**Guidelines for the prescribing and use of nebulised hypertonic saline**

*(7% sodium chloride)*

- The evidence for use of nebulised hypertonic saline is in Cystic Fibrosis and Non-Cystic Fibrosis Bronchiectasis.
- Chest physiotherapy must be optimised before the prescription of hypertonic saline nebs.
- If a patient is prescribed hypertonic saline nebs they must always be receiving airway clearance treatment from a physiotherapist.
- 7% sodium chloride nebs should be prescribed 1-2 times daily.
- Salbutamol nebs must be prescribed alongside hypertonic saline nebs
  - The main side effect to nebulised hypertonic saline is bronchoconstriction. Therefore salbutamol must be prescribed PRN to counteract that should this happen
  - Patients should be bronchodilated with salbutamol nebs prior to administration of hypertonic saline in order to ensure optimal deposition. Salbutamol should therefore be prescribed alongside hypertonic saline at the same dose intervals.
- Where feasible patients should undergo tolerance testing prior to nebulised hypertonic saline being regularly prescribed.
  - Spirometry should be taken pre and post administration of the hypertonic saline. A drop of <10% in FEV$^1$ is considered an adverse reaction.
  - Where patients will not tolerate spirometry due to being acutely unwell auscultation and SpO$_2$ monitoring is considered sufficient to monitor for adverse reactions. If the patient is to be discharged home with hypertonic saline a tolerance test must be conducted pre discharge.