

SALBUTAMOL (*Ventolin*) (A)

(Revised: January 2010)



TYPE:	Synthetic β_2 receptor stimulant [S4]		
PRESENTATIONS:	Plastic nebulers: 5mg in 2.5ml nebuliser solution 2.5mg in 2.5ml nebuliser solution Metered dose inhaler (MDI) – delivering 100mcg per activation		
ACTIONS:	1. Bronchodilation 2. Relaxation of involuntary muscle 3. Moves K^+ from extracellular to intracellular space Onset (neb): 5 minutes. Max effect: 10 – 50 minutes.		
USES:	ICP	1. Bronchospasm from any cause	AP
	ICP	2. Emergency treatment of suspected hyperkalaemia	AP
ADVERSE EFFECTS:	Rarely seen with usual nebulised therapeutic doses: 1. Tachycardia 2. Tremors 3. Hypotension		
CONTRA-INDICATION:	Known hypersensitivity		
DOSE:			
NEBULISER (via nebuliser mask or with CPAP)			
ADULT:			
ICP	5mg nebule, with oxygen at 6 – 8 litres/minute – repeat as required (with moderate to severe bronchospasm, or suspected hyperkalaemia, give continuously)		AP
PAEDIATRIC:			
ICP	2.5mg nebule, with oxygen at 6 – 8 litres/minute – repeat as required (with moderate to severe bronchospasm, or suspected hyperkalaemia, give continuously)		AP
MDI (via spacer or with MDI adaptor on BVM)			
ADULT >6yrs:			
ICP	10 x 100mcg (10 puffs) – repeat as required (with moderate to severe bronchospasm, or suspected hyperkalaemia, give continuously by activating the MDI every 20 – 30 seconds)		AP
PAEDIATRIC < 6 yrs:			
ICP	5 x 100mcg (5 puffs) – repeat as required (with moderate to severe bronchospasm, or suspected hyperkalaemia, give continuously by activating the MDI every 20 – 30 seconds)		AP