Asthma Medications & Devices

A guide to help people with asthma
Medications

Reliever medications (blue/grey) 6

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Other asthma medications 11
The images in this book represent the majority of asthma medications in use and those currently available in Australia at the time of printing this brochure. All dosages and newly released asthma medications may not be pictured. If you have further queries about your medications, please speak to your doctor, pharmacist or local Asthma Australia office.
## Understanding your level of asthma symptom control

Think about your asthma over the last 4 weeks and look at the chart below to see if your asthma control is good, partial or poor.

<table>
<thead>
<tr>
<th>Good control</th>
<th>Partial control</th>
<th>Poor control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All of:</strong></td>
<td><strong>One or two of:</strong></td>
<td><strong>Three or more of:</strong></td>
</tr>
<tr>
<td>Able to do all your usual activities</td>
<td>Less able to do your usual activities</td>
<td>Less able to do your usual activities</td>
</tr>
<tr>
<td>No asthma symptoms during night or on waking</td>
<td>Any asthma symptoms during night or on waking</td>
<td>Any asthma symptoms during night or on waking</td>
</tr>
<tr>
<td>Daytime symptoms no more than 2 days per week</td>
<td>Daytime symptoms more than 2 days per week</td>
<td>Daytime symptoms more than 2 days per week</td>
</tr>
<tr>
<td>Need reliever no more than 2 days per week*</td>
<td>Need reliever more than 2 days per week*</td>
<td>Need reliever more than 2 days per week*</td>
</tr>
</tbody>
</table>

(*Not including reliever puffer taken before exercise.*)
Did you know ...
Up to 90% of people on asthma medications do not use them properly¹

Asthma medications
Asthma medications play a vital role in keeping you well and helping you to achieve good control of your asthma symptoms. Asthma medications work very well when taken correctly. However, up to 90% of people on asthma medications don’t use them properly. This means many people put up with asthma symptoms when they don’t need to and their everyday life is affected. Making your medication work for you is an important step in living well with asthma.

Taking your medication
It is very common for people to use their asthma medication devices incorrectly and miss out on the full benefit of their medications. Using asthma medications incorrectly can also increase the risk of side effects. Even if you think you are using your medication correctly, it is important to have your technique checked regularly. Ask your doctor to review your medications and check your technique at your next visit. You can also ask your pharmacist to check your technique or contact your local Asthma Australia office for more information. Always check with your doctor or pharmacist if you experience side effects or you think your medication is not working as it should.

Looking after your asthma
Asthma Australia recommends that everyone with asthma should have an overall plan for managing their asthma. This should include a written asthma action plan and regular review with your doctor, at least twice a year.

Storage
Check your medication expiry date and exact storage instructions. Most asthma medications require storage at room temperature. Do not leave asthma medication in your car.

Prescriptions
Most asthma medications require a prescription. Ask your doctor if you need a repeat prescription to make sure you don’t run out.

Most blue/grey reliever medications can be bought over the counter in Australia, but you should still make sure your doctor knows when and how you are using these. If you are using your blue/grey reliever medication more than two days per week, speak to your doctor as this is a sign that your asthma is not well-controlled or your medication may need to be changed.

Find out more about your medications
Asthma medications come with Consumer Medicine Information which can be provided by any pharmacist or doctor, or you can find them and other information about medications online at nps.org.au

## Reliever medications - blue/grey

<table>
<thead>
<tr>
<th>Common names</th>
<th>Airomir, Asmol, Ventolin, Bricanyl</th>
<th>Commonly called blue/grey reliever puffer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What it does</strong></td>
<td>Relaxes tight airway muscles</td>
<td>Helps to relieve asthma symptoms for up to 4-6 hours</td>
</tr>
<tr>
<td><strong>How long it takes to work</strong></td>
<td>Very quickly</td>
<td>Provides relief from symptoms within 4 minutes</td>
</tr>
<tr>
<td><strong>How to take it</strong></td>
<td>Inhaled</td>
<td>See the devices section to check that you are taking your medication properly</td>
</tr>
</tbody>
</table>
| **When to take it** | When you have symptoms | Symptoms may include:  
  — Breathlessness  
  — Wheezing  
  — Tight chest  
  — Persistent cough |
| | Emergency | Use a blue/grey reliever puffer with a spacer for Asthma First Aid |
| | Sometimes before exercise | In general, usually taken 5-10 minutes before exercise if prescribed |
| **Helpful to know** | Carry it with you always | In case of symptoms, or for Asthma First Aid |
| | If you are using your blue/grey reliever more than 2 days per week (not including before exercise) | Indicates that your asthma is not well-controlled |
| | | See your doctor for an asthma review |
| **Common side effects** | Shakes, rapid heartbeat  
Children can become restless | These will pass quickly  
Speak to your doctor if you are concerned |

Low dose Symbicort may also be used as a reliever under strict conditions as part of SMART (Symbicort Maintenance and Reliever Therapy) - see page 8.
# Preventer medications – (inhaled corticosteroids)

<table>
<thead>
<tr>
<th>Common names</th>
<th>Alvesco, Flixotide, Pulmicort, Qvar</th>
<th>Corticosteroid preventer medications are some of the most effective and safe preventers for adults and children when used appropriately</th>
</tr>
</thead>
<tbody>
<tr>
<td>What it does</td>
<td>Reduces swelling</td>
<td>Use of preventers make airways less sensitive to triggers</td>
</tr>
<tr>
<td></td>
<td>Reduces mucus</td>
<td></td>
</tr>
<tr>
<td>How long it takes to work</td>
<td>Can take days to weeks to show full improvement</td>
<td>Preventers taken regularly, reduce the risk of having asthma symptoms or flare-ups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If you take preventer regularly and still experience asthma symptoms speak to your doctor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventers are not used in emergency situations</td>
</tr>
<tr>
<td>How to take it</td>
<td>Inhaled</td>
<td>See the devices section to check that you are taking your medication properly</td>
</tr>
<tr>
<td>When to take it</td>
<td>Every day as prescribed</td>
<td>Take your preventer every day as prescribed even if you feel well</td>
</tr>
<tr>
<td>Helpful to know</td>
<td>The key to keeping well with asthma</td>
<td>Preventers are most effective if you take them every day as prescribed</td>
</tr>
<tr>
<td>Common side effects</td>
<td>Possible side effects include oral thrush, voice change, sore mouth and throat</td>
<td>You can reduce these by:</td>
</tr>
<tr>
<td></td>
<td>Other side effects can occur if high doses of preventers are taken long-term</td>
<td>— Using a spacer with puffers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>— Always rinse, gargle and spit after using preventer medication or have a drink of water for young children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Speak to your doctor if you have any concerns about side effects</td>
</tr>
</tbody>
</table>
## Combination Preventer medications

<table>
<thead>
<tr>
<th>Common names</th>
<th>Seretide, Symbicort</th>
<th>Flutiform, Breo</th>
<th>Contains two asthma medications in combination – an inhaled corticosteroid and a long-acting reliever (also known as a long-acting beta agonist (LABA))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What it does</strong></td>
<td>Combination medication = Preventer (reduces swelling + reduces mucus) + long-acting reliever (relaxes tight airway muscles)</td>
<td>Use of preventers make airways less sensitive to triggers</td>
<td>Long-acting relievers relax airway muscles for up to 12 hours, some up to 24 hours</td>
</tr>
<tr>
<td><strong>How long it takes to work</strong></td>
<td>Preventers - may take a few days to weeks to show improvement Long-acting reliever - varies with type – up to 30 mins for most Symbicort and Flutiform contain a long-acting reliever that works within minutes</td>
<td>Ongoing improvements can occur over months</td>
<td>Long-acting relievers help to improve symptom control</td>
</tr>
<tr>
<td><strong>How to take it</strong></td>
<td>Inhaled</td>
<td>See the devices section to check that you are taking your medication properly</td>
<td></td>
</tr>
<tr>
<td><strong>When to take it</strong></td>
<td>Combination preventers must be taken every day to be effective. Low-dose Symbicort can sometimes be used as a preventer and a reliever, under strict conditions.</td>
<td>Take your combination preventer everyday as prescribed, even if you feel well</td>
<td></td>
</tr>
<tr>
<td><strong>Helpful to know</strong></td>
<td>Prescribed for people who have asthma symptoms even with regular preventer use</td>
<td>If you take combination preventer regularly and still experience asthma symptoms speak to your doctor</td>
<td></td>
</tr>
<tr>
<td><strong>Common side effects</strong></td>
<td>Preventer - oral thrush, voice change, sore mouth and throat Long-acting reliever - shakes, rapid heart beat, headaches</td>
<td>You can reduce these by: Using a spacer with a puffers Always rinse, gargle and spit after using combination preventer medication or have a drink of water for young children</td>
<td>Speak to your doctor if you have any concerns about side effects</td>
</tr>
</tbody>
</table>
# Other Preventer medications

| Common names | Tablet - Montelukast (e.g. Singulair Resrikast, T Lukast, Lukair, Montair)
| Non-steroid tablet – useful for children and some adults
| Inhaled non-steroid (e.g. Intal Forte and Tilade) | Intal Forte and Tilade are non-steroid preventers – not as effective as inhaled corticosteroids but useful for some people

| What it does | Reduces swelling
| Reduces mucus | These other preventer medications make the airway less sensitive but are not as effective as inhaled corticosteroid-based preventers

| How long it takes to work | Montelukast - starts to work within a day but can take days to weeks to show improvement
| Ongoing improvements can occur over months
| Inhaled non-steroid - may take days to weeks to show improvement |

| How to take it | Intal Forte and Tilade – inhaled
| Montelukast (e.g. Singulair) – oral tablet | See the devices section to check that you are taking your medication properly

| When to take it | Montelukast should be taken once every day
| Tilade and Intal Forte should be taken 3-4 times every day | Take as prescribed

| Helpful to know | Non steroid preventers are less effective than inhaled corticosteroid preventers
| If taking your non-steroidal preventer regularly and still experiencing asthma symptoms speak to your doctor | Intal Forte and Tilade inhalers must be washed thoroughly every day to avoid blockage
| Montelukast is available in a chewable tablet for children |

| Common side effects | Intal Forte and Tilade may cause a dry cough after use. Montelukast tablet is generally very well tolerated, however, it may cause mild headaches and stomach upset and there may be an uncommon potential association with behavioural and psychiatric effects in children and adults |
| You can reduce these by:
| — Using a spacer (with puffers)
| — Rinse, gargle and spit after use or have a drink of water for young children |
| Speak to your doctor if you are concerned about any side effects |
### Other asthma medications

**Inhaled long-acting relievers (long-acting beta-agonists) - (Serevent, Oxis, Foradile)**
- Only to be used in combination with an inhaled corticosteroid preventer medication
- Helps to relax airway muscles for up to 12 hours
- Not an asthma preventer, does not help to reduce swelling and mucus in the airway
- If you are taking a long-acting reliever, speak to your doctor about switching to one of the Combination Preventers (see p8) which contain a long-acting reliever and preventer all in one device

**Prednisone or Prednisolone**
- Sometimes called rescue medication
- Oral tablet or liquid used for sudden or severe asthma flare-ups (sometimes called asthma attacks) in adults and children
- Short course – generally 3-5 days for children, 5-10 days for adults
- Continue to take regular preventer medication as well
- If needing this medication visit your doctor for a review

**Severe asthma treatments**
- An injectable medication (e.g. Omalizumab also known as Xolair or Mepolizumab also know as Nucala) that can help some people with difficult-to-treat or severe asthma
- Prescribed by a respiratory physician or other specialist in the field
- Approved in Australia, for some adults and children with moderate-to-severe allergic asthma that is not controlled by maximal preventer therapy (some are subsidized on the PBS if certain strict criteria are met)
- Injectable medication – given by your doctor or nurse, every 2-4 weeks
- It is a type of preventer medication – so it works to reduce inflammation (swelling and sensitivity) in the airways by targeting certain immune and inflammatory proteins
- Reduces asthma symptoms and asthma flare-ups
- Side effects may occur, such as injection site reactions and more severe reactions.

There is ongoing research and development occurring into asthma medications and new medications will be added to this booklet in coming years.
Asthma medications come in a range of different shaped containers (devices), and some come in more than one type of device. This means you can work with your doctor to choose the combination of medicine and device that works best for you.

If you find the device tricky to use, or you are not sure if you are using it properly, always ask for help. Your doctor, pharmacist or local Asthma Australia office can help you. Most people with asthma will benefit from a regular review of their device technique. Taking your medication properly, means that your medication will work better and you will have less chance of side effects. Ask your doctor to check your technique at your next visit.

By using the device properly and taking medication as prescribed, you are giving yourself the best chance of reducing asthma symptoms and living well with asthma.
## Key points to consider when choosing a device

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Importance</th>
<th>Solution/options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Very young children are not physically able to use all device types.</td>
<td>For puffers, very young children (4 and under) will need to use a spacer and mask. Children should always use a spacer with their puffer to effectively deliver the medication.</td>
</tr>
<tr>
<td>Breath intake</td>
<td>Some devices require you to take in a deep, forceful breath.</td>
<td>Before you are prescribed a new asthma medication, ask your doctor to check that you can use the device correctly.</td>
</tr>
<tr>
<td>Hand strength</td>
<td>Some people find their hands are weaker e.g. frail, arthritis.</td>
<td>Ask for a device that requires little hand strength, or if you are using a puffer ask about obtaining a Haleraid from your pharmacy.</td>
</tr>
<tr>
<td>Coordination</td>
<td>It can be difficult to co-ordinate breathing in and pressing down the puffer.</td>
<td>Use a spacer with your puffer or talk to your doctor about prescribing a different device you may find easier to use.</td>
</tr>
<tr>
<td>Technique</td>
<td>People are more likely to use their devices correctly if they have been given clear instructions, including a demonstration and their technique is checked regularly.</td>
<td>Talk to your doctor about the different device options that are available to you. Ask your doctor or pharmacist to show you how to use your device. Take your devices to your next appointment and have your technique checked.</td>
</tr>
<tr>
<td>Review</td>
<td>Regular check-ups are necessary to look at symptoms, how the medication is working and check device technique.</td>
<td>Communicating with your doctor and pharmacist is important to living well with asthma.</td>
</tr>
</tbody>
</table>

Haleraids are a type of device that make it easier to use a puffer. They are only available for use with some puffers.

Examples of Haleraids
Spacers - what you need to know

What is a spacer?
Spacers assist with taking asthma medication. Spacers are only needed with puffers. Spacers are usually plastic or polycarbonate and cylinder shaped. A spacer has a mouthpiece at one end and at the other end a space to insert your puffer.

A spacer helps to increase the amount of medicine going down into your airways and reducing the amount of medicine that lands in the mouth and throat.

Choosing your spacer
Spacers come in different sizes and shapes. Small spacers are useful for children, but can be used by everyone (including adults).

Choosing a spacer depends on the medication type, your personal preference, budget and advice from your doctor, pharmacist or local Asthma Australia office.

The diagram to the right shows the difference between how much medication goes into the lungs, with and without a spacer.

Why use a spacer?
It is recommended that all puffers are used with a spacer because:

- More medication is inhaled into the lungs
- It is easier to use as it requires less coordination than a puffer alone.
- There are fewer side effects from the medication
- For children, it is important to always use a spacer with reliever and preventer puffers
- For adults and adolescents, it is recommended to always use a spacer with preventer puffers. A reliever puffer can be used without a spacer. If you use you reliever puffer without a spacer, ask your doctor to check that you are using your puffer correctly
Masks
Some spacers can be used with masks. Most children under 4 years will need a mask with their spacer to ensure as much asthma medication as possible is breathed into their lungs.

Spacers are not for sharing
Spacers are made for single person use to stop the spread of infectious disease – each person should have their own spacer, which they can wash and reuse as shown below.

Cleaning your spacer
Plastic spacers must be prepared before first use so they will work correctly. To prepare your spacer, wash it in warm water with detergent. Do not rinse it. Leave it to air dry.

Clean your spacer the same way every month and after you have had a cold or flu. It is very important to put the spacer back together again correctly, after it is completely dry.

Masks can be washed in the same way.

Spacer storage
Spacers should be stored in the following way. After they have been washed in warm water and detergent, and allowed to air dry, they should be stored in a paper (not plastic) bag, to minimise static.
How to use a puffer and spacer

1. Remove cap from puffer
   Hold puffer upright and shake well
   Attach puffer to end of spacer

2. Place mouthpiece of spacer in mouth and ensure a good seal is formed with lips
   Breathe out gently into the spacer

3. Press down on puffer once to fire medication into spacer

4. Breathe in slowly and deeply, hold breath for about 5 seconds, or as long as is comfortable
   Breathe out gently
   or
   Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

To take more medication, shake puffer and repeat steps 2 - 4
How to use a spacer and mask

1. Remove cap from puffer
   Hold puffer upright and shake well

2. Attach puffer to end of spacer

3. Gently place mask over mouth and nose so there are no gaps around the edges
   Ask child to breathe out gently, or for younger children, watch when they have breathed out

4. Press down on puffer once to fire medication into spacer
   Ask the child to breathe in and out normally for 4 breaths

To take more medication, shake puffer and repeat steps 2 - 4
## How to use a puffer

1. **Remove cap from puffer**
   - Hold puffer upright and shake well
   - **Breathe out away from the puffer**

2. **Tilt the chin upward to open your airways**
   - Put the puffer mouthpiece in your mouth, between your teeth, and create a seal with lips
   - Start to breathe in through mouth, then fire one puff of medication and continue to breathe in steadily and deeply

3. **Remove puffer from mouth, close mouth and hold breath for up to 10 seconds, or as long as is comfortable**
   - **Breathe out gently away from mouthpiece**

4. **Replace cover**

**To take more medication, repeat steps 1 to 3**
How to clean a puffer

Preventer and combination puffers must never be wet or washed: they should only be wiped with a dry tissue.

Blue/grey reliever puffers require cleaning every week to prevent blockage from a build up of medication.

Intal Forte and Tilade puffers should be washed every day and allowed to dry for more than 24 hours before re-use. Alternate between the two mouthpieces provided by the pharmacist.

For puffers that require washing
(reliever puffers, Intal Forte and Tilade)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | Remove metal canister  
    Do not place in water |
| 2 | Wash the plastic casing only  
    Rinse mouthpiece through top and bottom under warm running water for at least 30 seconds  
    Wash mouthpiece cover |
| 3 | Allow to air dry |
| 4 | Reassemble |
Dry Powder Inhalers

Dry Powder inhalers include:

— Accuhalers (e.g. Flixotide, Seretide)

— Turbuhalers (e.g. Pulmicort, Symbicort)

— Aerolizers (Foradile)

— Ellipta (e.g. Breo)

Dry powder inhalers must never be washed.

It is very important that dry powder devices are never wet. Always replace the cap after use. Always breathe out away from your dry powder inhaler. For more information see your doctor, pharmacist or local Asthma Australia office.
## How to use an Accuhaler

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hold Accuhaler horizontally by its base in one hand. Place thumb of other hand on thumb grip. Open Accuhaler by pushing thumb grip around until it clicks.</td>
</tr>
<tr>
<td>2</td>
<td>Slide lever until it clicks. A single dose of the medication is now loaded. <strong>Breathe out away from the Accuhaler</strong>.</td>
</tr>
<tr>
<td>3</td>
<td>Put mouthpiece in mouth ensuring good seal is formed. <strong>Breathe in steadily through mouth</strong>.</td>
</tr>
<tr>
<td>4</td>
<td>Remove Accuhaler from mouth then hold breath for up to 10 seconds or as long as is comfortable, then breathe out gently away from Accuhaler. If another dose is required, push lever back to starting position and repeat steps 2 to 4.</td>
</tr>
<tr>
<td>5</td>
<td>When finished, close Accuhaler.</td>
</tr>
</tbody>
</table>
How to look after an Accuhaler

— Avoid breathing into the Accuhaler
— Always keep it dry
— Keep it closed when not in use
— Wipe the mouthpiece with a clean dry tissue

How can I tell when the Accuhaler is empty?

There are 60 doses of medication in an Accuhaler. A dose counter on the side of the Accuhaler will show you how many doses remain.

The last 5 show up in RED.
How to use a Turbuhaler

1. Unscrew and lift off cap

2. Hold Turbuhaler upright
   Twist coloured base around all the way, and then back all the way
   (You can place the Turbuhaler on a table to make sure it stays upright as you twist the base all the way around and back)

3. Breathe out gently away from Turbuhaler
   Do not blow into it

4. Put mouthpiece in mouth ensuring a good seal is formed with lips
   Breathe in through mouth forcefully and deeply
   Remove turbuhaler from mouth and hold breath for about 5 seconds, or as long as is comfortable

5. Breathe out gently away from turbuhaler
   To take more medication, repeat steps 2 to 4
   Replace cap
Turbuhaler notes

— It is very important to hold the Turbuhaler upright when you are twisting the base, otherwise you will not get the dose
— The rattling you hear when you shake the Turbuhaler is the drying agent built into the coloured base of the Turbuhaler and is not the medication

How to look after a Turbuhaler

— Avoid breathing into the Turbuhaler
— Always keep it dry
— Keep cap on when not in use
— Wipe the mouthpiece with a clean try tissue

How can I tell when a Turbuhaler is empty?

The indicator on the side of the device will either highlight the doses left in the device (Symbicort) or appear as a red mark to indicate that it is nearly empty (Bricanyl, Pulmicort and Oxis).

You will need to check regularly to see if the red mark has appeared in the window, or how many doses remain.
### How to use an Autohaler

Autohalers are breath-actuated so the need for coordination is reduced.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| **1** | Hold Autohaler upright without blocking air vents at base  
Shake Autohaler well |
| **2** | Remove cap  
Lift lever at the top of the device  
Breathe out away from Autohaler |
| **3** | Tilt chin up, put mouthpiece in mouth between teeth, closing lips firmly around it  
Breathe in through mouth steadily and deeply. Keep on breathing in after you hear a click  
The Autohaler will fire a dose of medication automatically |
| **4** | Remove Autohaler from mouth  
Hold breath for about 5 seconds, or as long as is comfortable  
Breathe out gently |
| **5** | Push lever down and replace cap  
Repeat steps 1 to 5 if another dose is needed |
How can I tell when the Autohaler is empty?

— Load the Autohaler by holding it upright and lifting up the grey lever
— There is a small sliding lever on the bottom of the Autohaler. Slide the lever across
— If the Autohaler does not fire any medication, it is empty

How to look after an Autohaler

— Remove mouthpiece and rinse the mouthpiece in warm water
  (Airomir only - Do not wash Qvar)
— Leave it to air dry, then replace mouthpiece cover
— Do not push anything into the mouthpiece as this may cause damage

Nebulisers

Nebulisers convert liquid medication into a fine mist inhaled through a mouthpiece or mask. The air-flow and pressure of your nebuliser should be checked regularly (at least once a year). Depending on use, disposable nebuliser bowls may need replacing regularly, according to the manufacturer’s instructions. It is advisable to always have a spare bowl. Nebuliser filters should be changed regularly and the machine serviced according to the manufacturer’s instructions.

Used correctly, a puffer and spacer are just as effective as a nebuliser. A nebuliser is sometimes recommended by the doctor if using a puffer and spacer is difficult for someone. For more information, talk to your doctor, pharmacist or local Asthma Australia office.
How to use an Ellipta

1. Slide the cover down until you hear a click

2. Breathe out away from Ellipta

3. Put mouthpiece in mouth ensuring a good seal is formed with lips (do not block the air vent with your fingers)
   Breathe in through mouth steadily and deeply

4. Remove Ellipta from mouth
   Hold breath for about 5 seconds, or as long as is comfortable
   Breathe out away from Ellipta
   Close the cover

To take more medication, repeat all steps
Ellipta notes

How to look after an Ellipta

— Before first use, the Ellipta must be removed from the foil packaging and used within a month of opening
— Do not shake
— Avoid breathing into the Ellipta
— Always keep it dry and closed when not in use
— Wipe the mouthpiece with a clean dry tissue to clean

How can I tell when an Ellipta is empty?

There are 30 doses of medication in an Ellipta.

Every time you open the device (by sliding the cover down until you hear a click) a dose is loaded. If you close the cover without inhaling the medication the dose is lost.

A dose counter on the front of the device will show you how many doses remain.
Treatment of an asthma flare-up

An asthma flare-up can happen to anyone with asthma, at any time. A flare-up can develop slowly (over hours to days) or can get worse very quickly (in seconds to minutes). A sudden or severe asthma flare-up is also called an asthma attack.

If you are very unwell with a flare-up of your asthma symptoms, your doctor may prescribe a short course of oral steroids in liquid or tablet form (Prednisolone/Prednisone). This is used to reduce the swelling in the airways and quickly improve asthma during a sudden or severe flare-up (sometimes called an asthma attack) or when an asthma flare-up persists.

When used in short courses of 3-5 days for children and 5-7 days for adults, oral steroids are generally free of significant side effects, but some patients experience temporary mood changes, weight gain, or worsening of diabetic control. They may cause side effects when used for weeks to months at a time, or when more frequent short courses are used.

The risks of not taking this treatment when needed are more serious than any side effects. If you are concerned, discuss this with your doctor.

Asthma First Aid

Asthma Australia provides community education and training for Asthma First Aid (see next page).

We encourage everyone to learn Asthma First Aid.

Asthma First Aid can save someone’s life. Do not wait until asthma is severe to start first aid.

Asthma Emergency Kits

Asthma Emergency Kits provide basic equipment and instructions to assist someone during an asthma attack.

Your local Asthma Australia office can provide education and training for Asthma First Aid.

Asthma Emergency Kits are available from your local Asthma Australia office.
Asthma First Aid

1 Sit the person upright
   — Be calm and reassuring
   — Do not leave them alone

2 Give 4 separate puffs of blue/grey reliever puffer
   — Shake puffer
   — Put 1 puff into spacer
   — Take 4 breaths from spacer
   Repeat until 4 puffs have been taken
   Remember: Shake, 1 puff, 4 breaths
   OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

3 Wait 4 minutes
   — If there is no improvement, give 4 more separate puffs of blue/grey reliever as above
   OR give 1 more dose of Bricanyl or Symbicort inhaler

4 If there is still no improvement call emergency assistance Dial Triple Zero
   — Say ‘ambulance’ and that someone is having an asthma attack
   — Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives
   OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort

Call emergency assistance immediately - Dial Triple Zero (000)
   — If the person is not breathing
   — If the person’s asthma suddenly becomes worse or is not improving
   — If the person is having an asthma attack and a reliever is not available
   — If you are not sure if it’s asthma
   — If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid
Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

Asthma Australia
Call the 1800 ASTHMA Helpline (1800 278 462)
or visit asthmaustralia.org.au

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This brochure has been developed for the community by Asthma Australia.

It provides information about:
— Asthma Medications & Devices
— Using asthma medication to keep you well
— Using asthma devices properly
— How to look after your device

Other Asthma Australia brochures:
— Asthma Basic Facts
— Under 5s
— Seniors
— Live well checklist
— Things to ask/tell your Pharmacist
— Things to ask/tell your doctor

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