1.0 Classification
   • B₂ agonist

2.0 Mechanism of Action
   • Beta₂ stimulation (and slight Beta₁ stimulation) causing bronchodilation

3.0 Indications
   • Shortness of breath with signs of bronchospasm (e.g. wheezes)

4.0 Contraindications
   • Accompanying chest pain of possibly ischemic origin
   • Allergy to salbutamol

5.0 Precautions
   • Should be given with caution to patients with cardiovascular disease or hypertension

6.0 Routes
   • May be given by MDI or nebulizer
   • Can be provided through CPAP or BVM via MDI using the MDI adapter

7.0 Dosage
   **Adult (greater than 30 kg or 66 lbs)**
   • 5.0 mg nebulized OR 4-6 puffs with MDI as needed

   **Pediatric (10-30 kg / 22-66 lbs)**
   • 2.5 mg nebulized OR 2 - 3 puffs with MDI as needed

   **Infant (less than 10 kg / 22 lbs)**
   • 1.25 mg nebulized as needed

8.0 Supplied
   • Metered Dose Inhaler (each puff = 90-100 mcg of salbutamol)
   • 5.0 mg/2.5 mL polyamps

9.0 May Be Given By
   • PCP/ICP/ACP/CCP
10.0 Adverse Effects

- Tachycardia, palpitations
- Arrhythmia
- Hypertension
- Tremor
- Headache
- Muscle cramps

12.0 Special Notes

- Salbutamol works to reduce bronchoconstriction in the lower airways; it is not indicated for patients with stridor, which is a sign of upper airway pathology
- When a patient has severe shortness of breath with wheezing, there is no maximum dose of salbutamol
- 1 nebule (5 mg) provides the same amount of drug as 6 puffs from the MDI
- Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

13.0 References

- Adult Respiratory Distress Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed
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