

COLBERT CH 4: Medicated Aerosol Treatments

1. C
2. D
3. B
4. A
5. D
6.
 - a. To humidify inspiratory gas, which may be dry or humidity-deficient.
 - b. To improve the mobilization and elimination of secretions.
 - c. To deliver medications to the respiratory tract.
7.
 - a. Advantages
 - i. Large surface area with rich vasculature for drug absorption.
 - ii. Delivery to the site of need (airway)
 - b. Disadvantages
 - i. Difficult to get precise dosages
 - ii. The need for good patient education and patient compliance.
 - iii. Specialized equipment may be needed.
8.
 - a. MDI or DPI
 - b. SVN
 - c. SVN or MDI with spacer/mask
 - d. MDI (if tidal volume is adequate), SVN
9. **MDI technique**
 1. Hold the MDI to warm it to body temperature.
 2. Remove the mouthpiece cover.
 3. Inspect the mouthpiece for foreign objects.
 4. Shake the MDI well (3 or 4 shakes).
 5. If the MDI is new or has not been used recently, prime it by shaking and pressing the canister to deliver a dose into the room. Repeat several times.
 6. Breathe out normally, away from the MDI.
 7. Open the mouth and keep the tongue from obstructing the mouthpiece.
 8. Hold the MDI upright, with the mouthpiece aimed at the mouth.
 9. Place the mouthpiece between the lips or 4 cm (2 fingers) in front of the widely opened mouth.
 10. Breathe in slowly and press the MDI canister down once at the beginning of inhalation.
 11. Continue to inhale until the lungs are full.
 12. Move the mouthpiece away from the mouth and hold breath for 5 to 10 seconds (or as long as comfortable).
 13. Wait at least 15 - 30 seconds between doses.
 14. Repeat for the prescribed number of doses.
 15. Recap the mouthpiece.
 16. If using a corticosteroid MDI, gargle and rinse the mouth with water or mouthwash after each use.

10. Continuous nebulizers are indicated when a prolonged administration of therapy is needed.