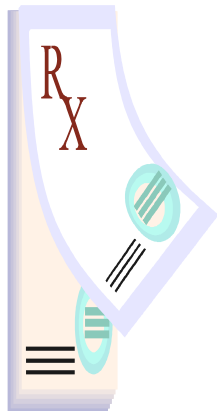


# Clinical Pearls



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## Inhalers: Let's Air it Out

Timing and proper administration technique for inhalers is very important for maximum drug effectiveness.

**METERED DOSE INHALERS MUST BE SHAKEN WELL PRIOR TO USE! !**

1<sup>st</sup> : Bronchodilators/Beta-Agonists:  
Albuterol, Xopenex HFA

- Wait ONE minute between puffs of the same drug

WAIT 5 MINUTES

2<sup>nd</sup>: Anticholinergics and/or Miscellaneous: Atrovent, Spiriva, Combivent, Cromolyn Sodium, Nedocromil

- Wait ONE minute between puffs of the same drug

WAIT 5 MINUTES

3<sup>rd</sup>: Corticosteroids: Qvar, Pulmicort, Flovent, Asmanex

- Wait ONE minute between puffs of the same drug
- Rinse mouth out after use (prevent fungal infections)
- Any combination med with a steroid (Symbicort, Advair HFA) should be dosed last

### Special Requirements/Instructions:

Albuterol or Xopenex (Levalbuterol) HFA – medication does not have a counter- discard after 200 sprays; prime with 4 sprays before 1<sup>st</sup> dose and after 3 days of non-use.

Foradil (formoterol)- replace handihaler every 4 months; must keep dry at all times

Serevent Diskus (Salmeterol)- Discard diskus 6 weeks after opening

Spiriva (tiotropium)- wash handi-haler once a month and air dry

Atrovent (ipratropium)- not necessary to shake before use. Prime with 2 sprays before 1<sup>st</sup> dose and after 3 days of non-use; separate canister from mouthpiece and clean mouthpiece with water once weekly

Qvar (beclometasone)- not necessary to shake before use. Medication does not have a counter- discard after 100 sprays; prime with 2 sprays before 1<sup>st</sup> dose and after 10 days of non-use.

Pulmicort (budesonide)- Prime inhaler *only* before first use. Must keep dry at all times

Asmanex (mometasone)- Discard inhaler 45 days after opening

Flovent HFA (fluticasone)- Prime with 4 sprays before 1<sup>st</sup> dose and after 7 days of non-use. Clean inside of mouthpiece with damp cotton swab at least once a week

Flovent diskus (fluticasone)- Discard *50mcg* diskus 6 weeks after opening; Discard *100mcg* diskus 2 months after opening

Advair Diskus (Fluticasone/Salmeterol)- Discard diskus 1 month after opening

Advair HFA- Prime with 4 sprays before 1<sup>st</sup> dose and after 1 month of non-use; clean inside of mouthpiece with damp cotton swab at least once a week.

Symbicort (budesonide/formotorol)- prime with 2 sprays before 1<sup>st</sup> dose and after 7 days of non-use; clean inside of mouthpiece with dry cloth weekly. Discard 3 months after opening

Combivent (Ipratropium/albuterol)- Medication does not have a counter- discard after 200 sprays. Separate canister from mouthpiece and clean mouthpiece with hot water. Not available after July 2013.

### Reminder:

Ensure residents do not **exhale** through their inhaler devices; this could decrease amount of medication they receive with each dose

NEW  
APPROVALS

Combivent Respimat is the new version of Combivent (Ipratropium/Albuterol) without the CFC propellant. New instructions for use → ONE spray four times daily instead of previous TWO sprays. More drug gets to the lungs with each spray. (discard 3 months after opening)

Asthmanefrin (racementhine) is the new OTC bronchodilator replacement for Primatene Mist (costs approximately \$45 for 10 doses & needs daily cleaning/maintenance)

## Metered Dose Inhalers

### Proper Administration Technique

1. Remove the cap and hold inhaler upright.
2. Shake the inhaler.
3. Ask the resident to tilt the head back slightly and breathe out.
4. Position the inhaler in one of the following ways:
  - Open mouth with inhaler one to two inches away.
  - Use spacer with inhaler; place spacer in mouth (Spacers are particularly beneficial for older adults).
  - Position inhaler in mouth, close lips around inhaler.
5. Press down on inhaler to release medication as the resident starts to breathe in slowly.
6. Encourage the resident to breathe in slowly (over 3 to 5 seconds).
7. Ask the resident to hold breath for 10 seconds to allow medication to reach deeply into the lungs.
8. Repeat puffs as directed.

### F-tag 176: Self-Administration of Drugs

#### Some residents may want to keep a rescue inhaler at their bedside.

It is the responsibility of the interdisciplinary team to determine that it is safe for the resident to self-administer drugs before the resident may exercise that right, who will be responsible for keeping the medication (at bedside or in med cart), and who will ensure documentation of administered doses. This must be included in the resident's care plan and reassessed periodically (based on any change of condition).

\*Medication errors occurring for self-administered drugs will not count toward a facility's medication error rate, but could call into question judgment of facility to allow self-administration of that medication\*



### Test your knowledge! BLOOD PRESSURE

1. Which of these is TRUE for MIDODRINE: a) do not give within 4 hours of bedtime b) this is for people with LOW Blood pressure (orthostatic hypotension) c) suggested monitoring Blood Pressure & Pulse with each dose d) all of the above
2. Which of these beta-blocker medications is NOT approved for Congestive Heart Failure: a) Carvedilol(Coreg) b) Metoprolol Tartrate(Lopressor) c) Metoprolol Succinate(Toprol XL) d) Bisoprolol (Ziac)
3. T/F Furosemide (Lasix) works best if given at bedtime.
4. The doctor requests an Apical Pulse before each digoxin dose. Where would you go to locate the pulse? a) inner wrist b) ankle c) neck d) chest
5. If the blood pressure cuff is too small for the resident, the resulting blood pressure will be: a) falsely elevated b) falsely low c) correct d) unable to determine

Answers: 1. D 2. B 3. False 4.D 5. a