

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

**NUMBER: 5579  
VERSION: 1**

**SUBJECT/TITLE: CONTINUOUS AND AEROSOL THERAPY**

**POLICY:** Aerosol therapy is the responsibility of the respiratory therapy department. A written physician's order dictates the modes and types of aerosol therapy.

**PURPOSE:** To explain the modes of aerosol delivery to the bronchial system and general guidelines.

**DEPARTMENTS: RESPIRATORY CARE SERVICES**

**DEFINITIONS:** HHN: Hand-held Nebulizer  
MDI: Metered Dose Inhaler

**PROCEDURE:**

**Treatment Criteria**

The therapeutic objective aerosol therapy is for the purpose of:

- a) Bronchial hydration.
- b) Bronchodilatation.
- c) Designated bronchial diagnostics and treatments.

In addition, Aerosol therapy serves to:

- Hydrate dried, retained secretions.
- Restore and maintain the mucous blanket.
- Promote expectoration.
- Improve the effectiveness of cough.

**Treatment Administration**

Aerosol Therapy in Respiratory Care may be delivered through:

- HHN.
- MDI.
- Cooled and heated Nebulizers.

Please refer to the policies under the above headings for further direction.

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### **Treatment Procedure**

1. Check and confirm Physician orders.
2. Gather equipment.
3. Assemble equipment.
4. Wash hands.
5. Practice universal precautions.
6. Explain procedure and reassure patient.
7. Assess and reassess patient.
8. Chart therapy.

### **Documentation**

Charting is done in the hospital EHR, ORCHID.

### **Record the following:**

- Mode of therapy (HHN, MDI's, etc.)
- Medication dosage administered.
- Actual time treatment was given.
- Patient tolerance and Response to therapy.
- Pre and post respiratory rates.
- Pre and post breath sounds.
- Pre and post heart rate.
- Cough effort/suction requirement.
- Secretion description.

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References:	
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