



CIRCULAR NO. H 91 /2020

**TO: DDG: CHIEF OF OPERATIONS
CHIEF DIRECTORS; DIRECTORS; HEADS OF INSTITUTIONS
MANAGER: CAPE MEDICAL DEPOT
HEAD OF HEALTH: CITY OF CAPE TOWN
RESPONSIBLE PHARMACIST: CHRONIC DISPENSING UNIT**

N.B. FOR CIRCULATION TO ALL MEDICAL, PARAMEDICAL, PHARMACEUTICAL AND NURSING PERSONNEL

USE OF SALBUTAMOL PRESSURISED METERED DOSE INHALERS (pMDI) AND SPACERS IN ALL EMERGENCY CENTRES AND WARDS AS AN ALTERNATIVE TO NEBULISERS DURING THE COVID PANDEMIC.

Concern has been raised that nebulisers may increase the risk of transmission of SARS-CoV2 which may place staff and other patients at high risk of becoming infected. For the duration of the pandemic, all patients presenting at Health Care facilities who require administration of an inhaled bronchodilator for acute exacerbation of asthma or chronic obstructive airways disease (COPD) should therefore receive a pressurised Metered Dose Inhaler (pMDI) bronchodilator with a spacer as an alternative to a nebuliser in the Emergency Unit and/or ward.

Use of a pMDI and spacer:

- Dose of salbutamol to be used: 800 µg (8 puffs) using pMDI administered via spacer for adults and 400-800 µg (4-8 puffs) for children, depending on severity.
- Shake the MDI and attach it to the spacer. The patient should place the mouthpiece of the spacer inside their mouth and seal tightly with their lips.
- Give one puff at time (co-ordinated with breath if possible).
- Allow patient to breathe 4 breaths through the spacer between puffs.
- If no relief, repeat every 20–30 minutes in the first hour.
- Face mask oxygen can be administered after the MDI and spacer if the patient is hypoxic.

- Please refer to the National Standard Treatment Guideline and Essential Medicine List (STGs & EML) for comprehensive management of acute exacerbations of asthma and COPD.

On discharge, the spacer should be issued to the patient to take home, except from COVID wards (provided there are enough spacers available). If spacers are reused in the unit, they must be adequately disinfected between patients with soap and water, followed by a wipe down with 70% alcohol, or by soaking the spacer in a chlorine-based disinfectant for 30 minutes, then immediately thereafter, rinsing them well with water to avoid chlorine from being absorbed into the spacer.

NOTE: Ipratropium bromide pMDI is not available in South Africa at present. If response to salbutamol via pMDI and spacer is poor in moderate to severe exacerbations, consider adding magnesium sulphate as an intravenous infusion: 2 g in 100mL sodium chloride 0.9%, as a single dose, administered over 20 minutes as an alternative to ipratropium pMDI. Also refer to the National STGs & EML for comprehensive management.

Spacers may be ordered from the Cape Medical Depot (Pharmaceutical; Code 7300011):

ICN for adult spacers (Zerostat®): 3898229 (please order in quantities of 60)

ICN for bottle spacers: 3801217

Please find attached poster which promotes the use of pMDI bronchodilators as set out above.

Sincerely



MS K LOWENHERZ

DIRECTOR: PHARMACY SERVICES

DATE: 21/05/20



Western Cape
Government

CORONAVIRUS SPREADS BY DROPLETS

Nebulisers can make the CORONAVIRUS go into the air and spread to people close to you. We are no longer using Nebulisers to help you if your chest is tight.



WE WILL USE A PUMP WITH A SPACER.

- Please take 4 deep breaths from the spacer as instructed by the nurse, per puff from the pump.
- The nurse will give you more puffs as needed.
- If you need oxygen, we will ensure you receive it.
- We are here to help you and stop the spread of this virus.

LET'S **STOP** THE SPREAD