

The recent National Patient Safety Alert (26<sup>th</sup> February 2024) regarding **salbutamol nebulers** has been superseded by the attached Medicine Supply Notification (MSN/2024/028), which includes the following information:

- Salbutamol 2.5mg/2.5ml nebulers will be in limited supply from mid-April until late June 2024.
- Salbutamol 5mg/2.5ml nebulers remain available but cannot support an increase in demand.
- Unlicensed supplies of salbutamol 2.5mg/2.5ml nebulers can be sourced, lead times vary.
- Access to licensed salbutamol 2.5mg/2.5ml nebulers will be actively monitored and prioritised for primary care and ambulance services who are less able to use unlicensed supplies.

In response to this, the ICS Respiratory Group have provided the following pragmatic approach to support patients during this period.

#### General actions for all patients:

- Salbutamol nebuler or inhaler usage should be directed by an **up-to-date action plan/self-management plan** ([asthma](#) or [COPD](#)). All patients must be regularly reviewed and the need for continued nebulers assessed.
- Patients should only use a home nebuliser if assessed and deemed appropriate by a suitable Health Care Professional. There is evidence of asthma patients using self-purchased nebulisers, which should only be undertaken on the advice of a specialist.
- **For each patient, review the need for home nebuliser use, and if deemed necessary, issue further supplies of nebulers ONLY if there is insufficient supply at home.**
- Consider the following when prescribing salbutamol nebulers:
  - Remove from a repeat prescription and only issue as an acute prescription.
  - Assess the ongoing need at each prescription request to prevent inappropriate repeat dispensing/hoarding/stockpiling etc.

#### Asthmatic patients:

- Consider prescribing salbutamol 2.5mg/2.5ml nebulers as:
  - “When required (Maximum four times a day)” as opposed to a “Four times a day” regular dose.
- Consider the use of a high-dose salbutamol pressurised metered-dose inhaler (Salamol® 100mcg/dose pMDI) via a large volume spacer in adult patients with mild to moderate asthma attacks.
  - BTS/SIGN guidance recommends 1 puff administered at a time, according to response, every 60 seconds up to a maximum of 10 puffs for mild to moderate attacks.
- Home nebulised asthma rescue therapy in paediatric patients should **only** be initiated and managed by specialists ([MHRA](#)).

#### COPD patients:

- COPD patients initiated on nebulised therapy by secondary care specialists are likely to have severe COPD and should continue to use their nebulised therapy as recommended by the specialist.

#### Other:

- Secondary Care Specialists and Community Specialist Respiratory Nurses can access nebuliser and compressor equipment for patients where this is considered necessary.

If further advice and support is required for an individual patient, please contact the Community Respiratory Teams or secondary care Respiratory Specialist Teams via A&G.