



The Royal College of Emergency Medicine

Safety Flash

April 2020

COVID-19

Salbutamol, peak flow and nebulisation advice during Covid-19



Peak flow meters and nebulisation

The Public Health England current position is that nebulisation is **NOT** an aerosol generating procedure. The mist seen around the nebulisation mask is a mist of the nebulised drug solution, considered to be sterile.

- Do not record a peak expiratory flow rate (PEFR) until after salbutamol treatment is completed and **only if** you are considering discharging the patient home. The peak flow meter cannot be used for other patients as it carries a potential infection risk. The use of a peak flow meter is not an aerosol generating procedure.
- Consider the use of MDI and spacer for patients with mild and moderate asthma, nebulisation should ideally be reserved for acute severe and life-threatening asthma and severe exacerbation of COPD.
- Use the minimum flow rate of oxygen to achieve nebulisation, this is normally around 6 litres / min (or as indicated by the mask manufacturer). For COPD patients, where available, use air driven nebulisation.

For the complete supplementary guidance visit:

[http://www.rcem.ac.uk/docs/Safety/Supplementary BTS Guidance on Asthma in Adults and Children and COPD in Adults.pdf](http://www.rcem.ac.uk/docs/Safety/Supplementary%20BTS%20Guidance%20on%20Asthma%20in%20Adults%20and%20Children%20and%20COPD%20in%20Adults.pdf)

[http://www.rcem.ac.uk/docs/Safety/NASMeD salbutamol MDI spacer salbutamol guidance Covid.pdf](http://www.rcem.ac.uk/docs/Safety/NASMeD_salbutamol_MDI_spacer_salbutamol_guidance_Covid.pdf)

For Safety Alerts and RCEM issued Safety Flashes see:

www.rcem.ac.uk/SafetyAlerts