NHS
Lancashire and South Cumbria
Integrated Care Board

MLCSU Clinical

Key points for Green Inhaler Reviews

1. **The right medication at the right dose in the right inhaler device** will provide the best outcome for the patient. Right breathe website - contains useful information on all inhalers, dosing, licensing, cost etc.

2. **The best clinical outcome for the patient** is always the most environmentally friendly option. Good control improves patient wellbeing, saves money and reduces carbon footprint. Admissions have a huge footprint.

3. **Do NOT undertake blanket switching** – always involve the patient. Inhaler switches should be tailored to the individual and their ability to use dry powder inhalers (DPIs). Issues such as manual dexterity, cognitive ability, duration and depth of breathing should all be considered when choosing a device.

4. **Choose the 'greenest' option**. Use Dry powder/soft mist inhalers 1st line if possible. Where a pMDI is clinically appropriate, avoid those with a very high carbon footprint. Avoid Ventolin Evohaler and use lower carbon footprint alternatives, for example Salamol or Airomir.

5. **Prescribe ALL inhalers by brand.** Combination devices and steroid containing inhalers should always be prescribed by brand. Now it is recommended that Salbutamol is also prescribed by brand to ensure greener options are issued.

6. **Regular Asthma and COPD reviews** must be carried out, including inhaler drug optimisation.
   Asthma reviews | Asthma + Lung UK - top tips to get the best from your asthma review. Use a **clinical template** to document and standardise your respiratory review.

7. **Check inhaler technique** at every opportunity. Good inhaler technique leads to more efficacious inhaler medication.
   How to use your inhaler | Asthma UK – provides short videos for patients to learn how to use inhalers properly and better manage respiratory symptoms.
   Where a new device is prescribed, inhaler technique should be instructed (ideally face-to-face) and checked upon commencement as well as regular follow ups to ensure patient control is not affected.

8. **Different devices require different breathing techniques**. For pMDI (with or without spacer) and breath-activated devices, the recommendation is a **slow, steady intake of breath** over 4–5 seconds. In contrast for dry powder devices, a **quicker, deeper breath** over 2–3 seconds is needed.

9. **Personalised patient action plans** (Asthma and COPD) – ensure they are issued, and regularly reviewed. Asthma action plans | Asthma + Lung UK
   COPD self-management plan | Asthma + Lung UK (blf.org.uk)

10. **Refer to community pharmacy for further support.** Any patients prescribed a new inhaler can be referred to their community pharmacist for the New Medicines Service**. Asthma & COPD patients are eligible.** The service provides support for people with long-term conditions newly prescribed a medicine to help improve adherence.
    New Medicine Service (NMS) - PSNC Website

11. **Communicate with community pharmacy** – let them know if you are undertaking any inhaler switches so they can help with patient education and check stock availability.

12. **Personalised care adjustments** - not everyone is suitable for a pMDI to DPI switch. There is an EMIS Snomed code for 'Dry powder inhaler not indicated'

13. **Children under 12 years** and severe asthmatics should remain on inhaled pMDI and spacer combination. Alternative devices are only recommended where an individual child's adherence to a pMDI and spacer combination is likely to be so poor that it would undermine effective asthma control.

14. **Disposal**. Patients should be reminded to return their used inhalers to the pharmacy for appropriate disposal.