

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

For Y-site compatibility [see below](#)

Available preparations

Ventolin 500 microgram per 1ml ampoule (for intravenous injection)

Ventolin concentrate 5mg per 5ml ampoule (for intravenous infusion)

Reconstitution

Already in solution

Dilute further prior to administration

Draw up using a 5 micron filter needle

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Slow intravenous injection (ref 1)

- Use **500 microgram per ml ampoule** - make up to 10ml with Water for Injections
- Administer required dose over 3 to 5 minutes

Intravenous infusion (use an electronically controlled infusion device)

- Add 1 X 5mg ampoule to 500ml infusion fluid (result is a 10microgram per ml infusion)
- If **fluid restricted** anecdotal evidence suggests **10mg in 50ml** (200micrograms per ml) via central or peripheral line could be used if larger volumes are thought to lead to adverse effects (ref 1)

Dose in adults

Indication	Route of administration	Dose
Bronchospasm and status asthmaticus	Slow intravenous injection	Give 250 micrograms (4micrograms/kg), repeated if necessary
	Continuous intravenous infusion	A starting dose of 5 micrograms per minute is recommended with appropriate adjustment in dosage according to patient response and heart rate. Infusion rates of 3 to 20micrograms per minute are generally adequate but in patients with respiratory failure, higher doses have been used with success.
Short-term management of uncomplicated premature labour	Slow intravenous injection	Give 100 to 250 micrograms as a single dose
	Continuous intravenous infusion	Infusion rates of 10 to 45 micrograms per minute are generally adequate. A starting rate of 10 micrograms per minute is recommended, increasing the rate until there is evidence of patient response. Once uterine contractions have ceased, the infusion rate should be maintained at the same rate for one hour and then reduced by 50% decrements at six-hourly intervals. Duration of treatment should not exceed 48 hours

Monitoring

- Potentially serious **hypokalaemia** may result from salbutamol therapy. Plasma-potassium concentration should therefore be monitored in severe asthma
- If used for premature labour, careful attention should be given to cardio-respiratory function (including E.C.G.) and fluid balance monitoring. Maternal pulse rate should be monitored regularly and should not be allowed to exceed 120bpm
- Monitor blood glucose, lactate and potassium levels

Storage

- Store below 25°C

References

SPC Ventolin injection 08/12/2020

SPC Ventolin concentrate solution 25/11/2020

(1) Injectable Medicines Administration Guide Medusa, downloaded Dec 2021

Therapeutic classification

Bronchodilator, Beta-2-agonist