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Recommendations for Nebulization therapy in the current era

Pre-nebulization  |  During nebulization  |  Post-nebulization
Pre-Nebulization

Follow GNP recommended hand sanitization procedure¹
Scrub your hands and forearms for 2-6 minutes with an anti-microbial soap or sanitize them using alcohol based hand sanitizers with greater than 60% to 70% alcohol content.

Preparation for Nebulization²
Nebulization should be conducted in an Aerosol Infection Isolating Room/negative-pressure (or at least in a well-ventilated room).

Wear adequate Personal Protection Equipment (PPE)³
HCPs should wear a facemask\textbf{N95 respirators}, FFP2, or equivalent/respirator and facial protection before entering the Nebulization room.

Restrict the number of people inside the Nebulization room⁴
Only essential staff, provided they are wearing the necessary protective equipment, should be allowed to enter the room and the entry of visitors should be strictly prohibited.

Ensure proper sterilization or high-level disinfection of Nebulizer accessories⁵
Change nebulizers between patients only after using sterilization or high-level disinfection or use single-use nebulizers, if possible.

For more information please visit www.goodnebulization.co.in

During Nebulization

**Conduct Nebulization in an AIIR room** (Airborne Infection Isolation Room)²,⁶
Ideally, nebulization should be performed in an Airborne Infection Isolation Room (AIIR)/negative pressure room whenever feasible or in portable anteroom.

**In case AIIR is not available, conduct nebulization in a closed room**²,⁶
If AIIR is not available, nebulize in a room from which air does not circulate to others areas and minimizes the exposure risk for HCWs. (eg: Enclosed single room away from high-risk patients).

**Precautions for the patient during Nebulization**
Sit upright and hold the medication upright, breathe deep & hold it till you can, stop the nebulizer if you want to cough or sneeze, and tap the walls of medication chamber occasionally.

**Prefer Mouthpiece over Face-mask as a patient interface during nebulization**⁷,⁸
Using a mouthpiece prevents the aerosolized mist to escape in the nearby surroundings and is associated with better improvement in lung function vis-à-vis a face mask.

**Restrict the entry and exit of people into the Nebulization room**⁵
Only essential staff wearing the appropriate gear, should be allowed to enter the room, that too before the nebulization starts. Do not allow entry and exit during nebulization.

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Post-Nebulization

Empty the Nebulization room for 30 minutes after Nebulization

In all cases, leave the room vacant with the door closed for 30 minutes after nebulization and the patient has vacated the room.

Cleaning of nebulizer accessories (Interface, medication chamber & tubing)

Clean with water or mild detergent > Disinfect with 70% Isopropanol or (0.5%) Hydrogen Peroxide > Rinse with sterile water > Air dry after every use.

Cleaning of common surfaces post-nebulization (1/2)

Use 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment; and sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces.

Cleaning of common surfaces post nebulization (2/2)

Visibly dirty surfaces should first be cleaned with a detergent (commercially prepared or soap and water) and then a hospital-grade disinfectant should be applied.

Avoid reuse or sharing of Personal Protective Equipment

The reuse of PPE kits (mask, face-shield, gloves and protective glasses) should be avoided at all costs. Using disposable equipment is strongly recommended.

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