

<b>Providence Health Care</b>	Department:  <b>Respiratory Services</b>	Date Originated: <b>October 2007</b>  Date Reviewed/Revised: <b>July 2009</b>
<b>PROCEDURE</b>	Topic: <u>Critical Care</u> – Epinephrine (Racemic) Inhalation Solution (Respiratory Therapy) Number: B-00-12-12049	Related Links:
<p><b>APPLICABLE SITES:</b></p> <p>St. Paul's Hospital Mount Saint Joseph Hospital</p> <p><b>BACKGROUND:</b></p> <p>Racemic Epinephrine has traditionally been available as a 2.25% solution for oral inhalation.</p> <p>This product is no longer available and as a result the Respiratory Therapist will be required to use a 1:1000 concentration of epinephrine as an alternative.</p> <p><b>INDICATIONS:</b></p> <p>Used in the treatment of acute laryngeal edema characterized by inspiratory stridor.</p> <p><b>EQUIPMENT:</b></p> <ul style="list-style-type: none"> <li>• Small volume nebulizer setup with aerosol mask</li> <li>• Epinephrine 1:1000 (1mg/mL)             <ul style="list-style-type: none"> <li>▪ Access from Omnicell (1 mL vials)</li> </ul> </li> <li>• Oxygen source</li> </ul> <p><b>PROCEDURE:</b></p> <ol style="list-style-type: none"> <li>1. Obtain order for epinephrine by inhalation.</li> <li>2. Perform pre-treatment patient assessment and auscultation noting the presence of inspiratory stridor.</li> <li>3. Set up the small volume nebulizer and attach to oxygen source.</li> <li>4. Place <b>5 mL</b> of 1:1000 (1mg/mL) epinephrine solution into the nebulizer chamber. Dilution is not required.</li> </ol> <p><b>NOTE:</b> 5 x 1 mL vials will be required per dose.</p>		

5. Place the mask on the patient's face and set the oxygen flow to 6-8 L/min. Ensure the nebulizer is functioning and medication is being delivered to the patient.
6. Remove mask and discontinue oxygen flow once the epinephrine solution has been nebulized.
7. Perform post treatment patient assessment noting if inspiratory stridor has improved.
8. If no improvement in patient condition is evident consider repeating the treatment in consultation with the physician.
9. Document thoroughly in the Patient Record, including pre & post assessment, response to therapy, adverse reactions, and other relevant findings.