

Check a patient’s inhaler technique when you are doing a ward round or a medicines review.
Check that patients are on a single type of inhaler (i.e. all MDI or all DPI) rather than a combination. Most patients should be on a DPI.

Where an MDI is indicated, it should be used with a spacer. Spacers should be prescribed for patients going home.
MDIs have more than 10 times the carbon footprint of DPIs. For more information about the carbon footprint of inhalers go to [greeninhaler.org](https://www.greeninhaler.org)

Inhaler class	Ingredient	Device name (Inhaler / brand)	Device type
SABA	Salbutamol	Accuhaler (Ventolin)	DPI
		Genuair (Salbulin)	DPI
		Easyhaler (Salbutamol)	DPI
		Easibreathe (Salamol)	baMDI
		Autohaler (Airomir)	baMDI
		Evohaler (Ventolin)	MDI
		MDI (Salamol / Airomir / AirSalb)	MDI
	Terbutaline	Turbohaler (Bricanyl)	DPI
ICS	Beclomethasone	Easyhaler (Beclomethasone)	DPI
		Autohaler (Qvar / Aerobec)	baMDI
		Easibreathe (Qvar)	baMDI
		MDI (Clenil / Qvar / Kelhale / Soprobeq)	MDI
	Budesonide	Turbohaler (Pulmicort)	DPI
		Easyhaler (Budesonide)	DPI
	Fluticasone	Accuhaler (Flixotide)	DPI
		Evohaler (Flixotide)	MDI
LABA	Formeterol	Turbohaler (Oxis)	DPI
	Indacaterol	Breezhaler (Onbrez)	DPI
	Olodaterol	Respimat (Striverdi)	SMI
	Salmeterol	Accuhaler (Serevent)	DPI
		Evohaler (Serevent)	MDI
		MDI (Neovent / Soltel / Vertine)	MDI
LAMA	Acclidinium	Genuair (Eklira)	DPI
	Glycopyrronium	Breezhaler (Seebri)	DPI
	Tiotropium	Handihaler (Spiriva)	DPI
		Zonda (Braltus)	DPI
		Respimat (Spiriva)	SMI
	Umeclidinium	Ellipta (Incruse)	DPI
ICS / LABA	Beclomethasone / Formoterol	Nexthaler (Fostair)	DPI
		MDI (Fostair)	MDI
	Budesonide / Formoterol	Spiromax (Duoresp)	DPI
		Turbohaler (Symbicort)	DPI
		MDI (Symbicort)	MDI
	Fluticasone / Salmeterol	Accuhaler (Seretide)	DPI
		Forspiro (Airflusal)	DPI
		Easyhaler (Fusacomb)	DPI
		MDI (Combisal / Sereflo / Sirdupla / AirfluSal / Aloflute)	MDI
		Evohaler (Seretide)	MDI
	Fluticasone / Vilanterol	Ellipta (Relvar)	DPI
LABA / LAMA	Acclidinium / Formoterol	Genuair (Duaklir)	DPI
	Glycopyrronium/Indacaterol	Breezhaler (Ultibro)	DPI
	Umeclidinium/Vilanterol	Ellipta (Anoro)	DPI
	Tiotropium / Olodacterol	Respimat (Spiolto)	SMI
ICS / LABA / LAMA	Fluticasone / Umeclidinium / Vilanterol	Ellipta (Trelegy)	DPI
	Beclomethasone / Formoterol / Glycopyrronium	MDI (Trimbow)	MDI

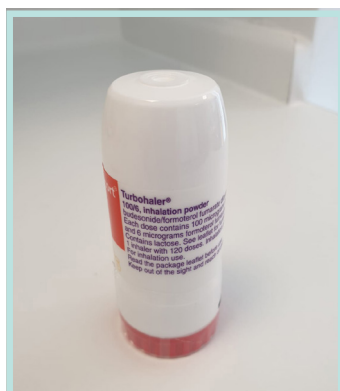
- Inhalers highlighted in grey are not supplied by Newcastle Hospitals. Patients may be using these inhalers if they were initially prescribed elsewhere.
- Inhalers highlighted in green are dry powdered inhalers (DPI) which are the preferred inhaler device for most patients.
 - Inhalers highlighted in pink are metered dose inhalers (MDI) or breath-actuated MDIs (baMDI). MDIs which are not breath-actuated should always be used with a spacer; a volumatic spacer is more effective.
 - Inhalers highlighted in orange are soft mist inhalers (SMI).

Caring for patients who use inhalers

Prescribers and those administering medications must check that patients have the correct device (the one that they are prescribed) at their bedside / with them.

Improving respiratory care is better for the patient, better for the hospital, better for the environment and lower carbon.

For more information about inhalers and inhaler technique visit:
www.rightbreathe.com



**Turbohaler
(DPI)**



**Handihaler
(DPI)**



**Genuair
(DPI)**



**Ellipta
(DPI)**



**MDI with
volumatic
spacer**



**Easyhaler
(DPI)**



**Easibreathe
(DPI)**



**Breezhaler
(DPI)**



**Respimat
(SMI)**



**MDI with
aerochamber**

How to check inhaler technique

Ask patient to demonstrate use of their own inhaler (without putting capsule in).
Look for the following:

For DPIs, breath-actuated MDIs or SMIs:

1. Correctly primes (twist / add capsule depending on device)
2. Sits up straight with head tilted slightly up to open airway
3. Long breath out to empty lungs
4. Good seal on inhaler with mouth and strong deep breath in
5. Holds breath for 10 seconds

For MDIs (excluding breath-actuated MDIs)

1. Shakes inhaler and attaches a spacer* correctly
2. Sits up straight with head tilted slightly up to open airway
3. Long breath out to empty lungs
4. Positions spacer with good seal on mouth (and nose if applicable)
5. Presses inhaler to release 1 or 2 doses into spacer and take 5 breaths from spacer

*a volumatic spacer is preferred because it achieves better delivery of the medication to the lungs than an aerochamber

