

ENT Atomizer System Multi-Patient Use to Single Patient Use	
<b>S</b>	<b>Situation: Current Practice:</b> The ENT/OTO Clinics require a medication to be compounded (Tetracaine and Afrin mixed – AKA “Blue Juice”) to provide local anesthesia for procedures, such as scoping. The pharmacy compounds this medication and provides it to the clinic in a bottle. This medication is placed into amber glass containers called atomizer bottles that hold up to 200 mL of the compounded solution. The bottle has disposable tips that are placed into the patient's nasal passages, and two sprays are delivered into each nostril prior to a procedure. These tips are disposed of after use. The bottle itself is wiped down with alcohol between patient use. The medication is used until it runs out, and the staff cleans the bottle with soap and water. They also clean the outside with alcohol and placed it back into the patient exam room.
<b>B</b>	<b>Background:</b> The medication is required to be compounded as there are no commercial options. Medications are not currently labeled with a time stamp of preparation once placed in the amber atomizer vial. The medication SOP states the “BUD for medications prepared outside of the pharmacy may not exceed 4 hours from the time of Preparation.” (see SOP link below #1). The atomizer brand is specific to the valve in place to prevent backflow into the prepared medication; however, not all clinics use the same brand of atomizer. The cleaning and disinfection instructions are not clear to ensure the proper disinfection is being taken place between filling of compounded medications. Note: Other brands require sterilization between use.
<b>A</b>	<b>Assessment:</b> We are currently going against SOP for usage within the required 4-hour time frame, labeling of medication, and storage in the patient exam room.  The AJIC practice forum notes that clinics and hospitals using these devices should carefully consider replacing them with readily available, cost-effective alternative topical medication applicators. See the #2 reference below.
<b>R</b>	<b>Recommendation:</b> To move to a single-use atomizer, see the example in reference #3 below. This can eliminate the concern for deviation from SOPs and best practices. The syringe can be prepared prior to use and labeled according to SOP.

References:

#1 Medication Labeling Outside of Pharmacy SOP:

<https://vanderbilt.policytech.com/dotNet/documents/?docid=29369&app=pt&source=browse>

#2 AJIC Volume 31 No.7 Bossart and Wolfe:

[AJIC Bosart.pdf](#)

#3 Example of Single use: <https://www.tri-anim.com/ths/medication-delivery/nebulizer-accessories/madgic-single-use-atomization-device-w-syringe/p/491-MAD600>

#4 MIFU of Atomizer currently in use:

[940799-000001 MADomizer 1505 V5.pdf](#)

\*The VUMC Infection Prevention Ambulatory Team created this SBAR to provide recommendations and instructions for best practices to meet CDC, APIC, TJC, and MIFU guidelines.

OTO/ENT Atomizer System Multi-Patient Use Recommendation  
VUMC Ambulatory Infection Prevention Team