Into the spacer

Spacer and nebuliser gave similar relief of dyspnoea for a large group of prehospital patients

Background

Due to COVID-19, administration of β_2-agonist changed in the North Denmark Region from nebuliser to spacer.

We aimed to quantify the effect of switching.

Method

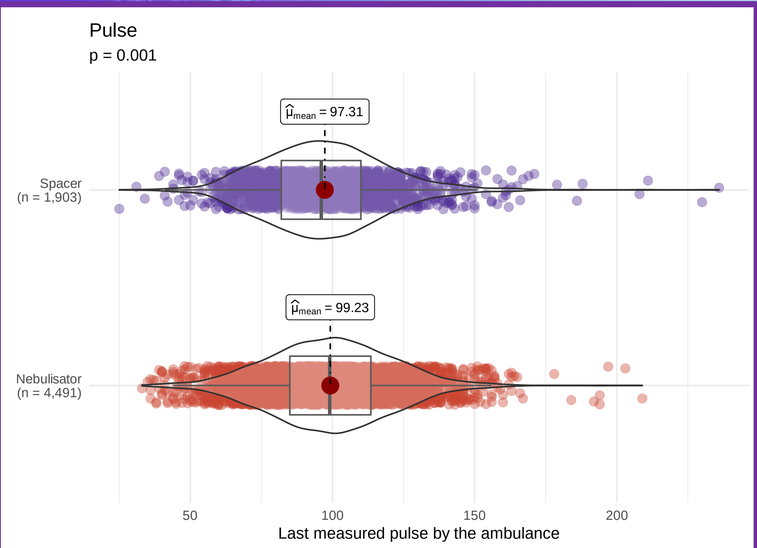
- Retrospective cohort from 2018-2022
- All adult patients receiving β_2 agonist

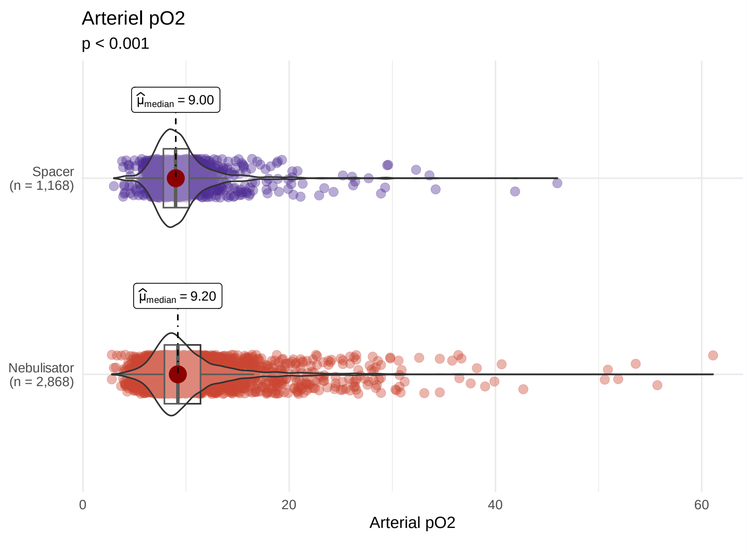
Results

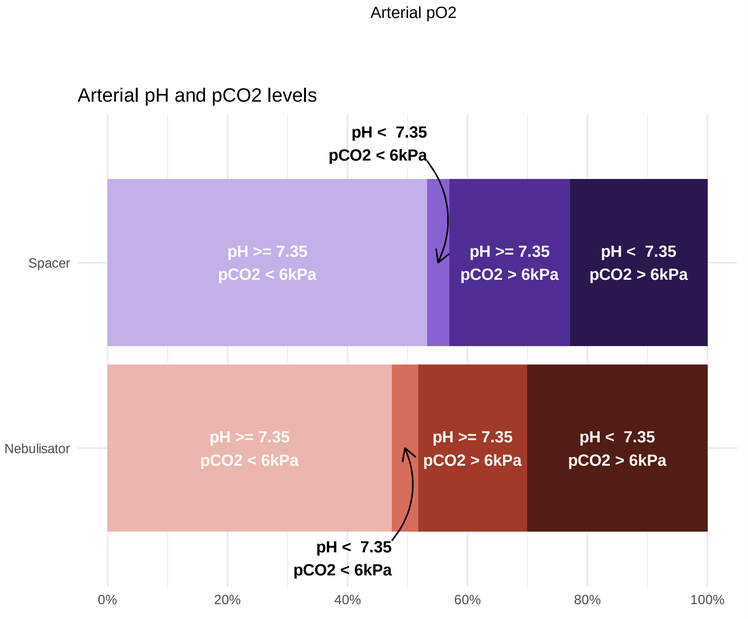
- No. of patients receiving β_2 agonist; 4578 and 1943
- Dyspnoea score was recorded in 48% and 38% of the times. We found no significant difference in dyspnoea score
- Vital values were recorded in 95% and 96%. Significant differences in saturation and pulse rate were detected.
- Arterial gas analysis at arrival to hospital was available in 62 % and 60% of cases. paO2, paCO2 and pH were significantly different, favouring the spacer.

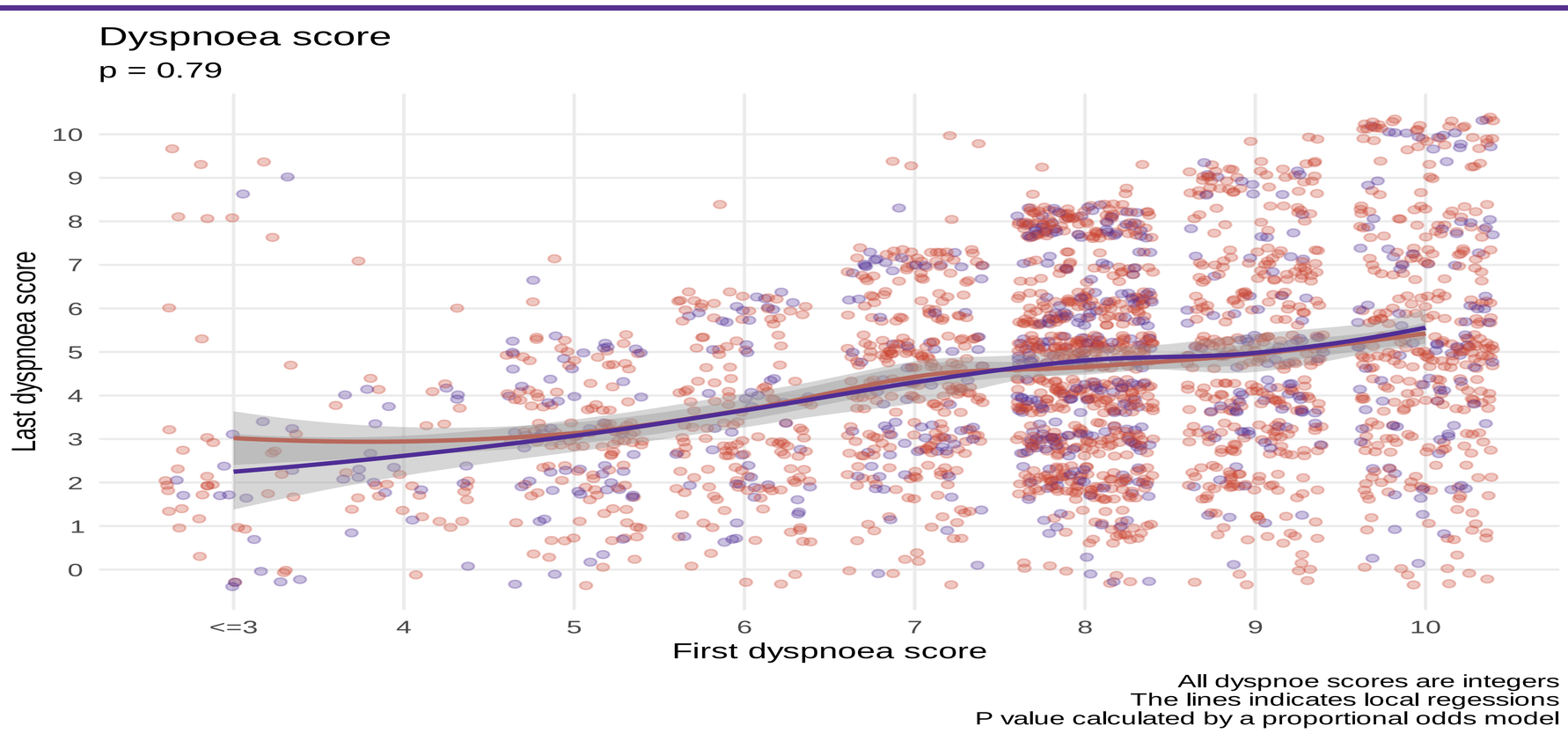
Conclusion

Spacer and nebuliser gave similar relief of dyspnoea, but patients using the spacer had a lower pulse rate and paCO2 than the patients receiving nebulised β_2 agonist.









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