

Inhaled asthma medicine needs to reach the airways to work. Here are 10 common mistakes made when using a metered-dose inhaler (MDI) and how to correct them.



Slouching

FIX IT: Sitting up straight or standing allows the lungs to fully inhale and provides more power to exhale.



Using an empty inhaler

FIX IT: Request a refill when the inhaler has 30 puffs or doses left.



Not shaking or priming the inhaler

FIX IT: Shake the inhaler canister 10 to 15 times for the medication to be ready to work. When using a new inhaler, prime it by releasing three to four test sprays. Prime again if not used for several weeks.



Using an MDI inhaler without a spacer

FIX IT: A spacer helps more of the medicine get to the airways. Insert the inhaler into the spacer. Spray one puff of medicine and inhale slowly. Hold your breath for a count of 10 and exhale slowly.



Spraying several puffs of inhaler into spacer

FIX IT: Spray only one puff of the inhaler into the spacer for each breath. Breathe out before inhaling. Inhale and hold your breath for a count of 10, then exhale. Repeat for the number of puffs the doctor prescribed.



Holding the head too far forward or backward

FIX IT: The head needs to be in a normal position, not too far back or too far forward, to help make a direct path for the medicine to reach the airways.



Tongue or teeth in the way of spacer/inhaler opening

FIX IT: Put the mouthpiece of the spacer/inhaler in the mouth above the tongue, under the top teeth.



Mouth not tight enough around spacer/inhaler

FIX IT: Close the lips around the mouthpiece of the spacer or inhaler so air does not escape.



Directing spacer/inhaler at tongue or roof of mouth

FIX IT: Aim the spacer/inhaler at the back of the throat, so the medicine reaches the lungs.



Inhaling medicine too fast

FIX IT: Inhale slowly. A whistle sound made when using a spacer means the inhalation is too fast.