

## **Bronchodilator Protocol – Adult Floor Care**

- Purpose:** To identify the protocol to be offered as an option to specific physician orders for bronchodilator therapy for patients admitted to the adult general wards.
- Description:** The adult floor care bronchodilator protocol is designed for continuity of care of the adult patient with reversible obstructive airways disease. It is also designed to allow for expedient weaning of “quick relief” bronchodilator medications as the patients symptoms improve. Upon order of the physician, bronchodilator treatments are begun per a symptom based assessment and frequency is titrated based on improvement of symptoms.
- Indications:** Any patient admitted to the adult general wards (patients on pediatric service excluded) with apparent reversible obstructive airways disease may be indicated for the adult floor care bronchodilator protocol. A physician order is required to initiate the protocol.
- Hazards/Complications:**
- Any patient adverse reaction during treatment shall be reported to the physician in accordance with Cardiopulmonary Services PROC 3.3 and the physician will decide whether to continue the protocol.
- Personnel:** The Respiratory Care Practitioner (Respiratory Therapists I and II, Respiratory Therapy Technicians I and II) will be responsible for managing the protocol once initiated by physician order.
- Protocol:**
1. Verify order for Bronchodilator Protocol. Assess patient for symptoms and history of reversible airways disease. (Medications other than albuterol are ordered separately from this protocol.)
  2. Albuterol is delivered at 2.5 mg via HHN or 4 puffs MDI with spacer. If patient has severe symptoms use 5 mg albuterol via HHN. (PEF < 50% pred/best, tight wheezing or absent air movement, labored resp effort, talks in words or phrases).
  3. Begin frequency at Q4 hours ATC. As the patient improves, the aerosol frequency is weaned through the following intervals (if 5 mg HHN is being delivered decrease to 2.5 mg before weaning frequency): Q4 ATC, Q6 ATC, PRN.
  4. At the time of each scheduled treatment the RT will assess the patient. If the patient displays any respiratory symptoms (PEF < 80% pred/best, exp wheezing or decreased air movement, labored resp effort), the aerosol treatment is administered. The RT then returns at the same interval to assess the patient and continues to give treatments at this frequency as long as the patient continues to display respiratory symptoms.
  5. If the patient displays no respiratory symptoms at the time of re-assessment, the treatment is given, and the frequency is then decreased to the next interval. The RT returns to reassess the patient at the next interval; for example, if the patient was free of symptoms prior to the treatment given at 4 hours, the frequency is decreased to Q6ATC.

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6. Once the patient is clinically stable and free of respiratory symptoms on a frequency of every 6 hours, the albuterol treatments are changed to PRN. The RT will repeat an assessment in another 8 hours. If the patient is still free of respiratory symptoms the albuterol remains discontinued and the patient's nurse is notified. The RT shall also contact the physician for discontinuation of the protocol. (If patient is on home Bronchodilator tx's, consider continuing tx's PRN.)
7. During the course of the protocol, if symptoms of respiratory distress worsen, the RT is to return to the beginning of the protocol and notify the physician. The RT shall also notify the physician of any adverse reactions to the albuterol or signs of respiratory distress that appear to require other forms of respiratory therapy.

References: National Asthma Education and Prevention Program – Expert Panel Report II, February 1997

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