8.22 A Review and Audit of Nebulised therapy within the UHL Hospital Group

C. McInerney¹, O. Quinn¹, L. Kokina¹, E. Gleeson¹, M. Cullinan¹, N. Ryan¹, Ryan, P¹. O'Brien, A¹.

¹Department of Respiratory Medicine, University Hospital Limerick, Ennis and Nenagh Hospital

Aim: To explore the management of nebulised therapy while an inpatient in the UHL Hospital Group

Method: A review of patient medication kardex while an inpatient in the UHL Hospital Group

Background: Drug delivery via inhalation is the mainstay of treatment for many respiratory diseases. There are a number of devices and delivery methods available for the administration of specific drugs, which include metered-dose inhalers (MDIs), breath-actuated inhalers and dry powder inhalers.

Using an MDI-spacer for the administration of bronchodilators and inhaled corticosteroids to inpatients has led to a reduction in treatment preparation and delivery time and enabled early administration by the healthcare professional in addition to a potential reduction in medication cost

It is recommended that bronchodilators and steroids are administered separately. It is recommended that inhaled steroids should preferably be given by hand-held inhaler devices (using a spacer device) because of lack of evidence for any advantage from the nebulised route which is more time consuming and more expensive.

Findings: A total of 45 medication kardex's were reviewed within the UHLG. Almost half of the patients (44%) were capable of using an MDI and spacer instead of a compressor, while only 28% (n=13) of the patients suitability to step down to inhaled therapy were assessed when their symptoms improved. 87% of the patients had their medication administered using a compressor as compared to to piped oxygen and 84% (n=26) had their bronchodilator and steroid administered separately. Only 4 % (n=2) had their nebuliser unit disposed of after each use.

Recommendations: Education of healthcare professionals is an integral component in assessing patients requiring nebulisation in AMAU/ED and inpatient wards.

Referral to the respiratory team will show a reduction in nebulised therapy.

Written information should be provided to all patients being discharged on nebulised therapy.