

Medication: Salbutamol	PDN: 6975.06	Last Updated: August 21 2025	PMD: Andrew Travers*	PDC: Teena Robinson*	Page 1 of 2
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SALBUTAMOL (Ventolin)

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, EtCO₂ changes indicative of bronchospasm, etc.)

4.0 Contraindications

- Accompanying chest pain of possibly ischemic origin
- Known hypersensitivity

5.0 Precautions

- Should be given with caution to patients with cardiovascular disease or hypertension.

6.0 Routes

- May be given by metered dose inhaler (MDI)
- MDI can be administered via CPAP or BVM utilizing either a built in MDI port or an MDI adapter.

7.0 Dosage

Adult (greater than 30 kg or 66 lbs)

- MDI: 10 puffs with MDI as needed.
 - Each dose should be approximately 30 seconds apart to allow canister to recharge.

Pediatric 20 kg (44 lb) or more

- MDI: 10 puffs with MDI q 20 minutes, up to 3 doses, then q 1 hours after this as needed.
 - Each dose should be approximately 30 seconds apart to allow canister to recharge.

Pediatric less than 20 kg (44 lb)

- MDI: 5 puffs with MDI q 20 minutes, up to 3 doses, then q 1 hour after this as needed.
 - Each dose should be approximately 30 seconds apart to allow canister to recharge.

8.0 Supplied

- Metered dose inhaler (canister with plastic inhaler device)
 - 100 mcg per metered dose (puff)

9.0 May Be Given By

- EMR/PCP/ACP/CCP

10.0 Adverse Effects

- Tachycardia, palpitations
- Arrhythmia

- Hypertension
- Tremor
- Headache
- Muscle cramps

12.0 Special Notes

- A spacer (holding chamber) should be used when administering by MDI directly to the patient (i.e., when not administering through the MDI adapter or port).
- 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 hypoxia due to signs of bronchoconstriction (e.g., wheezing, or decreased air entry), there is no maximum dose of salbutamol.
- Salbutamol may be used when a patient is wheezing with anaphylaxis AFTER the epinephrine is given.
- Salbutamol often does not work in infants who are less than 1 year of age and should not be trialled unless the patient has life threatening distress.
- If a patient has access to an MDI in the home, use the patient's own supply.
- 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)
- Translating Emergency Knowledge for Kids (TREKK) Asthma Pediatric Packages
- Salbutamol HFA drug monograph

*Electronically Signed

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