

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIOPULMONARY
MORPHINE NEBULIZATION**

Effective Date: March 2010

Policy No: 3B.012

Cross Referenced:

Origin: Cardiopulmonary

Reviewed Date: 12/2012

Authority: Cardiopulmonary Manager

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SCOPE

All members of the Cardiopulmonary Department

PURPOSE

To reduce shortness of breath, debilitating dyspnea (conscious perception of breathlessness), paroxysmal cough, improve exercise tolerance and improve respiratory status.

Indications: Patients with any of the following conditions who are experiencing any of the above:

- a. end stage COPD
- b. interstitial lung disease
- c. terminal cancer
- d. burn victims
- e. airway compromise
- f. cardiac disease

Contraindications:

- a. Patients with asthma.

Equipment:

1. N95 mask for therapist, staff and family as needed to protect from inhaling collateral nebulized opioids.
2. Nebulizer with containment/ reservoir bag, i.e. Circulaire II to protect from inhaling collateral nebulized opioids.
3. Oxygen and air source.

PROCEDURE

1. Assess/ evaluate with the physician the need for nebulized opioids.
2. Explain the procedure and purpose to the patient.
3. Instill 2 mg of preservative free morphine with 1cc normal saline into nebulizer.
4. Assess and observe patient closely throughout procedure- terminate therapy if adverse reactions observed.
5. Coach patient in deep breathing and relaxation techniques.
6. Document assessment and evaluate improvement post therapy.
7. As appropriate, nebulize 1- 2 mg of morphine every four hours as needed to reach necessary threshold, the patient's perception of relief.

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Adverse Effects:

1. Sedation/ respiratory depression.
2. Nausea or vomiting.
3. Bronchospasm/ wheezing- if necessary treat immediately or prophylactically with 2.5 mg Albuterol via nebulizer.

1. Assess patients' breath sounds (auscultation) prior to medication administration and after medication administration.
2. Empty any remaining condensation in medication cup.
3. Document all medication delivery in the patients (EMR).

Dry Powder Medication Delivery:

Equipment:

1. Disk or device to deliver dry powder medication.

Procedure:

1. Obtain a physician order for appropriate therapy.
2. Fully explain to the patient the intent of therapy.
3. Assemble equipment according to manufacturer instructions.
4. Obtain correct medication from Pyxis.
5. All respiratory medication is profiled to each patient according to physician's orders.
6. Scan the patients' wristband and the medication into the electronic medical record (EMR).
7. Open the medication package and place into delivery device.
8. Instruct the patient to actuate medication while taking a slow deep breath in through their mouth.
9. Instruct patient to hold their breath for 10 seconds, if possible.
10. Instruct patient to repeat steps 8 and 9 again.
11. Assess pulse, oxygen saturation and respirations prior to medication administration, during delivery of medication, and post-bronchodilator.
12. Assess patients' breath sounds (auscultation) prior to medication administration and after medication administration.
13. Discard empty medication capsule.
14. Document all medication delivery in the patients (EMR).

Precautions:

1. Using medications, potential side effects should be looked for and needs to be reported to both the charge nurse as well as the ordering physician.
2. Use Adverse Reaction Form provided by Pharmacy. (See Section 3B, policy 14).