

## Adult and Paediatric Primary and Community Care Guidance for the shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit

### Background

An updated Medicines Supply Notification ([MSN](#)) was issued on 6<sup>th</sup> March 2024, which details a shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser solution.

- The supply position of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebulisers has improved.
- Salbutamol 2.5mg/2.5ml nebulisers will be in limited supply from mid-April until late June 2024.
- Salbutamol 5mg/2.5ml and alternative beta2-agonist nebulisers will remain available, however, cannot support an increase in demand.
- Unlicensed supplies of salbutamol 2.5mg/2.5ml nebulisers can be sourced, lead times vary. Information relating to imports was outlined in the MSN and is available on the SPS [Medicines Supply Tool](#) which also details any changes to resupply dates, updates to this communication and an up-to-date supply overview.

### Advice for Primary Care

Wean all patients off nebuliser as soon as their condition has stabilised.

Priority patient groups who should, where possible, maintain access to nebulised salbutamol include:

- All patients who have a diagnosis of cystic fibrosis
- All patients who have bronchiectasis and are using nebulised salbutamol alongside other nebulised therapy (e.g. antibiotics)
- Patients who have bronchiectasis and use nebulised salbutamol as part of a chest clearance regime may be a group who have greater benefit.
- Patients in acute care monitoring NHS@Home.
- All paediatric patients under specialist supervision
- Patients who cannot use pressurised metered-dose inhaler (pMDI) and spacer or dry powder inhaler (DPI)
- Patients with severe chronic asthma or COPD who are currently under the care of a respiratory team who have advised nebulised therapy is clinically indicated to remain stable and documented to continue as part of a clear treatment plan.

Priority groups should be provided with a back-up pMDI and spacer as part of their escalation plans.

For most other patients or if patients are not able to access nebulised salbutamol, they may be advised to use a salbutamol MDI via a spacer with or without a mask (e.g. Aerochamber Plus Flow Vu®). Four to six puffs of salbutamol 100 micrograms inhaler (one puff at a time every 30 seconds of tidal breathing) is likely to be an equivalent effective of 2.5 milligram dose of nebulised salbutamol, up to maximum ten puffs. A greener option where a higher dose may not be as helpful but the patient takes salbutamol on a regular basis would be to switch to a dry powder salbutamol inhaler.

Ensure patient is counselled on correct use of pMDI and spacer ([video](#))

### Advice and Guidance

For advice and guidance from specialist respiratory teams see [Remedy](#).