

**SELF ASSESSMENT RSPT 1200 – MODULE C:
ADMINISTRATION AND MONITORING OF AEROSOL DELIVERY DEVICES**

1. List five examples of dry powder inhalers:
 - A. **ROTOHALER**
 - B. **SPINHALER**
 - C. **DISKUS**
 - D. **TURBUHALER**
 - E. **ROTADISK**
 - F. **AEROLIZER**
 - G. **HANDIHALER**

2. What % of medication deposits in the lung following aerosol delivery? **10 TO 20%**

3. What happens to the remaining % of drug during aerosol delivery?
 - A. **IMPACTED IN THE ORAL AIRWAY**
 - B. **DEPOSITED IN THE STOMACH**
 - C. **IS LOST IN THE APPARATUS**
 - D. **IS EXHALED & LOST TO ENVIRONMENT**

4. How does a holding chamber differ from a spacer? **SPACER: NO ONE WAY VALVES;
HOLDING CHAMBER: ONE WAY VALVE**

5. What are two reasons for using a reservoir device?
**INCREASE DEPOSITION IN THE LUNGS
REDUCE THE TASTE OF MEDICATIONS
REDUCE COLD FREON EFFECT THAT CAUSES MANY CHILDREN TO STOP
INHALATION**

6. A SVN can be used to deliver medication during mechanical ventilation
 - A. **True**
 - B. False

7. Which four DPI require you to insert capsules?
 - A. **ROTOHALER (albuterol)**
 - B. **SPINHALER (cromolyn sodium)**
 - C. **AEROLIZER (formoterol)**
 - D. **HANDIHALER (tiotropium bromide)**

8. What is the dosage of each capsule?

DON'T WORRY ABOUT MEMORIZING DOSAGES AT THIS TIME.

9. If the doctor ordered an MDI for your patient and prescribed 3 inhalations/QID and the canister holds 400 actuations, how many days would the inhaler last?

$$\text{DURATION} = \frac{\# \text{ ACTUATIONS IN CANISTER}}{\# \text{ ACTUATIONS PER DAY}} = \frac{400 \text{ ACTUATIONS}}{3 \text{ ACTUATIONS} \times 4 \text{ TIMES/DAY}} = 33.33 \text{ DAYS}$$

10. Name three differences between an MDI and a BAI (pirbuterol) in regards to patient teaching.
- A. **THE NEED TO ACTIVATE THE INHALER BY LIFTING THE LEVER ON THE TOP.**
 - B. **PLACEMENT OF THE BAI UNIT INSIDE THE MOUTH WITH THE LIPS TIGHT AROUND IT.**
 - C. **THE FLOW OF GAS WITH A BAI MUST BE FAST ENOUGH TO TRIGGER THE UNIT ON. THE INSPIRATORY FLOW RATE WITH A TYPICAL MDI SHOULD BE SLOW.**
11. During a MDI (with spacer) administration, the device “whistles”. You would instruct your patient to **REDUCE THEIR INSPIRATORY FLOW RATE.**
12. What part of the Aerochamber should be disassembled for cleaning? **I'M DELETING THIS QUESTION (AND THE NEXT). TECHNICALLY, THE AEROCHAMBER SHOULD ONLY HAVE THE MDI ADAPTER REMOVED AND CLEANED. THE VALVES AND OTHER PORTIONS OF THE MDI SHOULD NOT BE CLEANED.**
13. How often is it recommended that the Aerochamber be replaced? **DELETE. 6 TO 12 MONTHS. THE IMPORTANT POINT IS THAT THEY ARE NOT GOOD FOREVER (SAME WITH PEAK FLOW METERS)**
14. How long should you wait to deliver a second inhalation from a MDI? **THIRTY SECONDS TO ONE MINUTE**
15. Running water through a holding chamber can damage the chamber.
- A. **True**
 - B. False
16. List two ways to prevent fungal infections after steroid administration
- A. **USE A HOLDING CHAMBER**
 - B. **RINSE MOUTH AFTER USE**
17. What needs to be done prior to administering a B2 agonist with an MDI if the MDI has not been used in 24 hours? **DISCHARGE A PRIMING DOSE**
18. If you are administering a B2 agonist and a steroid via MDI, which should be given first? **BRONCHODILATOR FIRST AND WAIT 5 MINUTES**
19. How long should a breath hold be during an MDI inhalation? **TEN SECONDS**
20. The deadspace volume of the nebulizer is the amount of drug solution remaining in the reservoir when the device begins to “sputter” and aerosolization ceases. This volume is generally **0.5 TO 1.0** cc.
21. What % change in the FEV₁ would be considered a significant improvement following bronchodilator administration? **12% AND 200 mL**
22. What particle size is necessary for aerosol deposition to the alveoli? **LESS THAN 2 μ**

23. Given a pre FEV₁ of 1.67 L and a post FEV₁ of 1.92 L, calculate the % change in post bronchodilator flowrates.

$$\% \text{ change} = \frac{\text{Post test FEV}_1 - \text{Pretest FEV}_1}{\text{Pretest FEV}_1} \times 100$$

$$\% \text{ change} = \frac{1.92 - 1.67}{1.67} \times 100 = \frac{0.25}{1.67} \times 100 = .15 \times 100 = 15\%$$

24. What is the recommended filling volume of a SVN? **MINIMUM OF 3 cc**
25. What is the recommended liter flow to run a SVN? **8 LITERS/MINUTE**
26. Why do you never exhale into a DPI? **UNUSED MEDICATION CAN BE DISPERSED.**
27. What is the ideal pattern for DPI administration?
- A. **Fast and deep**
 - B. Slow and deep
 - C. Fast and shallow
 - D. Slow and shallow

28. The spacer device used with a MDI will:
- A. Improve aerosol lung deposition
 - B. Reduce oropharyngeal deposition
 - C. Make it easier for the patient
 - D. All the above
29. If a MDI hasn't been used for 24 hours, you should:
- A. Not shake the MDI
 - B. Take an extra dose
 - C. Discharge a waste dose
 - D. Use another MDI