Using your salbutamol inhaler

Pressurised metered-dose inhaler (pMDI) With and without a spacer Adults and children

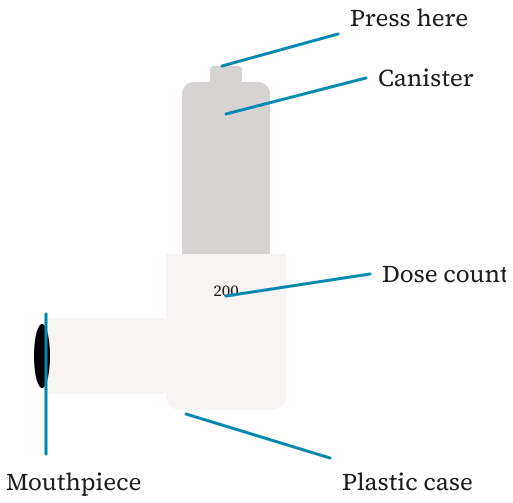
Salbutamol is a fast-acting reliever. It opens the airways within minutes, but only if the medicine reaches your lungs. Studies find most people make at least one technique error that leaves much of the dose in the mouth or the air. This guide walks through each step so every puff counts.

SECTION 1 Know your inhaler
SECTION 2 Before first use
SECTION 3 Technique A · Inhaler on its own
SECTION 4 Technique B · Inhaler with a spacer
SECTION 5 Technique C · Spacer with a face mask (young children)
SECTION 6 Checking how many doses are left
SECTION 7 Cleaning and care
SECTION 8 Common mistakes
SECTION 9 How much to take, and when to get help

SECTION 1

Know your inhaler

A salbutamol inhaler has two parts: a pressurised metal canister holding the medicine, and a plastic case (the actuator) that turns each press into a fine spray. Some models add a dose counter. Yours may be a different colour or shape, but the parts are the same.



Canister. Holds the medicine and propellant under pressure. Pressing it down releases one measured puff. Do not pierce, heat or wash it.

Plastic case (actuator). Shapes the spray. Its mouthpiece is the part that goes between your lips. Keep the cap on when not in use.

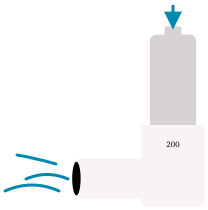
Dose counter. Present on many models. It counts down with each press so you know when to replace the inhaler.

Cap. Keeps dust and fluff out of the mouthpiece, which could otherwise be inhaled.

SECTION 2

Before first use

A brand-new inhaler, or one you have not used for five days or more, needs priming. This makes sure the valve is full so the first puff you inhale is a full dose. Check your leaflet, as the exact interval varies between brands.

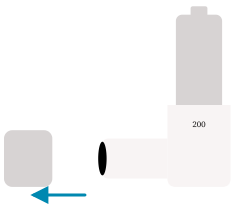


1. Remove the cap and shake the inhaler well for a few seconds.
2. Hold it upright, pointing the mouthpiece away from your face.
3. Press the canister once to release a puff into the air. Shake, then repeat once more (two test puffs in total).
4. The inhaler is now ready. You do not need to prime again unless it goes unused for several days.

SECTION 3 · TECHNIQUE A

Inhaler on its own

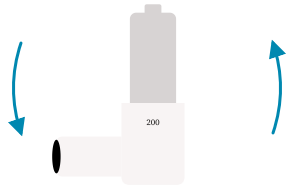
For adults and older children who can coordinate a slow breath with a press. If you find the timing difficult, a spacer (Technique B) works at least as well and is easier.



1

Remove the cap and check the mouthpiece

Take the cap off and look inside the mouthpiece. Make sure it is clean and there is nothing loose inside.



2

Shake it well

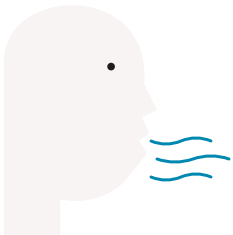
Shake the inhaler four or five times so the medicine and propellant mix. Hold it upright with your index finger on top of the canister and your thumb under the mouthpiece.



3

Sit or stand up straight, chin slightly up

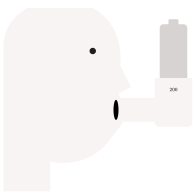
An upright posture with the chin lifted a little opens the airway and helps the spray travel down rather than hit the back of the throat.



4

Breathe out gently, away from the inhaler

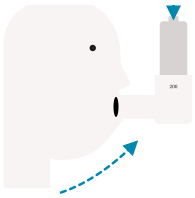
Empty your lungs as far as is comfortable. Do not breathe out into the mouthpiece; moisture can block it.



5

Seal your lips around the mouthpiece

Place the mouthpiece between your teeth without biting and close your lips firmly around it. Keep your tongue flat so it does not block the opening.



6

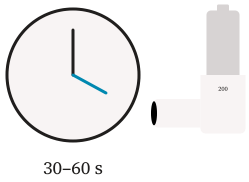
Start breathing in slowly, and press once

Begin a slow, steady breath in through your mouth. Just after you start, press the canister down firmly once. Keep breathing in slowly and deeply for about three to five seconds, until your lungs are full. Slow is the key: a fast breath throws the spray against your throat.

7

Hold your breath

Take the inhaler out of your mouth and hold your breath for up to ten seconds, or as long as is comfortable. This gives the medicine time to settle in the airways. Then breathe out gently.



8

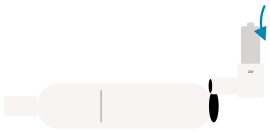
Wait, then repeat if a second puff is prescribed

Wait 30 seconds to a minute, shake the inhaler again and repeat steps 3 to 7. One puff per breath. When finished, replace the cap.

SECTION 4 · TECHNIQUE B

Inhaler with a spacer

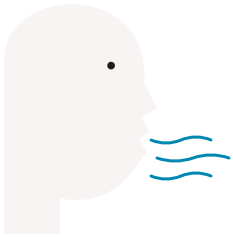
A spacer is a plastic chamber that holds the puff so you can breathe it in without timing the press. It gets more medicine into the lungs and less into the mouth and throat. Recommended for everyone who has one, and essential during an asthma attack.



1

Shake the inhaler and fit it to the spacer

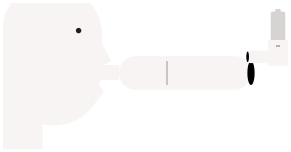
Remove the caps from both the inhaler and the spacer. Shake the inhaler well, then push its mouthpiece firmly into the opening at the back of the spacer.



2

Sit upright and breathe out gently

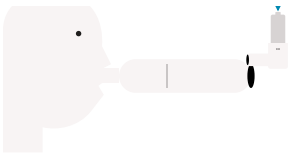
Breathe out as far as is comfortable, away from the spacer.



3

Seal your lips around the spacer mouthpiece

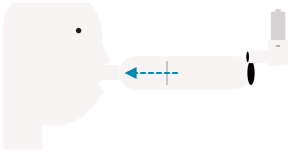
Hold the spacer level, with the inhaler upright at the back. Close your lips around the spacer's mouthpiece.



4

Press the canister once

One puff only. Never load two puffs into the spacer at once: the second puff mostly sticks to the walls and is wasted.

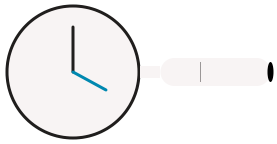


5

Breathe in, using one of two methods

Single breath. Straight after pressing, breathe in slowly and deeply until your lungs are full. Remove the spacer and hold your breath for up to ten seconds, then breathe out gently.

Tidal breathing. Keep your lips on the mouthpiece and breathe in and out normally five times. Use this if you are breathless or find a deep breath hard. If the spacer has a valve, you should hear or see it move with each breath.



6

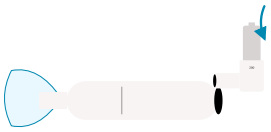
Wait, then repeat for each further puff

Wait 30 seconds to a minute. Remove the inhaler, shake it, refit it and repeat steps 2 to 5 for each puff prescribed. Replace both caps when you have finished.

SECTION 5 · TECHNIQUE C

Spacer with a face mask

For babies and young children, usually under about four years, who cannot yet seal their lips around a mouthpiece. Once a child can manage the mouthpiece, switch to it: a mask leaves more medicine on the face and less in the lungs.



1

Shake the inhaler and fit it to the spacer

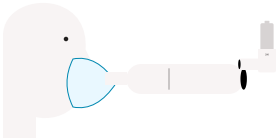
Check the mask is attached firmly to the spacer. Shake the inhaler well and push it into the back of the spacer.



2

Sit the child upright

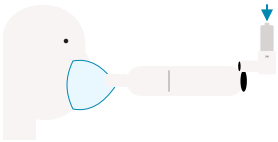
On your lap or in a chair, facing away from you or to the side. A calm, unhurried child breathes more evenly. Crying pushes the medicine out, so wait for a settled moment or make it a game.



3

Place the mask over the nose and mouth

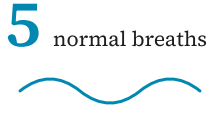
Press gently so there are no gaps between the mask and the face. Any leak lets medicine escape. Keep the inhaler upright.



4

Press the canister once

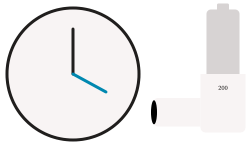
One puff into the spacer. Keep the mask in place.



5

Let the child breathe normally five times

Hold the mask on for about five breaths in and out, roughly ten seconds. On a valved spacer you can watch the valve flutter to count. Then remove the mask.



30–60 s

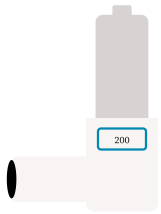
6

Wait, shake and repeat for each puff

Wait 30 seconds to a minute between puffs, shaking the inhaler each time. Afterwards, wipe the child's face where the mask sat.

SECTION 6

Checking how many doses are left



With a dose counter. The window counts down each press. Most inhalers start at 200. When it reaches around 20 the numbers often turn red: order a replacement. At 0 the inhaler may still spray, but it is propellant only, with little or no medicine.

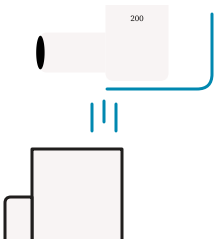
Without a counter. Write the start date on the canister. If you use two puffs a day, a 200-dose inhaler lasts about three months; if you only use it occasionally, keep a tally on the box or in your phone.

Do not float the canister in water to test it, or judge by shaking. Both are unreliable, and water can block the valve.

Check the expiry date printed on the canister. Salbutamol loses potency after it, and an expired inhaler during an attack is a risk you do not need.

SECTION 7

Cleaning and care



The inhaler, once a week. Pull the metal canister out of the plastic case and set it aside; never get the canister wet. Take the cap off. Rinse the case and cap under warm running water for about 30 seconds, shake off the excess and leave to air-dry overnight. Put the canister back and test-spray once before use.

Between cleans. Wipe the mouthpiece with a dry tissue if you see powder around the spray hole. Keep the cap on and store below 30 °C, away from frost and direct sun; a cold or hot canister sprays unevenly.



The spacer, before first use and then once a month. Take it apart if it comes apart. Wash in warm water with a little washing-up liquid and leave the parts to air-dry without rinsing or rubbing. The thin film of detergent stops static from holding the medicine on the walls. Never dry it with a cloth.

Replace the spacer every six to twelve months, or sooner if it is cracked, cloudy or the valve no longer moves. Each person should have their own.

SECTION 8

Common mistakes

Each of these is common and each cuts the dose that reaches your lungs. The fix is listed alongside.

Forgetting to shake

The medicine settles in the propellant, so the puff is weak. Shake before every puff, not just the first.

Breathing in too fast

A sharp sniff deposits the drug in the mouth. Aim for a slow breath that takes three to five seconds.

Not holding the breath

Medicine is breathed straight back out. Hold for up to ten seconds if you can.

Holding the inhaler upside down or sideways

The valve does not fill correctly. Keep the canister on top, mouthpiece at the bottom.

Not checking the mouthpiece

Coins, fluff and pocket debris have all been inhaled. Look before every use.

Pressing before breathing in

The spray hits the back of the throat. Start the breath first, then press just after.

Two puffs in one breath

The second puff is largely wasted. One puff per breath, with a pause between.

Breathing out into the inhaler

Moisture clogs the spray hole. Always breathe out away from the device.

Leaving the spacer at home

If you have been given a spacer, use it every time, especially when you are wheezy and cannot take a slow breath.

Using an empty inhaler

It still hisses when the medicine has run out. Watch the counter or your tally.

SECTION 9

How much to take, and when to get help

Usual relief dose. One or two puffs when you have symptoms, up to four times in 24 hours, unless your prescriber has told you otherwise. Each puff normally delivers 100 micrograms. It should start to work within five minutes

and last four to six hours.

Before exercise. If advised, one or two puffs 10 to 15 minutes beforehand.

A warning sign. Needing your reliever three or more times a week, or waking at night with symptoms, means your asthma is not well controlled. Book a review with your GP, nurse or pharmacist. Salbutamol treats symptoms; it does not treat the underlying inflammation.

Side effects such as a fast heartbeat, shaky hands or a headache are common after several puffs and usually pass within an hour. Mention them at your next review if they trouble you.

During an asthma attack

You are having an attack if your reliever is not helping, you are too breathless to speak in full sentences, you are wheezing or coughing hard, or your chest feels tight and it is getting worse.

1. Sit upright and try to keep calm. Loosen tight clothing.
2. Take one puff of salbutamol every 30 to 60 seconds, using a spacer if you have one, up to a maximum of ten puffs.
3. If you feel no better after ten puffs, or you are worried at any time, call the emergency services and say it is an asthma attack.
4. If help has not arrived after 15 minutes and you are still unwell, repeat step 2.

Seek help immediately, without waiting for ten puffs, if lips or fingertips look blue or grey, if the person is drowsy or confused, or if they cannot speak at all.

This guide describes standard technique for a pressurised metered-dose salbutamol inhaler. It does not replace the patient information leaflet supplied with your medicine or advice from your prescriber or pharmacist, who can check your technique in person. Ask for a technique check at every review.