



# The Capsule

January 2021



## Useful tips for Inhaler Administration

- Always follow manufacture instructions to prepare specific inhaler for use
- Most inhalers require to exhale slowly and completely before closing mouth around the mouthpiece on the inhaler
- Slowly and deeply inhale medication over about 5 seconds (\*Dry Powder Inhalers (DPI) require inhaling forcefully)
- Hold breath for 10 seconds to allow medication to deposit into airway

Commonly Used Inhalers	Manufacturer Specifications	
	Wait Time Between Puffs	Rinse & Spit After Use
Advair	At least 30 seconds	Yes
Albuterol (ProAir, Proventil, Ventolin)	At least 60 seconds	N/A
Arnuity Ellipta	N/A	Yes
Asmanex	At least 30 seconds	Yes
Breo Ellipta	N/A	Yes
Dulera	At least 30 seconds	Yes
Flovent	At least 30 seconds	Yes
Spiriva	N/A	N/A
Symbicort	At least 30 seconds	Yes

### **Regulatory Review - F760\***

**Medication Error** – observed or identified preparation or administration of medications which is not in accordance with

1. Prescriber's order
2. Manufacturer's specifications regarding the preparation and administration of the medication  
Metered Dose Inhalers (MDIs)
  - *If more than one puff is required (whether the same medication or a different medication), follow the manufacturer's product information for administration instructions including the acceptable wait time between inhalations.*
3. Accepted professional standards

Resources:

<https://www.worldallergy.org/education-and-programs/education/allergic-disease-resource-center/professionals/copd-and-asthma>  
<https://www.uspharmacist.com/article/appropriate-use-of-pressurized-metereddose-inhalers-for-asthma>



Backordered Meds

- Generic Geodon

New Generics

- Insulin Aspart protamine-insulin Aspart
- Asenapine Maleate SubL. Tab (brand name: Saphris)

Feature	Asthma	COPD
Age of Onset	Usual onset < 20 years old	Usual onset > 40 years old
Smoking History	Worsens control	Usually
Sputum Production	Infrequent	Often
Allergies	Often	Infrequent
Symptoms	Variable & Intermittent	Persistent & Progressive
Disease Course	Stable with exacerbations	Progressive worsening with exacerbation
Pattern of Symptoms	-Variation over days, hours, or minutes -Worse during morning & night -Triggered by exercise, dust, or exposure to allergies	-Daily symptoms -Persistent despite treatment -Exertional difficult/labored breathing -Chronic cough & sputum -Unrelated to triggers
Time Course	-No worsening of symptoms over time, variation in symptoms either seasonally, or from year to year -Improves spontaneously or with treatment -May result in airflow limits	-Despite treatment, generally slowly progressive over years even with treatment
Exacerbations	-Exacerbations can be reduced by treatment	-Exacerbations can be reduced by treatment
Pharmacotherapy	-Short acting bronchodilator (Albuterol) -Persistent asthma can be treated with inhaled corticosteroids and long-acting bronchodilators (Advair, Symbicort, etc.)	-PRN short acting bronchodilators can be used during any stage -Long-acting bronchodilator may be indicated in moderate to severe disease -Inhaled corticosteroids can reduce exacerbations severe disease with frequent exacerbations