

### EMERGENCY DEPARTMENT

Contact  
Tel. 09 332 27 42

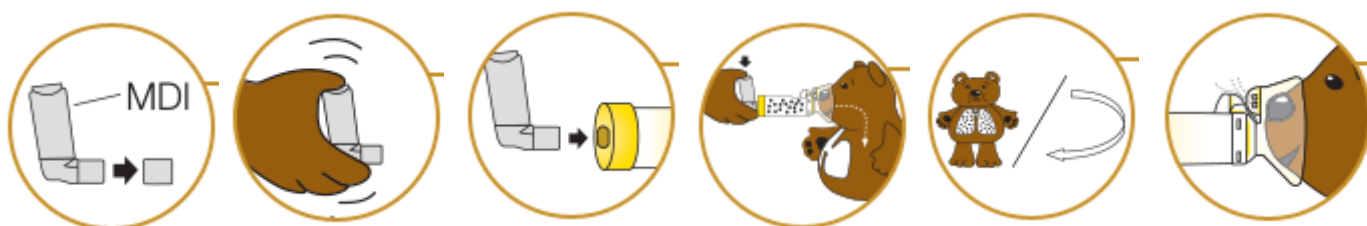
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## 1 Use a metered-dose inhaler with a valved holding chamber

Info: [www.bvp-sbp.org](http://www.bvp-sbp.org) - click on topic 'inhalation videos'

Always use a valved holding chamber. The inhaler contents must not be administered directly into the mouth.



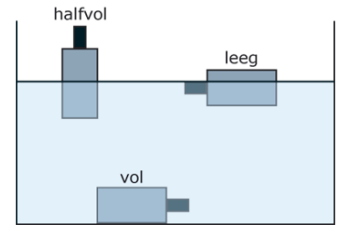
- Remove the protective cap.
- Shake the inhaler well before use.
- Place the inhaler in the valved holding chamber.
- When using for the first time or after cleaning you need to puff twice on the holding chamber *before* use.
- Have your child sit up straight with the chin up slightly.
- Place the holding chamber with the mask over the mouth and nose of your child (if there is no mask, place the mouthpiece in the mouth. The lips and teeth must completely enclose the mouthpiece).
- Push the inhaler once.
- Have your child breathe in and out 10 times. The valve must always move. When used for a larger child: exhale, place mouthpiece in the mouth and breathe in calmly but deeply.
- If your child needs 2 puffs, the entire procedure must be repeated (2 puffs may not be present in the holding chamber at the same time).
- Rinse the mouth after use (do not drink).

If necessary: first administer quick-relief medication (salbutamol/Ventolin), after 10 minutes use a maintenance medication (Flixotide®, Seretide®, Fluticasone® ...).

## 2 Cleaning the valved holding chamber

Wash the holding chamber in warm water with detergent. Do NOT rinse, but air dry.

Do NOT dry. Only use again when holding chamber is completely dry.  
 Frequency: 1 x / week



### 3 How to check if the inhaler is nearly empty?

You can best check this by taking the aerosol sprayer out of the plastic holder and placing it in a bowl of water. The fewer doses the aerosol sprayer contains, the more air it contains and the more it will rise.

### 4 Overview (to be filled in by the doctor)

Medication	Dose
Quick-relief medication	Coughing, wheezing, shortness of breath, at the start of a cold, before exertion
Maintenance treatment	Every day (also at the start of the quick-relief medication)

### 5 Cutting back quick-relief medication Salbutamol/Ventolin® therapy

From .../.../..... to .../.../..... every ..... hour ..... puffs

From .../.../..... to .../.../..... every ..... hour ..... puffs

From .../.../..... to .../.../..... every ..... hour ..... puffs

From ... / ... / ..... .. stop inhaler treatment

If your child is receiving maintenance medication (Flixotide®, Seretide®, Fluticasone®, ...), NEVER stop treatment on your own. Always consult with your doctor.

### 6 In the case of shortness of breath

If your child experiences shortness of breath, he/she must resume frequent use of the quick-relief medication (salbutamol/Ventolin®). Use may also be resumed if your child again suffers from shortness of breath in the future. Consult a doctor as soon as possible, unless agreed otherwise.

### 7 Contact

The Paediatrics Department of University Hospital Ghent offers third-line care. This means that care is provided for complex disorders. The number of hospital beds at the Paediatrics Department is therefore limited. If your child needs to be admitted, we are able to arrange admission to another hospital. Thus we advise you to choose your own doctor/paediatrician who can monitor your child and refer the child to us if necessary.

For urgent questions:

- Emergency Department University Hospital Ghent: tel. 09 332 27 42
- Paediatrician on duty at University Hospital Ghent: tel. 09 332 35 15

For **urgent** medical help, come to the Emergency Department.

For **immediate** medical help, call 112.

*This information does not replace consultation with a doctor and is also available in other languages.*