



... an Inhaled Corticosteroid (ICS) and Long-Acting Beta-Agonist (LABA)? _____

These are a combination medication used for long-term control of asthma symptoms such as breathlessness and wheezing.

- The inhaled corticosteroid, commonly referred to as an inhaled “steroid”, works to reduce the inflammation in the airways of the lungs AND
- The long-acting beta agonist (LABA) is a bronchodilator that works by relaxing the muscles around the airways and opens up the airways of the lung for up to 12 hours.

The combination of these two medications works to prevent your child from having an asthma attack. The combination medication is given through a metered-dose inhaler (MDI or “puffer”) or a dry-powder inhaler (Turbuhaler® or Diskus®).

Examples if ICS/LABA

- Budesonide/Formoterol (Symbicort®)
- Fluticasone/Salmeterol Inhalation (Advair®)
- Mometasone/Formoterol (Zenhale®)

Special instructions

- This medication is used to prevent an asthma attack. It is important that your child takes it regularly as prescribed even when he or she is not having symptoms and looks well.
- Do not stop using unless told to do so by your child's health care provider.
- This medication should not be used for quick relief of your child's asthma attack, unless otherwise instructed by your child's health care provider. If your child is having an asthma attack, you should give a “reliever” medication (eg. salbutamol or terbutaline)
- Rinse mouth out with water and spit after each use. If your child is too young to spit, simply have him or her take a drink of water. If your child uses a spacer with mask, gently wipe your child's face with a wet washcloth after each use.
- It may take a few weeks for this medicine to work.
- Keep this medication out of the reach of children.

Using your Inhaler correctly

- Read and follow all instructions provided with inhaler. Using this medicine the correct way is very important.

- Ask your child's health care provider, pharmacist, or certified asthma educator if you have any questions about how to use the inhaler. Correct use is very important to make sure the medication works.
- Metered-dose inhaler (MDI)
 - Shake the MDI inhaler well before use.
 - It is strongly recommended that your child use a spacer with the MDI inhaler. Using a spacer with a MDI inhaler is very important to help get the medicine into the lungs and work better.
- Dry-powder inhaler (Turbuhaler®, Diskus®, or Twisthaler®)
 - Do not shake the dry-powder inhaler before use.
 - Do not breathe out (exhale) into the inhaler.
- Learn more about using your inhaler at: www.bcchildrens.ca/our-services/clinics/asthma

Dose counting

It is important that you keep track of how many doses of your child's medication are remaining and obtain a new prescription before it runs out.

The combination medication (ICS/LABA) may or may not have a dose counter, depending on the brand. If the medication does not have a dose counter, it is important that you keep track of how many doses have been used on a calendar or by another other convenient method. If the medication has a dose counter, follow the instructions on the package insert to know when it is empty. Obtain a new inhaler when there are



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Dose continued

approximately 5 days of medicine remaining. The inhaler may still make a sound when you shake it even if it is empty because there will be propellant or powder left.

Discard the inhaler when it is empty.

Tips for parents

If you miss a dose or forget to give this medicine, give it as soon as you remember unless it is almost time for the next dose, then skip the missed dose. Do not give extra medication to make up for the missed dose. **If you are unsure what to do about a missed dose, contact your health care provider or pharmacist.**

Common side effects

Call your child's health care provider if the following effects continue or are bothersome:

- Hoarseness or throat irritation
- Sensation of fast heartbeat
- Yeast infections in the mouth (white spots), known as thrush
- Nervousness
- Inability to sleep

Contacts

For additional information on this or any Health Topic, please contact the Family Support and Resource Centre (www.bcchildrens.ca/frl), or your pediatrician.

References from:

- The Children's Asthma Education Centre: www.asthma-education.com
- Cincinnati Children's Hospital Medical Center: www.cincinnatichildrens.org
- The Asthma Society of Canada: www.asthma.ca
- Canadian Lung Association: www.lung.ca

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Warning signs

Call your child's health care provider immediately if your child:

- Does not respond to his/her asthma "reliever" or "rescue" medication (eg. salbutamol or terbutaline).
- Seems to require more frequent use of asthma "reliever" or "rescue" medication.
- Develops worsening symptoms of asthma such as increased wheezing, coughing, tightness or shortness of breath and if symptoms are waking your child up at night

Rare but serious side effects

Very rarely the body may under-produce its own version of steroid hormones (typically happens with high doses of medicine)

Signs or symptoms to look out for include:

- Muscle weakness
- Tiredness / fatigue
- Nausea
- Belly pain
- Vomiting / diarrhea
- Joint pain
- Poor weight gain
- Poor growth

If you notice your child developing any of these signs discuss with your asthma doctor.

Asthma Education Program

4480 Oak Street, Vancouver, BC V6H 3V4
604-875-3042 • 1-888-300-3088

www.bcchildrens.ca/our-services/clinics/asthma