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Best Practice Guidelines for Nebulized Medications & Intubation

Given the current Covid-19 Pandemic please note the following guidelines and recommendations.

Due to the potential for provider exposure, for patients requiring emergent ventilation crews should minimize prehospital intubation attempts in favor of BVM ventilation with filtration when necessary. Delaying intubation if feasible until it can be performed in a negative pressure environment can decrease potential provider exposure.

Standard nebulizer use should be avoided in favor of breath actuated nebulizer or metered dose inhalers (MDI) inhalers with spacers. Albuterol should be administered via MDI with a spacer. 1 puff of a standard 90ug actuator each minute for 5 minutes via MDI is dose equivalent to One standard 2.5 mg albuterol spansule via nebulizer.

Crews should leave the MDI with the receiving hospital and patient and request an MDI exchange with the recipient hospital if possible. Given the current pandemic environment EMS agencies should continue to source MDI inhalers if hospital exchange is not feasible.

Recommended by the HV Protocol Committee and endorsed by Dr. Murphy (REMAC Chair) & Dr. Papish (HVREMSCO Medical Director)

Any questions may be directed to the Office at hvremSCO@hvremSCO.org.