

Home Nebuliser Referral Criteria for Patients with Respiratory Disease

For the majority of patients with COPD or asthma, symptom worsening can be managed effectively at home using inhalers, and for those who are more breathless, a switch (if on dry powder inhalers – DPIs) to metered dose inhalers (MDIs) via a spacer at an increased dose. Using these techniques is easier and equally effective to nebulisers. For those with bronchiectasis or cystic fibrosis, home nebuliser use may be a core part of management, however this would normally be initiated by the specialist respiratory team (either community or hospital).

For those with COPD, there is **no evidence** that nebulisers are more effective than handheld inhalers, and for those with persistent breathlessness, all non-pharmacological approaches to breathlessness management (most vitally, pulmonary rehabilitation) should be explored before considering nebuliser use.

For those with asthma, home nebuliser use should be limited to those with the most severe disease, under the direction of the severe asthma clinic, or another hospital clinician.

In acute deterioration of chronic conditions (e.g., COPD, asthma – and only under direction of acute asthma services), nebs can be used where the nebuliser allows the patient to be at home, where otherwise they would be admitted as an inpatient.

If considering whether nebulisers are appropriate for any patient, please make use of the electronic advice and guidance service, or Cinapsis. The patient group in which to consider nebuliser use at home is for those with distressing or disabling breathlessness despite maximal inhaled therapy and non-pharmacological breathlessness management approaches.

It is important to consider the following:

- Do not prescribe or consider without also considering the patient/carer's ability to use the nebuliser.
- Do not continue nebulisers without assessing and confirming that they have reduced symptoms, improved daily function, improved exercise capacity.
- Only use nebulisers known to be efficient (CE marked)
- Nebulisers used in an acute deterioration (given to facilitate discharge from hospital) should **not** be left with the patient after this has improved as they do not form part of a chronic disease self-management plan. **A plan for weaning the patient** off their nebulised therapy **must** be in place from the point at which that therapy is started.

Referral Criteria

- Referrers will have read and adhered to the above guidance before beginning a referral, including trial and testing of MDIs and spacers coupled with increased dosage.
- Confirmed chronic respiratory disease is the primary diagnosis (COPD/Non-CF Bronchiectasis).
- Patient is on appropriate drug therapy.