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.

Fluticasone inhalers should not be used during an acute asthma attack (sudden onset of wheezing and breathlessness). Use your child’s reliever medicine (usually a blue salbutamol inhaler).

Name of drug
Fluticasone
Brand names: Flixotide®

Why is it important for my child to take this medicine?
Fluticasone is a steroid medicine. It reduces inflammation in the lungs that can act as a trigger for an asthma attack, and so should reduce the number of attacks. Fluticasone is commonly called a ‘preventer’ medicine. It is important that your child takes it regularly to help prevent asthma attacks.

Fluticasone will not reduce wheezing or breathlessness during an acute asthma attack – your child should use their ‘reliever’ inhaler for this (this is often a blue salbutamol inhaler).

What is fluticasone available as?
Fluticasone has to be inhaled into the lungs (breathed in) to work. A special device called an inhaler is used and this is usually used with another device called a spacer. Dry powder inhalers are sometimes used for older children.

- **Accuhaler®**: 50 micrograms per inhalation (puff)
- **Diskhaler®**: 100 micrograms per inhalation
- **Evohaler® metered dose inhaler**: 50 micrograms or 125 micrograms per inhalation

Your doctor may suggest that your child uses an inhaler that provides fluticasone together with another medicine called salmeterol, which has the brand name Seretide®. Inhalers that contain both these medicines are called Seretide Accuhaler® and Seretide Evohaler®.

When should I give fluticasone?
Fluticasone is usually given twice each day, once in the morning and once in the evening. Ideally, these times are 10–12 hours apart, for example some time between 7 and 8 am, and between 7 and 8 pm.

Give the medicine at about the same times each day so that this becomes part of your child’s daily routine, which will help you to remember.

How much should I give?
Your doctor will work out the amount of fluticasone (the dose) that is right for your child. The dose will be shown on the medicine label.

- **It is important that you follow your doctor’s instructions about how much to give.**

How should I give it?
Your doctor or asthma nurse will show you how to use the inhaler and the spacer device, if one is needed.

- **Detailed information on how to use the inhalers is given on the last page of this leaflet.**

When should the medicine start working?
Fluticasone needs to be given regularly to prevent asthma and wheeze. It will start to work within 24 hours, but it may take a few weeks to reduce the inflammation. Your child may continue to have attacks during this time, but they should start to happen less often. Continue to give the medicine as told to by your doctor or nurse, even if your child does not have any wheeze or other symptoms of asthma.

If your child’s asthma does not seem to be getting any better and they still need to use their reliever medicine often, contact your doctor or asthma nurse.

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 forget to give it?
If you remember up to 4 hours after you should have given a dose, give your child the missed dose. For example, if you usually give a dose at about 7 am, you can give the missed dose at any time up to 11 am. If you remember after that time, do not give the missed dose. Wait until the next normal dose.

What if I give too much?
Fluticasone is unlikely to cause any harm if your child accidently has more puffs than your doctor has recommended.

If you are worried that you may have given your child too much, contact your doctor or local NHS services (111 in parts of England; 0845 4647 in parts of England and Wales; 08454 24 24 in Scotland) for advice. Have the inhaler or packaging 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).

- **If your child is taking a high dose of fluticasone, they may develop a yeast infection in the mouth, called oral**
There may, sometimes, be other side-effects that are important that you ask the advice of your doctor or pharmacist if you are not sure about something. 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.

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If you are not sure whether you are using the inhaler properly, or need help, contact your asthma nurse or pharmacist, who will be able to show you or check what you are doing. Inhalers work best when used with your child standing, as the medicine is more likely to get into the lungs. You may find it easier to sit a younger child on your lap. A face mask can be used instead of a mouthpiece for younger children.

Using the Accuhaler or Dischaler (these do not need a spacer device)
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 asthma nurse to show you.

- 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, press down once on the canister with the first finger. 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.

Using the Evohaler aerosol inhaler with a ‘spacer’ device

- Put the spacer device together, following the instructions that come with it.
- For a young child, attach the mask to the spacer mouth piece. If your child can hold the spacer mouth piece 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 three 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 face mask over the 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.