

# PCRS Position Statement

## Emergency MDI and spacer packs for asthma and COPD



**Dr Duncan Keeley** *Title here* and **Professor Martin Partridge** *Title here*



Dr Duncan Keeley and Prof Martin Partridge have set out that there are advantages of separating out the routine inhaled treatment of asthma and COPD from that needed in more acute situations. PCRS supports the further development and evaluation of the proposal that patients with asthma and COPD who have had an exacerbation or are at risk of having one, should be given an emergency treatment pack consisting of a spacer and the appropriate MDI/MDIs according to whether they have asthma (salbutamol and high dose beclomethasone) or COPD (salbutamol). PCRS agrees that the emergency treatment packs must be provided with comprehensive and easily understood written and pictorial self-management plans and instructions.

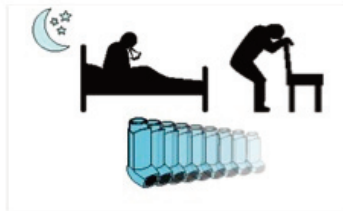
### PCRS position

1. PCRS supports the premises set out by Dr Duncan Keeley and Prof Martyn Partridge in a recently published article in *Lancet Respiratory Medicine*<sup>1</sup> that:
  - a. Although, the likelihood and frequency of exacerbations in asthma and chronic obstructive pulmonary disease (COPD) is reduced if the underlying condition is well managed, many people still suffer exacerbations of their disease.
  - b. A key element of good care in asthma and COPD is that patients know how to initiate self-management of an exacerbation and when to seek medical help when their symptoms are worsening.
  - c. The evidence for the initial treatment of exacerbations in asthma and COPD with higher doses of inhaled treatments is well documented: high doses of inhaled short-acting bronchodilators (SABA) are required in both asthma and COPD; in adult asthma concomitant use of high-dose inhaled corticosteroids is also needed. The most effective way of administering these treatments in the community and by patients is by the use of a metered dose inhaler (MDI) and spacer.
2. PCRS recognises that the quest for greener approaches to health care is encouraging a movement away from MDIs to dry powder inhalers (DPIs) or soft mist inhalers (SMIs). PCRS supports initiatives to improve air quality and minimise short- and long-term damage to the environment, particularly those with an impact on climate change resulting from greenhouse gases.<sup>2</sup> However, PCRS is concerned that any policies favouring a switch to DPIs or SMIs recognises the critical role of MDIs in emergency situations and for the treatment of exacerbations in asthma and COPD.

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3. PCRS recognises that the very wide range of new devices and therapeutics now available to treat asthma and COPD can create an additional barrier for busy health professionals trying to support their patients to self-manage exacerbations of their condition. The situation is complicated by the fact that the treatment needed in an emergency may be different to the most appropriate routine treatment for the patient.
  4. PCRS therefore supports further development and evaluation of the proposals put forward by Dr Keeley and Prof Partridge that:
    - a. There are advantages of separating out the routine inhaled treatment of asthma and COPD from that needed in more acute situations.
    - b. Patients with asthma and COPD who have had an exacerbation or are at risk of having one, should be given an emergency treatment pack consisting of a spacer and the appropriate MDI/MDIs according to whether they have asthma (salbutamol and high dose beclomethasone) or COPD (salbutamol). Training should be given on the appropriate use of an MDI especially for those patients not familiar with this device.
    - c. The emergency treatment packs must be provided with comprehensive and easily understood written and pictorial self-management plans and instructions.
  5. PCRS has reviewed and supports the draft patient information proposed by Dr Keeley and Prof Partridge to be included in the packs and these are provided in Appendices 1 and 2. We encourage health care professionals to ensure that patients and their carers read and understand the prescribing information to avoid the unpreparedness and possible panic which could occur at an exacerbation.
  6. PCRS looks forward to seeing how the proposals made by Dr Keeley and Prof Partridge can be implemented such that emergency care packs for asthma and COPD are readily available for patients who require them.
- References**
1. Keeley D, Partridge MR. Emergency MDI and spacer packs for asthma and COPD. *Lancet Respir Med* 2019;7:380-382. Available at: [http://dx.doi.org/10.1016/S2213-2600\(19\)30046-3](http://dx.doi.org/10.1016/S2213-2600(19)30046-3). Accessed November 2019.
  2. PCRS Position Statement. Environmental issues in respiratory disease management. Available at: <https://www.pcrs-uk.org/resource/environmental-issues-respiratory-disease>. Accessed November 2019.
- Approved by PCRS Executive policy lead on committee: 17 December 2019

## Appendix 1 Emergency inhaler treatment pack for asthma



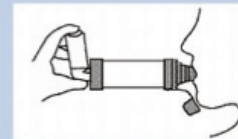
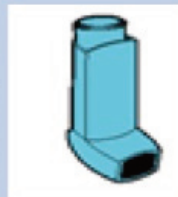
This emergency pack is for treating a bad asthma attack, (warning signs are increased coughing, wheezing, shortness of breath, especially at night, and an increased need to use your reliever inhaler). Keep it sealed in a safe place – only use it in an attack.



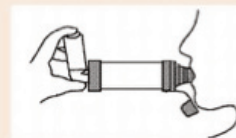
If you need to open the pack call your GP or 111 to say that you are having an asthma attack. If the attack is very bad (too breathless to talk, no relief after 10 puffs of blue inhaler, attack getting worse) call 999/911 or 112.

### How to use the inhaler and spacer

Take the spacer, the blue inhaler and the dark red inhaler out of their packing. Use the **blue (reliever)** inhaler first. Shake the inhaler and remove the cap. Fit the inhaler into the spacer. Squeeze the inhaler to put ONE puff into the spacer and breathe in from the spacer slowly and deeply. Hold the breath for a few seconds if you can. Shake the inhaler without removing it from the spacer and wait a few seconds. Again put ONE puff into spacer and again breathe in slowly from the spacer. Keep repeating this until you have had TEN puffs of the blue inhaler. If your breathing already feels much better you can stop before you have had ten puffs.



Then use the **red (preventer)** inhaler. Using the same method as for the blue inhaler take FOUR puffs – one puff at a time, with time to shake the inhaler and rest between puffs. **It is very important to use the red inhaler as well as the blue inhaler.**



You can repeat the blue inhaler after 4 hours - or sooner if you are waiting for a doctor or an ambulance to arrive. You can repeat the red inhaler (4 puffs) after 12 hours.

**REMEMBER** – always call your GP or 111 if you are needing to use the emergency pack: High dose treatment should not continue for more than 24 hours without face to face review and you should aim to see your health professional within 24-48 hours of starting to use your emergency pack.

Consult your written asthma management plan for any further instructions your doctor or nurse may have given you. This pack is for the inhaled treatment of an attack. You may need other treatments. If you have been given a mask to use with your spacer – use it.

**Try to stay calm and breathe slowly. Very fast breathing can make you feel dizzy.**

## Appendix 2 Emergency inhaler treatment pack for COPD



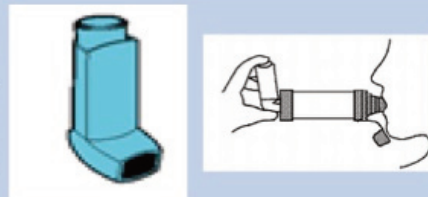
This emergency pack is for treating an attack (worsening) of COPD. Warning signs are increased coughing, shortness of breath or change in colour or quantity of sputum. Keep it sealed in a safe place – only use it in an attack.



If you need to open the pack call your GP or 111 to say that you are having a worsening of your COPD. If the attack is very bad (too breathless to talk, no relief after 10 puffs of blue inhaler, attack getting worse) call 999/911 or 112.

### How to use the inhaler and spacer

Take the spacer, the blue inhaler and the dark red inhaler out of their packing. Use the **blue (reliever)** inhaler first. Shake the inhaler and remove the cap. Fit the inhaler into the spacer. Squeeze the inhaler to put ONE puff into the spacer and breath in from the spacer slowly and deeply. Hold the breath for a few seconds if you can. Shake the inhaler without removing it from the spacer and wait a few seconds. Again put ONE puff into spacer and again breathe in slowly from the spacer. Keep repeating this until you have had TEN puffs of the blue inhaler. If your breathing already feels much better you can stop before you have had ten puffs.



You can repeat the blue inhaler after 4 hours - or sooner if you are waiting for a doctor or an ambulance to arrive.

**REMEMBER – always call your GP or 111 if you are needing to use the emergency pack: High dose treatment should not continue for more than 24 hours without face to face review and you should aim to see your health professional within 24-48 hours of starting to use your emergency pack.**

Consult your written COPD management plan for any further instructions your doctor or nurse may have given you. This pack is for the inhaled treatment of an attack. You may need other treatments. If you have been given a mask to use with your spacer – use it.

**Try to stay calm and breathe slowly. Very fast breathing can make you feel dizzy.**