

Pressurised inhalation

- ▶ **Airmir** (Teva UK Ltd)
Salbutamol (as Salbutamol sulfate) 100 microgram per 1 dose Airmir 100micrograms/dose inhaler | 200 dose [PoM] £1.97 DT = £1.50
- ▶ **Airmir Autohaler** (Teva UK Ltd)
Salbutamol (as Salbutamol sulfate) 100 microgram per 1 dose Airmir 100micrograms/dose Autohaler | 200 dose [PoM] £6.02 DT = £6.30
- ▶ **Salamol** (Teva UK Ltd)
Salbutamol (as Salbutamol sulfate) 100 microgram per 1 dose Salamol 100micrograms/dose inhaler CFC free | 200 dose [PoM] £1.46 DT = £1.50
- ▶ **Salamol Easi-Breathe** (Teva UK Ltd)
Salbutamol (as Salbutamol sulfate) 100 microgram per 1 dose Salamol 100micrograms/dose Easi-Breathe inhaler | 200 dose [PoM] £6.30 DT = £6.30
- ▶ **Ventolin Evohaler** (GlaxoSmithKline UK Ltd)
Salbutamol (as Salbutamol sulfate) 100 microgram per 1 dose Ventolin 100micrograms/dose Evohaler | 200 dose [PoM] £1.50 DT = £1.50

Nebuliser liquid

- ▶ **Salbutamol (Non-proprietary)**
Salbutamol (as Salbutamol sulfate) 1 mg per 1 ml Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials | 20 unit dose [PoM] £4.94 DT = £3.77
- ▶ **Salbutamol (as Salbutamol sulfate) 2 mg per 1 ml** Salbutamol 5mg/2.5ml nebuliser liquid unit dose vials | 20 unit dose [PoM] £7.78 DT = £5.94
- ▶ **Salamol Steri-Neb** (Teva UK Ltd)
Salbutamol (as Salbutamol sulfate) 2 mg per 1 ml Salamol 5mg/2.5ml nebuliser liquid Steri-Neb unit dose vials | 20 unit dose [PoM] £3.82 DT = £5.94
- ▶ **Ventolin** (GlaxoSmithKline UK Ltd)
Salbutamol (as Salbutamol sulfate) 5 mg per 1 ml Ventolin 5mg/ml respirator solution | 20 ml [PoM] £2.18 DT = £2.18
- ▶ **Ventolin Nebules** (GlaxoSmithKline UK Ltd)
Salbutamol (as Salbutamol sulfate) 1 mg per 1 ml Ventolin 2.5mg Nebules | 20 unit dose [PoM] £1.65 DT = £3.77
- ▶ **Salbutamol (as Salbutamol sulfate) 2 mg per 1 ml** Ventolin 5mg Nebules | 20 unit dose [PoM] £2.78 DT = £5.94

Combinations available: *Ipratropium with salbutamol*, p. 261

264

Terbutaline sulfate● **INDICATIONS AND DOSE****Asthma | Other conditions associated with reversible airways obstruction**

- ▶ **BY MOUTH**
- ▶ **Adult:** Initially 2.5 mg 3 times a day for 1–2 weeks, then increased to up to 5 mg 3 times a day, use by inhalation preferred over by mouth
- ▶ **BY SUBCUTANEOUS INJECTION, OR BY SLOW INTRAVENOUS INJECTION**
- ▶ **Adult:** 250–500 micrograms up to 4 times a day, reserve intravenous beta₂ agonists for those in whom inhaled therapy cannot be used reliably or there is no current effect
- ▶ **BY CONTINUOUS INTRAVENOUS INFUSION**
- ▶ **Adult:** 90–300 micrograms/hour for 8–10 hours, to be administered as a solution containing 3–5 micrograms/mL, high doses require close monitoring, reserve intravenous beta₂ agonists for those in whom inhaled therapy cannot be used reliably or there is no current effect
- ▶ **BY INHALATION OF POWDER**
- ▶ **Adult:** 500 micrograms up to 4 times a day, for persistent symptoms
- ▶ **BY INHALATION OF NEBULISED SOLUTION**
- ▶ **Adult:** 5–10 mg 2–4 times a day, additional doses may be necessary in severe acute asthma

Acute asthma

- ▶ **BY SUBCUTANEOUS INJECTION, OR BY SLOW INTRAVENOUS INJECTION**
- ▶ **Child 2–14 years:** 10 micrograms/kg up to 4 times a day (max. per dose 300 micrograms), reserve intravenous beta₂ agonists for those in whom inhaled therapy cannot be used reliably or there is no current effect
- ▶ **Child 15–17 years:** 250–500 micrograms up to 4 times a day, reserve intravenous beta₂ agonists for those in whom inhaled therapy cannot be used reliably or there is no current effect
- ▶ **BY CONTINUOUS INTRAVENOUS INFUSION**
- ▶ **Child:** Loading dose 2–4 micrograms/kg, then 1–10 micrograms/kg/hour, dose to be adjusted according to response and heart rate, close monitoring is required for doses above 10 micrograms/kg/hour, reserve intravenous beta₂ agonists for those in whom inhaled therapy cannot be used reliably or there is no current effect

Moderate, severe, or life-threatening acute asthma

- ▶ **BY INHALATION OF NEBULISED SOLUTION**
- ▶ **Child 1 month–4 years:** 5 mg, repeat every 20–30 minutes or when required, give by oxygen-driven nebuliser if available
- ▶ **Child 5–11 years:** 5–10 mg, repeat every 20–30 minutes or when required, give by oxygen-driven nebuliser if available
- ▶ **Child 12–17 years:** 10 mg, repeat every 20–30 minutes or when required, give by oxygen-driven nebuliser if available
- ▶ **Adult:** 10 mg, repeat every 20–30 minutes or when required, give by oxygen-driven nebuliser if available

Exacerbation of reversible airways obstruction (including nocturnal asthma) | Prevention of exercise-induced bronchospasm

- ▶ **BY INHALATION OF POWDER**
- ▶ **Child 5–17 years:** 500 micrograms up to 4 times a day, for occasional use only
- ▶ **BY MOUTH**
- ▶ **Child 1 month–6 years:** 75 micrograms/kg 3 times a day (max. per dose 2.5 mg), administration by mouth is not recommended
- ▶ **Child 7–14 years:** 2.5 mg 2–3 times a day, administration by mouth is not recommended
- ▶ **Child 15–17 years:** Initially 2.5 mg 3 times a day, then increased if necessary to 5 mg 3 times a day, administration by mouth is not recommended

Uncomplicated premature labour (between 22 and 37 weeks of gestation) (specialist supervision in hospital)

- ▶ **BY INTRAVENOUS INFUSION**
- ▶ **Adult:** Initially 5 micrograms/minute for 20 minutes, then increased in steps of 2.5 micrograms/minute every 20 minutes until contractions have ceased (more than 10 micrograms/minute should **seldom** be given—20 micrograms/minute should **not** be exceeded), continue for 1 hour, then reduced in steps of 2.5 micrograms/minute every 20 minutes to lowest dose that maintains suppression (maximum total duration 48 hours)

PHARMACOKINETICS

- ▶ At recommended inhaled doses, the duration of action of terbutaline is about 3 to 5 hours.

- **UNLICENSED USE** Tablets not licensed for use in children under 7 years. Injection not licensed for use in children under 2 years.

● **CONTRA-INDICATIONS**

- ▶ When used for uncomplicated premature labour · Abruptio placentae · antepartum haemorrhage · cord compression · eclampsia · history of cardiac disease · intra-uterine fetal