### Drug Information Table

**Beta₂-Adrenergic Agonists – Albuterol (Proventil, Ventolin)**

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Administration</th>
</tr>
</thead>
</table>
| • Long-term management of asthma  
• Prevention of exercise-induced asthma  
• Treatment of ongoing asthma exacerbations | • Follow manufacturer’s instructions for using delivery devices.  
• Use short-acting preparations for acute exacerbations.  
• Use long-acting preparations for long-term control.  
• Inhale beta₂-adrenergic agonists before inhaling glucocorticoids.  
• Follow dosage limits and schedules.  
• Watch for signs and triggers of impending exacerbations of asthma.  
• Keep a log of the frequency and intensity of exacerbations.  
• Notify the provider of changes in patterns of exacerbations. |

<table>
<thead>
<tr>
<th>Side/Adverse Effects</th>
<th>Interventions</th>
<th>Patient Instructions</th>
</tr>
</thead>
</table>
| • Tachycardia, heart palpitations, and angina | • Monitor and report tachycardia, heart palpitations, and chest pain | • Report chest pain and heart palpitations.  
• Report increase in pulse rate.  
• Avoid caffeine. |
| • Tremors | • Monitor and report tremors. | • Notify provider if tremors interfere with ADLs. |

<table>
<thead>
<tr>
<th>Contraindications</th>
<th>Precautions</th>
<th>Interactions</th>
</tr>
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</table>
| • Allergy to albuterol or levalbuterol | • Diabetes mellitus  
• Hyperthyroidism  
• Cardiovascular disease  
• Hypertension  
• Angina pectoris  
• Tachydysrhythmias  
• Tachycardia due to digitalis toxicity | • Beta-adrenergic blockers reduce the effectiveness of beta₂-adrenergic agonists.  
• Monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants increase the risks of hypertension, tachycardia, and angina.  
• Hypoglycemic (antidiabetes) drugs require increased dosing due to hyperglycemic effects. |