Bon Secours Richmond
Medication Usage Evaluation
Levalbuterol / Albuterol Nebulization

Please attach addressograph label

Patient Name:_____ Room Number:_____ Prescribing Physician:_____

Acute Atrial Fibrillation: Yes / No

Patient receiving Levalbuterol at home prior to admission: Yes / No

Date of Treatment	Time of Treatment	Circle Drug Given	Dose of Levalbuterol or Albuterol	Ordered Frequency	Pre Treatment Heart Rate	Post Treatment Heart Rate	Severe Tremors Requiring Drug Discontinuation	Anxiety or Nervousness Requiring Drug Discontinuation	Other comments
	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
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	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
	AM / PM	Levalbuterol / Albuterol					Yes / No	Yes / No	
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Respiratory therapy please chart data for all treatments for 96 hours. Convert to an equivalent dose of albuterol (2 times the levalbuterol dose at the same dosing frequency) after 48 hours. Continue to monitor patient for 48 hours while on albuterol. If a clinically significant decline is not seen, albuterol will continue.
Return completed form to the department of pharmacy.
Patients to be excluded from conversion to albuterol are: acute atrial fibrillation, and patients receiving levalbuterol at home (this must be documented in chart).

File: levalbuterolDUEBSR