

# Using a Metered Dose Inhaler (MDI) with a Spacer and Mask

The spacer with mask is helpful for young children or anyone who is having trouble using the regular spacer.

## Directions for using a spacer:

*Read through all steps before administering the medication.*

**Step 1** – Prepare your MDI per manufacturer instructions. Remove the cap on the spacer's mouthpiece

**Step 2** - Shake the MDI rapidly for 2 seconds

**Step 3** – Insert the MDI into the spacer

**Step 4** – Place the mask over your child's nose and mouth. They can breathe normally

**Step 5** – While keeping a good seal on the mask around your child's mouth and nose, press down on the inhaler, releasing medicine to fill the spacer. Administer 1 puff at a time

**Step 6** – Hold the mask in place and have your child take in 5 breaths to empty the chamber

**Step 7** – Shake the MDI and repeat the steps, starting at step 5, for each additional prescribed puff

**Step 8** – After using a mask, wipe skin around your child's mouth and nose with a wet cloth



## Weekly cleaning of the spacer with mouthpiece or mask:

- Remove the rubber-like ring from the end of the spacer
- To detach the mask/mouthpiece, twist the chamber
- Soak the parts for 15 minutes in a mild liquid dish soap and lukewarm water
- Rinse in clean water
- Allow to air dry
- Reassemble when dry. Fit the mask/mouthpiece on the chamber and twist firmly until securely locked into position

# What are the signs of breathing difficulty or respiratory distress?

The best way to measure your child's breathing difficulty is to know the amount of "work" or effort your child is using to breathe.

1. Know your child's normal breathing pattern while sleeping and at rest.
2. Be aware of the important warning signs that show increased work of breathing.
3. Call and speak to your healthcare provider if you are unsure if your child is working hard to breathe or if your child shows any of the signs listed below.

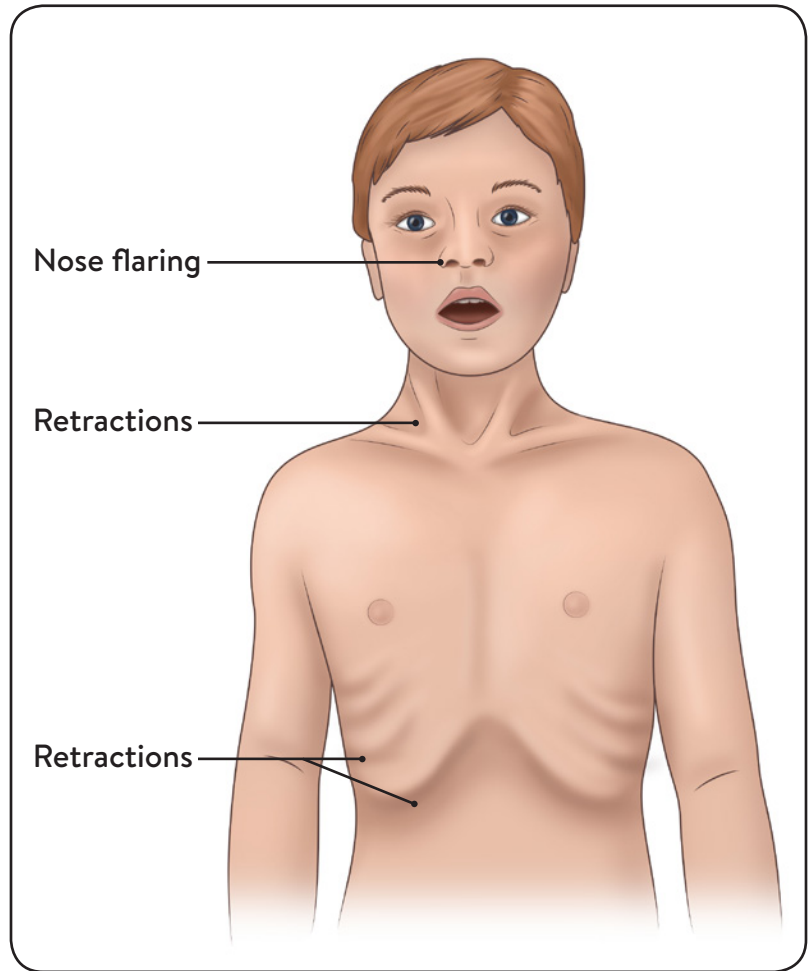
## How your child might look:

- Nose flaring
- Grunting or wheezing while breathing out
- Retractions – muscles pulling in visibly above/between/ below the ribs or using belly muscles to push air out
- Increase or decrease in breathing rate (see table below)
- Fussy or agitated behavior
- Increased sleepiness
- Dry cough that won't stop

## How your child might act:

Some behavioral signs that your child may be working harder to breathe:

- Waking up from sleeping with cough
- Unable to eat/play/run comfortably due to difficulty breathing
- Acting tired or weak
- Fussy behavior
- Eating less than normal or having to rest while eating
- In babies, pulling off the breast or away from the bottle to take a breath while feeding



## Concerning breathing rates

Some children breathe faster with an asthma episode. Concerning breathing (respiratory) rates are:

Age	Rate
0-2 months.....	>60
2 months-1 year.....	>50
1-5 years.....	>40
6-12 years.....	>30
12-18 years.....	>20

## To find your child's breathing (respiratory) rate:

When your child's sleeping or at rest, count the number of times their stomach/chest rises and falls in 60 seconds. One rise and fall equals one breath. That number is the breathing (respiratory) rate per minute.