

Low carbon inhaler prescribing support tool (for patients > 12 years)

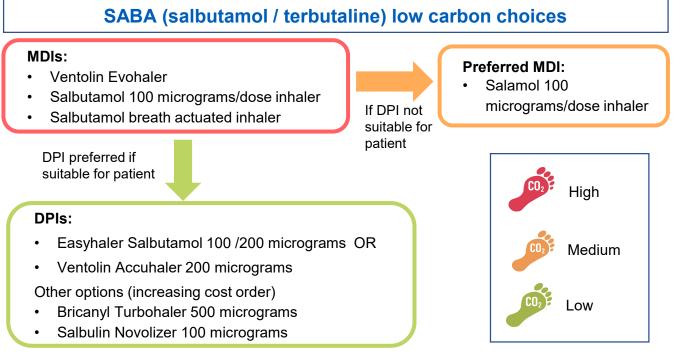
Do not blanket switch patients - Optimise inhaler choice and technique

- With the patient, decide the best device for them assess their ability to use, let them see, touch and feel the inhaler, then describe, show and provide support materials
- Ensure correct inhaler technique, most patients don't know how to use their inhaler and many health care professionals who teach the use of MDI cannot demonstrate it correctly
- ✓ Use a spacer, when using an MDI correctly a max of 15% of the drug enters the lung. With a spacer this can be increased up to 30%
- Prescribe inhalers by brand, so patient receives correct inhaler device
- Rationalise inhaler devices for an individual patient, avoid mixing too many different inhaler types
- Re-check inhaler technique and retrain patients often, inhaler technique deteriorates over time, lots of patients think they are using their inhalers correctly when they are not

Which patients are not suitable to switch at review

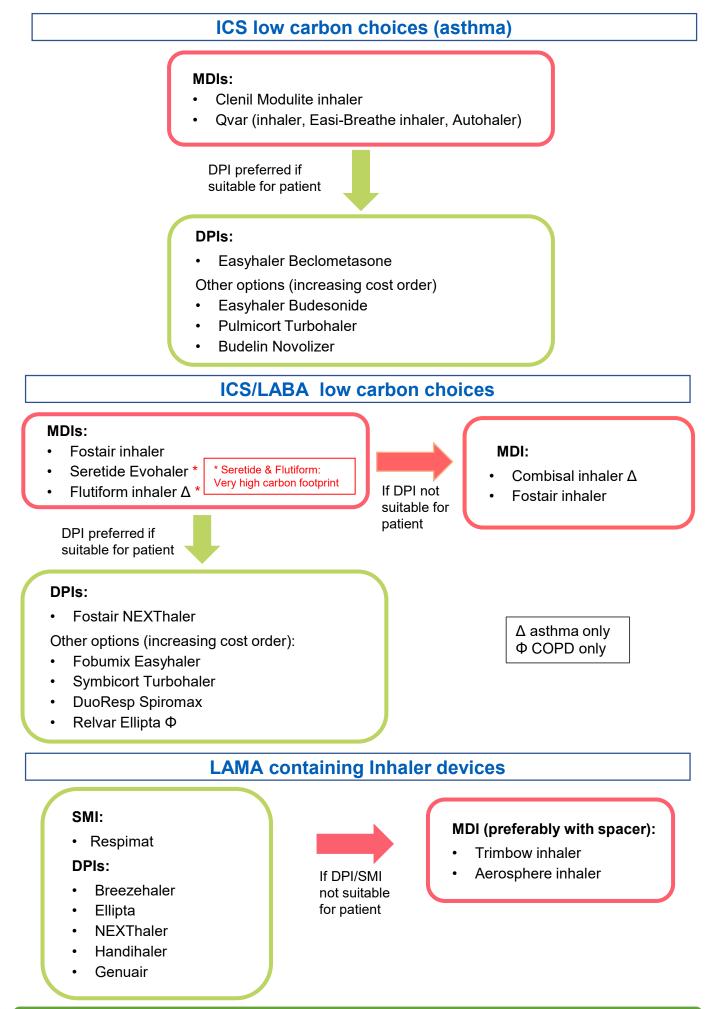
- Deatients with *insufficient respiratory flow rate* e.g. children, frail, muscle weakness
- Patients needing a spacer e.g. poor co-ordination, on high dose ICS to reduce side effects

Low carbon inhaler preferred choices



MDI =metered dose inhaler, DPI = dry powder inhaler, SMI = soft mist inhaler, ICS = inhaler corticosteroid, LABA = long acting beta 2 agonist, LAMA = long acting muscarinic antagonist

Date: Nov 2022. Review: Nov 2024



Advise that all used inhalers are returned to a pharmacy for recycling / incineration that safely destroys greenhouse gases