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Abstract : Objectives: To audit the current clinical practice and the level of understanding on nebulizer therapy. Setting: General medical wards, the Medical Intensive Care Unit (MICU), and emergency care unit (ETU) of the National Hospital of Sri Lanka. Methods: Knowledge and awareness of the value of nebuliser therapy was assessed by administering a questionnaire to 80 nursing officers. Technique was observed in a sub group of 11 nurses in the same study sample. The responses were compared with the guidelines for nebuliser treatment of the British Thoracic Society. Emphasis was placed on several aspects of Nebulization technique proper cleaning, drying, dose of drug, diluant used, dilution used, duration of therapy, advice to patients, positioning of patients, and cleaning of the nebuliser after use. These were observed in the sub group of 11 nurses to obtain a percentage score. Results: The nurses had an average experience of 8.82 years. Most identified asthma and COAD as the two main indications for nebuliser therapy. Only 7.5% knew the correct dose of salbutamol and only 10% knew the correct by dilution as specified by the manufacturer. 76% agreed that NaCl was the ideal dilutant 93.7% were aware that the frequency of nebulization is determined by the patient's symptoms and signs. Only 16.25% knew how often, and 49.7% with what substance the nebulizer should be cleaned. 41% knew the ideal duration of therapy but the majority failed to give proper instructions to the patints. Of the 78.8% who highlighted the usefulness of O2 therapy via nebulizer, only 25% were aware of the risks associated with it in COAD patient. In the sub group in whom technique was observed, a mean score of 37.5% was obtained on the basis of the eleven-point evaluation. Conclusions: This audit shows that there are deficiencies in clinical practice in Sri lanka with regard to nebulization technique. These results indicate the need for a higher level of knowledge and awareness on various aspects of nebulizer therapy amongst the nursing staff.