

Tips for Proper Use of a Metered Dose Inhaler

A metered dose inhaler or MDI is a device used to deliver asthma medicine to the lungs. When using a metered dose inhaler performing the following steps will ensure the most effective administration of asthma medication.

- 1. Remove the cap and hold the inhaler upright**
- 2. Shake the inhaler**
- 3. Tilt the head back slightly and breathe out**
- 4. Position the inhaler in one of the following ways:**
 - A. Open mouth and hold inhaler 1 to 2 inches away**
 - B. Use spacer (the use of a spacer is recommended for young children) and put the end of the spacer in the mouth.**
 - C. Put the inhaler in the mouth**

Note: The recommendation for obtaining optimal medication delivery is "A" or "B." "C" is acceptable if the child has difficulty with "A" or "B" (a spacer is not available.)
- 5. Press down on the inhaler to release medication as you start to breathe in slowly**
- 6. Breathe in slowly (for approximately 3-5 seconds)**
- 7. Hold breath for 10 seconds to allow medication to get deep into the lungs**
- 8. Repeat puffs on the inhaler as directed. Waiting about 1 minute between puffs may allow the second puff to get deeper into the lungs.**
- 9. Replace cap**

Hints and tips for cleaning Metered Dose Inhalers:

- A. Rinse the inhaler mouthpiece and cap with warm running water at least once a day.**
- B. Allow the inhaler mouthpiece to dry before another use**
- C. Use a spare inhaler for medication if needed**
- D. It is recommended that at least two times a week the inhaler mouthpiece and cap are washed with mild dishwashing soap and warm water, rinse the inhaler mouthpiece and cap well and allow to thoroughly dry before use.**

What To Do If An Asthma Attack Happens

- 1. STAY CALM...** Remember being calm will reassure the student
- 2. If:**
 - ☐ A student appears to be short of breath, hunches over or sucks in chest and neck muscles in order to breathe
 - ☐ Stops playing and can't start an activity again
 - ☐ The student has difficulty walking or talking i.e. cannot speak in complete sentences
 - ☐ If lips or fingernails are blue or gray
 - ☐ CALL 911
- 3. If immediate medical attention is not needed:**
 - ☐ Look for signs of impending asthma attack such as :
 - a. Wheezing, coughing, shortness of breath or chest tightness
 - b. Note peak flow readings if available
- 4. Have student sit in an upright position**
- 5. Follow the steps for an acute asthma attack as outlined in the student Asthma Action Plan. Don't try to let the student "tough it out". The right action at the right time can save much distress and save a child's life.**
- 6. Tell the student to try to Relax and Breathe more easily to help the medication work.**
- 7. Monitor the student to see if medication is working and the student is improving**
 - ☐ Most Asthma (bronchodilator/rescue) medicine works in 5-10 minutes
 - ☐ If a student has a peak flow meter, check the peak flow every 5-10 minutes to see if air flow is improving
- 8. If the student is not improving, contact the school nurse and the parent, repeat the prescribed medication ONLY IF stated in the Asthma Action Plan and continue relaxation techniques.**
- 9. Emergency Treatment is needed if:**
 - ☐ Wheezing, coughing and shortness of breath gets worse even after medication has had time to work or if the peak flow rate falls or stays the same after using medication (bronchodilator by MDI).
 - ☐ The student appears to struggle for breath, hunches over, or sucks in chest and neck muscles in an effort to breathe.
 - ☐ The student has difficulty walking or talking i.e. cannot speak in complete sentences,
 - ☐ The student's lips and fingernails turn gray or blue, seek emergency medical treatment immediately
 - ☐ CALL 911

ASTHMA EMERGENCY

Seek emergency care if the student shows....

- No improvement 15 – 20 minutes after inhaler and a relative cannot be reached
- Peak flow meter, if available, shows less than 50% of target, if known
- Difficulty breathing
 - Chest and neck pulled in
 - Hunched posture
- Trouble walking or talking
- Stops playing and cannot restart
- Gray/blue lips or fingernails

Adapted from:

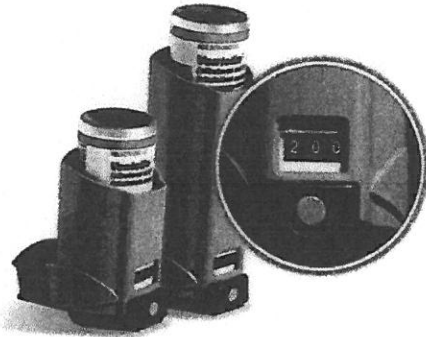
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Asthma Education Prevention Program Guide

1997

Rescue Inhaler Basics

Albuterol



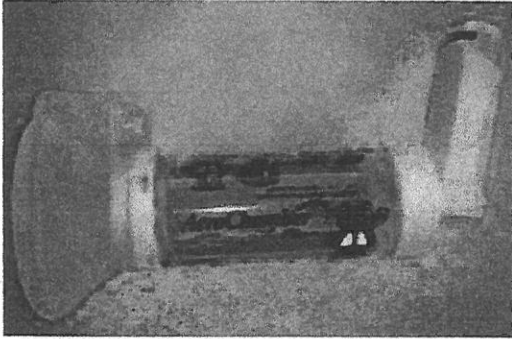
Must be primed when new or not used in 2 weeks. To prime, shake the inhaler for 5 seconds, and spray 4 sprays in the air away from your face. If the inhaler is not primed, you are NOT getting medicine.

Each inhaler contains 200 inhalations. If the inhaler does not have a counter, you need to write down how many doses are given (including priming sprays).

Even when the inhaler is empty, something may still spray out. THIS IS NOT MEDICINE. This is what is used to propel the medicine from the canister.



Quick Review on Spacer Technique for Asthma Patients



Spacer with a Mask

How to give an inhalation:

1. Remove the cap of the metered dose inhaler (MDI) device.
2. Shake the MDI before each use for 5 seconds
3. Insert the MDI into the back piece of the spacer with mask.
4. Apply the mask over the mouth and nose and ensure there is a good seal.
5. Depress MDI once and count 10 breaths before removing (the flap will move with each breath)
6. Wait 1 minute before a second dose is taken and repeat steps 2 to 5.



Spacer with mouthpiece

How to take an inhalation:

1. Remove the caps of the MDI and spacer.
2. Shake the MDI for 5 seconds and insert it into the back of the spacer.
3. Breathe out as much air as possible
4. Put the mouthpiece in your mouth (behind teeth), then press canister once to release one dose of medication.
5. Take a deep, slow breath in and hold it while you count to 10. *If you hear a whistling sound, you are breathing in too quickly.*
6. Take the mouthpiece out of your mouth and breathe out.
7. Wait 1 minute before a second dose is taken and repeat steps 2-6