Procedure:
Salbutamol (Ventolin) MDI with spacer 100 mcg/puff; 4-8 puffs prn x 3 (preferred)
OR
Salbutamol (Ventolin) 5 mg/ml; 1 ml in 3 ml of saline via wet nebulizer mask over 10 minutes prn x 3

And

Atrovent 4 puffs by MDI with spacer q 20 min prn x 3 (preferred)
OR
Atrovent 500 mcg q 20 minutes prn x 3 doses for severe asthma

Indications:
Patients presenting with SOB and a history of asthma or COPD with one or more of the following symptoms;
• Cough
• Presence of respiratory distress, wheeze, tightness or decreased breath sounds during chest auscultation

Carry out febrile respiratory illness screening on all patients. If screen is positive, isolate patient prior to using nebulizer.

Note: For patients with severe respiratory distress, give medication and notify physician STAT

Contraindications:
Allergy or sensitivity to salbutamol or adrenergic amines (salmeterol, terbutaline, albuterol, formerterol

Guidelines:
Reassess and document patient response and vital signs within 15 minutes following administration or as indicated.

Do PEFT or spirometry pre and post bronchodilator to objectively assess response to therapy.
References:


9. Rodrigo, GJ, Rodrigo, C. First-line therapy for adult patients with acute asthma receiving a multiple-dose protocol of ipratropium bromide plus albuterol in the emergency department. Am J Respir Crit Care Med 2000; 161:1862


