**NURSING PRACTICE PROTOCOLS**

**NEBULIZER TREATMENT**

**Subjective Data:**

Allergies: __________________________

Chief complaint: __________________________________________________________________________________

**Nebulizer Treatment:** ☐ Emergent  ☐ Routine

**Current Medications:** _______________________________________, _______________________________________, _______________________________________

**Objective Data:** (clinically indicated VS)

BP _________ Pulse _________ Resp. _________ Temp. _________ Wt. _________ O₂ sats. _________ FSBS: ___________

Respiration

☐ Even
☐ Uneven
☐ Labored
☐ Unlabored
☐ Shallow
☐ Deep
☐ Use of accessory muscles

Lung Sounds

☐ Clear
☐ Rhonchi (course sound like a roar)
☐ Wheezes (high pitched whistling sound)
☐ Diminished
☐ Rales/Crackles (popping sound like rice krispies)

Skin

☐ Warm
☐ Pink
☐ Cool
☐ Pale
☐ Cyanotic
☐ Mottled
☐ Diaphoretic

Pulse

☐ Strong
☐ Regular
☐ Weak
☐ Thready
☐ Irregular

Appearance

☐ No distress
☐ Mild distress
☐ Weak
☐ Moderate distress
☐ Severe distress

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF:** Health care provider must be called if not on site or if after clinic hours.

Prior to Treatment: ☐ Pulse oximetry < 92% or < 88% for inmates with COPD

After Treatment: ☐ Breathing gets worse  ☐ Nausea/vomiting/diarrhea  ☐ Chest feels tight  ☐ Hands, arms or legs shake  ☐ No improvement

Emergency department notification time: ____________________________ Transport time: ____________________________

Health Care Provider: ____________________________ Time Notified: ______ Orders Received for Treatment: ☐ Yes  ☐ No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

**Plan:** Interventions: (check all that apply)

☐ Medication verified with health care providers order.

☐ Solution for inhalation: ☐ Albuterol 0.83%  ☐ Atrovent 0.02%  ☐ Xopenex 0.63  ☐ Other: ____________________________

☐ Equipment: ☐ T-Piece  ☐ Mask

☐ Check pulse oximetry reading. Inform health care provider immediately if reading < 92% or < 88% for inmates with COPD. Have oxygen tank nearby.

☐ Check pulse, respiratory rate and breath sounds prior to treatment and document.

☐ Instruct inmate to cough and bring up any loose mucus at the end of the treatment.

☐ Assess inmate immediately following treatment for results or adverse effects. Reassess inmate 5 to 10 minutes following treatment.

☐ Education/Intervention: Instructed on purpose of treatments, proper body alignment for maximal breathing efficiency, proper cough instructions, correct use of nebulizer equipment, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** _______________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

**Health Care Provider Signature/Credentials:** ____________________________ Date: _________ Time: _________

**RN/LPN Signature/Credentials:** ____________________________ Date: _________ Time: _________