

1-15-24 Weekly Clinical Update

With all of the Infection Control tags being written (and I admit, most of them revolve around appropriate hand hygiene), I thought it would be good to discuss small-volume medication nebulizer: inline and hand-held nebulizers. Included in the CDC Guidelines for Preventing Healthcare Associated Pneumonia <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm> is:

“ Small-volume medication nebulizers: in-line and hand-held nebulizers

- a. Between treatments on the same patient clean, disinfect, rinse with sterile water (if rinsing is needed), and dry small-volume in-line or hand-held medication nebulizers (IB) (57--59).
- b. Use only sterile fluid for nebulization, and dispense the fluid into the nebulizer aseptically (IA) (40--42,58,60--62).
- c. Whenever possible, use aerosolized medications in single-dose vials. If multidose medication vials are used, follow manufacturers' instructions for handling, storing, and dispensing the medications (IB) (60,62--67).”

Under the paragraph titled “Use and Care of Medical Devices, Equipment, and Environment”

“Nebulizers and other devices

- a. Preferentially use sterile water for rinsing nebulization devices and other semicritical respiratory-care equipment after they have been cleaned or disinfected (58,242). If this is not feasible, rinse the device with filtered water (i.e., water that has been through a 0.2 μ filter) or tap water and then rinse with isopropyl alcohol and dry with forced air or in a drying cabinet (IB) (24).
- b. Use only sterile (not distilled, nonsterile) water to fill reservoirs of devices used for nebulization (IA) (40,58,229,242,243).
- c. Do not use large-volume room-air humidifiers that create aerosols (e.g., by venturi principle, ultrasound, or spinning disk and thus are really nebulizers) unless they can be sterilized or subjected to high-level disinfection at least daily and filled only with sterile water (II) (242,243)”

You might want to take a minute to review your facility's policies/procedures to make sure you are following evidence-based best practice. Care of oxygen equipment is frequently written under **both** F695 and F880.

I would also remind that if staff deliver aerosol treatments to residents but don't stay in the room, the facility is required to have a self-administration test with recommendations and a physician order for self-administration for the treatment.