


# NEBULISATION

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<b>REVIEWED BY</b>	Clinical Lead (RQ)	
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## Introduction

*Nebulisation involves the passage of air or oxygen driven through a solution of a drug. The resulting fine mist is then inhaled via a facemask. Some antibiotics and bronchodilators may be given this way.*

- *to facilitate expectoration or suction*
- *to administer medication e.g. bronchodilators and steroids*

## Procedure:

1. Assemble the following equipment:
  - air cylinder, compressed air generator or oxygen, N.B. asthmatics should be nebulised on oxygen, chronic obstructive airways diseases on air, unless otherwise prescribed
  - appropriate mask
  - tubing
  - tissues
  - for moistening secretions nebuliser of sterile distilled water
  - to administer drug, mini-nebuliser and appropriate medication
2. Proceed as follows:
  - 👉 explain the procedure to the individual. Note that the procedure can be very noisy
  - 👉 place mask in appropriate position to ensure airway is covered
  - 👉 set oxygen/air to prescribed rate to ensure nebulisation occurs
3. **Potential problems encountered are**
  - ⚠ Chafing of face and claustrophobia which can be relieved by loosening the mask.
  - ⚠ excessive moisture in respiratory tract which indicates that treatment must be discontinued and advice sought
4. Infection can be prevented by:
  - 👉 Use of disposable nebule or equipment which can be sterilised. Always empty, clean and dry equipment between use and throughout the day.
  - 👉 Note that the nebuliser is a potential source of gram negative organisms e.g. legionella. Tubing and mask should be used for one Individual only.

*The effectiveness of treatment should always be recorded in the Individual's care plan. The administration of medicine should be recorded on the MAR*