

DRUGS AND DEVICES COMMONLY USED IN SEVERE ASTHMA MANAGEMENT

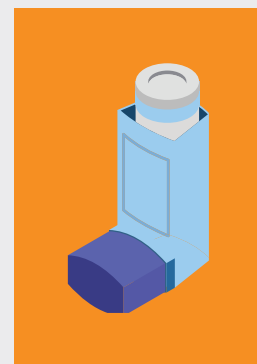


VACCINATIONS

Annual influenza vaccine is recommended for people with severe asthma. Whilst this vaccine will not protect against contracting COVID-19, it will protect from complications of influenza.

DELIVERY OF ASTHMA MEDICATION BY AEROSOL

- Inhaled asthma medications should be delivered by inhaler, either as a pressurised metered dose inhaler, with or without a valved holding chamber (spacer), or as a dry-powder inhaler.
- People with asthma must have and use their own inhaler devices and should not be sharing with anyone, including other family members.
- **Nebulised treatment is to be avoided because of the risk of infection transmission.**



NEBULISERS, HIGH FLOW OXYGEN, NON-INVASIVE VENTILATION (CPAP, BI-LEVEL PAP), SPUTUM INDUCTION AND COUGH DEVICES

- Some respiratory therapies and devices are aerosol generating and can spread the virus.
- People who use devices such as CPAP or NIV can continue to use these treatments in their homes.
- If a person using these devices has COVID-19, infection control measures must be undertaken.

SPIROMETRY

The peak respiratory bodies in Australia and New Zealand (TSANZ) have guidelines for the suitability of pulmonary function testing.

These are updated in accordance with the current COVID-19 situation.

<https://www.thoracic.org.au/documents/item/1879>

INHALED CORTICOSTEROIDS

Inhaled corticosteroid therapy needs to be continued.

Stopping inhaled corticosteroids can increase the risk of severe asthma attacks

ORAL CORTICOSTEROIDS

Oral corticosteroid treatment should be continued or used in worsening asthma as prescribed.

Suddenly stopping these treatments can be harmful.

