


 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code:
	<b>GUIDELINES</b>	GL-ICP-050
	Document Title	Effective Date:
	<b>INTERIM GUIDELINES FOR INHALATION THERAPY DURING COVID-19 PANDEMIC</b>	June 2020
		Revision Number:
		0
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REVISION HISTORY			
Rev No.	Review Date	Description of Change	Date of Next Review
			June 2021

Reviewed by:	 <b>GERARDO S MANZO MD</b> Incident Commander	Approved by:	 <b>JOEL M. ABANILLA, MD</b> Executive Director
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## I. OBJECTIVE

The policy for Inhalation Therapy shall serve as interim guidelines for Healthcare Professionals administering inhalation therapy to ensure safe performance of this procedure during the Novel Coronavirus Pandemic.

## II. DESCRIPTION

The Novel Coronavirus initially caused a national outbreak of severe pneumonia in China, and rapidly spread around the world as a pandemic. The COVID-19, also known as SARS-CoV-2, 2019-nCoV, or novel coronavirus, has a range of diameters between 0.8-0.12 um. It is currently understood that its transmission is highly likely to be by droplet and airborne routes. Aerosol generating procedures such as nebulization may put healthcare workers at an increased risk for exposure to SARS-CoV-2 and infection. Due to the risk of the aerolization and spread of the virus, routine nebulization should be avoided. If there is a need for bronchodilators, the use of metered-dose-inhalers with spacers is recommended.

## III. REQUIREMENTS


- a. Metered-dose-inhalers with spacers, for patients who can tolerate
- b. Nebulizer and personal nebulizing kit
- c. Inhalation room ideally with Negative pressure
- d. Personal Protective Equipment
  - N95 respirators
  - Safety goggles or face shield
  - Disposable gloves
  - Isolation gown
  - Disinfectant for hand hygiene (70% alcohol)
  - Disinfectant for equipment (70% alcohol)

### A. Patient Criteria

Aerosol Therapy should be limited to true indication, including short-acting bronchodilator for patients with reactive airways or chronic obstruction.

Based on potential risk, the following are recommended for to minimize the risk to healthcare professionals:


- A.1. For patients who can tolerate, metered-dose-inhalers with spacers are recommended
- A.2. Inhalation therapy for patients with known or suspected COVID-19 should be avoided.

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A.3. For intubated patients in Emergency room or CoVid-19 ICU, metered-dose-inhaler is recommended

#### IV. PROCEDURE

- A. What tests to perform
  - a. Aerosol therapy (nebulization)
  - b. Administration of metered-dose-inhalers for intubated patients and those who can tolerate
- B. What procedures to avoid or observe with caution
  - a. Procedures that are likely to INDUCE coughing shall be performed with great caution and avoided if possible
  - b. Procedures that are likely to PRODUCE coughing, such as peak flow monitoring shall be deferred at the moment.
1. Request for inhalation therapy for out- patients shall be referred to the Emergency room to minimize the risk of viral aerolization and spread.
2. Respiratory Therapist shall endorse properly the nebulizer on stand by/ left inside the patient's room to the next shift. Appropriate equipment documentation shall be done in the equipment logbook.
  - 2.1. Respiratory Therapist shall do ocular inspection of all pulmonary equipment (e.g. nebulizers, pulse oximeters, etc) endorsed in the ward/ ICU before the turnover of responsibilities at the end of his shift.
3. Respiratory Therapists shall wear the proper PPE before administering inhalation therapy. Strict hand hygiene shall also be observed before and after patient handling and doffing of PPE.
4. For full guidelines, see *Inhalation Therapy Protocol*.
5. If bronchodilators are warranted in mechanically ventilated patients, the use of metered dose inhaler via MDI adaptors connected to breathing circuits shall be recommended to minimize aerosolization of virus.
6. Inhalation therapies done shall be properly documented and logged in the inhalation flowsheet form attached in the patient's chart.
7. Respiratory Therapists shall not administer aerosol therapy/ nebulization to CoVid-19 suspected and confirmed patients in the ICU and Wards. If warranted, the use of metered dose inhalers shall be recommended.

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#### **V. DISINFECTION**

1. Respiratory Therapists shall wear appropriate PPE before disinfection of nebulizers. Such PPE include n95 masks, gloves and isolation gown.
2. Surface of nebulizers shall be disinfected every after use using 70% alcohol.
3. Nebulizer filters shall be replaced as needed.
4. Proper doffing and disposal of used PPE shall be strictly followed.
5. Hand hygiene protocol shall also be followed.

#### **VI. REFERENCES**

PCCP Council on Diagnostics and Therapeutics, Precautions when performing aerosol-generating procedures amid COVID-19 Public Health Emergency



**PHILIPPINE  
HEART CENTER  
INCIDENT COMMAND  
POST**

Document Type

**POLICIES**

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POL-ICP-066

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Document Title

**POLICY ON THE ASSESSMENT AND  
MANAGEMENT OF HEALTHCARE  
WORKERS WITH POST COVID-19  
SYMPTOMS**

Revision Number:

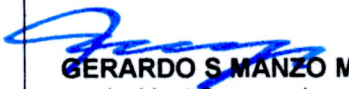
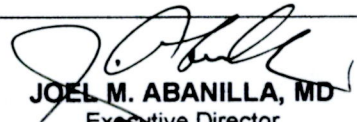
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