

- dizziness
- cough
- nausea
- dryness of oropharynx
- blurred vision

5. Mucolytics / Surface Active Agents

A. **Acetylcysteine (Mucomyst)**

- a. Action: The sulfhydryl group in acetylcysteine "opens" disulfide linkages in mucus thereby lowering the viscosity.
- b. Indications:
  - adjunct therapy for patients with abnormal, viscid, or inspissated mucus secretions
  - acetaminophen overdose
- c. Dosage: 3-4 cc of 10-20% solution mixed with bronchodilator
- d. Precautions:
  - nausea / vomiting
  - irritation of mucosa
  - bronchospasm
  - incompatible with aerosolized antibiotics
- e. LSUHSC Mucomyst Policy Statement. The following guidelines shall be adhered to when nebulizing Mucomyst:
  - These guidelines do not apply to cystic fibrosis patients.
  - These guidelines only govern the nebulization of Mycomyst by the Cardiopulmonary Services department.
  - All orders for nebulization of Mucomyst shall be administered in conjunction with a bronchodilator.
  - All orders involving the nebulization of Mucomyst shall be automatically stopped within 24 hours after initiation.

B. **Sodium Bicarbonate (NaHCO<sub>3</sub>)**

- a. Action: Adjusts the pH of mucus, decreasing the surface tension to facilitate mucolytic action.
- b. Indication: tracheal irrigation
- c. Dosage:
  - irrigation: 2-5 ml of 2-8.4% NaHCO<sub>3</sub> in 2-5 ml NS
- d. Precaution: mucosal irritation

C. **Ethyl Alcohol 30-50% (Ethanol)**

- a. Indication:
  - pulmonary edema
- b. Precautions:
  - mucosal irritation
  - intoxication
  - vasodilation

6. Anti-Protozoal Agent: Pentamidine Isethionate (Nebupent)

- A. Action: The drug interferes with protozoal nuclear metabolism inhibition of DNA, RNA, phospholipid and protein synthesis. It is known to have activity against