Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Care and Use of a Nebuliser

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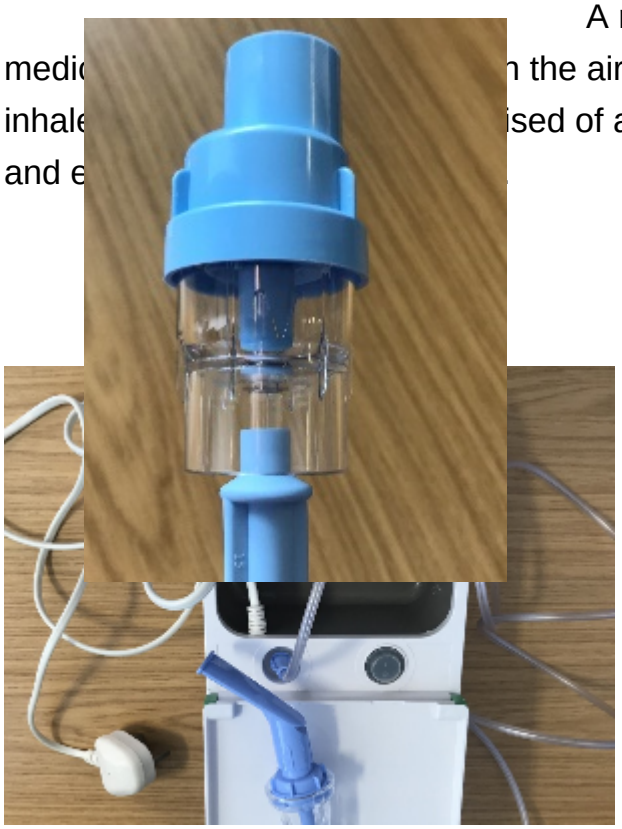
Care and Use of a Nebuliser

Patient Information

Community Respiratory Team

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What is a nebuliser compressor?



A **nebuliser** is a small chamber into which the liquid medi[illegible] the air is blown to make a mist which you can then inhale[illegible]ised of a small chamber, tubing attached to the nebuliser, and e[illegible]

A **compressor** is an electrical or battery powered device that is the driving force behind the aerosol delivery. This is connected to the nebuliser kit.

What are the benefits of using a nebuliser compressor?

Nebulisers can deliver a larger amount of medication than the amount you would receive from several puffs of your inhaler. They are useful when patients are too ill or otherwise unable to use handheld inhalers and when drugs are not available in this device.

Nebulisers are also used to provide relief from breathlessness in palliative care. For long-term use, you may need to have a 4-week nebuliser assessment under the direction of the community respiratory team.

Are there any risks involved with using the nebuliser?

Nebulisers should only be used on the advice of your respiratory nurse or doctor.

High doses of medication given in the nebuliser can have side-effects. Depending on what you have this can range from palpitations, hand tremor and muscle cramps, this will be explained in the medication leaflet with the drugs prescribed. If you use your nebuliser, become more breathless and think the medication is causing this, you need to stop using it and inform your respiratory nurse or doctor before starting again. This is especially important if this is a new medication and you have been advised this may happen.

For elderly patients with a heart condition, nebuliser treatment is sometimes not recommended, or with caution.

Keeping the nebuliser clean is important as a dirty nebuliser can increase the risk of a chest infection. It is important you keep the nebuliser chamber, mask/mouthpiece clean and the compressor wiped and uncluttered.

Can I use something else?

Yes, for some treatments there are alternatives, such as inhaled medications with a spacer device (a tube made of plastic the inhaler is inserted into, medication delivered and then inhaled out the mouthpiece at the other end). This is recommended for drugs such as Salbutamol (Ventolin) or Ipratropium Bromide (Atrovent) when higher doses can be delivered with the inhaler instead of the nebuliser.

Before choosing a nebuliser, your doctor or nurse should make sure you are optimised on your inhaled medication, and you are able to use the inhaler device.

How to use the nebuliser compressor

Always read the instructions before using the compressor

- The medication will come in a small plastic vial (nebule). Twist off the top and squeeze the contents into the nebuliser chamber, making sure the chamber is sealed, and the mask or mouthpiece attached.
- If you are having both Salbutamol and Ipatropium, they can be taken together.
- It the tubing is not attached push one side of the nebuliser kit tubing onto a nozzle under the chamber and the other onto a similar nozzle on the compressor.
- Switch on the compressor, making sure it is on a flat hard surface such as a table and that it is plugged into the mains (if electric).
- Sit comfortably in an upright position, keeping the chamber upright, and a visible mist should be coming out of the top.
- If using a mask, place it over both the mouth and nose; if using a mouthpiece, seal lips around and breathe through the mouth.
- Breathe normally but take a deep breath occasionally; the mist should reduce after 5-10 minutes depending on the dose in the chamber.
- When it has almost gone the noise changes, then turn off the machine. There will always be a few drops left in the chamber.

Cleaning your kit and machine

After using the nebuliser, you **must** rinse the pot in clean, warm soapy water, making sure you have all the parts together. Leave them to air dry on a dry clean surface or kitchen roll.

Wipe the mask or mouthpiece with a clean damp cloth. Make sure the inside and outside surfaces of the compressor are cleaned with a damp cloth the same as with the mask regularly. The tubing should **not** be washed.

What is the nebuliser breaks down?

Make sure the compressor is connected to the mains and is switched on. If the compressor is working but there is no mist, make sure there are no missing part inside the chamber, and the tubing is not kinked. There is sometimes a dongle inside the chamber that vibrates, this can be removed if you have cleaned the kit, so make sure you put it back in. Alternatively try another nebuliser kit if you have one. Kits last up to 3 months. The filter should be changed every 3 months.

DO NOT try to fix the compressor yourself.

Remember the nebuliser may be giving you a higher dose of medication you already have as an inhaler, so you may be able to revert to the inhaler temporarily. In an emergency the inhaler can be used as a temporary nebuliser.

Salbutamol with a spacer device (ask you GP if you do not have one) can be used in this way. You can use the inhaler by taking 10-15 puffs through your spacer:

1. Shake the inhaler and put 1 puff into the spacer
2. Breathe in and out normally 5 time
3. Wait 30 seconds between doses and repeat until you have taken 10 doses wait 5 minutes if you are still not relieved then have a further 5 doses. This can be done each time you would be due your nebuliser
4. If you are still having difficulty breathing, your symptoms change and are getting worse, or the inhaler isn’t working please contact NHS 111, go to A&E or dial 999 in an emergency

Where do I exchange or return may machine?

If the nebuliser was loaned for a nebuliser assessment, we can arrange pick up from your home or you may be asked to bring it back to clinic or alternatively:

Boston House – Entrance B

Wigan Health Centre

1st floor Reception

Frog Lane

Wigan

WN6 7LB

Opening hours 9am and 5pm or call 0300 707 1170.

If the nebuliser was loaned by the COPD at RAEI unit call 01942 822231.



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