

INHALERS FOR COPD

Order of Administration	SHORT-ACTING	Comment	LONG-ACTING	Comment
bronchodilator	albuterol (<u>Ventolin</u> , Pro-Air) isoetharine (Bronkometer) isoproterenol (Isuprel) levalbuterol (Xopenex) metoproterenol (Alupent) pirbuterol (Maxair) terbutaline (Brethine, Brethaire)	Albuterol is by far the most commonly prescribed. Xopenex is the levo-only version of the racemic albuterol	arformoterol (Brovana) formoterol (Foradil , Performist) salmeterol (<u>Serevent</u>)	These non-aerosolized products limit use to those cognitively intact and capable of active inhalation.
combination	albuterol + ipatropium (Combivent) MDI (Duoneb) solution	As effective as single agent combination		
anticholinergic	ipatropium (Atrovent)	Promotes bronchodilation and drying of "wet" coughs.	tiotropium (Spiriva) rinse+spit due 2 dryness only if no steroid is ordered to be given after	Write order as: "Two inhalations per one capsule"
miscellaneous	nedocromil (Tilade) cromolyn (Intal)	Used for asthma and allergy stabilization		
steroid	beclomethasone (Q-Var) budesonide (Pulmicort) triamcinolone (<u>Azmacort</u>)	Offer fluids to rinse + spit after use	flunisolide (Aerobid) fluticasone (<u>Flovent</u>) mometasone(<u>Asmanex</u>)	Offer fluids to rinse + spit after use
combination	<i><u>Underline = those with built-in dose counters.</u></i>	Offer fluids to rinse mouth after use	salmeterol + fluticasone (<u>Advair</u>) formoterol + budesonide (<u>Symbicort</u>)	Discus - must be capable of active inhalation

