



CLINICAL POLICY

Aeroneb Solo System

A. EFFECTIVE DATE :

08/17/2021

B. PURPOSE :

The Aeroneb Solo System is a portable medical device for multiple patient use that is intended to aerosolize physician-prescribed solutions for inhalation to patients on ventilators and noninvasive ventilation.

C. POLICY :

The use of the Aeroneb Solo system shall follow procedures as outlined also under Procedure G.

D. SCOPE :

Bronchodilator aerosol administration and evaluation of response are indicated whenever bronchoconstriction or increased airway resistance is documented or suspected in patients during mechanical ventilation.

Some assessment maneuvers may be contraindicated for patients in extremis (e.g., prolonged inspiratory pause for patients with high auto-PEEP).

E. DEFINITIONS :

NONE

F. MATERIAL(S) NEEDED :

NONE

G. PROCEDURE :

1. Obtain the necessary equipment in the respiratory equipment room.
2. Verify patient's medication dosage, frequency and duration of therapy.
3. The patient's identification should be verified using two patient identifiers prior to administration of medication.
4. Follow hand washing guidelines.
5. Assembly and installation of Aeroneb Solo System:
 - i. Connect the nebulizer unit to the T-adapter by pushing the nebulizer unit firmly onto the T-adapter.

- ii. Insert the nebulizer and the T-piece into the breathing circuit with the arrow on the T-piece pointing in the direction of the air flow within the circuit.
 - iii. Connect the Aeronex Solo nebulizer unit using the nebulizer cable.
 - iv. Connect the Aeronex Pro-X AC/DC adapter to the Aeronex Pro-X controller.
 - v. To operate on AC power, insert the AC/DC adapter cable into the control module and plug the adapter into an AC power source.
 - vi. For adult breathing circuits, connect the nebulizer unit with adult T-adapter into the inspiratory limb of the breathing circuit before the patient wye (See Appendix A).
 - vii. Adding medication:
 - a. Open the plug on the nebulizer unit.
 - b. Use a pre-filled ampule or syringe to add medication into the filler port of the nebulizer.
 - c. Close the plug.
6. Nebulization:
- i. To start a 30 minute nebulization cycle, add the medication and press and release the blue on/off power button. The green 30 minute indicator LED illuminates to indicate that the 30 minute nebulization cycle is in progress.
7. Cleaning of Pro-X Control Module:
- i. Wipe clean with Sani-Cloth.
 - ii. When using Mucomyst, introduce 1ml of sterile water into the nebulizer after dosing with Mucomyst and before the nebulizer dries out in order to rinse off any remaining Mucomyst.
 - iii. The Aeronex Solo Nebulizer is capable of functioning when left in-line in a ventilation circuit without rinsing for a period of up to 7 days.
 - iv. The Aeronex Solo is a single patient use device with an expected life of 28 days.
8. Record respiratory clinical assessment of patient before treatment on the patient's Respiratory Care Treatment Sheet.
9. Properly document charges for equipment and therapy and record treatment in MAK.

H. ATTACHMENTS :

NONE

I. REFERENCES :

NONE

J. SEARCH WORDS :

NONE

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

NONE

N. FINAL APPROVAL :

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p>1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer</p> | <p><u>09/20/2021</u>
Date</p> |
| <p>2. <u>Anne D. Horbatuck, (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair</p> | <p><u>09/20/2021</u>
Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair</p> | <p><u>09/13/2021</u>
Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Interim Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>09/8/2021</u>
Date</p> |

O. REVISION HISTORY :

Date Issued: 3/11/2009
Date Revised: 6/29/2015
Date Reviewed: 8/17/2021