

# SALBUTAMOL (*Ventolin*) (A)

(Revised: January 2010)



<b>TYPE:</b>	Synthetic $\beta_2$ receptor stimulant [S4]
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<b>PRESENTATIONS:</b>	Plastic nebules: 5mg in 2.5ml nebuliser solution 2.5mg in 2.5ml nebuliser solution Metered dose inhaler (MDI) – delivering 100mcg per activation
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<b>ACTIONS:</b>	1. Bronchodilation 2. Relaxation of involuntary muscle 3. Moves $K^+$ from extracellular to intracellular space Onset (neb): 5 minutes. Max effect: 10 – 50 minutes.
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<b>USES:</b>	<b>ICP</b>	1. Bronchospasm from any cause	<b>AP</b>
	<b>ICP</b>	2. Emergency treatment of suspected hyperkalaemia	<b>AP</b>

<b>ADVERSE EFFECTS:</b>	Rarely seen with usual nebulised therapeutic doses: 1. Tachycardia 2. Tremors 3. Hypotension
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<b>CONTRA-INDICATION:</b>	Known hypersensitivity
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## DOSE:

### NEBULISER (via nebuliser mask or with CPAP)

#### ADULT:

<b>ICP</b>	5mg nebule, with oxygen at 6 – 8 litres/minute – repeat as required (with moderate to severe bronchospasm, or suspected hyperkalaemia, give continuously)	<b>AP</b>
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#### PAEDIATRIC:

<b>ICP</b>	2.5mg nebule, with oxygen at 6 – 8 litres/minute – repeat as required (with moderate to severe bronchospasm, or suspected hyperkalaemia, give continuously)	<b>AP</b>
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### MDI (via spacer or with MDI adaptor on BVM)

#### ADULT >6yrs:

<b>ICP</b>	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)	<b>AP</b>
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#### PAEDIATRIC < 6 yrs:

<b>ICP</b>	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)	<b>AP</b>
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