lind (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 09/18/2017
Review Date: 09/18/2017	Revision Date:
Next Review Date: 09/18/2020	
Distribution: Respiratory Care	
Original Date: Not Set	