



Patient Group Direction PGD234

**FOR THE ADMINISTRATION OR SUPPLY OF SALBUTAMOL (VIA INHALER) AND SPACER
DEVICE**

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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Document Author(s) / Owner	
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Division / Organisation Wide	Advanced Practice (Urgent & Primary Care) only

Health Care Professionals must be HCPC or NMC registered and authorised by name under this PGD before attempting to treat any patient according to it and have signed the relevant declaration.

Before using this PGD, healthcare professionals must ensure they are working within their scope of practice and be competent in the treatment of patients identified as suitable for inclusion under this PGD.

“Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.” (HCPC 2024)

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role in which they are practising.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD234
	Salbutamol
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	05/12/2024	Initial draft		N/A
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD017a		Yes

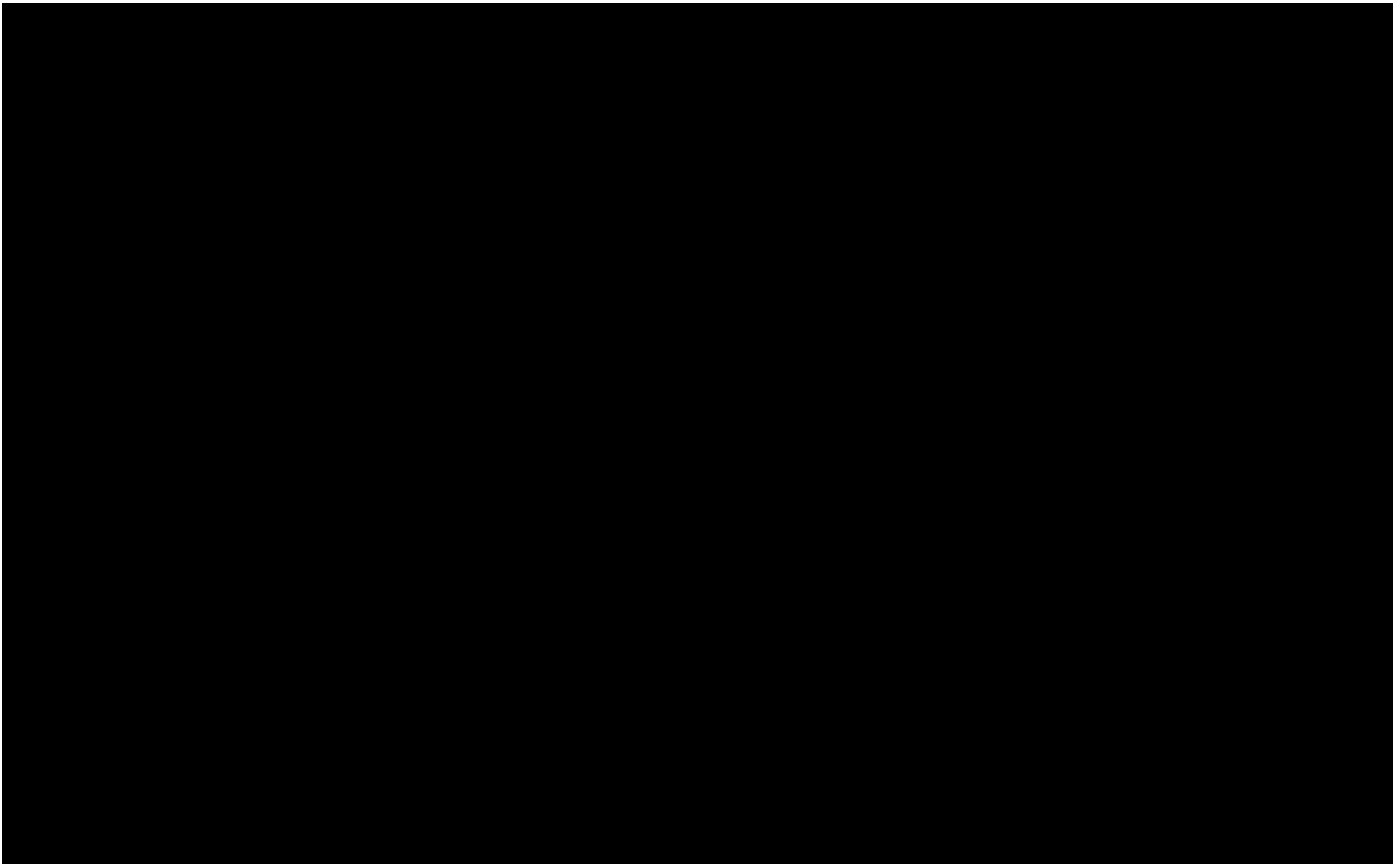
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.0
Medicines Management Group	30/01/2025	1.0
Pharmaceutical Advisor	03/03/2025	1.0
Medical Director	27/02/2025	1.0

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.0
Advanced Practice Leadership Team	28/03/2025	1.0
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.0

1.5 Names and signatures of professionals drawing up the protocol



1.6 Professional / Advisory groups which have approved the protocol

Scottish Ambulance Service Medicines Management Group	Date	30/01/2025
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2. Using this PGD for Administration and/or Supply of Medicines

3. Characteristics of Staff

Qualifications required	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	<p>Undertaken an SCQF Level 11 module in Advanced Clinical Assessment (or equivalent) which included a period of supervised practice and signed off as competent. Passed all relevant written and practical assessments and ratified by a university exam board.</p> <p>Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses.</p> <p>Familiarisation with the use of Salbutamol, its indications, contra-indications and other details.</p>
Continuing training requirements	<p>The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” in this PGD.</p> <p>The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.</p>
Other	You must be authorised by name under the current version of this PGD before you attempt to work to it

4. Clinical Situations / Conditions to Which the Patient Group Direction Applies

Definition of condition / situation to be treated	<ul style="list-style-type: none"> • Acute exacerbation of asthma • Acute exacerbation of other conditions associated with reversible airways obstruction, e.g. COPD
Criteria for inclusion	<ul style="list-style-type: none"> • Adults 16 years and over • Appropriate safety-netting can be made (if being treated and discharged) • Mild to moderate acute exacerbation of asthma • Acute severe asthma managed with nebuliser where transfer / admission to hospital is subsequently not required • Mild to moderate exacerbation of COPD, or other reversible obstructive airways condition, if increased breathlessness interferes with daily activities <p>* if acute Bronchitis or infective exacerbation of COPD is suspected then consider also treating with an antibiotic, refer to PGD202 Amoxicillin or PGD213 Doxycycline for suitability</p> <p>* consider also requirement for corticosteroid treatment, refer to PGD232 Prednisolone for suitability</p>
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Known allergy or hypersensitivity to Salbutamol or any excipients or ingredients in the preparation • Patients with no acute asthma symptoms seeking replacement / additional inhaler or spacer (refer them to GP, community pharmacy or a SAS prescriber) • Life-threatening asthma (use nebulised Salbutamol) • Acute severe asthma with any of: <ul style="list-style-type: none"> ○ PEF <33% known best or predicted ○ SpO2 <92% on oxygen ○ Cardiac arrhythmia ○ Silent chest ○ Cyanosis ○ Inadequate respiratory effort / breathless exhaustion ○ GCS <15 • Patients at risk of Q-T prolongation • Congestive heart failure • Patients taking: <ul style="list-style-type: none"> ○ Linezolid (specialist antibiotic) ○ Rasagiline, Safinamide or Selegiline (Parkinson's drugs) • Significantly unwell patients requiring further assessment (blood tests, x-ray, etc.) or admission

Action if patient is excluded or declines treatment

Document in ePR / patient record. Discuss alternatives with patient / carer as appropriate and advise on risks of declining treatment. Consider referral to primary care or a community pharmacy. If necessary, consider referral or transfer to a suitable receiving unit.

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine and device	Salbutamol 100mcg per metered dose aerosol inhaler Adult spacer device (e.g. Aerochamber Plus®, Easychamber®, Volumatic®)
Legal status	Inhaler: POM Spacer: MD
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	By oral inhalation only
Dose and frequency of administration	For all indications in this PGD: Ideally via a spacer device if available: 100mcg (one puff) into the chamber followed by 5 normal breaths through the mouthpiece, repeat as required to a maximum of 10 times unless side-effects become significant If no spacer device available: 100mcg (one puff) inhaled directly. Repeat as required up to 10 times unless side-effects become significant
Maximum dose and number of treatments	As above. Maximum supply is one inhaler and/or one spacer device.

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in:</p> <ul style="list-style-type: none">• Arrhythmias (unless in severe asthma then excluded)• Cardiovascular disease• Diabetes (low risk of DKA with large doses)• Hypertension• Hyperthyroidism• Hypokalaemia – risk is increased with large doses and concomitant use of corticosteroids and/or diuretics• Patients taking Digoxin <p>Clinicians must be aware that Salbutamol is known as Albuterol in some parts of the world (especially North America) when establishing a patient's medication history.</p>
Drug interactions	<p>None significant to doses covered by this PGD, other than those in exclusions and cautions. Theoretical increased risk when used concomitantly with other drugs which also risk causing hypokalaemia</p>
Identification and management of adverse reactions	<p>Anaphylactic reactions to inhaled Salbutamol are extremely rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Side-effects are more likely in high doses or prolonged use. Common or very common include: Arrhythmias, Headache, Muscle cramps or spasms, Nasopharyngitis and Oropharyngeal pain (especially when inhaling directly without spacer), Palpitations, Rash, Tremor</p> <p>Uncommon: Hyperglycaemia</p> <p>Rare or very rare: Akathisia, Hypokalaemia, Paradoxical bronchospasm, Vasodilation</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p> <p>Any adverse reactions, and action taken, are recorded in the patient's notes and other appropriate documentation e.g.: clinical incident form, Yellow Card scheme, etc.</p>

7. Patient Advice and Documentation

Patient advice (verbal and written)	<ul style="list-style-type: none"> • Explain treatment plan and gain consent • Clinician should inform the patient / carer of the realistic timeframe for improvement of symptoms being treated • Must see medical practitioner if symptoms worsen or do not resolve within the expected timeframe • Advise how to use / administer salbutamol, especially through spacer device • Advise patients with diabetes to monitor their blood glucose levels closely when taking Salbutamol, especially in large doses • Advise relevant patients that Salbutamol is safe to use during pregnancy and breastfeeding, and that it has no effect on the efficacy of oral contraceptives • Advise patients who use Salbutamol dry powder inhalers that they are not suitable for use with the spacer device, it is for aerosol inhalers only • Advise patients to keep the mouthpiece of their inhaler clean and covered with the cap when not in use. Spacer devices should be wiped clean regularly, thoroughly washed with soap and water at least monthly and replaced six-monthly • Advise to contact GP / nurse / pharmacist / out-of-hours service if side effects occur • Advise to call 999 if any life-threatening side-effects occur • Patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not • Patients should be advised to maintain adequate hydration
Arrangements for referral to medical advice	<p>Patients who do not normally use Salbutamol inhalers must refer to their GP for follow-up. Any required secondary care follow-up for an acute episode should follow local protocols (e.g. community respiratory team)</p>
Additional facilities / supplies required	<p>Peak flow measuring device, SpO₂ monitor.</p> <p>Salbutamol is also available in 100mcg/dose and 200mcg/dose dry powder inhalers which are not covered by this PGD. Be aware that the dry powder inhalers cannot be used with spacer devices.</p> <p>Nebulised Salbutamol may be administered to the patient within the scope of the relevant JRCALC guideline(s). It <u>cannot</u> be supplied to the patient under this PGD.</p> <p>If any of the above are required, refer to the patient's GP or a SAS prescriber.</p> <p>SAS Advanced Practitioners (Critical Care) carry and use intravenous Salbutamol under PGD029 and following their own</p>

	protocols. If this is required then clinicians should discuss the need with the ACC Critical Care Desk clinician for critical care support. Preparations for injection or infusion are not covered by this PGD.
Monitoring	ECG monitoring is recommended when giving large doses
Follow up	Follow-up should be via patient's own GP if there is no onward referral, especially if there has been a noticeable increase in regular Salbutamol use
Details of treatment records required	<p>The ePR, or other patient record, must contain the following:</p> <ul style="list-style-type: none"> • Name of the HCP using this PGD • Patient's name, address and date of birth. CHI number is also preferred • Name of medication and expiry date • Date and time of administration / supply • Dose (and volume if liquid preparation), form and route (and site if parenteral) of administration • If supplying medicine: <ul style="list-style-type: none"> ○ Dose and frequency to take ○ Number of items supplied • That it is administered and/or supplied under this PGD and not prescribed or via an exemption <p>The ePR, or other patient record, must also contain:</p> <ul style="list-style-type: none"> • The patient's medical and medication history • Medication and safety-netting / worsening advice given to the patient / carer <p>All records must be clear, legible and contemporaneous.</p>

8. References and Further Reading

NICE Medicines Practice Guideline MPG2: Patient group directions

[Overview](#) | [Patient group directions](#) | [Guidance](#) | [NICE](#)

Salbutamol in BNF

[Salbutamol](#) | [Drugs](#) | [BNF](#) | [NICE](#)

[Spacers](#) | [Medical devices](#) | [BNF](#) | [NICE](#)

Salbutamol on EMC

[Salbutamol 100mcg Metered Dose Inhaler SmPC](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Salbutamol 100mcg Metered Dose Inhaler Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

[Volumatic Adult Spacer \(as example\) - Patient Information Leaflet](#) ([medicines.org.uk](https://www.medicines.org.uk))

BNF Treatment Summaries

[Asthma, acute](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Chronic obstructive pulmonary disease](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Medical emergencies in the community](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Respiratory system, inhaled drug delivery](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summary/Summaries (CKS)

[Asthma: Acute exacerbation](#) | [Management](#) | [CKS](#) | [NICE](#)

[Breathlessness](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[COPD: Acute exacerbation](#) | [Management](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[NG115 Chronic obstructive pulmonary disease in over 16s: Diagnosis and management](#) | [Guidance](#) | [NICE](#)

[NG244 Asthma pathway \(BTS, NICE, SIGN\)](#) | [Guidance](#) | [NICE](#)

[NG245 Asthma: Diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\)](#) | [Guidance](#) | [NICE](#)

Other Useful Links

[Asthma](#) | [NHS inform](#)

[Chronic obstructive pulmonary disease \(COPD\)](#) | [NHS inform](#)

Doc: PGD234 Salbutamol	Page 11 of 11	Author(s): [REDACTED]
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