

# 8900 Series

## Technical Bulletin Salter Labs Disposable Nebulizer Kit

### Intended Use

The 8900 Nebulizer is a hand-held pneumatically powered nebulizer used to deliver aerosolized medication via a mouthpiece or an aerosol mask. The patient population includes infant, pediatric and adult patients. The nebulizer is a disposable, single-patient, multiple-use medical device.

### Caution

Do not reuse on more than one patient. Do not sterilize the device.

### Contraindications

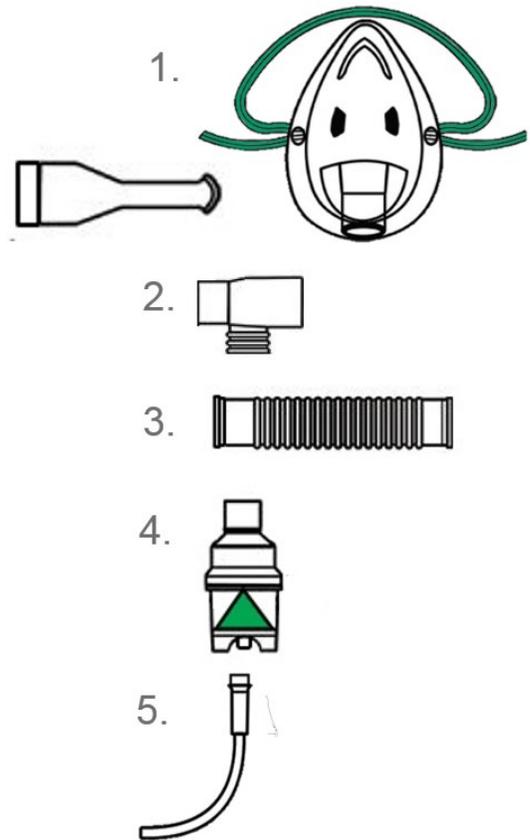
No known contraindications.

### Packaged

The 8900 nebulizer kit is individually packaged with a

1. Mouthpiece or aerosol mask
2. Tee adapter
3. 6 inch aerosol flex tube, a.k.a. reservoir tube
4. Nebulizer (cap, cone and medication cup)
5. 3-channel supply tubing, 7 feet

Note: The 8900 components are available separately and packaged in different configurations.



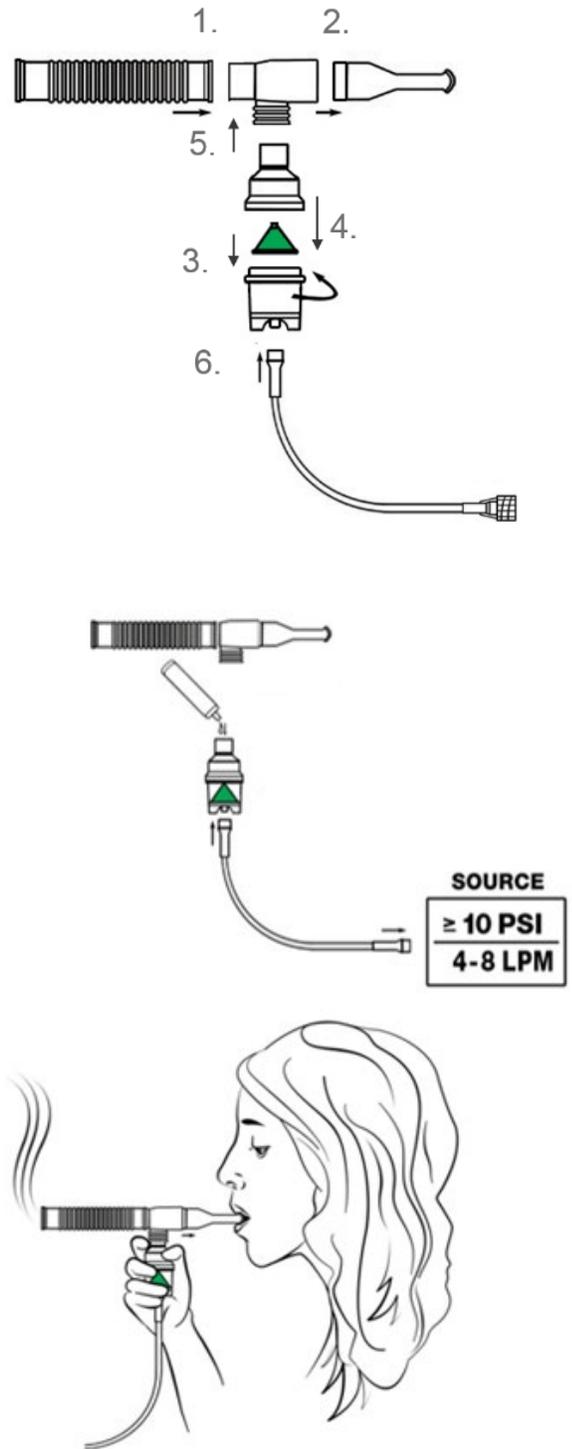
# Disposable Nebulizer Technical Bulletin (continued)

## 8900 Nebulizer Setup with Mouthpiece

1. Attach the reservoir tube to the small end of the Tee-adapter.
2. Insert the mouthpiece into the other end of the Tee-adapter.
3. Ensure the green cone is seated on the bottom of the medication cup.
4. Screw the cap onto the medication cup.
5. Attach the Tee-piece assembly to the nebulizer cap.
6. Connect the gas supply tubing to the bottom of the medication cup.
7. Double check all the connections.

## Nebulizer Treatment with Mouthpiece

1. If possible, position the patient in an upright or sitting position.
2. Remove the Tee-adapter assembly from the nebulizer cap.
3. Add the prescribed medication.
4. Set the flow rate between 4 to 8 LPM ( $\geq 10$  psi).
5. Have the patient place the mouthpiece in their mouth between their teeth and then close their lips around the mouthpiece to form a seal.
6. Instruct the patient to keep the nebulizer in an upright position and to take slow, deep breaths.
7. Occasionally tap the side of the nebulizer to help the solution drop to the bottom of the cup for nebulization.
8. Continue the treatment until the onset of inconsistent nebulization, i.e. sputtering.
9. Turn off the flow. Shake out any residual medication.
10. Clean and store the nebulizer per your department's aerosol protocol.



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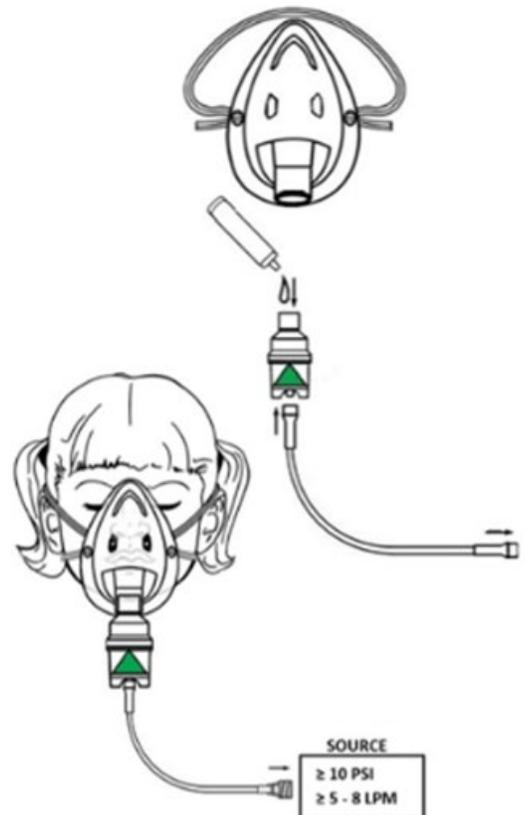
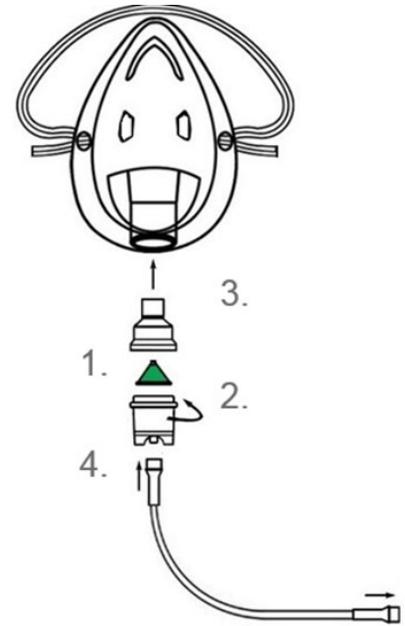
# Disposable Nebulizer Technical Bulletin (continued)

## 8900 Nebulizer Setup with Mask

1. Ensure green cone is seated on the bottom of the medication cup.
2. Screw the cap onto the medication cup.
3. Insert the top of nebulizer cap into the mask connector.
4. Connect the gas supply tubing to bottom of the medication cup.

## Nebulizer Treatment with Mask

1. If possible, position the patient in an upright or sitting position.
2. Remove the mask from the nebulizer cap.
3. Add the prescribed medication.
4. Set the flow rate between 5 LPM and 8 LPM ( $\geq 10$  PSI).
5. Keep the nebulizer in an upright position and instruct the patient to take slow, deep breaths.
6. Occasionally tap the side of the nebulizer to help the solution drop to the bottom of the cup for nebulization.
7. Continue the treatment until the onset of inconsistent nebulization, i.e. sputtering.
8. Turn off the gas flow. Shake out any residual medication.
9. Clean and store the nebulizer per your department's aerosol protocol.



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## Suggested Cleaning Instructions for Hospital Use

Salter 8900 Series jet nebulizers are single-patient use and disposable. The nebulizers should be replaced every 7 days. Replace the nebulizer sooner, if it becomes damaged, contaminated or is not functioning properly.

Cleaning procedures may vary depending on the patient population, disease process and the hospital's infection control policies. Always follow your facility's policy and procedure for the delivery of aerosol treatments and the cleaning of equipment. If your facility does not have a cleaning procedure, listed below are five suggested cleaning methods derived from references.

### Cleaning Option 1<sup>5</sup>

1. After each treatment, shake out the excess fluid.
2. Air dry the nebulizer.
3. Store the nebulizer in a clean equipment bag.
4. Discard and replace the nebulizer after 7 days of use

### Cleaning Option 2<sup>11, 3, 4, 5, 6, 8</sup>

1. After each treatment, rinse the inside of the nebulizer with sterile water or normal saline.
2. Shake out the excess fluid.
3. Air dry or hand dry the nebulizer with a lint free cloth.
4. Store the nebulizer in a clean equipment bag.
5. Discard and replace the nebulizer after 7 days of use.

### Cleaning Option 3<sup>1, 2, 4, 6, 7, 8</sup>

1. After each treatment, detach the gas supply tubing.
2. Disassemble the nebulizer.
3. Wash all the parts including the mouthpiece/mask in warm soapy water. Use an unscented, mild liquid detergent.
4. Rinse the parts thoroughly with water.
5. Air dry or hand dry the nebulizer with a lint free cloth.
6. Reassemble and store in a clean equipment bag.
7. Discard and replace the nebulizer after 7 days of use.

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# Disposable Nebulizer Technical Bulletin (continued)

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## Cleaning Option 4 <sup>6, 8</sup>

1. After each treatment, detach the gas supply tubing.
2. Completely submerge the nebulizer in a 70% Isopropyl alcohol solution for one minute.
3. Shake out the 70% Isopropyl alcohol solution and air dry.
4. Store the nebulizer in a clean equipment bag.
5. Discard and replace the nebulizer after 7 days of use.

## Cleaning & Low Disinfection Option 5 <sup>1, 3, 5</sup>

1. After each treatment, drain the excess medication through the side elbow/mouthpiece.
2. Place the nebulizer in a clean equipment bag.
3. Every 24 hours, detach the gas supply tubing and disassemble the nebulizer.
4. Wash all nebulizer parts with warm soapy water. Use a mild, unscented liquid detergent.
5. Soak nebulizer parts in 70% Isopropyl alcohol for 10 minutes or Control III per manufacturer's instructions. Rinse with water.
6. Air dry or hand dry the nebulizer parts with a lint free cloth or paper towel.
7. Reassemble parts and place in a clean equipment bag.
8. Discard and replace the nebulizer after 7 days of use.

## References

1. Ari A, Restrepo R. Aerosol Delivery Device Selection for Spontaneously Breathing Patients. 2012. AARC Clinical Practice Guidelines. *Respir Care* 2012; 57(4):613-626.
2. Ari A, Hess D, Myers TR, Rau JL. A guide to aerosol delivery devices for respiratory therapists 3rd. Irving, TX: American Association for Respiratory Care; 2013.
3. Tablan OC, Anderson LJ, Besser R, Bridges C, Hajjeh R. Guidelines for preventing health care-associated pneumonia 2003. Recommendations of the CDC and the Healthcare Infection Control Practices Advisory Committee. *MMWR Morb Mortal Wkly Rep* 2004; 53(RR-3):1-36.
4. Boe J, Dennis JH, O'Driscoll BR, Bauer TT, Carone M, Dautzenberg B, et al; European Respiratory Society Guidelines On the Use of Nebulizers. *Eur Respir J* 2001; 18(1):228-242.
5. Saiman L, Siegel J. Infection control recommendations for patients with cystic fibrosis: microbiology, important pathogens, and infection control practices to prevent patient-to-patient transmission. *Infect Control Hosp Epidemiol* 2003; 31(3):S6-S62.
6. Monaghan. AeroEclipse II. Instructions for use. Trudell Medical International. 2015 105015-001 Rev K
7. Pari LC D Disposable Nebulizer. PARI Respiratory Equipment. 2013; DS-22-710 Rev I 14-13
8. TriggerNeb Reusable Nebulizer and mouthpiece. Instructions for use. *Logic Ventures*. LV126/REV003\_2016\_09

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