

Salbutamol Inhaler Prescribing in Adults and Children ≥ 12 years with Asthma

NEW DIAGNOSIS (salbutamol NOT currently prescribed):

DO NOT prescribe salbutamol inhaler

Prescribe single inhaler therapy (SIT) as either anti-inflammatory reliever (AIR) or maintenance and reliever therapy (MART) – see [local asthma guideline](#) for details

EXISTING DIAGNOSIS (salbutamol currently prescribed):

Prescribed salbutamol only (no ICS)

Discontinue salbutamol
Prescribe AIR using a combination inhaler –
see [local asthma guideline](#) for details

Prescribed salbutamol and ICS

**Review salbutamol inhaler use and assess
asthma control** (see suggested checklist in green box)

**Asthma NOT
controlled**

Discontinue salbutamol
Prescribe MART
(low or moderate dose)

**Refer patients not
controlled on regular
high dose ICS**
(see [NICE](#) for high dose ICS
thresholds)

Asthma controlled

Continue salbutamol
(as Salbutamol Easyhaler DPI
or Salamol MDI) **if:**

Inhaler technique ✓
Salbutamol usage
≤ 4 puffs /week
(= using 1 inhaler per year) ✓
No severe exacerbation in
last 12 months ✓
Compliant with ICS ✓

SALBUTAMOL INHALER REVIEW CHECKLIST:

- ☐ Consider using a validated symptom questionnaire (e.g. Asthma Control Questionnaire)
- ☐ Check inhaler technique for salbutamol and other inhalers ([RightBreathe](#) have helpful resources).
- ☐ Discuss asthma symptoms and inhaler usage including any variation with day/night/exercise and any time off work or school due to symptoms.
- ☐ Check for any oral corticosteroid courses and any hospital admissions or A&E attendances due to asthma.
- ☐ Check quantity and frequency of salbutamol inhalers issued (using ≥ 2 salbutamol inhalers a year indicates poor control).
- ☐ Discuss non-pharmacological management of breathlessness and lifestyle factors that could be contributing to any breathlessness.
- ☐ Check patient [asthma action plan](#).
- ☐ Discuss environmental impact of inhalers (see [here](#) and [Greener Practice](#) for more info).
- ☐ If salbutamol is to continue, agree with the patient the appropriate number of issues per 12 months. Systems should be in place such that if this number of issues is exceeded, a review with a healthcare professional is undertaken to review asthma control and ongoing management.