

Basic Inhaler Technique

- ◆ Remove the cap from mouthpiece
- ◆ Shake the inhaler several times
- ◆ Tilt your head back slightly and breathe out slowly
- ◆ Hold the inhaler upright & position in one of the following ways:
 - * 1-2 inches away from open mouth
 - * in the mouth with lips closed around mouthpiece
 - *if unable to perform either of these, use spacer**
- ◆ Begin to breathe in slowly through the mouth
- ◆ As you begin to inhale, press down on the inhaler to release a puff of medication
- ◆ Continue to breathe in slowly for 3-5 seconds until a full, deep breath is taken
- ◆ Hold your breath for up to 10 seconds if possible before breathing out through the nose
- ◆ If more than 1 puff is needed, repeat puff as directed waiting 30-60 seconds between puffs
- **Rinse the mouth with water and spit out after use of steroid inhaler...DO NOT SWALLOW****

Inhaler Technique with Spacer Device

FOR OLDER CHILDREN AND ADULTS:

- ◆ Remove caps from inhaler and spacer
- ◆ Shake inhaler vigorously several times
- ◆ Insert inhaler into the spacer ensuring the inhaler is in an upright position
- ◆ Sit in an upright position
- ◆ Insert spacer mouthpiece into the mouth (or alternately place mask over face ensuring snug fit)
- ◆ Breathe out slowly (through the nose preferably)
- ◆ Press down on inhaler to release a single puff
- ◆ Breathe in slowly over 3-5 seconds till a full, deep breath is taken or take 2 or 3 normal breaths
- ◆ Hold breath for up to 10 seconds if possible
- ◆ Exhale through the nose
- ◆ If more than 1 puff is needed, repeat puff as directed waiting 30-60 seconds between puffs
- **do not release multiple puffs into the spacer as this reduces the amount of drug inhaled****

FOR INFANTS AND YOUNGER CHILDREN:

- ◆ Perform first 3 steps as above
- ◆ Place child upright in your lap with their back against your chest
- ◆ Place mask over child's face ensuring snug fit over nose and mouth
- ◆ Press down on inhaler to release a single puff
- ◆ Hold mask in place as child takes six breaths (if mask has valves, they should open & close 6 times)

Management of Asthma Exacerbation Home Treatment

◆ ASSESS SEVERITY:

- ◆ Measure PEF* (<50% of personal best = exacerbation)
- ◆ Note signs and symptoms - cough, wheeze, SOB** etc do not always correlate well with severity of attack; accessory muscle use and suprasternal retractions suggest severe exacerbation

◆ INITIATE TREATMENT:

- ◆ Inhaled short acting β_2 agonist: 2-4 puffs q20min up to 3X

◆ ASSESS RESPONSE:

- ◆ **Good Response** = PEF >80% of personal best

No wheezing or SOB

Response to β_2 agonist sustained for 4h

- ◆ Continue β_2 agonist q3-4h x 24-48h
- ◆ Double inhaled steroid dose for 7-10d
- ◆ Check with doctor for follow-up instructions

- ◆ **Incomplete Response** = PEF 50-80% of personal best

Persistent wheeze and SOB

- ◆ Add oral prednisone (1-2mg/kg up to max 60mg) daily for 3-7 days (no tapering necessary if patient not steroid-dependent prior to treatment)
- ◆ Continue β_2 agonist therapy
- ◆ Contact doctor immediately for further instructions

- ◆ **Poor Response** = PEF <50% of personal best

Marked wheezing and SOB

- ◆ Repeat β_2 agonist immediately
- ◆ Add oral prednisone (1-2mg/kg to max 60mg/day)
- ◆ Call doctor immediately and proceed to Emergency Room or call 911 for ambulance)

* PEF = peak expiratory flow

**SOB = shortness of breath