

VENTOLIN INHALER CFC-FREE

Salbutamol

QUALITATIVE AND QUANTITATIVE COMPOSITION

VENTOLIN INHALER CFC-FREE is a pressurised metered-dose inhaler which delivers 100 micrograms salbutamol (as sulphate) per actuation, into the mouthpiece of a specially designed actuator. The inhaler also contains the CFC-free propellant HFA 134a. Each canister contains at least 200 actuations.

PHARMACEUTICAL FORM

Pressurised inhalation, solution.

CLINICAL PARTICULARS

Indications

Salbutamol is a selective beta₂ adrenoceptor agonist indicated for the treatment or prevention of bronchospasm. It provides short acting (four hours) bronchodilation in reversible airways obstruction due to asthma, chronic bronchitis and emphysema. For patients with asthma salbutamol may be used to relieve symptoms when they occur and to prevent them prior to a known trigger.

Bronchodilators should not be the only or main treatment in patients with persistent asthma. In patients with persistent asthma unresponsive to *VENTOLIN INHALER CFC-FREE*, treatment with inhaled corticosteroids is recommended to achieve and maintain control. Failing to respond to treatment with *VENTOLIN INHALER CFC-FREE* may signal a need for urgent medical advice or treatment.

Dosage and Administration

VENTOLIN has a duration of action of 4 to 6 hours in most patients.

Increasing use of beta₂ agonists may be a sign of worsening asthma. Under these conditions a reassessment of the patient's therapy plan may be required and concomitant glucocorticosteroid therapy should be considered.

As there may be adverse effects associated with excessive dosing, the dosage or frequency of administration should only be increased on medical advice.

VENTOLIN is administered by the oral inhaled route only.

International Product Information (IPI)

In patients who find co-ordination of a pressurised metered-dose inhaler difficult a spacer may be used with *VENTOLIN*.

Babies and young children using *VENTOLIN INHALER CFC-FREE* may benefit from the use of a paediatric spacer device with a face mask (for example the *BABYHALER™*).

RELIEF OF ACUTE BRONCHOSPASM

- **Adults:** 100 or 200 micrograms.
- **Children:** 100 micrograms. The dose may be increased to 200 micrograms if required.

PREVENTION OF ALLERGEN OR EXERCISE-INDUCED BRONCHOSPASM

- **Adults:** 200 micrograms before challenge or exertion.
- **Children:** 100 micrograms before challenge or exertion. The dose may be increased to 200 micrograms if required.

CHRONIC THERAPY

- **Adults:** Up to 200 micrograms 4 times daily.
- **Children:** Up to 200 micrograms 4 times daily.

On demand use of *VENTOLIN* should not exceed four times daily. Reliance on such supplementary use or a sudden increase in dose indicates deteriorating asthma (see *Warnings and Precautions*).

Contraindications

VENTOLIN is contraindicated in patients with a history of hypersensitivity to any of its components (see *Excipients*). Non-i.v. formulations of *VENTOLIN* must not be used to arrest uncomplicated premature labour or threatened abortion.

Warnings and Precautions

The management of asthma should normally follow a stepwise programme, and patient response should be monitored clinically and by lung function tests.

Increasing use of short-acting bronchodilators, in particular beta₂ agonists to relieve symptoms indicates deterioration of asthma control. Under these conditions, the patient's therapy plan should be reassessed.

International Product Information (IPI)

Sudden and progressive deterioration in asthma control is potentially life-threatening and consideration should be given to starting or increasing corticosteroid therapy. In patients considered at risk, daily peak flow monitoring may be instituted.

VENTOLIN should be administered cautiously to patients with thyrotoxicosis.

Potentially serious hypokalaemia may result from beta₂ agonist therapy mainly from parenteral and nebulised administration.

Particular caution is advised in acute severe asthma as this effect may be potentiated by concomitant treatment with xanthine derivatives, steroids, diuretics and by hypoxia. It is recommended that serum potassium levels are monitored in such situations.

As with other inhalation therapy, paradoxical bronchospasm may occur, resulting in an immediate increase in wheezing after dosing. This should be treated immediately with an alternative presentation or a different fast-acting inhaled bronchodilator, if immediately available. *VENTOLIN* should be discontinued, and if necessary a different fast-acting bronchodilator instituted for ongoing use.

In the event of a previously effective dose of inhaled *VENTOLIN* failing to give relief for at least three hours, the patient should be advised to seek medical advice in order that any necessary additional steps may be taken.

The patient's inhaler technique should be checked to make sure that aerosol actuation is synchronised with inspiration of breath for optimum delivery of the drug to the lungs.

Interactions

VENTOLIN and non-selective beta-blocking drugs, such as propranolol, should not usually be prescribed together.

VENTOLIN is not contraindicated in patients under treatment with monoamine oxidase inhibitors (MAOIs).

Pregnancy and Lactation

Fertility

There is no information on the effects of salbutamol on human fertility. There were no adverse effects on fertility in animals (*see Pre-clinical Safety Data*).

Pregnancy

Administration of drugs during pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus.

International Product Information (IPI)

During worldwide marketing experience, rare cases of various congenital anomalies, including cleft palate and limb defects have been reported in the offspring of patients being treated with *VENTOLIN*. Some of the mothers were taking multiple medications during their pregnancies. As no consistent pattern of defects can be discerned, and baseline rate for congenital anomalies is 2 to 3%, a relationship with salbutamol use cannot be established.

Lactation

As salbutamol is probably secreted in breast milk, its use in nursing mothers is not recommended unless the expected benefits outweigh any potential risk. It is not known whether salbutamol in breast milk has a harmful effect on the neonate.

Effects on Ability to Drive and Use Machines

None reported.

Adverse Reactions

Adverse events are listed below by system organ class and frequency. Frequencies are defined as: very common ($\geq 1/10$), common ($\geq 1/100$ to $< 1/10$), uncommon ($\geq 1/1000$ to $< 1/100$), rare ($\geq 1/10,000$ to $< 1/1000$) and very rare ($< 1/10,000$) including isolated reports. Very common and common events were generally determined from clinical trial data. Rare and very rare events were generally determined from spontaneous data.

Immune system disorders

Very rare: Hypersensitivity reactions including angioedema, urticaria, bronchospasm, hypotension and collapse

Metabolism and nutrition disorders

Rare: Hypokalaemia

Potentially serious hypokalaemia may result from beta₂ agonist therapy.

Nervous system disorders

Common: Tremor, headache

Very rare: Hyperactivity

Cardiac disorders

Common: Tachycardia

Uncommon: Palpitations

Very rare: Cardiac arrhythmias including atrial fibrillation, supraventricular tachycardia and extrasystoles

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Vascular disorders

Rare: Peripheral vasodilatation

Respiratory, thoracic and mediastinal disorders

Very rare: Paradoxical bronchospasm

Gastrointestinal disorders

Uncommon: Mouth and throat irritation

Musculoskeletal and connective tissue disorders

Uncommon: Muscle cramps

Overdose

The most common signs and symptoms of overdose with *VENTOLIN* are transient beta agonist pharmacologically mediated events (see Warnings and Precautions and Adverse Reactions).

Hypokalaemia may occur following overdosage with *VENTOLIN*. Serum potassium levels should be monitored.

Lactic acidosis has been reported in association with high therapeutic doses as well as overdoses of short-acting beta-agonist therapy, therefore monitoring for elevated serum lactate and consequent metabolic acidosis (particularly if there is persistence or worsening of tachypnoea despite resolution of other signs of bronchospasm such as wheezing) may be indicated in the setting of overdose.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamics

Salbutamol is a selective beta₂-adrenoceptor agonist. At therapeutic doses it acts on the beta₂-adrenoceptors of bronchial muscle providing short acting (4 to 6 hour) bronchodilation with a fast onset (within 5 minutes) in reversible airways obstruction.

Pharmacokinetics

Absorption: After administration by the inhaled route, between 10 and 20% of the dose reaches the lower airways. The remainder is retained in the delivery system or is deposited in the oropharynx from where it is swallowed. The fraction deposited in the

International Product Information (IPI)

airways is absorbed into the pulmonary tissues and circulation but is not metabolised by the lung.

Distribution: Salbutamol is bound to plasma proteins to the extent of 10%.

Metabolism: On reaching the systemic circulation, salbutamol becomes accessible to hepatic metabolism and is excreted, primarily in the urine, as unchanged drug and as the phenolic sulphate.

The swallowed portion of an inhaled dose is absorbed from the gastrointestinal tract and undergoes considerable first-pass metabolism to the phenolic sulphate. Both unchanged drug and conjugate are excreted primarily in the urine.

Elimination: Salbutamol administered intravenously has a half-life of four to six hours and is cleared partly renally and partly by metabolism to the inactive 4'-O-sulphate (phenolic sulphate) which is also excreted primarily in the urine. The faeces are a minor route of excretion. The majority of a dose of salbutamol given intravenously, orally or by inhalation is excreted within 72 hours.

Clinical Studies

Special Patient Populations

Children < 4 years of age; Paediatric clinical studies conducted at the recommended dose (SB020001, SB030001, SB030002), in patients < 4 years with bronchospasm associated with reversible obstructive airways disease, show that the inhaler has a safety profile comparable to that in children ≥ 4 years, adolescents and adults.

Pre-clinical Safety Data

In common with other potent selective beta₂ receptor agonists, salbutamol has been shown to be teratogenic in mice when given subcutaneously. In a reproductive study, 9.3% of foetuses were found to have cleft palate, at 2.5 mg/kg, four times the maximum human oral dose. In rats, treatment at the levels of 0.5, 2.32, 10.75 and 50mg/kg/day orally throughout pregnancy resulted in no significant foetal abnormalities. The only toxic effect was an increase in neonatal mortality at the highest dose level as the result of lack of maternal care. A reproductive study in rabbits revealed cranial malformations in 37% of foetuses at 50mg/kg/day, 78 times the maximum human oral dose.

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In an oral fertility and general reproductive performance study in rats at doses of 2 and 50 mg/kg/day, with the exception of a reduction in number of weanlings surviving to day 21 post partum at 50 mg/kg/day, there were no adverse effects on fertility, embryofetal development, litter size, birth weight or growth rate.

HFA 134a has been shown to be non-toxic at very high vapour concentrations, far in excess of those likely to be experienced by patients, in a wide range of animal species exposed daily for periods of two years.

PHARMACEUTICAL PARTICULARS

List of Excipients

1,1,1,2-tetrafluoroethane (also known as HFA 134a or norflurane).

Incompatibilities

None reported.

Shelf Life

The expiry date is indicated on the packaging.

Special Precautions for Storage

Replace the mouthpiece cover firmly and snap it into position.

VENTOLIN Inhaler should be stored at or below 30 °C.

Protect from frost and direct sunlight.

Keep out of reach of children.

As with most inhaled medications in aerosol canisters, the therapeutic effect of this medication may decrease when the canister is cold.

The canister should not be broken, punctured or burnt, even when apparently empty.

Nature and Contents of Container

VENTOLIN Inhaler comprises a suspension of salbutamol sulphate in the propellant HFA 134a. The suspension is contained in an aluminium alloy can, sealed with a metering valve. Each canister is fitted with a plastic actuator incorporating an atomising nozzle and fitted with a dustcap. *VENTOLIN Inhaler* delivers 100 micrograms of salbutamol (as sulphate) per actuation.

Each canister contains at least 200 actuations.

International Product Information (IPI)

Instructions for Use/Handling

Testing your inhaler

Before using for the first time, remove the mouthpiece cover by gently squeezing the sides of the cover, shake the inhaler well, and release two puffs into the air to make sure that it works. If it has not been used for 5 days or more, shake it well and release 2 puffs into the air to make sure that it works.

Using your inhaler

1. Remove the mouthpiece cover by gently squeezing the sides of the cover.
2. Check inside and outside of the inhaler including the mouthpiece for the presence of loose objects.
3. Shake the inhaler well to ensure that any loose objects are removed and that the contents of the inhaler are evenly mixed.
4. Hold the inhaler upright between fingers and thumb with your thumb on the base, below the mouthpiece.
5. Breathe out as far as is comfortable and then place the mouthpiece in your mouth between your teeth and close your lips around it but do not bite it.
6. Just after starting to breathe in through your mouth press down on the top of the inhaler to release *VENTOLIN* while still breathing in steadily and deeply.
7. While holding your breath, take the inhaler from your mouth and take your finger from the top of the inhaler. Continue holding your breath for as long as is comfortable.
8. If you are to take further puffs keep the inhaler upright and wait about half a minute before repeating steps three to seven.
9. Replace the mouthpiece cover by firmly pushing and snapping the cap into position.

IMPORTANT

Do not rush Stages 5, 6 and 7. It is important that you start to breathe in as slowly as possible just before operating your Inhaler.

Practise in front of a mirror for the first few times. If you see 'mist' coming from the top of the inhaler or the sides of your mouth you should start again from stage two.

If your doctor has given you different instructions for using your inhaler, please follow them carefully. Tell your doctor if you have any difficulties.

International Product Information (IPI)

CLEANING

Your inhaler should be cleaned at least once a week.

1. Remove the metal canister from the plastic casing of the inhaler and remove the mouthpiece cover.
2. Rinse the actuator thoroughly under warm running water.
3. Dry the actuator THOROUGHLY inside and out.
4. Replace the metal canister and mouthpiece cover.

DO NOT PUT THE METAL CANISTER INTO WATER.

Name and address of the holder of the certificate of registration

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Malawi: Reg No PMPB/PL270/53 POM

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PATIENT LEAFLET

VENTOLIN INHALER CFC-FREE

Salbutamol sulphate

Read all of this leaflet carefully before you start using this medicine.

Keep this leaflet. You may need to read it again. If you have any questions, ask your doctor or pharmacist.

This medicine has been prescribed for you personally. Don't pass it on to other people - it may harm them even if their symptoms seem to be the same as yours.

In this leaflet

- 1. What VENTOLIN INHALER CFC-FREE is and what it is used for**
- 2. Before you use VENTOLIN INHALER CFC-FREE**
- 3. How to use VENTOLIN INHALER CFC-FREE**
- 4. Possible side effects**
- 5. How to store VENTOLIN INHALER CFC-FREE**
- 6. Further information**
- 7. Step-by-step instructions**

What VENTOLIN INHALER CFC-FREE is and what it is used for

VENTOLIN INHALER CFC-FREE contains a medicine called salbutamol. This belongs to a group of medicines called fast-acting bronchodilators. Fast-acting bronchodilators relax the muscles in the walls of the small airway passages in the lungs within a few minutes. VENTOLIN:

- helps to open up the airways in your lungs, making it easier for you to breathe.
- helps to relieve chest tightness, wheezing and cough associated with asthma.

VENTOLIN is used to treat breathing problems in people with asthma and similar conditions. Its effect includes relieving and preventing asthma symptoms brought on by exercise or other "triggers". Common triggers include house dust, pollen, cats, dogs and cigarette smoke.

If your asthma is active (for example you have frequent symptoms or flare ups or limited physical ability), you should tell your doctor who may start or increase a medicine to control your asthma such as an inhaled corticosteroid.

VENTOLIN Inhaler contains a propellant called HFA 134a. This is less harmful to the environment than older inhalers. Older inhalers may taste differently to VENTOLIN. This will make no difference to how your medicine works.

Before you use VENTOLIN INHALER CFC-FREE

Don't use VENTOLIN INHALER CFC-FREE

- if you are allergic (hypersensitive) to salbutamol sulphate or any of the other ingredients of VENTOLIN.

If you think any of these apply to you, **don't use VENTOLIN INHALER CFC-FREE** until you have checked with your doctor.

Take special care with VENTOLIN INHALER CFC-FREE

Before you use VENTOLIN Inhaler your doctor needs to know if you:

- have **high blood pressure**
- have an **overactive thyroid gland**
- have a history of heart problems such as an irregular or fast heartbeat or angina (chest pain)
- have low levels of potassium in your blood
- are taking xanthine derivatives (such as theophylline) or steroids to treat asthma
- are taking water tablets (diuretics), sometimes used to treat high blood pressure or a heart condition

Your doctor will monitor your potassium levels if you are taking any of the medicines listed here.

Check with your doctor if you think any of these may apply to you.

If your VENTOLIN fails to give relief for at least 3 hours, check with your doctor.

Other medicines and VENTOLIN INHALER CFC-FREE

Tell your doctor or pharmacist if you're taking any other medicines, if you've taken any recently, or if you start taking new ones. This includes medicines bought without a prescription.

Some medicines may affect how VENTOLIN works, or make it more likely that you'll have side effects. These include:

- Beta-blockers (such as metoprolol) used to treat high blood pressure or a heart condition

Your doctor or pharmacist will decide if you should take VENTOLIN with these medicines.

Pregnancy and breast-feeding

VENTOLIN is not usually recommended for use during pregnancy. If you are **pregnant**, or **think you could be**, or if you are **planning to become pregnant**, **don't take VENTOLIN** without checking with your doctor. **Your doctor** will consider the benefit to you and the risk to your baby of taking VENTOLIN while you're pregnant.

It is not known whether the ingredients of VENTOLIN can pass into breast milk. **If you are breast-feeding, you must check with your doctor** before you take VENTOLIN.

How to use VENTOLIN INHALER CFC-FREE

How much to take

Always use your VENTOLIN INHALER CFC-FREE exactly as your doctor has told you. You should check with your doctor, nurse or pharmacist if you are not sure.

Adults

- **to relieve asthma** - The usual starting dose is one or two puffs (100-200 micrograms once a day)
- **to prevent asthma** – The usual starting dose is two puffs (200 micrograms) 10 to 15 minutes before exercise or exposure to a “trigger”
- **for regular treatment** - The usual starting dose is two puffs (200 micrograms) up to four times a day.

Children

- **to relieve asthma** - The usual starting dose is one puff (100 micrograms) once a day. The dose may be increased to two puffs (200 micrograms) if required
- **to prevent asthma** - The usual starting dose is one puff (100 micrograms) 10 to 15 minutes before exercise or exposure to a “trigger”. The dose may be increased to two puffs (200 micrograms) if required
- **for regular treatment** - The usual starting dose is two puffs (200 micrograms) up to four times a day.

The maximum dose is 8 puffs (800 micrograms) in a 24 hour period. Do not inhale more puffs or use your inhaler more often. Tell your doctor if your medicine does not seem to

be working as well as usual as your asthma may be getting worse and you may need a different medicine.

Some people find it difficult to release a puff of medicine just after they start to breathe in. A spacer device (a specially designed plastic or metal tube that is fitted to an inhaler on one end, while the patient breathes normally on the other end) may help to overcome this problem. Your doctor, nurse or pharmacist will be able to advise you about this. For babies and young children the Babyhaler spacer device is available to help young children obtain the maximum benefit from their inhaler. Your doctor, nurse or pharmacist will be able to advise you about this.

Instructions for use

- VENTOLIN produces a fine mist which you inhale through your mouth into your lungs. Your doctor, nurse or pharmacist should show you how to use your inhaler. If you are not sure, ask your doctor, nurse or pharmacist.

Carefully follow the step-by-step instructions given in section 7.

If you forget to use VENTOLIN INHALER CFC-FREE

Don't take an extra dose to make up for a missed dose.

Just take your next dose at the usual time. If you become wheezy or develop other symptoms of an asthma attack you may need to take your next dose earlier.

If you use too much VENTOLIN INHALER CFC-FREE

If you use too much VENTOLIN, **contact your doctor or pharmacist for advice.** If possible, show them the VENTOLIN pack.

Don't stop VENTOLIN INHALER CFC-FREE without advice

Take VENTOLIN for as long as your doctor recommends. Don't stop unless your doctor advises you to.

Possible side effects

If your breathing or wheezing gets worse straight after taking this medicine, stop using it immediately, and tell your doctor as soon as possible. If available, try a different fast-acting asthma medicine as soon as possible.

Like all medicines, VENTOLIN can cause side effects, although not everybody gets them.

Conditions you need to look out for

Allergic reactions: These are very rare in people taking VENTOLIN. Signs include:

- skin rash (*hives*) or redness
- swelling, sometimes of the face or mouth (*angioedema*)
- becoming very wheezy, coughing or having difficulty in breathing
- suddenly feeling weak or light headed (may lead to collapse or loss of consciousness)

Contact a doctor immediately if you get any of these symptoms. **Stop taking VENTOLIN INHALER CFC-FREE.**

Common side effects

These may affect **up to 1 in 10** people:

- feeling shaky
- headache
- heart beating faster.

Uncommon side effects

These may affect **up to 1 in 100** people:

- irregular heart beat (palpitations)
- mouth and throat irritation
- muscle cramps.

Rare side effects

These may affect **up to 1 in 1,000** people:

- a low level of potassium in your blood
- increased blood flow to your extremities (widening of the blood vessels).

Very rare side effects

These may affect **up to 1 in 10,000** people:

- allergic reactions
- feeling unusually active, such as restlessness and excitability.

➔ **Tell your doctor or pharmacist** if any of the side effects listed becomes **severe or troublesome**, or if you notice any side effects not listed in this leaflet.

How to store VENTOLIN INHALER CFC-FREE

Keep out of the reach and sight of children.

Do not use VENTOLIN after the expiry date shown on the pack.

- Do not store above 30 °C. Protect from frost and direct sunlight
- Replace the mouthpiece cover firmly and snap it into position
- If the inhaler gets very cold, take the metal canister out of the plastic case and warm it in your hands for a few minutes before use. Never use anything else to warm it up.
- The metal canister is pressurised. Do not puncture, break or burn it even when apparently empty.

Don't dispose of medicine in wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. This will help to protect the environment.

Further information

What VENTOLIN INHALER CFC-FREE contains

The active substance is salbutamol sulphate

Each pressurised metered-dose VENTOLIN contains 200 doses of 100 micrograms of salbutamol (as salbutamol sulphate).

The other ingredients are:

1,1,1,2-tetrafluoroethane (also known as HFA 134a or norflurane)

What VENTOLIN INHALER CFC-FREE looks like and contents of the pack

The medicine is a white to off-white suspension contained in an aluminium alloy can, sealed with a metering valve. Describe the device in detail: Each canister is fitted with a plastic actuator incorporating an atomising nozzle and fitted with a dustcap. VENTOLIN delivers 100 micrograms of salbutamol (as sulphate) per actuation.

Each canister contains at least 200 actuations.

Name and address of the holder of the certificate of registration

GlaxoSmithKline South Africa (Pty) Ltd

57 Sloane Street

Bryanston, 2021

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Registration details

Botswana: Reg No B9303875 **S2**

Malawi: Reg No PMPB/PL270/53 **POM**

Namibia: Reg No 04/10.2.1/0911 **NS1**

Zambia: Reg No 179/038 **POM**

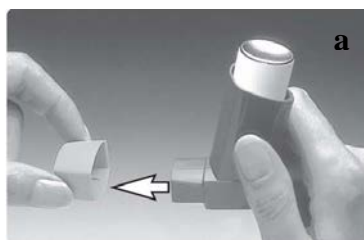
Step-by-step instructions

This section includes the following information:

- ❖ **Testing the inhaler**
- ❖ **Using the inhaler**
- ❖ **Cleaning the inhaler**

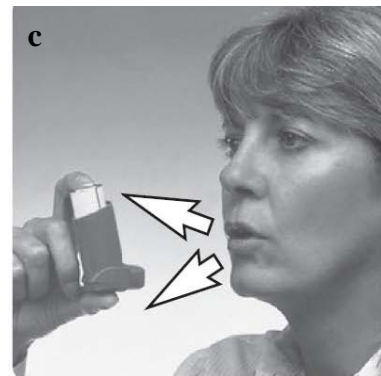
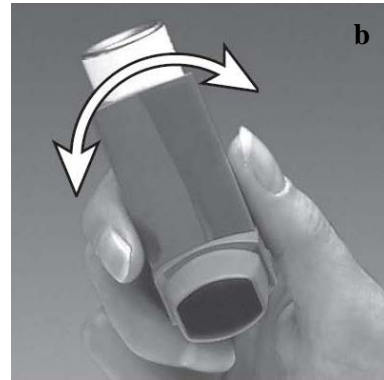
Testing the inhaler

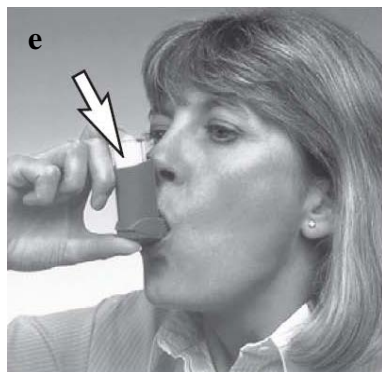
- Before using the inhaler for the first time, test that it is working
- Remove the mouthpiece cover by gently squeezing the sides of the cover (**picture a**)
- To make sure it works for the first time, shake it well, point the mouthpiece away from you and press the canister to release two puffs into the air.
- If it hasn't been used for 5 days or more, shake it well and release 2 puffs into the air to make sure it works.



Using the inhaler

1. Remove the mouthpiece cover by gently squeezing the sides of the cover (**picture a**)
2. Check inside and outside of the inhaler including the mouthpiece for any loose objects
3. Shake the inhaler well to ensure that any loose objects are removed and that the contents of the inhaler are evenly mixed (**picture b**)
4. Hold the inhaler upright with your finger and thumb on the base, below the mouthpiece (**picture c**)
5. Breathe out as far as is comfortable (**picture c**) and then place the mouthpiece in your mouth between your teeth and close your lips around it but do not bite it (**picture d**)
6. Breathe in through your mouth. Just after starting to breathe in, press down on the top of the canister to release a puff of medicine while still breathing in steadily and deeply (**picture e**)
7. Hold your breath and take the inhaler from your mouth. Continue holding your breath a few seconds or as long as is comfortable (**picture f**)
8. If your doctor has told you to take two puffs, wait about half a minute before you take another puff by repeating steps **3** to **7**
9. Replace the mouthpiece cover by firmly pushing and snapping the cap into position.



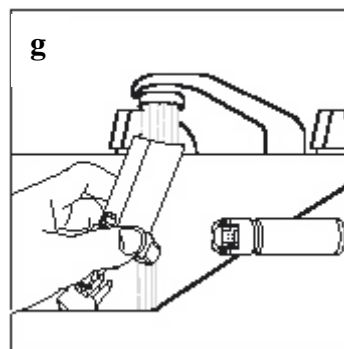


Practise in front of a mirror for the first few times. If you see a 'mist' coming from the top of your inhaler or the sides of your mouth you should start again from **step 2**. Young children may need help and their parents may need to operate the inhaler for them. Encourage the child to breathe out and operate the inhaler just after the child starts to breathe in. Practise the technique together. You may find the Volumatic spacer device, with a face mask, or the Babyhaler device useful if you have to give VENTOLIN to a baby or a child - speak to your doctor if you think you might need one of these. Older children or people with weak hands may find it easier to hold the inhaler with both hands. Put the two forefingers on top of the inhaler and both thumbs on the bottom below the mouthpiece. If this does not help, a special device that acts as a lever aid for use called a Haleraid may make it easier. Your doctor, nurse or pharmacist will be able to advise you.

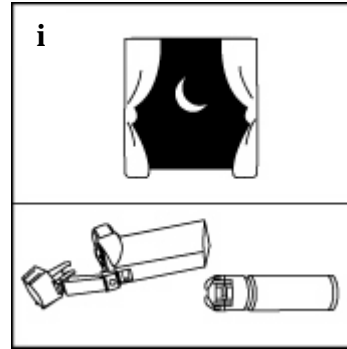
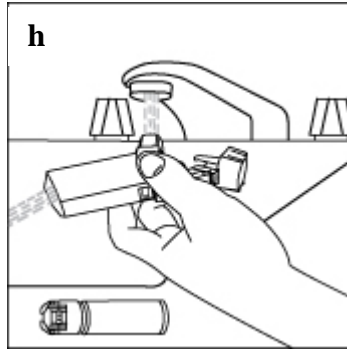
Cleaning the inhaler

To stop your inhaler blocking, your inhaler should be cleaned at least once a week. To clean your inhaler:

- Remove the metal canister from the plastic casing of the inhaler and remove the mouthpiece cover
- Rinse the plastic casing thoroughly under warm running water (**picture g**) and then wash the plastic casing again through the mouthpiece (**picture h**)
- Dry the plastic casing **thoroughly** inside and out (such as overnight) (**picture i**)
- Replace the metal canister and mouthpiece cover.



Do not put the metal canister into water.



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