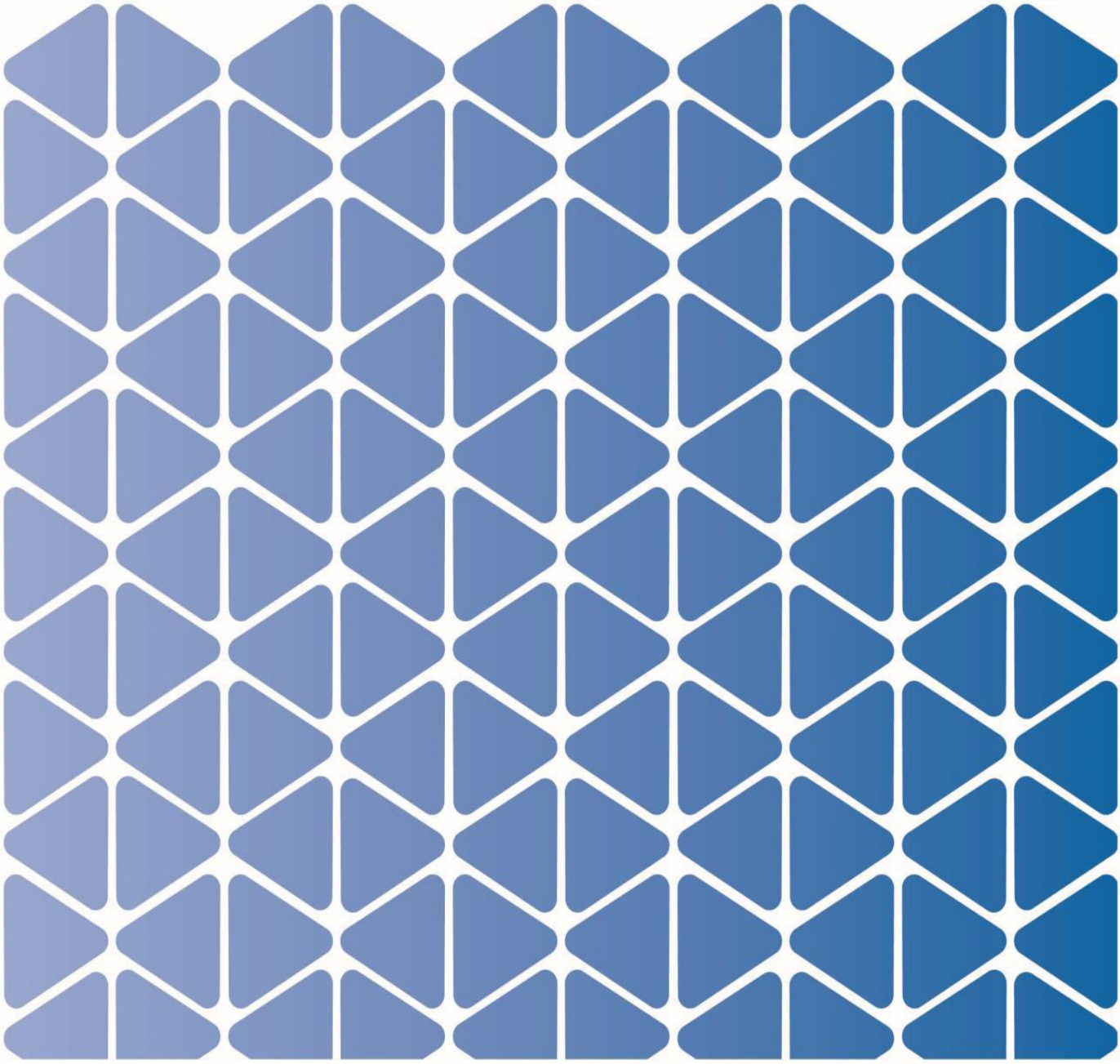
PATIENT INFORMATION

Worcestershire Acute Hospitals NHS Trust

Nebulised Tobramycin therapy for Non-cystic Bronchiectasis



What is Nebulised Tobramycin and why have I been prescribed it?

Tobramycin is an antibiotic used to treat Pseudomonas infection in the lung.

Tobramycin is inhaled and administered via a nebuliser. Research has shown that inhaled antibiotics can help reduce the number of flare-ups of your chest condition, may reduce your likelihood of hospital admission, may improve your symptoms and may keep your lungs healthier for longer.

What is Pseudomonas?

Pseudomonas is a bacterium that can cause chest infection, particularly in people with weak immune systems and existing chest disease.

What is nebulised therapy?

Nebulised therapy is when medicine is given to you through a device called a nebuliser.

A nebuliser breaks down the medicine into smaller droplets. This allows the medicines to get to difficult to reach smaller airways of your lung.

It is more effective because it can help you receive a higher amount of your medicine to act directly in your lungs with fewer side effects.

In some cases, nebulised antibiotics will eliminate pseudomonas infection. However, sometimes it can be difficult to treat and your doctor may decide to give you a course of intravenous antibiotics, if tobramycin fails or in cases of severe infection.

What are the side effects of nebulised therapy?

The most common side effect is chest tightness or difficulty in breathing. This is called bronchospasm (the narrowing of your lung airways).

To make sure tobramycin is safe and appropriate for you and to reduce this happening, the first dose will be given to you in hospital. You will be asked to use 2.5mg salbutamol (to help with your breathing) before each nebulised dose.

When at home, if you experience difficulty in breathing after your dose, we recommend you stop this treatment. If your symptoms improve, it is likely the nebulisers are the cause. Please contact us as soon as possible to review your treatment.

Other side effects of tobramycin include:

- Sore throat
- Skin rashes
- Coughing
- Change in voice
- Hoarseness
- Tinnitus (ringing in the ears)
- Increased phlegm (this could be discoloured or contain blood)
- Headache
- Chest pain

If you experience any of these side effects, please stop your nebulised therapy and contact the respiratory nursing team (details at end of this leaflet) or your GP.

How will I get my first dose?

Your first dose will be given in hospital.

We will ask you to come to either Clover Suite at Worcestershire Royal Hospital, Worcester or Outpatients Department at Alexandra Hospital, Redditch.

To make sure it is safe and appropriate for you, we will perform a “nebuliser trial”. The appointment may last up to 2 hours.

The trial consists of a series of tests:

- Performing a lung function test to assess how well your lungs work; this called baseline spirometry.
- Giving you a medicine called salbutamol to help open up your airways also known as a bronchodilator. This will normally be given in the form of a nebuliser
- Giving you the nebulised antibiotic; this can last 10-15 minutes
- Repeating the peak expiratory flow (PEF) test
- Letting you rest then repeating PEF test every 15 minutes for an hour.
- If you are well with no problems with breathing you will be allowed to leave after an hour.

Once you have passed the trial we will give you the equipment and teach you how to use it. We will then write to your GP to inform them you have started a nebulised antibiotic

What dose do I need to take?

The usual dose will be 300mg tobramycin via your nebuliser device. This will be morning and evening, approximately every 12 hours.

Tobramycin should be used twice daily for 28 consecutive days and then you should have 28 consecutive days off it. This pattern of alternating between using tobramycin and not using it should continue whilst you remain on the nebulised antibiotic and unless told to do otherwise by your Respiratory Specialist Nurse, Respiratory Doctor or Pharmacist.

You will need:

- A nebuliser device
- Tobramycin (available in liquid solution in a vial)
- Salbutamol

What happens if I miss a dose?

Do not worry. You should just take your next dose as scheduled. The chance of your chest getting worse due to one missed dose is very small.

How do I prepare my nebulised tobramycin dose?

To prepare it you will need to take the following steps:

1. Wash hands thoroughly before preparing the medication
2. Carefully twist the cap on the single use vial of tobramycin to remove the cap
3. Pour the contents of the vial into the chamber that comes with the nebuliser set.

How do I assemble the nebuliser?

To assemble the nebuliser set, make sure you follow the instructions in the leaflet that come with it.

You will need to use a filter, which is changed after each dose of medication.

The nebuliser set once assembled should look this this:

After each use you will need to separate all the pieces and wash in warm soapy water. Rinse and let air dry. You do need to sterilise the equipment as per Pari Boy instructions. You need a new filter pad for every use.

Refer to the device instructions for further advice on how to look after your nebuliser set.

The nebuliser kit should last for 12 months and will then need to be changed. Replacement kits will be provided by Respiratory Nurse Specialists

How do I use the nebuliser machine?

Once you have assembled the nebuliser set and placed the medication in the container, you are ready to go.

Ideally you should be in a well ventilated room, with window open and other family members and pets out of the room.

Ensure you have completed your chest clearance exercise prior to taking the nebulised tobramycin.

Place the mouthpiece in your mouth, making sure you make a good seal with your mouth. Press the on/off button and breath normally through mouth. You may feel “water” accumulating in your mouth. If this is uncomfortable you need to stop, press the on/off button and rest for a few minutes. You can then restart again.

Your tobramycin is finished once there is no more liquid in the container.

The nebuliser should last no longer than 15 minutes.

How long will I need to be on this antibiotic?

To begin with, your respiratory team will decide on a 3-month trial of nebulised tobramycin. Some people experience an improvement of symptoms whilst on treatment, but not always.

Following this, we will need three phlegm samples to confirm that treatment has been successful. You will then be reviewed in your next outpatient appointment.

Will I still be able to have this treatment if I get a chest infection?

Yes, you can have any treatment you would normally get for a chest infection. It is safe to take antibiotics and steroid tablets while you are taking this treatment.

If you get a chest infection, you should keep taking your tobramycin treatment unless any antibiotics or other treatment interacts with this medicine.

Who can I contact for support and information?

Respiratory Nurse Specialists at Worcestershire Royal Hospital

01905 760255, or ring the main hospital helpdesk on **01905 763333** and ask for **extension 38757**

Respiratory Nurse Specialists at Alexandra Hospital

01527 503887 or ring the main hospital helpdesk on **01527 503030** and ask for **extension 44991 or bleep 0264/0265**

Useful websites:

www.nhs.uk/conditions/bronchiectasis/treatment/#antibiotics

Pseudomonas infection | Asthma + Lung UK

Nebulisers | Asthma + Lung UK

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.