NHS
West Hampshire
Clinical Commissioning Group

Supporting Care Homes

INHALER TECHNIQUE AND RESPIRATORY CONDITIONS GUIDANCE SHEET

Using an inhaler is the most effective way of taking medicine for asthma, Chronic Obstructive Pulmonary Disease (COPD) and other respiratory conditions. There are many devices available containing different drugs and it is important the correct inhaler is chosen for the resident depending on their technique ability to ensure maximum efficacy. Inhaler technique should be checked on a regular basis – this can be at the annual review with the GP or practice nurse. Remember to make sure the resident takes their inhaler/s with them to check-ups so their technique can be assessed.

Asthma UK has some useful short videos that show how to use different devices – this is especially useful if a resident is prescribed a different inhaler device:

https://www.asthma.org.uk/advice/inhaler-videos

There are two distinct techniques and below are some example devices and how they should be inhaled:

Metered Dose Inhaler (MDI)

Aerosol/solution for inhalation

Breathe in slowly and steadily

- **Easi-breathe®**
- **Autohaler®**
- **Respimat®**
- **Evohaler®**
- **Metered dose Inhaler (MDI)**
- **Spacer Devices**

Dry Powder Inhaler

Breathe in quickly and deeply

- **Nexthaler®**
- **Breezhaler®**
- **Accuhaler®**
- **Turbohaler®**
- **Spiromax®**
- **Genuair®**
- **Easyhaler®**
- **Ellipta®**
- **Zonda®**

Ideally inhalers should be prescribed by their brand name to ensure continuity of supply and reduce the risk of an alternative device being supplied that requires a different technique.

Problems that residents may experience

Residents may have problems with their treatment and may be due to the drug itself or the type of device that they are using. Commonly experienced problems include:

- Inability to co-ordinate activating an inhaler with inhaling at the right time thereby 'missing' the dose, particularly with MDI inhalers.
- Sore throat or hoarseness can be caused by inhaled corticosteroids.
- Inhaling too quickly making the spacer device 'whistle'.
- Not loading the device correctly before use, particularly for dry powder inhalers.
- Insufficient breath to inhale dose or activate the device.
- Different devices requiring different techniques.

For more information regarding problems which can be experienced with inhaler usage please see appendix one at the end of this guidance sheet.

If you feel that your residents are experiencing difficulties with their inhalers please seek advice from your community pharmacist, the resident's GP, practice nurse or practice pharmacist.

The difference between Asthma and COPD

What is Asthma? Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness and breathlessness. The severity of these symptoms varies from person to person. Asthma can be controlled well in the majority of people most of the time, although some people may have more persistent problems.

What is COPD? Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases including chronic bronchitis and emphysema. People with COPD have difficulty breathing in and out; this is known as airways obstruction and this is not reversible. The breathing difficulties residents suffer are caused by long-term, permanent damage to the lungs. The most common cause of this damage is smoking. People with COPD who still smoke should be offered support with stopping.

Symptoms	Asthma	COPD
People under 35 years	Common (often starts in childhood)	Very few
Smoker or ex-smoker	Sometimes	Nearly all
Symptoms caused by an allergy	Sometimes	No
Chronic (long lasting) cough with lots of phlegm	Uncommon	Common
Breathlessness	Variable. Residents can be free of symptoms for long periods	Persistent and usually worsens over time
Symptoms causing night time waking	Often	Rarely
Noticeable variation in symptoms between day and night, or from day to day	Common	Uncommon

COPD rescue medication

Residents who have COPD may be prescribed a COPD rescue pack by their GP or respiratory nurse. It is important that care home staff that administer medication, are aware of the purpose of these packs and know when they should be used.

COPD rescue packs contain a short course of two standby medications, an antibiotic and a steroid. These medications will have been carefully selected for the specific resident and should never be borrowed for use by another resident. Normally COPD rescue packs will be packaged separately from regular medication, have a leaflet advising on how to use appropriately, and will be clearly marked with an expiry date. Care homes should ensure this medication is date checked along with other medications. Out of date medication should be replaced and disposed of as advised in your medication policy.

COPD rescue packs should only be started if the resident is having a flare up of their COPD. The individual resident's COPD management plan will detail the symptoms to look out for and the steps you should take. It also details when emergency medical attention is required. If the resident does not have a current COPD management plan, you should contact the resident's GP or respiratory nurse to ask if they could provide one.

When the COPD rescue pack has been started it is extremely important that the GP is contacted as soon as possible to inform them that the medication is in use. Also a new prescription must be requested to replace the COPD rescue pack.

For more information and resources about Asthma: Asthma UK
For more information and resources about COPD: British Lung Foundation

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Please visit our website for more information:
https://www.westhampshireccg.nhs.uk/medicines-in-care-homes

With special thanks to NHS Northern, Eastern and Western Devon Clinical Commissioning Group NHS South Devon and Torbay Clinical Commissioning Group for sharing this resource

Appendix One: Problems and solutions with inhaler usage

Metered Dose Inhaler – MDI eg Ventolin Evohaler®, Fostair®, Sirdupla®, Clenil®, Qvar®, Atrovent® , AirFluSal MDI ® and Seretide Evohaler®	
Problem	**Tip**
Mouthpiece contains foreign object	Always use the mouth piece cover when the inhaler is not in use. Check the mouthpiece for foreign objects before inhaling and clear the mouthpiece from foreign objects after inhaling.
Inhalers do not have a dose counter	Ensure that the resident knows that the inhaler does not have a dose counter and to ensure they have a spare inhaler for when they think their current inhaler is getting empty.
Residents may prime the device by activating one dose into the air before using, resulting in wasted doses	Ensure that the resident understands they do not need to do this before use if the inhaler is used on a regular basis; explain that this will waste doses of medication.
Resident has poor co-ordination and inhaler technique	Consider using a spacer device with the MDI – spacers also reduce the importance of correct timing and technique.
Sore throat or hoarseness with steroid inhalers (caused by drug depositing at back of mouth, not in lungs)	Spacers can reduce the amount of drug deposited in the back of the throat or mouth
Failing to hold breath for long enough after inhaling	Remind resident about the importance of holding their breath for as long as is comfortable. Consider using a spacer.
Using multiple puffs without waiting in between, and not shaking inhaler beforehand	Remind the resident to wait 30 seconds and shake inhaler between puffs. Consider using a spacer.
Timing OK, but not able to to press canister	Consider a spacer and assisting with device press. Consider changing to an alternative inhaler device.
Resident is aiming the inhaler towards the roof of their mouth or tongue	Retrain resident and ensure that they are sat or stood upright with their chin up and their inhaler upright before starting the inhalation process.
Resident is getting symptoms of oral thrush or irritation in the mouth	This can be a side effect of inhaled corticosteroids. Check resident's inhaler technique and advise to rinse their mouth after inhaler use. Consider a spacer.
MDI (as above) used with a spacer eg Volumatic® and Aerochamber®	
Problem	**Tip**
Mouthpiece clogs and/or build-up of static charge inside spacer	Replace spacer every 6 to12 months. Ensure it is washed and air-dried as per instruction leaflet. Do not dry it with a cloth as this will generate static.
Long delay between activating inhaler and inhaling through spacer	Make sure resident is ready to use the spacer every time, the drug will settle into the bottom of the spacer quickly after pressing the button.
Spacer makes a whistling noise	Slow down the inhalation. A whistling noise means the inhalation is too fast.
Multiple puffs sprayed into spacer at once	Wait 30 seconds between puffs. Shake the inhaler before each puff.

Breath-actuated Inhaler® eg Salamol Easibreathe®, Qvar Autohaler® and Qvar Easibreathe®	
Problem	**Tip**
Resident is aiming the inhaler towards the roof of their mouth or tongue	Retrain resident and ensure that they are sat or stood upright with their chin up and their inhaler upright before starting the inhalation process.
Breathing in too deeply or quickly	Residents may assume they have to breathe in forcefully with this device. A slow and steady breath is required. If the resident cannot manage a slow breath in, a dry powder inhaler could be used instead.
Air vents blocked while breathing in, and resident unable to get dose	Remind resident that the air vents must not be blocked or covered when using their breath-actuated inhaler.
Inhalers often 'click' when dose is released	Remind the resident to continue breathing in after they hear the click or feel the puff of medication into their mouth.
Inhalers do not have a dose counter	Ensure that the resident knows that the inhaler does not have a dose counter and to ensure they have a spare inhaler for when they think their current inhaler is getting empty.
Resident is getting symptoms of oral thrush or irritation in the mouth	This can be a side effect of inhaled corticosteroids. Check resident's inhaler technique and advise resident to rinse their mouth after inhaler use. Consider a spacer.
Resident not activating their Autohaler® correctly	Remind the resident that the lever must be pushed up ('on') before each dose and pushed down again ('off') after dose otherwise Autohaler® will not operate correctly.
Accuhaler® eg Seretide Accuhaler®, Serevent Accuhaler® and Ventolin Accuhaler®	
Problem	**Tip**
Not breathing in strongly enough to deliver dose	Sometimes the inhaler mouthpiece will look gritty when this happens. Discuss changing to another inhaler device with the GP practice.
Dose not delivering properly	Accuhaler® must be primed before use, remind resident to slide lever back until it clicks before using the inhaler. The inhaler must be kept horizontal and level after loading a dose.
Accuhaler® has no more doses	Advise resident that there is a dose counter which should be checked regularly and a new inhaler should be used once it runs out.
Resident is getting symptoms of oral thrush or irritation in the mouth	This can be a side effect of inhaled corticosteroids. Check resident's inhaler technique and advise resident to rinse mouth after use. Consider a spacer.
Accuhaler® cover left open after use	Remind resident to close the cover after using the Accuhaler®.

Genuair® eg Duaklir Genuair® , Eklira Genuair®	
Problem	**Tip**
Not getting full dose each time	Ensure the device is loaded properly. Press and release the coloured button and check indicator changes to green before inhaling dose.
Getting too much dose each time	Ensure the coloured button is released before inhaling.
Not breathing in strongly enough to deliver dose	Advise more forceful inhalation, and if this is not possible an alternative inhaler should be discussed with GP.
Genuair® has no more doses	Advise resident that there is a dose counter which should be checked regularly and a new inhaler should be used once it runs out.
Red striped band in dose indicator	This indicates the resident is nearing their last dose and a new Genuair® should be ordered.
Dose not delivering properly	Genuair® must be primed before use, remind resident to remove cap and press and release coloured button before use. Keep the inhaler upright after loading a dose.
Respimat® eg Spiriva® Respimat® , Spiolto® Respimat®, Stiverdi® Respimat ®	
Problem	**Tip**
Resident does not close cap after each dose	Ensure resident knows that they need to close the cap after each dose.
Resident does not have enough manual dexterity to set up the device initially	See manufacturer's information for more information. If resident is unable to set up themselves consider whether someone else is able to do it for them or if a different inhaler device is required
Not taking the full dose	The daily dose is two puffs daily. i.e. Twist and inhale. Close cap. Twist and inhale. Close cap.
Spiromax® DuoResp Spiromax®	
Problem	**Tip**
Resident is not opening the cap fully	If the cap of the Spiromax® is not opened fully and a click is not heard then the dose will not be loaded.
Resident is getting symptoms of oral thrush or irritation in the mouth	This can be a side effect of inhaled corticosteroids. Check resident's inhaler technique and advise resident to rinse mouth after use.
Resident notices a taste after inhalation	This is due to the lactose and is normal.
Air vents blocked while breathing in and resident unable to get dose	Remind resident that the air vents must not be blocked when using their breath-actuated inhaler.