



abpi
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Scottish Pharmaceutical
Industry Alliance Group

NHS
Greater Glasgow
and Clyde

Respiratory Inhalers

Identification Guide

Version 2

This booklet has been produced by NHS Greater Glasgow and Clyde together with the following companies, Almirall, AstraZeneca, Boehringer Ingelheim Ltd, Chiesi, GSK, Napp and Novartis as a service to medicine.
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Spacer Devices

Examples of High Cost Respiratory Inhaler Devices

Some inhaler devices are relatively more expensive than others. Examples of some of the higher cost devices are provided below. (Costs from eMIMS May 2013)



Seretide Accuhaler®

250 strength (60 doses) **£35**
500 strength (60 doses) **£40.92**



Seretide Evohaler®

125 strength (120 doses) **£35**
250 strength (120 doses) **£59.48**



Symbicort Turbohaler®

200/6 strength (120 doses) **£38**
400/12 strength (60 doses) **£38**



Spiriva®

cap pack with HandiHaler®
device **£34.87**
30 cap refill **£33.50**

NB. For patients on Seretide® 500 micrograms twice daily, the 250 evohaler® is more expensive than the equivalent 500 accuhaler®

Recommendations for Inhaler Supply

**** Important points to consider before issuing or prescribing inhalers ****

- Approximately £1.5 million[□] was spent in 2012/13 on inhalers within NHSGGC Acute care. A lot of inhaler wastage occurs across NHSGGC Acute and most would be considered preventable.
- By adhering to the following recommendations, inhaler wastage could be minimised. Patient safety would also be improved by ensuring patients receive the correct inhaler, strength and device during hospital admission.
- Encourage the use of patient's own inhalers.
- Always ask patients if they have their own inhaler(s) before ordering or issuing a new inhaler. If patients have their own inhaler(s), check the expiry date and if it is the current inhaler prescribed by the GP. If they don't have their inhaler, ask if a relative or carer could bring it in at their earliest convenience.
- If a patient is transferred to another ward, ensure inhaler(s) are transferred with the patient. Similarly, if a patient has been transferred from another ward, always check if they have been issued with inhaler(s) prior to transfer.
- Always check what type of inhaler device and strength the patient uses before ordering or issuing a new one. If unsure, discuss with the doctor, clinical pharmacist, or respiratory nurse specialist.
- Ensure the correct device is clearly prescribed on the medicine prescription form (e.g. Accuhaler[®], turbohaler[®], evohaler[®]) prior to administration.
- Always check if a patient has an inhaler before documenting code '13' (patient self administration) on the medicine prescription form. Do not assume that patients have their own inhalers and they are using them as prescribed.
- When patients are started on inhalers for the first time, inhaler technique should be assessed. Seek advice from pharmacy or respiratory nurse specialist if unsure of the most suitable device.

**** Stop and think before ordering, issuing or prescribing inhalers ****

[□] (costs from Ascribe business objects acute database)

Respiratory Inhaler Identification

There are many different inhaler devices available. Examples of the different types of inhaler devices are illustrated to aid identification. Please note however, that different strengths of inhalers may be slightly different colours than those shown. The manufacturer's packaging may also differ from time to time. The following images are for illustrative purposes only. If the patient does not have any of the inhaler devices illustrated, and you are unsure what device the patient normally uses, please speak to a pharmacist or respiratory nurse specialist for further advice.

This booklet is not intended to be a prescribing guide. Although dosage information is provided for some preparations, always refer to the BNF or manufacturer's Summary of Product Characteristics (SPC) for current dosage advice and further information.

The examples of the medicine prescription forms (kardexes) are for illustrative purposes only and do not reflect all doses available for each inhaler preparation.

The Asthma UK website has useful information on how to use spacers and different inhaler devices. Refer to the link below to access videos on inhaler technique:
<http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Bronchodilator – short-acting beta₂ agonist (blue/reliever) Inhalers (SABAs)

SALBUTAMOL



Salbutamol
*MDI (aerosol)
(brands include Ventolin evohaler®)

Strength: 100 micrograms/
metered inhalation



Salamol
Easi-Breathe®
(aerosol)

Strength: 100 micrograms/
metered inhalation



Airomir
Autohaler®
(aerosol)

Strength: 100 micrograms/
metered inhalation

Adult Dose

By aerosol inhalation

100-200 micrograms; for persistent symptoms up to 4 times daily. Refer to manufacturer's dosing instructions or BNF for further advice.

All Routes: As Required Prescriptions						DATE	TIME
DOSE	LL	DRUG	Salbutamol 100 micrograms		STOPPED		
INDICATION		ROUTE	INDICATION	INDICATION	STOPPED		
<input checked="" type="checkbox"/>		2 puffs	Inhal	SOB/wheeze			
NEW DOSE		PRESCRIBER PRINT & SIGN	MAX FREQ	DATE	DOSE		
<input type="checkbox"/>		A N Other (A N OTHER)	4 x	01/02/13	GIVEN BY		
REDUCTION		INDICATION	INDICATION	INDICATION			
<input type="checkbox"/>		Ventolin evohaler					

Example of medicine prescription form

(*MDI = metered-dose inhaler)

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Bronchodilator – short-acting beta₂ agonist (blue/reliever) Inhalers (SABAs)

SALBUTAMOL



Pulvinal®
Salbutamol
(dry powder)

Strength: 200
micrograms/
metered inhalation[^]



Easyhaler®
Salbutamol
(dry powder)

Strengths: 100, 200
micrograms/
metered inhalation[^]



Asmasal
Clickhaler®
(dry powder)

Strength: 95
micrograms/
metered inhalation[^]



Ventolin
Accuhaler®
(dry powder)

Strength: 200
micrograms/
metered inhalation[^]

[^]Refer to manufacturer's dosing instructions or BNF for further advice.

All Routes: As Required Prescriptions					
<input type="checkbox"/> BEFORE ADMINISTRATION	LL	DRUG	Salbutamol 200 micrograms	DATE	
<input checked="" type="checkbox"/> NEW DOSE		ROUTE	Inhal	TIME	
<input type="checkbox"/> NEW INDICATION		INDICATION	SOB/wheeze	DOSE	
		PRESCRIPT POINT & SIGN	A N Other (A N OTHER)	MAX/FREQ	DATE
			4 x day		01/02/13
		ADDITIONAL INSTRUCTIONS / COMMENTS / PRESCRIPTION	Ventolin accuhaler	GIVEN BY	

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Bronchodilator – short-acting beta₂ agonist (blue/reliever) Inhalers (SABAs)

TERBUTALINE SULPHATE



**Bricanyl
Turbohaler®**
(dry powder)

Strength: 500
micrograms/metered inhalation

Adult Dose
By inhalation of powder
500 micrograms; for persistent symptoms
up to 4 times daily. Refer to manufacturer's
dosing instructions or BNF for further advice.

All Routes: As Required Prescriptions				DATE	DATE
SEE DOSE ADMISSION	LL	DRUG Terbutaline 500 micrograms		STOPPED	DATE
<input checked="" type="checkbox"/>	LAUSE	ROUTE	INDICATION	INITIALS	TIME
	1 puff	Inhal	SOB/wheeze		
NEW DOSE	PRESCRIPTION (PRINT & SIGN)		MAX / REQ	DATE	DOSE
<input type="checkbox"/>	A N Other (A N OTHER)		4 x	01/02/13	
			day		
NEW MEDICATION	ADDITIONAL MEDICATIONS (DO NOT DELETE PREVIOUS)				GIVEN BY
<input type="checkbox"/>	Bricanyl turbohaler				

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Long-acting beta₂ agonist Inhalers (LABAs)

SALMETEROL



**Serevent
Accuhaler®**
(dry powder)

Strength: 50 micrograms/metered
inhalation



Serevent Diskhaler®
(dry powder)

Strength: 50 micrograms/blister



**Serevent
Evohaler®**
MDI (aerosol)

Strength: 25 micrograms/
metered inhalation



Neovent®
MDI (aerosol)

Strength: 25 micrograms/
metered inhalation

Adult Dose

By inhalation of dry powder

50 micrograms twice daily;
up to 100 micrograms twice daily.

Refer to manufacturer's dosing
instructions or BNF for further advice.

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
<input type="checkbox"/> PRESCRIPTION	H	DRUG	Salmeterol 50 micrograms	
<input type="checkbox"/> NEW DISEASE	DOSE	ROUTE	1 puff Inhal	DATE
<input type="checkbox"/> NEW MEDICATION	PRESCRIBED PRINT & SIGN	DATE	01/02/13	STOPPED
A N Other (A N OTHER)				INITIALS
ADDITIONAL INSTRUCTIONS / COMMENTS / AGENCY				DATE
Serevent accuhaler				

Example of medicine prescription form

Adult Dose

By aerosol inhalation

50 micrograms twice daily; up to
100 micrograms twice daily.

Refer to manufacturer's dosing
instructions or BNF for further advice.

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
<input type="checkbox"/> PRESCRIPTION	H	DRUG	Salmeterol 25 micrograms	
<input type="checkbox"/> NEW DISEASE	DOSE	ROUTE	2 puffs Inhal	DATE
<input type="checkbox"/> NEW MEDICATION	PRESCRIBED PRINT & SIGN	DATE	01/02/13	STOPPED
A N Other (A N OTHER)				INITIALS
ADDITIONAL INSTRUCTIONS / COMMENTS / AGENCY				DATE
Serevent evohaler				

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Long-acting beta₂ agonist Inhalers (LABAs)

FORMOTEROL FUMARATE



Oxis Turbohaler®
(dry powder)

Strengths[^]: 6, 12 micrograms/
metered inhalation



Easyhaler® Formoterol
(dry powder)

Strength: 12 micrograms/metered
inhalation[^]

[^]Refer to manufacturer's dosing
instructions or BNF for further advice.



Atimos Modulite®
(aerosol)

Strength: 12 micrograms/metered inhalation[^]

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG Formoterol 12 micrograms				DATE
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	DATE	DATE	
	1 puff	Inhal	01/02/13			
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER PRINT & SIGN A N Other (A N OTHER)				STOPPED DATE	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PREVIOUSLY				DATE	
	Oxis turbohaler					

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Long-acting beta₂ agonist Inhalers (LABAs)

INDACATEROL



Onbrez Breezhaler®

(inhalation powder, hard capsule)

Strengths: 150, 300 micrograms/metered inhalation

Adult Dose:
By inhalation of dry powder
150 micrograms once daily,
increased to max. 300
micrograms once daily.
Refer to manufacturer's
dosing instructions or BNF
for further advice.

Oral and Other Drugs: Regular Prescription							DATE
							MONTH
<input checked="" type="checkbox"/> BEFORE ADMISSION	H	DRUG	Indacaterol				Start date
<input checked="" type="checkbox"/> NEW DOSE		DOSE	ROUTE	DATE	DATE	STOP DATE	
<input type="checkbox"/> NEW MEDICATION		150 micrograms	Inhal	01/02/13		03/01/16	
		PRESCRIPTION & SIGN		STOPPED INITIALS		STOP TIME	
		A N Other (A N OTHER)				2002/160	
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				Other time	
		Onbrez breezhaler					

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Antimuscarinic Bronchodilator Inhalers – short-acting muscarinic antagonists (SAMAs)

IPRATROPIUM BROMIDE



Adult Dose
By aerosol inhalation
20-40 micrograms 3-4
times daily. Refer to
manufacturer's dosing
instructions or BNF for
further advice.

Atrovent® MDI (aerosol)

Strength: 20 micrograms/metered inhalation

Oral and Other Drugs: Regular Prescription					DATE
					MONTH
<input type="checkbox"/> BEFORE ADMISSION	<input checked="" type="checkbox"/> H	DRUG	Ipratropium bromide 20 micrograms		NEW DATE
<input type="checkbox"/> NEW DOSE		DOSE	ROUTE	DATE	PREVIOUS
		2 puffs	Inhal	01/02/13	13/01/13
<input type="checkbox"/> NEW MEDICATION		PRESCRIBER'S SIGNATURE A N Other (A N OTHER)			STARTING DATE
		ADDRESS/REFERENCE COMMENTS PHARMACY			STOP DATE
		Atrovent MDI			NEW DATE

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Antimuscarinic Bronchodilator Inhalers – long-acting muscarinic antagonists (LAMAs)

TIOTROPIUM



Spiriva®

(inhalation powder, hard capsule for use with Handihaler® device)

Strength: 18 microgram cap

Adult Dose
By inhalation of powder
18 micrograms once daily.
Refer to manufacturer's dosing instructions or BNF for further advice.

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG	Tiotropium			After time
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	STOPPED	DATE	
	18 micrograms	Inhal	01/02/13		✓	
NEW MEDICATION <input type="checkbox"/>	PRESCRIPTION ONLY & BNF					After time
	A N Other (A N OTHER)					After time
	ADDITIONAL INSTRUCTIONS COMMENTS PHARMACY					After time
	Spiriva Handihaler					After time

Example of medicine prescription form



Spiriva Respimat®

(solution for inhalation) Please note. Spiriva Respimat is currently non-formulary in NHSGGC.

Strength: 2.5 micrograms/
metered inhalation

Adult dose
By inhalation
5 micrograms (2 puffs)
once daily. Refer to
manufacturer's dosing
instructions or BNF for
further advice.

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG	Tiotropium 2.5 micrograms			After time
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	STOPPED	DATE	
	2 puffs	Inhal	01/02/13		✓	
NEW MEDICATION <input type="checkbox"/>	PRESCRIPTION ONLY & BNF					After time
	A N Other (A N OTHER)					After time
	ADDITIONAL INSTRUCTIONS COMMENTS PHARMACY					After time
	Spiriva Respimat					After time

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Antimuscarinic Bronchodilator Inhalers – long-acting muscarinic antagonists (LAMAs)

ACLIDINIUM BROMIDE



Adult Dose
By inhalation of dry powder
1 inhalation twice daily.
Refer to manufacturer's dosing instructions or BNF for further advice.

Eklira Genuair® (dry powder)

Strength: 400 micrograms/metered inhalation

Equivalence: each 400 micrograms metered inhalation of aclidinium bromide delivers 375 micrograms of aclidinium bromide which is equivalent to 322 micrograms of aclidinium.

Oral and Other Drugs: Regular Prescription						DATE	
						MONTH	
<input type="checkbox"/> NEW PRESCRIPTION	<input checked="" type="checkbox"/> H	DRUG	Acclidinium 322 micrograms				
<input type="checkbox"/> NEW DOSE		DOSE	1 puff	ROUTE	Inhal	DATE	01/02/13
<input type="checkbox"/> NEW MEDICATION		PRESCRIBER'S JOB'S SIGN				DATE	
		A N Other (A N OTHER)				DATE	
		Eklira Genuair				DATE	

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Antimuscarinic Bronchodilator Inhalers – long-acting muscarinic antagonists (LAMAs)

GLYCOPYRRONIUM



Adult Dose
By inhalation of powder
50 micrograms
once daily. Refer to
manufacturer's dosing
instructions or BNF for
further advice.

Seebri Breezhaler® (inhalation powder, hard capsule)

Strength: 50 micrograms cap

Equivalence: each 50 microgram capsule
of glycopyrronium delivers 44 micrograms
of glycopyrronium

Oral and Other Drugs: Regular Prescription					DATE
					MONTH
<input type="checkbox"/> BEFORE ADMINISTRATION	H	DRUG	Glycopyrronium		Other time
<input checked="" type="checkbox"/> NEW DOSE	DOSE	ROUTE	DATE	DATE:	STOP DATE
<input type="checkbox"/> NEW MEDICATION	50 micrograms	Inhal	01/02/13	INITIALS	STOP TIME
PRESCRIBED BY (N & S) A N Other (A N OTHER)					STOP DATE
ADDITIONAL INSTRUCTIONS / COMMENTS / INITIALS					STOP TIME
Seebri Breezhaler					Other time

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Corticosteroid (brown/preventer) Inhalers

BECLOMETASONE DIPROPIONATE

**** NOTE:
BECLOMETASONE CFC-FREE AEROSOL INHALERS ARE NOT INTERCHANGEABLE AND MUST BE PRESCRIBED BY BRAND NAME ****



Adult Dose
By aerosol inhalation
200-400 micrograms twice daily (up to 1mg twice daily)
Refer to manufacturer's dosing instructions or BNF for further advice.

Clenil Modulite® (CFC-free) MDI (aerosol)

Strengths: 50, 100, 200, 250 micrograms/
metered inhalation

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMISSION <input type="checkbox"/>	H	DRUGS Clenil modulite 100 micrograms		DATE 01/02/13
NEW DOSE <input type="checkbox"/>	DOSE 2 puffs	ROUTE Inhal	DATE 01/02/13	DATE 01/02/13
NEW MEDICATION <input type="checkbox"/>	PRESCRIPTION POINT & SIGN A N Other (A N OTHER)		STOPPED INITIALS	DATE 01/02/13
ADDITIONAL INSTRUCTIONS / COMMENTS / TREATMENT MDI				DATE 01/02/13

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Corticosteroid (brown/preventer) Inhalers

BECLOMETASONE DIPROPIONATE

**** NOTE:
BECLOMETASONE CFC-FREE AEROSOL INHALERS ARE NOT INTERCHANGEABLE AND MUST BE PRESCRIBED BY BRAND NAME ****



Qvar®
(CFC-free) MDI (aerosol)

Strengths: 50, 100 micrograms/
metered inhalation



Qvar Autohaler®
(aerosol)

Strengths: 50, 100 micrograms/
metered inhalation



Qvar Easi-Breathe®
(aerosol)

Strengths: 50, 100 micrograms/
metered inhalation

Adult Dose
By aerosol inhalation
50-200 micrograms twice
daily (up to 400 micro-
grams twice daily). Refer
to manufacturer's dosing
instructions or BNF for
further advice.

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG	Qvar 100 micrograms			NEW DATE
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	STOPPED DATE	ISS-1400 <input checked="" type="checkbox"/>	
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER PRINT & SIGN		INITIALS		ISS-100 <input checked="" type="checkbox"/>	
ADDITIONAL INSTRUCTIONS / COMMENTS / PRELIMINARY						ISS-100 <input checked="" type="checkbox"/>
MDI						ISS-100

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Corticosteroid (brown/preventer) Inhalers

FLUTICASONE PROPIONATE



Adult Dose
By aerosol inhalation
 100-500 micrograms twice daily (up to 1mg twice daily)
 Refer to manufacturer's dosing instructions or BNF for further advice.

Flixotide Evohaler®
 MDI (aerosol)

Strengths: 50, 125, 250 micrograms/metered inhalation

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMINISTRATION <input type="checkbox"/>	H	DRUG Fluticasone 125 micrograms	DATE	
NEW DOSE <input type="checkbox"/>	DOSE 2 puffs	ROUTE Inhal	DATE 01/02/13	
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER'S PRINT & SIGN A N Other (A N OTHER)		STOPPED DATE:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY Flixotide evohaler		INITIALS:	

Example of medicine prescription form



Adult Dose
By inhalation of dry powder
 100-500 micrograms twice daily (up to 1mg twice daily)
 Refer to manufacturer's dosing instructions or BNF for further advice.

Flixotide Accuhaler®
 (dry powder)

Strengths: 50, 100, 250, 500 micrograms/metered inhalation

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMINISTRATION <input type="checkbox"/>	H	DRUG Fluticasone 250 micrograms	DATE	
NEW DOSE <input type="checkbox"/>	DOSE 1 puff	ROUTE Inhal	DATE 01/02/13	
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER'S PRINT & SIGN A N Other (A N OTHER)		STOPPED DATE:	
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY Flixotide accuhaler		INITIALS:	

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Corticosteroid (brown/preventer) Inhalers

BUDESONIDE



Pulmicort Turbohaler®
(dry powder)

Strengths[^]: 100, 200, 400 micrograms/metered inhalation

[^]Refer to manufacturer's dosing instructions or BNF for further advice.



Easyhaler® budesonide
(dry powder)

Strengths[^]: 100, 200, 400 micrograms/metered inhalation



Budelin novolizer®
(dry powder)

Strength: 200 micrograms/metered inhalation[^]

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
BEFORE ADMINISTRATION	<input checked="" type="checkbox"/>	H	DRUG	Budesonide 200 micrograms		
DOSE	<input checked="" type="checkbox"/>		DOSE	1 puff	ROUTE	Inhal
NEW DOSE	<input type="checkbox"/>		DATE	01/02/13	DATE	
PREVIOUS POINT & DATE	<input type="checkbox"/>		STOPPED		INITIALS	
NEW MEDICATION	<input type="checkbox"/>		A N Other (A N OTHER)			
			ADDITIONAL INSTRUCTIONS / COMMENTS / ALTERNATIVE			
			Pulmicort turbohaler			

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Compound Preparations (Corticosteroid/ Long-acting beta₂ agonist)

FLUTICASONE/SALMETEROL



Seretide Accuhaler® (dry powder)

Strengths[^]:

100 Accuhaler®

(fluticasone 100 micrograms/salmeterol 50micrograms)

250 Accuhaler®

(fluticasone 250 micrograms/salmeterol 50micrograms)

500 Accuhaler®

(fluticasone 500 micrograms/salmeterol 50micrograms)

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
<input type="checkbox"/> BEFORE ADMISSION	H	DRUG	Seretide 500 accuhaler			STOPPED
<input type="checkbox"/> NEW DOSE	DOSE	ROUTE	DATE	DATE	INITIALS	
<input type="checkbox"/> NEW MEDICATION	1 puff	Inhal	01/02/13			
PRESCRIBER'S POINT & SIGN A N Other (A N OTHER)						
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						

Example of medicine prescription form



Seretide Evohaler® MDI (aerosol)

Strengths[^]:

50 Evohaler®

(fluticasone 50 micrograms/salmeterol 25micrograms)

125 Evohaler®

(fluticasone 125 micrograms/salmeterol 25micrograms)

250 Evohaler®

(fluticasone 250 micrograms/salmeterol 25micrograms)

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
<input type="checkbox"/> BEFORE ADMISSION	H	DRUG	Seretide 250 evohaler			STOPPED
<input type="checkbox"/> NEW DOSE	DOSE	ROUTE	DATE	DATE	INITIALS	
<input type="checkbox"/> NEW MEDICATION	2 puffs	Inhal	01/02/13			
PRESCRIBER'S POINT & SIGN A N Other (A N OTHER)						
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						

Example of medicine prescription form

[^]Refer to manufacturer's dosing instructions or BNF for further advice.

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Compound Preparations (Corticosteroid/ Long-acting beta₂ agonist)

BUDESONIDE/FORMOTEROL



Symbicort Turbohaler® (dry powder)

Strengths[^]:

- 100/6 Turbohaler® (budesonide 100 micrograms/formoterol 6micrograms)
- 200/6 Turbohaler® (budesonide 200 micrograms/formoterol 6micrograms)
- 400/12 Turbohaler® (budesonide 400 micrograms/formoterol 12micrograms)

[^]Refer to manufacturer's dosing instructions or BNF for further advice.

Symbicort Maintenance Therapy

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
<input type="checkbox"/>	H	DRUG	Symbicort 200/6 turbohaler	
<input type="checkbox"/>	DOSE	ROUTE	2 puffs Inhal	01/02/13
<input type="checkbox"/>	PRESCRIBER PRINT & SIGN	A N Other (A N OTHER)		
<input type="checkbox"/>	NEW MEDICATION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		
				DATE
				MONTH

Example of medicine prescription form

Symbicort Reliever Therapy

All Routes: As Required Prescriptions				
EXPIRE	DRUG	ROUTE	INDICATION	DATE
<input checked="" type="checkbox"/>	LL	Symbicort 200/6		
<input checked="" type="checkbox"/>	DOSE	ROUTE	INDICATION	
<input checked="" type="checkbox"/>	1 puff	Inhal	SOB/wheeze	
<input checked="" type="checkbox"/>	PRESCRIBER PRINT & SIGN	MAX PERIOD	DATE	
<input checked="" type="checkbox"/>	A N Other (A N OTHER)	8 x day	01/02/13	
<input checked="" type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	Max. 6 puffs on any one occasion		
				DATE
				TIME
				DOSE
				GIVEN BY

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Compound Preparations (Corticosteroid/ Long-acting beta₂ agonist)

BECLOMETASONE/FORMOTEROL



Fostair® (aerosol)

Strength: 100/6 (beclometasone 100 micrograms/
formoterol 6 micrograms)[^]

[^]Refer to manufacturer's dosing
instructions or BNF for further advice.

Fostair Maintenance Therapy

Oral and Other Drugs: Regular Prescription					DATE
					MONTH
BEFORE ADMINISTRATION	H	DRUG	Fostair 100/6		DATE
<input checked="" type="checkbox"/>		DOSE	ROUTE	DATE	<input checked="" type="checkbox"/>
		1 puff	Inhal	01/02/13	
NEW DOSE	<input type="checkbox"/>	PRESCRIBER PRINT & SIGN		DATE	<input checked="" type="checkbox"/>
		A N Other (A N OTHER)			
NEW MEDICATION	<input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PREPARATION		DATE	<input checked="" type="checkbox"/>
		MDI			

Example of medicine prescription form

Fostair Reliever Therapy

All Routes: As Required Prescriptions						DATE
BEFORE ADMINISTRATION	LL	DRUG	Fostair 100/6		DATE	
<input checked="" type="checkbox"/>		DOSE	ROUTE	INDICATION	DATE	
		1 puff	Inhal	SOB/wheeze		
NEW DOSE	<input type="checkbox"/>	PRESCRIBER PRINT & SIGN		DATE	<input checked="" type="checkbox"/>	
		A N Other (A N OTHER)				
NEW MEDICATION	<input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PREPARATION		DATE	<input checked="" type="checkbox"/>	
		6 x day				

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Compound Preparations (Corticosteroid/ Long-acting beta₂ agonist)

FLUTICASONE/FORMOTEROL



Flutiform® (aerosol)

Strengths[^]: 50/5 (fluticasone 50 micrograms/formoterol 5 micrograms)
125/5 (fluticasone 125 micrograms/formoterol 5 micrograms)
250/10 (fluticasone 250 micrograms/formoterol 10 micrograms)

[^]Refer to manufacturer's dosing instructions or BNF for further advice.

Oral and Other Drugs: Regular Prescription				DATE
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG	Flutiform 125/5	MONTH
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	STOPPED
	2 puffs	Inhal	01/02/13	DATE
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN)	INITIALS	DATE	DATE
	A N Other (A N OTHER)			
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY			
	MDI			

Example of medicine prescription form

NB. Different strengths of inhalers may be slightly different colours to those illustrated.

Spacer Devices

Some patients use spacer devices which remove the need for coordination between actuation of a pressurised metered-dose inhaler (MDI) and inhalation. Spacers reduce the velocity of the aerosol and subsequent impaction on the oropharynx and allow more time for evaporation of the propellant so that a larger proportion of the particles can be inhaled and deposited in the lungs.

Spacers should be cleaned once a month and replaced every 6 to 12 months. It is important to prescribe a spacer device that is compatible with the MDI. Spacer devices should **not** be regarded as interchangeable; patients should be advised not to switch between spacer devices.

Volumatic®



- Large-volume device
- Compatible with all GlaxoSmithKline brand MDIs eg. Ventolin®, Serevent®, Flixotide®, Seretide® and also Clenil Modulite®
- Also available with paediatric facemask

Spacer Devices

AeroChamber® Plus



- Medium-volume device
- For use with all pressurised (aerosol) inhalers*
- Available as standard device (blue), child device (yellow), infant device (orange)
- Also available with facemask

Able Spacer®



- Small-volume device
- For use with all pressurised (aerosol) inhalers*
- Available with infant (small), child (medium) or adult (large) mask

A2A Spacer®



- For use with all pressurised (aerosol) inhalers*
- Available with small or medium mask

Optichamber®



- For use with all pressurised (aerosol) inhalers*
- Available with small, medium or large mask

Vortex Spacer®



- Medium-volume device
- For use with all pressurised (aerosol) inhalers*
- Available with infant, child or adult mask

Pocket Chamber®



- Small-volume device
- For use with all pressurised (aerosol) inhalers*
- Available with infant, small, medium or large mask

*Please check compatibility of all inhaler devices before prescribing.
Flutiform® has not been tested with all of the spacers listed on this page.