



20-004
03/03/20

Special Order

ISSUER: Ferrari

1 of 1

PULL DATE: None

Use of Nebulizers

Treatment considerations in the face of COVID-19

Due to our heightened vigilance surrounding the COVID-19 epidemic, limit use of nebulized medications when in enclosed spaces (ex. medic unit or room with limited ventilation) to patients in severe respiratory distress until further notice.

For example, patients with more than one of the following:

- Tripoding
- Significant accessory muscle use
- Significantly prolonged expiration as compared to inspiration
- Diminished lung sounds
- Appearing tired or lethargic
- Cyanosis
- Low oxygen saturation uncorrectable with high-flow oxygen

Additional therapies to consider before nebulization include high-flow oxygen and/or CPAP without nebulizer. Also consider early use of IM 1:1000 epinephrine (with Mg++ and IVF), for instance, for an asthmatic with silent chest.

If a nebulizer is still indicated, first confirm you and any essential support personnel have complete PPE, including gloves, gown, goggles and N-95 respirators. Also consider moving to a well-ventilated location (e.g. outdoors) or ventilating the patient's residence before nebulized treatment.

If you must nebulize during transport, sheet off between the cab and patient compartment, activate the exhaust fan, and open all windows. Also consider sheeting off any drawers and accessible shelving. Post-incident decontamination methods should account for potential aerosolization of the virus to all open-air surfaces within the patient compartment.