

Respiratory Inhalers

Identification Guide

Version 3

This booklet has been prepared by NHSGGC Medicines Information. Endorsed by NHSGGC Respiratory Managed Clinical Network, February 2017. Designed by Medical Illustration Services.

This is an identification guide and not a prescribing guide. Some inhaler devices may not be included in the NHSGGC Formulary. Please refer to <http://www.ggcmedicines.org.uk/> for information on current Formulary status and device guidance prior to prescribing.

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Recommendations for Inhaler Supply

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

- Approximately £1.6 million* was spent in 2015/16 on inhalers within NHS GGC Acute care. A lot of inhaler wastage occurs across NHS GGC Acute and most would be considered preventable.
- Inhaler devices can be expensive. Some devices cost up to **£60**.
- 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>

This is an identification guide and not a prescribing guide. Some inhaler devices may not be included in the NHSGGC Formulary. Please refer to <http://www.ggcmedicines.org.uk/> for information on current Formulary status and device guidance prior to prescribing.

Short-acting beta₂ agonist 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	GIVEN BY
EXPLORE ADDITION	LL	Salbutamol 100 micrograms			DATE			
NEW DOSE	100mcg	ROUTE Inhal	INDICATION SOB/wheeze	STOPPED REASON	DATE			
NEW REGIMEN	2 puffs	PRESCRIBED (PRINT & SIGN) A N Other (A N OTHER)		MAX DURATION 4 x 7 day	01/02/13			
ADDITIONAL PRESCRIPTIONS - CURRENTLY IN USE								
	Ventolin evoaler							

Example of medicine prescription form

(*MDI = metered-dose inhaler)

Short-acting beta₂ agonist inhalers (SABAs)

SALBUTAMOL



**Easyhaler®
Salbutamol**
(dry powder)

Strengths: 100, 200
micrograms/
metered inhalation^

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



**Ventolin
Accuhaler®**
(dry powder)

Strength: 200
micrograms/blister^

All Routes: As Required Prescriptions							
BEFORE ADMISSION	LL	DRUG	Ventolin 200 micrograms Accuhaler			DATE	
<input checked="" type="checkbox"/>		DOSE	1 puff	ROUTE	Inhal	INDICATION	SOB/wheeze
NEW DOSE	<input type="checkbox"/>	PRESCRIBED (PRINT & SIGN)		MAX/FREQ	4 x day	DATE	01/02/13
NEW PRESCRIPTION	<input type="checkbox"/>	A N Other (A N OTHER)				GIVEN BY	
<small>ADDITIONAL INSTRUCTIONS - COMMENTS - PRESCRIPTION</small>							

Example of medicine prescription form

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

Short-acting beta₂ agonist inhalers (SABAs)

TERBUTALINE SULFATE



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					
BEFORE ADMINISTRATION	LL	DRUG Bricanyl 500 micrograms Turbohaler		DATE	DATE
NEW DOSE	<input type="checkbox"/>	DOSE 1 puff	ROUTE Inhal	INDICATION SOB/wheeze	INITIALS
NEW MEDICATION	<input type="checkbox"/>	PRESCRIBER (PRINT & SIGN) A N Other (A N OTHER)		MAX FREQ 4 x day	DATE 01/02/13
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					STOPPED
					DATE
					TIME
					DOSE
					GIVEN BY

Example of medicine prescription form

Long-acting beta₂ agonist inhalers (LABAs)

SALMETEROL



Serevent Accuhaler®

(dry powder)

Strength: 50 micrograms/blister

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	MONITOR
BEFORE ALTERING ✓	H (SALM) Serevent 50 micrograms Accuhaler	01/02/13	✓
NEW ✓	1 puff Inhal		
NEW ✓	200-2500 PUFFS & 1000 A N Other (A N OTHER)		
NEW ✓	ADDITIONAL INSTRUCTIONS COMMENTS FREQUENCY		

Example of medicine prescription form



Serevent Evohaler®

MDI (aerosol)

Strength: 25 micrograms/
metered inhalation

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	MONITOR
BEFORE ALTERING ✓	H (SALM) Serevent 25 micrograms Evohaler	01/02/13	✓
NEW ✓	2 puffs Inhal		
NEW ✓	200-2500 PUFFS & 1000 A N Other (A N OTHER)		
NEW ✓	ADDITIONAL INSTRUCTIONS COMMENTS FREQUENCY		

Example of medicine prescription form



Neovent®

MDI (aerosol)

Strength: 25 micrograms/
metered inhalation

Long-acting beta₂ agonist inhalers (LABAs)

FORMOTEROL FUMARATE



Oxis Turbohaler®
(dry powder)

Strengths^: 6, 12 micrograms/
metered inhalation



Formoterol Easyhaler®
(dry powder)

Strength: 12 micrograms/metered
inhalation^



Atimos Modulite®
MDI (aerosol)

Strength: 12 micrograms/metered inhalation^

^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 Atimos Modulite 12 micrograms				Other time	
DOSE <input type="checkbox"/>	1 puff	ROUTE Inhal	DATE 01/02/13	START	1500-1800	✓	
NEW DOSE <input type="checkbox"/>	PERSISTENT PROBLEM/OTHER A N Other (A N OTHER)				INITIALS	1000-1800	
NEW MEDICATION <input type="checkbox"/>	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY MDI				STOPPED	2000-2300	✓
						Other time	

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 microgram capsules

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
STOPPED ADMISSION ✓	H	DRUG Onbrez Breezhaler 150 micrograms			15/01/2016
NEW DOSE □	DOSE	ROUTE	DATE	DATE:	15/01/2016
NEW MEDICATION □	1 puff	Inhal	01/02/13	INITIALS:	15/01/2016
PRESCRIBER PRINT & SIGN: A N Other (A N OTHER)					15/01/2016
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					15/01/2016
					15/01/2016

Example of medicine prescription form

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

Long-acting beta₂ agonist inhalers (LABAs)

OLODATEROL



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

Striverdi Respimat®

(solution for inhalation)

Strength: 2.5 micrograms/inhalation (delivered dose)

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
REFILLS ADMISSION ✓	H	DRUG	Striverdi Respimat 2.5 micrograms	
NEW DOSE □	DOSE	ROUTE	DATE	DATE
NEW MEDICATION □	2 puffs	Inhal	14/10/15	15/10/15
PRESCRIBER SIGNATURE & SEAL				INITIALS
A N Other (A N OTHER)				20/10/15
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				Other time

Example of medicine prescription form

Short-acting muscarinic antagonist inhalers (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
<input type="checkbox"/> BEFORE ADMISSION ↓ <input type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW MEDICATION	H	DRUG Atrovent 20 micrograms		DATE Other time
	DOSE	ROUTE	DATE	Other time
	2 puffs	Inhal	01/02/13	07/01/08 15/01/08 20/01/08
	PRESCRIBER PRINT & SIGN A N Other (A N OTHER)			INITIALS ✓ ✓ ✓
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY MDI			Other time

Example of medicine prescription form

Long-acting muscarinic antagonist inhalers (LAMAs)

TIOTROPIUM



Spiriva®

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

Strength: 18 microgram tiotropium capsule

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	Spiriva 18 micrograms			DATE	MONTH
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	DATE	DATE	DATE	DATE
NEW MEDICATION <input type="checkbox"/>	1 puff	Inhal	01/02/13	DATE	DATE	DATE	DATE
PRESCRIPTION PRINT & SIGN				STOPPED	INITIALS	DATE	DATE
A N Other (A N OTHER)						DATE	DATE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							
Handihaler							
Other use							

Example of medicine prescription form



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	Spiriva Respimat 2.5 micrograms			DATE	MONTH
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	DATE	DATE	DATE	DATE
NEW MEDICATION <input type="checkbox"/>	2 puffs	Inhal	01/02/13	DATE	DATE	DATE	DATE
PRESCRIPTION PRINT & SIGN				STOPPED	INITIALS	DATE	DATE
A N Other (A N OTHER)						DATE	DATE
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY							
Other use							

Example of medicine prescription form

Spiriva Respimat®

(solution for inhalation)

Strength: 2.5 micrograms/
inhalation (delivered dose)



Please Note. Addendum to Page 11
New tiotropium formulation available

Braltus®

(inhalation powder, hard capsule for use with Zonda® inhaler)

Strength: 10 microgram tiotropium capsule (delivered dose)

NB. This is the same delivered dose of tiotropium as Spiriva® HandiHaler®

Oral and Other Drugs: Regular Prescription					DATE
					MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG Braltus10 micrograms			Other time
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	DATE:	0700-0900
	1 puff	Inhal	01.02/13		1200-1400
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN) A / Other (A N OTHER)			INITIALS:	1600-1800
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				2000-2400
	Zonda				Other time
SEE PAGE					Other time

Adult dose
By inhalation of powder
 Inhalation of the contents of one capsule once daily

Long-acting muscarinic antagonist inhalers (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: 322 micrograms acclidinium/inhalation
(delivered dose)

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

Oral and Other Drugs: Regular Prescription				DATE MONTH	
BEFORE RENEWAL ↓ NEW DOSE □ NEW MEDICATION □	H	DRUG	Eklira Genuair 322 micrograms		
	DOSE	ROUTE	DATE	START	INITIALS
	1 puff	Inhal	01/02/13		
	PRESCRIBED BY NAME & SIGN A N Other (A N OTHER)				
	ADDITIONAL INSTRUCTIONS / COMMENTS / PRECAUTIONS				

Example of medicine prescription form

Long-acting muscarinic antagonist inhalers (LAMAs)

GLYCOPYRRONIUM



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

Seebri Breezhaler® (inhalation powder, hard capsule)

Strength: 44 micrograms/inhalation (delivered dose)

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

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG	Seebri Breezhaler 44 micrograms			Other time
NEW DOSE <input type="checkbox"/>	DOSE	1 puff	ROUTE	Inhal	DATE	01/02/13
NEW MEDICATION <input type="checkbox"/>	PERCUTANEOUS INJECTION & LOCAL A N Other (A N OTHER)					INITIALS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						Other time

Example of medicine prescription form

Corticosteroid 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.

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

Example of medicine prescription form

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

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

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

Corticosteroid 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-Breather® (aerosol)
Strengths: 50, 100 micrograms/metered inhalation

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

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMISSION <input type="checkbox"/>	H	DRUGS	Qvar 100 micrograms	10/01/13
NEW DOSE <input type="checkbox"/>	1 puff	Inhal	01/02/13	10/01/13
NEW MEDICATION <input type="checkbox"/>	A N Other (A N OTHER)			10/01/13
ADDITIONAL INSTRUCTIONS COMMENTS PREVIOUSLY				10/01/13
MDI				10/01/13

Example of medicine prescription form

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

Corticosteroid inhalers

BECLOMETASONE DIPROPIONATE



Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG Easyhaler Beclometasone 200 micrograms		After time
NEW DOSE <input type="checkbox"/>	DOSE	1 puff	ROUTE Inhal	DATE 01/02/13
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN) A N Other (A N OTHER)		STOPPED DATE	INITIALS
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

Example of medicine prescription form

Easyhaler®
Beclometasone
(dry powder)

Strength^: 200
micrograms/
metered inhalation

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

Corticosteroid 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.



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 Evohaler®

MDI (aerosol)

Strengths: 50, 125, 250
micrograms/metered inhalation

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG Flixotide 125 micrograms Evohaler		Other time
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	DATE
	2 puffs	Inhal	01/02/13	1000-1400
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN) A N Other (A N OTHER)		STOPPED	INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				Other time
MDI				

Example of medicine prescription form

Flixotide Accuhaler®

(dry powder)

Strengths: 50, 100, 250, 500
micrograms/blister

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG Flixotide 250 micrograms Accuhaler		Other time
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	DATE	DATE
	1 puff	Inhal	01/02/13	1000-1400
NEW MEDICATION <input type="checkbox"/>	PRESCRIBER (PRINT & SIGN) A N Other (A N OTHER)		STOPPED	INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				Other time

Example of medicine prescription form

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

Corticosteroid inhalers

BUDESONIDE



Pulmicort Turbohaler® (dry powder)

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

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
BEFORE ADMISSION ↓	H	DRUG	Pulmicort 200 micrograms Turbohaler	ENTER TIME
NEW DOSE □	DOSE	ROUTE	DATE	ENTER TIME
	1 puff	Inhal	01/02/13	✓
NEW MEDICATION □	ADVERSE EFFECTS / SIDE EFFECTS		INITIALS	ENTER TIME
	A N Other (A N OTHER)			✓
ADDITIONAL INSTRUCTIONS / COMMENTS / PRELIMINARY				ENTER TIME

Example of medicine prescription form



Easyhaler® budesonide (dry powder)

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



Budin Novolizer® (dry powder)

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

[^]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)

FLUTICASONE PROPIONATE/SALMETEROL



Seretide Accuhaler®
(dry powder)

Strengths^:

100 Accuhaler® (fluticasone propionate 100 micrograms/salmeterol 50micrograms per blister)

250 Accuhaler® (fluticasone propionate 250 micrograms/salmeterol 50micrograms per blister)

500 Accuhaler® (fluticasone propionate 500 micrograms/salmeterol 50micrograms per blister)

Oral and Other Drugs:					DATE			
Regular Prescription					MONTH			
BEFORE ADMISSION <input type="checkbox"/>		H DRUGS Seretide 500 accuhaler			ADMIT DATE			
NEW COURSE <input type="checkbox"/>		DOSE 1 puff		ROUTE Inhal		DATE 01/02/13		
NEW MEDICATION <input type="checkbox"/>		ADMIT REAS: POINT & SCAL A N OTHER (A N OTHER)			INITIALS:			
ADDITIONAL INSTRUCTIONS / COMMENTS / PRECAUTIONS					STUPORED			
					STUPORED DATE			
					STUPORED TIME			

Example of medicine prescription form

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



Seretide Evohaler®
MDI (aerosol)

Strengths^:

50 Evohaler® (fluticasone propionate 50 micrograms/
salmeterol 25micrograms per metered inhalation)

125 Evohaler® (fluticasone propionate 125 micrograms/
salmeterol 25micrograms per metered inhalation)

250 Evohaler® (fluticasone propionate 250 micrograms/
salmeterol 25micrograms per metered inhalation)

Oral and Other Drugs: Regular Prescription					DATE 10/1/93
H <input checked="" type="checkbox"/> DRUG Seretide 250 evohaler					DATE MONTH
<input checked="" type="checkbox"/> BEFORE ADMISSION <input checked="" type="checkbox"/> NEW DOSE <input type="checkbox"/> NEW REGISTRATION	DOSE 2 puffs	ROUTE Inhal	DATE 01/02/13	<input checked="" type="checkbox"/> STOPPED <input type="checkbox"/> INITIALS:	<input checked="" type="checkbox"/> AFTER DOSE <input type="checkbox"/> 15 MIN <input type="checkbox"/> 30 MIN <input type="checkbox"/> 1 HOUR <input type="checkbox"/> 2 HOURS <input checked="" type="checkbox"/> OTHER
PRESCRIPTION PRINT & SIGN A N Other (A N OTHER) ADDITIONAL INSTRUCTIONS / COMMENTS / ALTERNATIVE					

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 PROPIONATE/SALMETEROL



AirFluSal Forspiro®

(dry powder)

Strength^:

50/500 (salmeterol 50 micrograms/fluticasone propionate
500 micrograms per metered inhalation)



Sirdupla®

MDI (aerosol)

Strengths^:

25/125 (salmeterol 25 micrograms/fluticasone propionate
125 micrograms per metered inhalation)
25/250 (salmeterol 25 micrograms/fluticasone propionate 250 micrograms
per metered inhalation)

Oral and Other Drugs: Regular Prescription				DATE MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG AirFluSal 50/500 Forspiro		
NEW DOSE <input type="checkbox"/>	DOSE	1 puffs	ROUTE Inhal	DATE 01/11/15
NEW MEDICATION <input type="checkbox"/>	STOPPED <input type="checkbox"/>	DATE		INITIALS
ADDITIONAL INSTRUCTIONS: COMMENTS: PRELIMINARY				

Example of medicine prescription form

Oral and Other Drugs: Regular Prescription				DATE MONTH
BEFORE ADMISSION <input checked="" type="checkbox"/>	H	DRUG Sirdupla 25/125		
NEW DOSE <input type="checkbox"/>	DOSE	2 puffs	ROUTE Inhal	DATE 01/11/15
NEW MEDICATION <input type="checkbox"/>	STOPPED <input type="checkbox"/>	DATE		INITIALS
ADDITIONAL INSTRUCTIONS: COMMENTS: PRELIMINARY				

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 FUMARATE



Symbicort Maintenance Therapy

Oral and Other Drugs: Regular Prescription		DATE
STOP/RE-ADMISSION	H DRUG Symbicort 200/6 turbobohaler	DATE MONTH
NEW DOSE	DOSE 2 puffs ROUTE Inhal DATE 01/02/13	STOP/RE-ADMISSION
NEW MEDICATION	PRESCRIBER (PRINT & SIGN) A N Other (A N OTHER)	DATE MONTH
ADDITIONAL INSTRUCTIONS COMMENTS PRESENT		DATE MONTH

Example of medicine prescription form

Symbicort Reliever Therapy

All Routes: As Required Prescriptions		DATE
STOP/RE-ADMISSION	LL DRUG Symbicort 200/6	DATE MONTH
NEW DOSE	DOSE 1 puff ROUTE Inhal INDICATION SOB/wheeze	STOP/RE-ADMISSION
NEW MEDICATION	PRESCRIBER (PRINT & SIGN) A N Other (A N OTHER)	DATE MONTH
ADDITIONAL INSTRUCTIONS COMMENTS PRESENT		DATE MONTH

Example of medicine prescription form

Symbicort Turbohaler® (dry powder)

Strengths[^]:

100/6 Turbohaler® (budesonide 100 micrograms/formoterol fumarate 6 micrograms per metered inhalation)

200/6 Turbohaler® (budesonide 200 micrograms/formoterol fumarate 6 micrograms per metered inhalation)

400/12 Turbohaler® (budesonide 400 micrograms/formoterol fumarate 12 micrograms per metered inhalation)

[^]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 FUMARATE



Adult Dose
By aerosol inhalation
Two puffs twice daily. Refer to manufacturer's dosing instructions or BNF for further advice.

Oral and Other Drugs: Regular Prescription					DATE
					MONTH
STOPPED ADMISSION <input checked="" type="checkbox"/>	H	DRUG	Symbicort 200/6		Start date
NEW DOSE <input type="checkbox"/>		DOSE	2 puffs	ROUTE	Stop date
			Inhal	DATE	100 TAKE
			20/07/16	STOPPED DATE	100 TAKE
NEW MEDICATION <input type="checkbox"/>	PRESCRIPTION PRINT & SIGN A N Other (A N OTHER)				100 TAKE
	ADDITIONAL INSTRUCTIONS / COMMENTS / PATERNALCY				100 TAKE
	MDI				100 TAKE

Symbicort® MDI (aerosol)

Strength: 200/6 (budesonide 200 micrograms/formoterol fumarate 6 micrograms per metered inhalation)

Compound preparations (Corticosteroid/ Long-acting beta₂ agonist)

BUDESONIDE/FORMOTEROL FUMARATE



DuoResp Spiromax Maintenance Therapy

Oral and Other Drugs: Regular Prescription						DATE
BEFORE ADMISSION ✓	H	DRUG	DuoResp Spiromax 160/4.5			MONTH
NEW DOSE ✓	DOSE	ROUTE	DATE	INITIALS	STOPPED	
	1 puff	Inhal	01/02/15			
NEW MEDICATION ✓	A N Other (A N OTHER)					
ADDITIONAL INSTRUCTIONS/ COMMENTS/ PRECAUTIONS						

Example of medicine prescription form

DuoResp Spiromax Reliever Therapy

All Routes: As Required Prescriptions						DATE
BEFORE ADMISSION ✓	LL	DRUG	DuoResp Spiromax 160/4.5			MONTH
NEW DOSE ✓	DOSE	ROUTE	DATE	INITIALS	STOPPED	
	1 puff	Inhal	01/02/15			
NEW MEDICATION ✓	A N Other (A N OTHER)					
ADDITIONAL INSTRUCTIONS/ COMMENTS/ PRECAUTIONS						

Example of medicine prescription form

DuoResp Spiromax® (dry powder)

Strengths[^]:

160/4.5 (delivered dose: budesonide 160 micrograms/formoterol fumarate 4.5 micrograms)

Equivalence: each 200 micrograms budesonide and 6 micrograms formoterol fumarate metered inhalation delivers 160 micrograms budesonide and 4.5 micrograms formoterol fumarate

320/9 (delivered dose: budesonide 320 micrograms/formoterol fumarate 9 micrograms)

Equivalence: each 400 micrograms budesonide and 12 micrograms formoterol fumarate metered inhalation delivers 320 micrograms budesonide and 9 micrograms formoterol fumarate

[^]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)

BECLOMETASONE DIPROPIONATE/FORMOTEROL FUMARATE



Fostair Maintenance Therapy

Oral and Other Drugs: Regular Prescription						DATE	MONTH
BEFORE ADMINISTRATION	H	DRUG	Fostair 100/6		DATE		
NEW DOSE	DOSE	ROUTE	DATE	DATE	DATE		
	1 puff	Inhal	01/02/15				
NEW MEDICATION	PRESCRIBER PRINT & SIGN		A N Other (A N OTHER)		STOPPED		
	ADDITIONAL INSTRUCTIONS/ COMMENTS/ PRECAUTION						

Example of medicine prescription form

Fostair Reliever Therapy

All Routes: As Required Prescriptions						DATE	MONTH
BEFORE ADMINISTRATION	LL	DRUG	Fostair 100/6		DATE		
NEW DOSE	DOSE	ROUTE	DATE	DATE	DATE		
	1 puff	Inhal	01/02/15				
NEW MEDICATION	PRESCRIBER PRINT & SIGN		A N Other (A N OTHER)		STOPPED		
	ADDITIONAL INSTRUCTIONS/ COMMENTS/ PRECAUTION						

Example of medicine prescription form

Fostair®

MDI (aerosol)

Strengths^: 100/6 (beclometasone dipropionate 100 micrograms/formoterol fumarate 6 micrograms per metered inhalation)

200/6 (beclometasone dipropionate 200 micrograms/formoterol fumarate 6 micrograms per metered inhalation)



Fostair NEXThaler®

(dry powder)

Strengths^: 100/6 (beclometasone dipropionate 100 micrograms/formoterol fumarate 6 micrograms per metered inhalation)

200/6 (beclometasone dipropionate 200 micrograms/formoterol fumarate 6 micrograms per metered inhalation)

Oral and Other Drugs: Regular Prescription						DATE	MONTH
BEFORE ADMINISTRATION	H	DRUG	Fostair NEXThaler 100/6		DATE		
NEW DOSE	DOSE	ROUTE	DATE	DATE	DATE		
	1 puff	Inhal	01/02/15				
NEW MEDICATION	PRESCRIBER PRINT & SIGN		A N Other (A N OTHER)		STOPPED		
	ADDITIONAL INSTRUCTIONS/ COMMENTS/ PRECAUTION						

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)

FLUTICASONE PROPIONATE/FORMOTEROL FUMARATE



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

Example of medicine prescription form

Flutiform®

MDI (aerosol)

Strengths[^]: 50/5 (fluticasone propionate 50 micrograms/formoterol fumarate 5 micrograms per metered inhalation)
125/5 (fluticasone propionate 125 micrograms/formoterol fumarate 5 micrograms per metered inhalation)
250/10 (fluticasone propionate 250 micrograms/formoterol fumarate 10 micrograms per metered inhalation)

[^]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)

FLUTICASONE FUROATE/VILANTEROL



Oral and Other Drugs: Regular Prescription						DATE
						MONTH
DATE ADMISSION	H	DRUG	Relvar Ellipta 92/22			DATE
NEW FOUR	DOSE	ROUTE	DATE	DATE	DATE	
	1 puff	Inhal	01/02/15			
NEW MEDICATION	PRESCRIPTION TYPE & SIGN A N Other (A N OTHER)				STOPPED	
ADDITIONAL INSTRUCTIONS/COMMENTS/PHARMACY						

Example of medicine prescription form

Relvar Ellipta® (dry powder)

Strengths[^]: 92/22 (delivered dose: fluticasone furoate 92 micrograms/vilanterol 22 micrograms)

Equivalence: each 100 micrograms fluticasone furoate and 25 micrograms vilanterol metered inhalation delivers 92 micrograms fluticasone furoate and 22 micrograms vilanterol

184/22 (delivered dose: fluticasone furoate 184 micrograms/vilanterol 22 micrograms)

Equivalence: each 200 micrograms fluticasone furoate and 25 micrograms vilanterol metered inhalation delivers 184 micrograms fluticasone furoate and 22 micrograms vilanterol

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

NB. Contains fluticasone furoate which is more potent than fluticasone propionate and is therefore not equivalent in terms of dosing to fluticasone propionate.

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

UMECLIDINIUM/VILANTEROL



Adult Dose
By inhalation of dry powder
1 inhalation once daily

Oral and Other Drugs: Regular Prescription				DATE		
BEFORE SUBMISSION <input checked="" type="checkbox"/>	H	DRUG	Anoro Ellipta 55/22	MONTH	01	2015
NEW DOSE <input type="checkbox"/>	DOSE	ROUTE	1 puff	DATE	01/02/15	STAYED DATE:
NEW MEDICATION <input type="checkbox"/>	PRESCRIPTION PRINT & SIGN A N Other (A N OTHER)			INITIALS:		
ADDITIONAL INSTRUCTIONS / COMMENTS / PRECAUTION						
				Other date		

Example of medicine prescription form

Anoro Ellipta®
(dry powder)

Strength: 55/22 (delivered dose: umeclidinium 55 micrograms/vilanterol 22 micrograms)
Equivalence: each 62.5 micrograms umeclidinium and 25 micrograms vilanterol metered inhalation delivers 55 micrograms umeclidinium and 22 micrograms vilanterol

Compound preparations (Long-acting muscarinic antagonist/Long-acting beta₂ agonist)

ACLIDINIUM BROMIDE/FORMOTEROL FUMARATE



Adult Dose
By inhalation of dry powder
1 inhalation twice daily

Oral and Other Drugs: Regular Prescription						DATE
						MONTH
NEW PRESCRIPTION <input checked="" type="checkbox"/>	H	DRUG	Duaklir Genuair 340/12			
NEW DOSE <input type="checkbox"/>		DOSE	ROUTE	DATE		
		1 puff	Inhal	01/02/15		
NEW MEDICATION <input type="checkbox"/>		PRESCRIPTION PRINT & SIGN A N Other (A N OTHER)				
		ADDITIONAL INSTRUCTIONS / COMMENTS / PREGNANCY				
				STOPPED DATE		
					YES/NO	
					YES/NO	
					YES/NO	
					YES/NO	

Example of medicine prescription form

Duaklir Genuair® (dry powder)

Strengths: 340/12 (delivered dose: aclidinium 340 micrograms/formoterol fumarate 11.8 micrograms)

Equivalence: each 400 micrograms aclidinium bromide and 12 micrograms formoterol fumarate metered inhalation delivers 340 micrograms aclidinium and 11.8 micrograms formoterol fumarate

Compound preparations (Long-acting muscarinic antagonist/Long-acting beta₂ agonist)

GLYCOPYRRONIUM/INDACATEROL



Adult Dose
By inhalation of dry powder
1 inhalation once daily

Oral and Other Drugs: Regular Prescription				DATE
				MONTH
<input type="checkbox"/> BEFORE ADMINISTRATION	H	DRUG	Ultibro Breezhaler 85/43	After time
<input type="checkbox"/> NEW DOSE	DOSE	ROUTE	DATE	STOPPED
	1 puff	Inhal	01/02/15	DATE
<input type="checkbox"/> NEW MEDICATION	REPRESCRIBE (ONLY IF LOCAL)			INITIALS
	A N Other (A N OTHER)			DATE
ADDITIONAL INSTRUCTIONS COMMENTS POLYMERLY				DATE
				Other time

Example of medicine prescription form

Ultibro Breezhaler®

(inhalation powder, hard capsule)

Strength: 85/43 (delivered dose: indacaterol 85 micrograms/glycopyrronium 43 micrograms)

Equivalence: each capsule contains 110 micrograms indacaterol and 50 micrograms glycopyrronium which delivers 85 micrograms indacaterol and 43 micrograms glycopyrronium

Compound preparations (Long-acting muscarinic antagonist/Long-acting beta₂ agonist)

TIOTROPIUM/OLODATEROL



Adult Dose
By inhalation of solution
2 inhalations once daily

Spiolto Respimat® (inhalation solution)

Strength: 2.5/2.5 (delivered dose: tiotropium 2.5 micrograms/olodaterol 2.5 micrograms)

Oral and Other Drugs: Regular Prescription					DATE
<input type="checkbox"/> BEFORE ADMISSION	H	DRUG	Spiolto Respimat 2.5/2.5		YEAR
<input type="checkbox"/> NEW DISEASE	DOSE	2 puffs	ROUTE	Inhal	MONTH
<input type="checkbox"/> NEW PRESCRIPTION	DATE	01/02/15	STOPPED	DATE	DAY
<input type="checkbox"/> NEW PRESCRIPTION	PRESCRIBED POINT & SIGN		INITIALS		YEAR
<input type="checkbox"/> NEW PRESCRIPTION	A N Other (A N OTHER)		INITIALS		MONTH
<input type="checkbox"/> NEW PRESCRIPTION	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		INITIALS		DAY
<input type="checkbox"/> NEW PRESCRIPTION	Other dose		INITIALS		YEAR

Example of medicine prescription form

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 Glenil 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®



- 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.

If a spacer is required to be used with Flutiform® then Aerochamber Plus® is recommended