

Home Aerosol Treatments



Patient and Family Education

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

This sheet contains general guidelines for your child's care. Please refer to your child's "discharge instructions" sheet for more specific information.

What is an aerosol treatment?

An aerosol treatment brings medicine straight to your child's lungs to help him breathe better. Some people call an aerosol treatment a "breathing treatment." Your child breathes in a fine mist of medicine from a small cup called a nebulizer. The nebulizer has a tube attached to it that connects it to a small machine called an air compressor.

In the hospital, the nebulizer is connected to a thin tube that attaches to a nozzle on the wall that blows air or oxygen. The air compressor blows air across the medicine in the cup and turns it into a mist that your child can breathe.

For home, the nebulizer and compressor may be obtained from a home health company. Arrangements for the equipment will be made before your child leaves the hospital or clinic.

What goes in the nebulizer?

- Aerosol medicines:
 - Act on the airways to open them (for example – Albuterol, Proventil, or Xopenex) **or**
 - Decrease the swelling and irritation in the lungs (Pulmicort, for example)
- Some medicines must be diluted with saline (salt-water solution), while others do not. You may buy saline at the drugstore without a prescription - a common brand is Broncho Saline.
- A nurse or respiratory therapist will show you how to prepare the medicine for the nebulizer before you go home. Follow your child's doctor's instructions on how often to give aerosol treatments and how to dilute the medicines.

How do I give an aerosol treatment?

Your child can sit on your lap, his bed or a chair to take his treatment. Some parents find it easier to put infants and toddlers in a high chair or car seat.

Infants, toddlers and preschoolers should use a mask with the nebulizer. If necessary for very young children, the mask may be held very close to his nose and mouth (almost touching the mouth and nose).

The aerosol treatment does not hurt, but the mist may have a funny smell and feel cold on the face. Your main job is to make sure the mask stays on your child's face until the mist has stopped. Turning on the TV or a video or reading a book to your child may help him cooperate better with the treatment. Most aerosol treatments last 10 to 20 minutes, depending on how much medicine is in the nebulizer.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Home Aerosol Treatments, continued

Older children may use a mouthpiece with the nebulizer to breathe the medicine. Your child is ready to use the mouthpiece when he is old enough to understand to breathe only through his mouth when taking a treatment.

It is normal for your child to cough some during his treatment. Encourage him to cough once the treatment is finished. The cough will help clear his lungs.

Cleaning instructions:

- Wash the nebulizer in warm, soapy water after each use, and let it air dry. It may also be washed in the top rack of the dishwasher.
- The nebulizer must be disinfected once a week. Soak it in a vinegar solution of ½ cup white, distilled vinegar and 2 cups water for 30 minutes. Then, rinse well, and let it air dry.
- The tubing does not need to be cleaned. Do not run water through it! Moisture inside the tube may allow mildew and mold to grow. If you notice mold or mildew (black spots) in the tubing, throw it away, and get new tubing.
- Check the air filter in the compressor to see if it has gotten dirty. If it is gray, soiled or wet, it is time for a new filter. Most filters last at least several months. You may get new filters from the home health company that supplied the equipment.
- If you have problems with your child's air compressor, call the home health company where you got it.

When should I call the doctor?

Call 911 or your local ambulance service right away if your child:

- Is so sluggish or lethargic that he hardly responds to you
- Is working very hard to breathe or finds it hard to take a breath
- Has chest retractions (skin pulling in around the ribs and chest when breathing)
- Grunts when he breathes
- Has a blue or dark purple color to the nail beds, lips or gums
- Stops breathing for more than 10 seconds
- Cannot speak while trying to breathe
- Has any breathing problem that needs care **right away**

Call your child's doctor if:

- Your child has persistent lethargy or irritability (does not smile or show interest in play for at least a few minutes during a 4-hour period)
- Your child wheezes or breathes harder than he did when he was seen by the doctor
- Your baby is unable to breathe and suck at the same time or chokes when he sucks
- Your child has fast, shallow breathing
- Your child has a tight feeling in his chest
- Your child is inconsolable (cannot be calmed for at least a few minutes each hour using methods that usually work for your child, such as holding, rocking, pacifiers or soothing talk)
- Your child does not breathe easier after the aerosol treatments
- You have any questions or concerns about how your child looks or feels

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.