

Standard Work Activity Sheet		Owner: Author: Pharmacy, Infection Prevention, Respiratory Therapy, Nursing	Rev. Date: 3.24.20 1756
Title:	Common Canister Standard Work		
Step:	Purpose: Standardize process to conserve metered-dose inhalers		



Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who
	<p>Assumptions:</p> <ol style="list-style-type: none"> Dry powdered inhalers (DPIs), Respimat, and Qvar Redihaler are excluded from this process Aerosolized MDIs identified below will not be sent home with patients All patients receiving an aerosolized MDI will receive a <u>patient-specific spacer</u>. The patient specific spacer will be sent home with the patient on discharge or disposed Patients withOUT droplet precautions shall use nebulized treatments <ul style="list-style-type: none"> Provider ordering will be supported by Epic alerts Isolation patients including those with severe respiratory precautions will be initiated and sustained on MDIs to reduce PPE burden during administration Patients receiving an MDI who decompensate and transition to nebulized therapies will have their MDI inhaler discontinued and standard work followed to bring product back into inventory Pharmacy will not receive dirty inhalers back to redispense, products must be cleaned by nursing before being brought back to pharmacy for reuse assessment 		
1.	MDI inhaler ordered by provider or RT via Bronchodilator Protocol and verified by pharmacy	<p>If inhaler is ordered for rescue as a "PRN," do not proceed with below steps until the patient requires a dose, in order to conserve product.</p> <p>Formulary inhalers included:</p> <ul style="list-style-type: none"> Albuterol HFA 90mcg Levalbuterol (Xopenex) HFA 45mcg Fluticasone (Flovent) HFA 44, 110, 220mcg Mometasone/Formoterol (Dulera) 100mcg/5mcg, 200mcg/5mcg Budesonide/Formoterol fumarate (Symbicort) 80-4.5 mcg/ACT, 160-4.5 mcg/ACT <p>Formulary inhalers excluded:</p> <ul style="list-style-type: none"> Mometasone (AsmanexTwisthaler) 220mcg Budesonide (Pulmicort Flexhaler) 90, 180mcg Tiotropium bromide (Spiriva Respimat) 1.25, 2.5mcg Tiotropium bromide and olodaterol (Stiolto Respimat) 2.5/2.5mcg Salmeterol xinafoate (Serevent Discus) 50mcg Beclomethasone dipropionate (Qvar Redihaler) 40, 80mcg- do not use spacer per package insert 	Provider / Pharmacy / RT

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2.	RN / RT retrieves spacer device for patient	<p>A spacer device has a one-way valve that eliminates risk of contamination to inhaler</p>  <p>Only one spacer device is needed per patient and can be used throughout stay</p> <p>Spacer device may be left in patient room</p> <p>Lawson number: 400016</p>	RN / RT
3.	RN / RT labels the spacer device	<p>Use patient label readily available on the floor</p> 	RN / RT
4.	If inhaler is in manufacturer packaging, an expiration date must be on the inhaler	<p>Expiration Dating:</p> <p>Use expiration dating stickers covered by prescription tape to ensure dating is not removed with cleaning process</p> <p>12 months after removal from overwrap</p> <ul style="list-style-type: none"> Albuterol HFA 90mcg Levalbuterol (Xopenex) HFA 45mcg Fluticasone (Flovent) HFA 44, 110, 220mcg Mometasone/Formoterol (Dulera) 100mcg/5mcg, 200mcg/5mcg <p>3 months after removal from overwrap</p> <ul style="list-style-type: none"> Budesonide/Formoterol fumarate (Symbicort) 80-4.5 mcg/ACT, 160-4.5 mcg/ACT 	Pharmacy

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5.	Inhaler dispensed via Pyxis or dispensed from Pharmacy	When obtaining supply from Pyxis or Pharmacy ensure that product is in tamper evident packaging	Pharmacy / Pyxis
6.	RN / RT completes the patient-specific labelling process (otherwise known as triple scanning process)	Patient specific label printed and affixed to the inhaler Patient Specific Medication Labelling	RN / RT
7.	<p><i>Administration:</i></p> <ol style="list-style-type: none"> 1. Review inhaler for expiration dating and dose counter (if expired or no doses remain- return to pharmacy) 2. Remove the actuator cover and shake the inhaler 3. If this is the first use, prime the inhaler in the air per manufacturer guidelines 4. Attach inhaler to patient-specific spacer and follow the barcode medication administration scanning process 5. Have the patient in an upright sitting or standing position 6. Place the spacer mouthpiece between the patient's teeth with the tongue under the mouthpiece so it does not block the spacer 7. Have the patient seal their lips around the mouth piece 8. Press down and activate the MDI as the patient begins to breathe in slowly and deeply through their mouth 9. Have the patient hold their breath for 10 seconds, or as long as comfortable 10. Remove the spacer and MDI from the patient's mouth and have them breathe out slowly 11. Repeat steps 5-10, if more than one puff is ordered 	<p>Barcode medication administration is completed for patient safety and charging purposes</p> 	RN / RT

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8.	<p><i>Storage when not in use:</i></p> <p>Spacer: Place spacer in plastic bag and store at bedside</p> <p>Inhaler: Place inhaler in plastic bag and place in the patient medication storage bin in the patient room</p>	Inhaler and spacer will stay with patient and be used for all ordered doses while the inhaler order is active or until discharge	RN / RT
9.	<p><i>Order discontinuation or discharge:</i></p> <p>Remove inhaler from the medication storage location and remove the patient specific label from the product</p> <p><u>Do not return the spacer to the pharmacy.</u> If appropriate, send the spacer home with the patient or dispose</p>	<p>The following inhalers will <u>NO longer be sent home with patients upon discharge:</u></p> <p>Albuterol HFA 90mcg</p> <p>Levalbuterol (Xopenex) HFA 45mcg</p> <p>Fluticasone (Flovent) HFA 44, 110, 220mcg</p> <p>Mometasone/Formoterol (Dulera) 100mcg/5mcg, 200mcg/5mcg</p> <p>Budesonide/Formoterol fumarate (Symbicort) 80-4.5 mcg/ACT, 160-4.5 mcg/ACT</p>	RN
10.	<p><i>Cleaning process:</i></p> <p>Separate canister from actuator and thoroughly wipe both the canister and actuator with appropriate disinfection wipes</p> 	<p>Cleaning should be complete for entry into the clean utility room / medication room</p> <p>Ensure all crevices and surface area of the canister and plastic inhaler container are thoroughly cleaned</p> <p>Purple top Sani-Cloth wipes may be used for cleaning inhaler parts <i>except for patients with C.Diff.</i> Contact time for purple top wipes is 2 minutes.</p> 	RN

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		Orange top Bleach wipes: use for patients with <i>C.Diff.</i> Contact time for orange top wipes is 4 minutes.  Allow to thoroughly dry	
11.	When dry, place canister and actuator together and place in a clean plastic bag and return to identified bin in medication room	Inhaler and actuator <u>must be dry before placing back together</u> and in the plastic bag Identified location will be in each medication room	RN
12.	Pharmacy will pick up used – cleaned bagged inhalers for re-dispensing process	Items will be returned to a designated area in the pharmacy	Pharmacy
13.	Upon return to pharmacy, pharmacy to complete assessment for re-dispensing process	Assessment for re-dispensing of inhaler: <ol style="list-style-type: none"> Expiration dating will be reviewed (discard if expiring in less than 7 days) If less than 5 doses remain on counter, inhaler will not be re-dispensed 	Pharmacy
14.	If inhaler appropriate to re-dispense, pharmacy will re-clean the canister and actuator	Ensure all crevices and surface area of the canister and plastic inhaler container are thoroughly cleaned Purple top Sani-Cloth wipes may be used for cleaning inhaler parts. Contact time for purple top wipes is 2 minutes.	Pharmacy

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		 <p>Allow to thoroughly dry</p>	
15.	Once cleaned, pharmacy will place the canister and actuator back together and seal in a plastic bag with tamper tape and individual product labelling with barcode will be applied	<p>Pharmacist check of labelled product is required</p> 	Pharmacy
16.	Tamper evident inhaler will be returned to Pharmogistics inventory and storage location		Pharmacy