

March 17, 2020

Inhalation Therapy for Suspected COVID-19 Patients

Situation:

Administration of nebulized medications is considered an aerosolizing procedure, requiring patients with known or suspected COVID-19 to be placed in airborne isolation precautions.

Background:

Following CDC guidance, MHC has implemented droplet precautions for all known or suspected COVID-19 patients, unless undergoing an aerosolizing procedure (ex. bronchoscopy, intubation, CPR, nebulized therapy), in which case airborne precautions are required.

For this reason, if bronchodilators are required, an MDI (with spacer if available) is preferred over nebulized therapy.

MDIs are in limited supply nationwide due to high demand.

Assessment/Plan:

In an effort to conserve resources for those in highest need, please observe the following recommendations related to inhalation therapy in suspected COVID-19 patients:

- Critically assess all patients for need for bronchodilator therapy. Patients who may need bronchodilators include those with asthma, COPD, or a bronchospastic reaction. Not all patients with respiratory symptoms will require or respond to bronchodilators. In general, it is safest to minimize ALL aerosolized treatments in known or suspected COVID-19 patients.
- For patients being tested for COVID-19 AND being admitted to the hospital, please utilize albuterol MDI (with spacer if available) if bronchodilator is required.
- For patients being tested for COVID-19 and being sent home, please refrain from administering any inhalational therapy whenever possible and provide a prescription for albuterol MDI if needed.
- For patients NOT being tested for COVID-19, please utilize nebulized bronchodilators (albuterol or Duoneb) as appropriate.

At this time, albuterol is the only MDI that will be stocked for use in known or suspected COVID-19 patients. Patients on chronic maintenance MDI therapy at home will be encouraged to utilize their home MDI as usual, following current home MDI protocols.