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Scholarship donations have been received in memory of Juanita Melissa Albright, age 37, of San Antonio. Our condolences to her family and friends.

**WHAT IN THE WORLD IS A NEBULIZER?**

\* A **nebulizer medication delivery system** consists of a **nebulizer** (small plastic bowl with a screw-top lid which holds the medication), a **mouthpiece** to inhale the medication, and **tubing** to connect these to a source for **compressed air**. The air flow to the nebulizer from the compressor changes the medication solution to a mist. When inhaled correctly, the asthma medication has a better chance to reach the small airways. This **increases the medication's effectiveness** in relieving asthma symptoms.

\* Children under age 5, patients who have problems using a metered dose inhaler and patients with severe asthma or those with asthma symptoms plus secondary illness like bronchitis will often use nebulizers to take their asthma medications, ensuring the patient gets the right dosage of medication.

\* There are many types and sizes of compressors. Some are portable allowing a patient to back-pack them to school, work or on vacations. Some rely on electrical power and others can be operated by battery. Ask your healthcare provider the type they recommend for you since some don't generate enough power to do their job properly.

\* There are some **basic precautions to follow before using** them that are common to most systems: 1) be certain the compressor is placed on a sturdy, solid surface (never rest it on a bed or soft surface while using it) before plugging it in and 2) don't use a nebulizer if drowsy or while sleeping. You should be seated or propped up comfortably while using the nebulizer and 3) always read manufacturer's specific instructions before using your machine.

\* Directions may vary by manufacturer but generally, **to use the nebulizer:**

- ✓ attach one end of the plastic tubing to the outlet of the compressor BEFORE it is turned on and you begin the nebulizer assembly process
- ✓ **ALWAYS wash hands** before handling either the medication or the nebulizer
- ✓ **measure** the correct amount of **medication** into the nebulizer cup – some are premeasured
- ✓ attach the mouthpiece to the nebulizer medicine cup and the tubing to the nebulizer air intake valve
- ✓ if using a mask, attach the **mask to the mouthpiece**. If the patient is over 2 yrs old, try to use the mouthpiece rather than a mask, which delivers more medicine
- ✓ put the mouthpiece in your mouth. Seal your lips tightly around it OR place the mask on your face. Hold the mask so that it covers both the nose and mouth. An elastic band can be used to hold the mask in place
- ✓ turn on the air compressor to start the medicine mist
- ✓ take **slow, deep breaths in through the mouth**. Hold each breath 1 to 2 seconds before breathing out
- ✓ continue to breathe deeply until the medicine is gone from the nebulizer cup, approximately 10 minutes or when the mist starts sputtering. Turn off the machine, disassemble and clean as directed

\* **To clean after each use**, wash the nebulizer and mouthpiece in warm, soapy water and rinse well. Shake off excess water, air dry on a clean cloth or paper towel. Put the assembly back together and connect to the compressor and run the machine for 10-20 seconds to dry the inside more quickly. Disconnect the tubing, store it in a sealable plastic bag and cover the compressor. **Most tubing should not be washed**, but follow your specific manufacturer's instructions. **NEVER** use or **store** the nebulizer if **it's wet**. After each use, wipe down the compressor with a soft clean cloth before storing for the next use.

\* If used daily or several times a week, about **once a week**, the nebulizer should be **cleaned more thoroughly** in a vinegar and water solution. After using the system, first wash with a soapy water solution as normal, then rinse. Next, soak the nebulizer and mouthpiece for 30 minutes in a solution of 1 part distilled white vinegar and 2 parts distilled water. Throw this mixture away after use. Rinse the parts well under warm running water for 1 minute. Shake off the excess water and dry on a clean cloth or paper towel. Reassemble the machine and run it for 10-20 seconds to dry the insides. Wipe down the compressor but never put it in water! Put the tubing into a sealable plastic bag, store the nebulizer when dried in another sealable plastic bag and cover the compressor during storage. Check the manufacturer's directions for care of the compressor machine itself.

\* For more information on asthma or allergies, please contact [info@aafatexas.org](mailto:info@aafatexas.org) or see [www.aafatexas.org](http://www.aafatexas.org)

**Upcoming AAFA-TX programs:** 1) **May 16**, "Applying NHLBI Guidelines to Diagnosing & Managing Asthma, 2009" a CME and ACPE accredited seminar worth 4.5 cat. 1 credits for physicians, nurse practitioners, physician assistants, pharmacists, pharmacy techs, nurses, respiratory therapists. LaQuinta Inn, Arlington. William Lumry, MD, Robert Rogers, MD, Eric Schmitt, MD, William A. Neaville, MD, instructors, Richard Herscher, MD, moderator. Pre-registration by email required. For more information and to register, contact [info@aafatexas.org](mailto:info@aafatexas.org) Last day to register is May 7. 2) **June 17**, "Tools to Manage Asthma & Allergies" a worksite wellness program, Citi Group, Irving, TX, Neil Singhania, MD, instructor. 3) **June 22-26**, SAFE day camp for food allergic kids 4-11 yrs, Plano, call 972-727-2204 for more info and to register. For more information, write [info@aafatexas.org](mailto:info@aafatexas.org)

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