This leaflet has been written specifically about the use of this medicine in children. The information may differ from that provided by the manufacturer. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

Asthma attacks can get worse very quickly. If your child’s asthma symptoms are not getting better, or they are struggling to breathe, take them to hospital immediately or call an ambulance.

Name of drug
Salbutamol

Why is it important for my child to take this medicine?
During an asthma or wheezing attack, the air passages into the lungs become narrow, making it hard to breathe and causing symptoms such as cough, wheezing and breathlessness. Salbutamol helps the airways to open up and so relieves the symptoms of the attack. It is given using a special device called an inhaler, so that the medicine goes into the airways and lungs.

What is salbutamol available as?
Salbutamol comes in a variety of different aerosol and dry powder inhalers, which have different brand names. These inhalers are usually blue.

When should I give salbutamol?
Your doctor or asthma nurse will write an asthma management plan which explains the treatments your child has and when they should be used. Your doctor or asthma nurse will explain how to use salbutamol according to this plan.

Salbutamol is usually given when it is needed, to treat an asthma attack when it first starts (an acute attack) and for wheezing caused by cold or exercise, for example.

How much should I give?
For an acute asthma attack
• Give your child one puff from the inhaler. Wait 15–30 seconds, then give another one. You can give them a maximum of 10 puffs, waiting 15–30 seconds between puffs.
  Wait 10 minutes. If your child’s breathing has not improved, repeat the 10 puffs as above. Telephone for an ambulance at the same time.
• Once your child’s breathing has improved, they should take another 4–6 puffs after 1 hour. If they need to use their inhaler again before this, take your child to your doctor or to hospital.

Take your child to hospital if their breathing does not seem to be getting easier or is getting worse, or they have another attack within 4 hours.

Prevention of wheezing
• If your child wheezes during exercise, your doctor may recommend that they use their salbutamol inhaler before starting.

How should I give salbutamol?
Your doctor or asthma nurse will show you how to use the aerosol inhaler and spacer device.

Detailed instructions on how to use the inhalers are given on the last page of this leaflet.

When should the medicine start working?
Salbutamol should start working almost as soon as each dose is given, and your child should start to breathe more easily.

What if my child is sick (vomits)?
If your child is sick at any time, you do not need to give them another dose, as the inhaled medicine will still work.

What if I give too much?
It is unlikely that you will give your child too much salbutamol, and giving an extra puff is unlikely to cause problems. If you have given too much (perhaps during an acute treatment), your child may get shaky and their heart may beat faster. If this happens, contact your doctor or take your child to hospital. Have the inhaler, and packaging if possible, with you if you telephone for advice.

Are there any possible side-effects?
We use medicines to make our children better, but sometimes they have other effects that we don’t want (side-effects). However, because salbutamol is delivered directly into the lungs, it is unlikely to cause any side-effects.
It is possible, but unlikely, that your child may get shakiness (particularly in the hands), nervous tension, headache, fast or fluttering heartbeat, disturbed sleep, behaviour changes or muscle cramps if they have had a lot of salbutamol.

Can other medicines be given at the same time as salbutamol?
• You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.
• Check with your doctor or pharmacist before giving any other medicines to your child. This includes herbal or complementary medicines.
Is there anything else I need to know about inhaled salbutamol?

Asthma attacks can get worse very quickly. If your child’s asthma symptoms are not getting better, or they are struggling to breathe, take them to hospital immediately or call an ambulance.

• It is important that your child uses the inhaler correctly, so that the salbutamol can get deep inside the lungs and they are less likely to have side-effects. If you are not sure how to use it, or are not sure whether you are using it correctly, contact your asthma nurse or doctor for help.

• Your child should have their salbutamol inhaler with them at all times in case they have an asthma attack.

• Make sure that anyone who cares for your child knows that they have asthma and knows how to use the inhaler if your child needs help. You may have to make special arrangements with your child’s school.

• Salbutamol is one of several medicines used to treat asthma. If your child needs to use their salbutamol inhaler more often than usual, contact your doctor or asthma nurse, as this may mean that the asthma has got worse.

• Clean the spacer at least once a month in warm soapy water and leave it to drip dry. This will prevent medicine from building up on the inside of the device. Do not use a cloth to dry the spacer, as this will cause the build up of static, and it may not work properly.

General advice about medicines

• If you are not sure a medicine is working, contact your doctor but continue to give the medicine as usual in the meantime. Do not give extra doses, as you may do harm.

• Only give this medicine to your child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.

• If you think someone else may have taken the medicine by accident, contact your doctor for advice.

• Make sure that you always have enough medicine.

• Order a new prescription before you will run out.

• Make sure that the medicine you have at home has not reached the ‘best before’ or ‘use by’ date on the packaging. Give old medicines to your pharmacist to dispose of.

Who to contact for more information

Your doctor, pharmacist or asthma nurse will be able to give you more information about beclometasone and about other medicines used to treat asthma and wheeze.

You can also get useful information from:

NHS Direct (England)
www.nhsdirect.nhs.uk
0845 46 47

NHS 24 (Scotland)
www.nhs24.com
08454 24 24 24

NHS Direct Wales/Galw lechyd Cymru
www.nhsdirect.wales.nhs.uk
0845 4647

NI Direct (Northern Ireland)
www.nidirect.gov.uk

Asthma UK
www.asthma.org.uk
Advice line: 0300 222 5800

Information on how to use inhalers is given on the next page.

www.medicinesforchildren.org.uk
Salbutamol inhaler for asthma and wheeze – using the inahlers

This page provides instructions on how to use the salbutamol inhalers. An instruction leaflet will also be provided with the inhaler. This will tell you how to put the inhaler together and how to use it.

Using an aerosol inhaler with a ‘spacer’ device

- Put the spacer device together, following the instructions that come with it. Attach the mask to the spacer mouth piece.
- For a young child, attach the mask to the spacer mouth piece. If your child can hold the spacer mouthpiece in their mouth and hold it firmly between their lips, creating a good seal, you may not need to use the mask.
- Take the cap off the inhaler, making sure that the mouth piece is clean.
- While holding the inhaler upright, place your thumb on the bottom of the inhaler and your first finger on the top. Then shake the inhaler several times up and down.
- If the inhaler is new or has not been used for 3 days or more, one puff should be released into the air.
- Insert the mouth piece of the inhaler into the spacer. It should fit easily and securely.
- Place the mask over your child’s mouth and nose, ensuring a good seal with the skin around the mouth. Reassure your child during this step, as they may be distressed.

- Press down once on the aerosol canister with the first finger. This releases one puff into the spacer.
- Hold the mask in place and encourage your child to take five deep and slow breaths in and out. It is important not to rush this step.
- If more than one dose/puff is required, wait for one minute then repeat the previous steps.
- Your child should rinse their mouth out thoroughly with water or clean their teeth.

Using a dry-powder inhaler

There are many different types of dry-powder inhaler. These are not used with a spacer.

Follow the instructions that come with your inhaler for how to get it ready. If you are not sure how to do this, ask your pharmacist or nurse to show you.

The following instructions are for most dry-powder inhalers.

- Ask your child to breathe out normally, as far as they can. Place the mouthpiece of the inhaler firmly between the lips, ensuring a good seal around the mouthpiece.
- Once they have started to breathe in, load the dose as directed by your pharmacist or nurse. Your child should continue to finish the breath in, so that they inhale the puff of medicine.
- Take the inhaler out of your child’s mouth. They should close their mouth and hold their breath for 5–10 seconds, or for as long as they can comfortably manage. They can then breathe normally. It is important not to rush this step.
- If your child has to take more than one puff, they should breathe normally for a minute or so before giving the next one.
- Your child should rinse their mouth out thoroughly with water or clean their teeth.

www.medicinesforchildren.org.uk


The primary source for the information in this leaflet is the British National Formulary for Children. For details on any other sources used for this leaflet, please contact us through our website, www.medicinesforchildren.org.uk

We take great care to make sure that the information in this leaflet is correct and up-to-date. However, medicines can be used in different ways for different patients. It is important that you ask the advice of your doctor or pharmacist if you are not sure about something. This leaflet is about the use of these medicines in the UK, and may not apply to other countries. The Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading this leaflet.