SHORT-ACTING BETA AGONIST

Pharmacy Assessment Protocol

ELIGIBILITY FOR SERVICE

The following patients are eligible for short-acting beta agonist:

- Patient attestation to asthma diagnosis
- Patient attests to previous short-acting beta agonist prescription
- Patient shows evidence of a current prescription for long-term asthma control

The pharmacy will refer patients for a higher level of care who do not meet the previous criteria and/or are in a medical emergency situation.

PRESCRIBING

Drug	Dose	Frequency
Albuterol inhaler	90 mcg per inhalation	Use one to two inhalations every 4 to 6 hours as needed.
Albuterol nebulizer solution	0.64mg/3mL, 1.25 mg/3mL, 2.5 mg/3mL	Use one vial via nebulizer 3 to 4 times daily
Levalbuterol tartrate inhaler	45mcg per inhalation	Use one to two inhalations every 4 to 6 hours as needed
Levalbuterol HCl nebulizer solution	0.63 mg/3 mL, 1.25 mg/3 mL	Use one vial via nebulizer three times daily

Determine if a spacer is needed for patient care and prescribe if needed.