THE STUDY VAULT

Clinical Chaos

# Albuterol Metered-Dose Inhaler

## SKILL SNAPSHOT

### Purpose
- Delivers a measured short-acting beta2-agonist dose to relieve reversible bronchospasm.

### When to use
- Ordered rescue treatment for wheezing, bronchospasm, or prevention of exercise-induced symptoms.

### Supplies needed
- Albuterol pMDI; valved holding chamber/spacer; mask if needed; dose counter; pulse oximeter/peak-flow meter if ordered.

## PREP + PATIENT SETUP
- Verify medication rights, dose/puffs, frequency, last use, allergies, and maximum rescue plan.
- Assess breath sounds, RR/effort, SpO2, HR, symptoms, and peak flow if used.
- Check dose counter, expiration, mouthpiece,

## VAULT TIP
- Exhale, seal, press once, inhale slowly, hold—then reassess whether the rescue medication actually worked.

## STEP-BY-STEP
1. Hand hygiene; identify patient; explain expected relief and possible tremor/palpitations.
2. Remove cap and inspect mouthpiece. Shake inhaler well. Prime if new, unused for the specified interval, or dropped per manufacturer.
3. Attach inhaler to valved holding chamber. Have patient sit upright.
4. Ask patient to breathe out fully away from the device; do not exhale into chamber.
5. Seal lips around mouthpiece, or fit mask tightly over nose and mouth.
6. Press canister once to release one puff into chamber. Do not fire multiple puffs together.
7. Inhale slowly and deeply through the chamber. If a whistle sounds, slow the breath.
8. Hold breath about 10 seconds if able, then exhale slowly. If unable to take one deep breath, use the manufacturer-recommended tidal breaths.
9. Wait the ordered interval, commonly about 30-60 seconds, before the next albuterol puff; shake again.
10. Repeat one actuation at a time for the prescribed number of puffs.
11. Reassess breath sounds, work of breathing, SpO2, HR, symptoms, and peak flow. Escalate if rescue response is poor.
12. Replace cap; clean inhaler and chamber per manufacturer. Track doses and teach when to seek urgent help for frequent rescue use.

## SAFETY REMINDERS
- Excess use can cause tachycardia, tremor, hypokalemia, and delayed treatment of severe asthma.
- Stop for paradoxical bronchospasm or severe chest symptoms.
- A spacer improves delivery and coordination.
- One actuation at a time.

## COMMON MISTAKES
- Poor shake/priming.
- Actuating before exhalation.
- Fast inhalation or no breath hold.
- Spraying multiple puffs into spacer at once.

## DOCUMENTATION
- Medication, puffs, time, technique.
- Pre/post respiratory findings and HR.
- Peak flow/SpO2 if measured.
- Response and adverse effects.
- Teaching, rescue frequency, escalation.