

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
CARDIO PULMONARY POLICY MANUAL  
BRONCHODILATOR ADMINISTRATION DURING PULMONARY FUNCTION TEST  
FOR PATIENTS 16 AND OLDER**

---

**Effective Date: August 2009**

**Policy No: 4B.002**

**Cross Referenced:**

**Origin: Cardio Pulmonary**

**Reviewed Date: 02/16**

**Authority: Cardio/Pulmonary Manager**

**Revised Date: 04/12**

**Page: 1 of 1**

---

**Purpose: To provide a protocol for Bronchodilator Administration during a PFT.**

**Procedure: The patient will receive a bronchodilator as part of a Pulmonary Function Test if the Forced Vital Capacity (FVC) maneuver falls below 80% as outlined.**

**Albuterol 2.5mg/3ml aerosol treatment to be given if the patient meets the following criteria:**

- **Patient is currently not receiving bronchodilator therapy, OR**
- **Patient is currently receiving Levalbuterol 1.25 mg/3ml aerosol treatment, OR**
- **Patient is currently receiving nebulized Albuterol 2.5mg therapy**

**Albuterol 1.25 mg/3ml aerosol treatment to be given if the patient meets the following criteria:**

- **Baseline HR > 110 bpm, OR**
- **Patient is currently receiving Levalbuterol 0.63 mg/3ml aerosol treatment, OR**
- **Patient is currently receiving beta-agonist Inhaler therapy, OR**
- **Patient is currently receiving nebulized Duoneb (ipratropium 0.5mg/albuterol 2.5mg).**

**If the patient is currently receiving nebulizer treatments and a dose is due, then the ordered dose will be given.**

**Prevention of therapeutic duplication or overdose:**

**Patients should start PFT at least 2 hours AFTER receipt of last inhaled/nebulized bronchodilator therapy – or hold scheduled dose until completion of PFT (or once FVC <80%).**

**Complete paperwork with patient identification label for bronchodilator administration, fax paperwork to pharmacy.**

- **This policy was approved by the Pharmacy & Therapeutics Committee, May 2010.**