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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Nebulised Tobramycin (page 1 of 2)

Why have I started on Tobramycin?

Normally you will have been started on Tobramycin because of recent bacteria growth in your sputum sample. The consultant will have viewed your sputum sample and has recommended this treatment for you.

What is nebulisation?

The inhalation of medications (breathing into the lungs), such as Tobramycin is a very effective and quick method to deliver medication into the lungs and airways. It allows the treatment to be delivered exactly to where it is needed. The medication is nebulised using a compressor system.

The nebuliser creates a 'fine mist'. This is the medication which has been formed into microscopic small particles which can enter the lungs and reach the smaller airways.

Are there any risks or adverse effects?

You will have been given a test dose by the respiratory team before being given the medication to use at home. This will have involved being given a dose of the medication, with breathing tests before and after, to make sure that your lungs did not have any negative reactions to the medication, such as:

- wheezy, tight chest – called bronchospasm
- skin reaction – such as on your face and eyes.

How do I prepare the Tobramycin?

- first wash your hands
- place the following on a clean surface:
 - * vial of Tobramycin.
 - * nebuliser chamber, mouthpiece and filter set.
- check the vial of Tobramycin is the prescribed dose and the 'use by' date is still 'in date'.
 - * Squirt the Tobramycin into the nebuliser chamber.
- Assemble the nebuliser, making sure you have put in a new filter (if applicable), and start nebulising.

Respiratory Team
01722 429220

Where can I use the nebuliser?

It is advisable to nebulise Tobramycin in a room where you can shut the door and open the window. Although the circuits are closed, which means that the medication should not leak into the air, there will always be some medication which does. Some nebuliser circuits have a filter which will need changing, whereas other circuits do not. Depending on the type you have, you will be advised further by the Respiratory Team in clinic.

When nebulising we advise you to:

- sit in a good position, such as upright
- use a mouthpiece to avoid irritation to the eyes
- breathe at a relaxed comfortable rate
- maintain a good seal with your lips whilst the nebuliser is running and
- do not talk whilst nebulising.

Once you have finished nebulising (the nebuliser either beeps or the solution remaining in the chamber starts to spit), you should turn off the nebuliser and do the following:

- Throw away the drug vial and water vial into the sharps bin provided.
- Wash your hands and face to make sure that no medication is left on your skin.
- clean the nebuliser chamber, tubing and mouthpiece after each dose. Exactly how you clean your nebuliser will depend on what system you are using. Please refer to the advice you were given when you were given your nebuliser.

For how long do I need to have nebulised drugs?

This will vary from patient to patient, depending on the sputum samples. It will be discussed and prescribed by your consultant. If you are unsure please ask your consultant.

For further information

Please contact the Respiratory Team:

Salisbury District Hospital, Odstock Road, Salisbury.

Telephone: 01722 429220