



Standing Orders for Supply of Albuterol for Shelter Residents

Trade Name	Proventil/Proair/Ventolin
Presentation	MDI 90mcg/puff Or Inhalation Solution 2.5 mg/ml
Indication	Treatment of Asthma/Bronchospasm
Contraindications	Patients known to have hypersensitivity to albuterol or any components of the formulation.
Warnings and Precautions	<p>Asthma: Albuterol is a short-acting beta₂-agonist (SABA) that should be used as needed for quick relief of asthma symptoms. Based on a step-wise treatment approach using asthma guidelines, monotherapy without concurrent use of a long-term controller medication should only be reserved for patients with mild, intermittent forms of asthma without the presence of risk factors (Step 1 and/or exercise-induced).</p> <ul style="list-style-type: none"> • Cardiovascular disease: Use with caution in patients with cardiovascular disease (arrhythmia, coronary insufficiency, hypertension, heart failure); beta-agonists may produce ECG changes (flattening of the T wave, prolongation of the QTc interval, ST segment depression) and/or cause elevation in blood pressure, heart rate and result in CNS stimulation / excitation. Beta₂-agonists may also increase risk of arrhythmias. In a scientific statement from the American Heart Association, albuterol has been determined to be an agent that may either cause direct myocardial toxicity or exacerbate underlying myocardial dysfunction (magnitude: moderate to major). • Diabetes: Use with caution in patients with diabetes mellitus; beta₂-agonists may increase serum glucose and aggravate preexisting diabetes and ketoacidosis. • Glaucoma: Use with caution in patients with glaucoma; may elevate intraocular pressure. • Hyperthyroidism: Use with caution in hyperthyroidism; may stimulate thyroid activity. • Hypokalemia: Use with caution in patients with hypokalemia; beta₂-agonists may decrease serum potassium. • Renal impairment: Use with caution in patients with renal impairment.

	<ul style="list-style-type: none"> Seizures: Use with caution in patients with seizure disorders; beta-agonists may result in CNS stimulation/excitation.
Dose and Frequency	<p>Infants and Children ≤5 years:</p> <p>Metered-dose inhaler: 90 mcg/actuation: Oral inhalation: 2 to 6 inhalations every 20 minutes for 2 to 3 doses; if initial response to 2 doses is good, administer 2 to 6 inhalations every 3 to 4 hours for 24 to 48 hours; if there is rapid response to initial therapy and no symptoms recur after 1 to 2 hours, therapy can be changed to every 3 to 4 hours as needed; if initial response is good, but recurs after 3 to 4 hours, administer 2 to 3 inhalations every hour with close monitoring.</p> <p>Nebulization: 2.5 mg every 20 minutes for the first hour if needed; if there is rapid response to initial therapy after 1 to 2 hours, therapy can be changed to every 3 to 4 hours as needed.</p> <p>Children ≥6 years and Adolescents:</p> <p>Metered-dose inhaler: 90 mcg/actuation: Oral inhalation: 2 to 10 inhalations every 20 minutes for 2 to 3 doses during the first hour ; if initial response to 2 doses is good, administer 2 to 6 inhalations every 3 to 4 hours for 24 to 48 hours ; if there is rapid response to initial therapy and no symptoms recur after 1 to 2 hours, therapy can be changed to every 3 to 4 hours as needed; if initial response is insufficient, first hour may vary from 4 to 10 inhalations every 3 to 4 hours up to 6 to 10 inhalations every 1 to 2 hours)</p> <p>Nebulization: 2.5 mg every 20 minutes for the first hour if needed; if there is rapid response to initial therapy after 1 to 2 hours, therapy can be changed to every 3 to 4 hours as needed.</p> <p>Adult:</p> <p>Metered-dose inhaler for acute treatment: 90 mcg/actuation: Oral inhalation: 1 to 2 inhalations; additional inhalations may be necessary every 4 to 6 hours as needed. If no relief from acute treatment (additional inhalations or more frequent administration is not recommended)</p> <p>Nebulization solution: 2.5 mg 3 to 4 times daily as needed; Quick relief: 1.25 to 5 mg every 4 to 8 hours as needed</p>

Administration	Inhalation: Metered-dose inhalers: Shake well before use; prime prior to first use, and whenever inhaler has not been used for >2 weeks or when it has been dropped, by releasing 3 to 4 test sprays into the air (away from face) Nebulization solution: Administer via a hand held nebulizer
Storage	Must be stored out of patient and public access.
Adverse Effects	The most common adverse reactions in adults are: <ul style="list-style-type: none"> • Tachycardia, palpitations.
Nursing	Check for relief of respiratory symptoms, see above instructions.
Documentation	Administration record is to be documented by the administering nurse. Document on the Medical Administration Registration (MAR). Document results from medicine administration. The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration

R. Wickert, MA
 for Andrew Miller, MA

Dr. Andrew Miller

11/17/2018

Date