



# Spacer or nebuliser?

*FACT SHEET prepared by The Asthma Foundation*

**In acute asthma attacks high doses of inhaled bronchodilators (relievers) are used to treat the narrowing of the airways in the lungs. This medication should be given by using a metered dose inhaler (MDI) with a spacer device.**

Many clinical trials have found spacers and nebulisers to be equally effective for delivering high dose bronchodilators (reliever medicines) in acute asthma attacks. In adults no important differences between the two methods have been found, whilst in children those using nebulisers spent longer in the Emergency Department. Spacers are now the recommended treatment for acute asthma, except for very severe/life-threatening asthma when **oxygen-driven nebulisation** is recommended.

## ***What are the advantages of spacers?***

- ✱ They are much cheaper than nebulisers
- ✱ They are not dependent on a power supply.
- ✱ They are less frightening, especially for children.

Spacer devices are the recommended method of delivery of bronchodilator medication for most mild to moderate acute exacerbations of asthma in both adults and children, and also in chronic obstructive pulmonary disease (COPD).

## ***How do I use a spacer in an acute asthma attack?***

- ✱ Shake the inhaler
- ✱ Fit the inhaler into spacer opening (opposite the mouthpiece) and put the spacer into your mouth ensuring that there are no gaps around the mouthpiece OR
- ✱ Place the mask on your child's face, covering the mouth and nose ensuring there are no gaps. Most children should be able to use the spacer without a mask by the age of three years
- ✱ Press the inhaler once only – one puff at a time into the spacer
- ✱ Take 2-6 tidal breaths (gentle breaths in and out), keeping the spacer in your mouth all of the time. You can breathe in and out with the spacer still in your mouth as most spacers have small vents to allow your breath to escape rather than going into the spacer.
- ✱ For more than one dose of medication repeat these steps for further doses making sure that you shake your inhaler between doses

- ✦ Additional doses of bronchodilator should be given as required, whilst waiting for medical attention if symptoms are severe. In an emergency situation you will not overdose the person by giving them 6 puffs of reliever every 6 minutes

For further information on treating an asthma emergency see the fact sheet “*Asthma First Aid*” or visit our website [www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz)

### ***How do I get a spacer?***

Spacers are available free of charge from your general practitioner or respiratory educator.

For local supply information or to purchase contact Air Flow Products on free phone:

0800 AIRFLOW (247 3569)

### ***The Asthma Foundation can help you***

The Asthma Foundation is New Zealand's not-for-profit sector authority on asthma and other respiratory illnesses. We advocate to government and raise awareness of respiratory illnesses, fund research for better treatments and educate on best practice.

Check out our comprehensive website at [www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz)

### **References**

Cates CJ, Crilly JA, Rowe BH. Holding chambers (spacers) versus nebulisers for beta-agonist treatment of acute asthma. *Cochrane Database of Systematic Reviews* 2006, Issue 2. Art. No.: CD000052. DOI: 10.1002/14651858.CD000052.pub2.

British Guideline on the Management of Asthma 2009; <http://www.sign.ac.uk/pdf/sign101.pdf>