DUO-NEB (ALBUTEROL & IPRATROPIUM)

PHARMACOLOGY & MECHANISM OF ACTIONS:
- Albuterol Sulfate 2.5mg/Ipratropium Bromide 0.5 mg in 3mL vial
- Albuterol Sulfate is adrenergic B2-agonist bronchodilator
- Ipratropium Bromide (Atrovent) is an anticholinergic bronchodilator
- Aqueous solution administered by oral inhalation with the aid of a nebulizer system
- Duo-Neb combines Albuterol (a very selective Beta-2 agonist) with Atrovent which is an anticholinergic agent, which inhibits vagally mediated reflexes by antagonizing acetylcholine.
- Onset of action 5-15 minutes. Duration of action 3-6 hours.
- Primary effect is to dilate bronchioles with resultant relief of bronchospasm
- Simultaneous administration of Atrovent and Albuterol is designed to benefit the patient by producing a greater bronchodilator effect than when either drug is used alone at its recommended dosage.

INDICATIONS:
- Acute asthma attack
- Bronchospasm associated with emphysema or bronchitis
- Wheezing in croup or bronchiolitis
- Contact OLMC for patients with HR above 160

CONTRAINDICATIONS:
- Patients exhibiting signs of MI
- Cardiac arrhythmias associated with tachycardia
- Patients taking Spiriva (Tiotropium Oral Inhalation)
- Allergy to peanuts or soy products
- Stop treatment if:
  - Pulse rate increases by 20 beats/min
  - Frequent PVC’s develop
  - Any tachydysrrhymias other than sinus tachycardia develop

ADMINISTRATION:

<table>
<thead>
<tr>
<th>ADULT</th>
<th>PEDIATRIC</th>
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<tbody>
<tr>
<td>One pearl containing – Albuterol Sulfate 2.5mg/Ipratropium bromide 0.5mg in 3ml NS</td>
<td>SAME AS ADULT</td>
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<td>Can repeat twice more for total of 3 doses</td>
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PRECAUTIONS & SIDE EFFECTS:
- Tachycardia, Hypertension, Palpitations, Agitation, Nausea, Vomiting, Tremors, Dizziness, Nervousness
- Use with caution in patients with history of CAD, HTN, CHF, or MI
- As with other adrenergic aerosols, the potential for paradoxical bronchospasm exits.
- Use with caution in individuals with narrow angle glaucoma
- Use with caution for patients being treated with monoamine oxidase inhibitors (e.g. Nardil Parnate), or tricyclic antidepressants (e.g. Elavil, Sinequan), since the action of Albuterol may be potentiated on the vascular system.