



**March 18, 2020**

***New Information From Your CPMG Medical Directors...  
... always interesting to us – hopefully useful to you!***

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Dear Affiliate Family:

While this information was included in the COVID update from Dr. Morris last night, we thought it was worthwhile to call it out to you – please find guidance attached.

Best regards,

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### **Guideline For Aerosol Generating Procedures During COVID-19 Pandemic**

Aerosol generating procedures may expose health care providers to pathogens causing acute respiratory infections, including COVID-19. In pediatric ambulatory care, the most common aerosol generative procedure is likely nebulized therapy but also includes spirometry, nasal swab, sputum culture, airway suction, and chest physiotherapy.

- We strongly recommend metered dose inhaler (MDI) as an alternative to nebulized medications whenever possible. When used properly, delivery of medications via MDI with chamber (spacer) is equally or more effective compared to nebulized therapy with regard to drug delivery to the lung and likely has decreased risk of exposure of viral pathogens to close contacts.
- Common nebulized therapies with MDI or HFA equivalents include albuterol, lev-albuterol (Xopenex), ipratropium (Atrovent), and budesonide (Pulmicort). In almost all circumstances, MDI should be delivered via valved holding chamber (spacer).
- We recognize some nebulized medications do not have an MDI alternative, an MDI may not always be available, and some clinical situations will warrant nebulized therapies.
- If a nebulized therapy or any other aerosol generating procedure is performed, staff should wear appropriate personal protective equipment.
- There is likely little clinical benefit to performing spirometry on a patient with respiratory infection symptoms. We recommend performance of spirometry be minimized during the COVID-19 outbreak.