



Adult and Pediatric Allergy

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## PULMICORT RESPULES

Your child is starting on a new medication called Pulmicort Respules. It is a premixed dose of liquid medication that comes in a small plastic container. It is opened and poured into a misting machine called a “nebulizer” or “breathing machine.” The key features of your new medication are:

1. It is strictly a **PREVENTATIVE MEDICATION**. It works by reducing inflammation and swelling in the bronchial tubes to prevent symptoms of asthma. It makes the patient “less asthmatic.” By taking it daily, it reduces the frequency and the severity of asthma symptoms such as coughing, wheezing, shortness of breath, asthmatic attacks (including ER visits and hospitalizations). It also reduces the chances that the patient will develop complications of asthma such as pneumonia, bronchitis or frequent croupy coughing.
2. It **DOES NOT** quickly open up the airways like a bronchodilator (example: Albuterol or Xopenex).
3. It should be used exactly as prescribed by your doctor **EVERY DAY**. Do not stop giving it or reduce the dose without talking to your doctor.
4. Although improvement in symptoms can occur within several days, it may take several weeks for maximum improvement.
5. Although it is a **STEROID**, it is an **INHALED STEROID** that is topically active on the bronchial tissue with minimal body-wide absorption. The most common side effects seen with an **INHALED STEROID** is oral thrush (a yeast infection of white patches in the mouth), sore throat, hoarse voice or cough just after inhaling. Sometimes the mist can irritate the patient’s eyes. It is a good idea to wipe the patient’s face, mouth & eyes after a treatment with a wet wash cloth.
6. Side effects seen with **PROLONGED** use of **ORAL STEROIDS** (such as Orapred, Prednisone, Prednisolone, Prelone, Pediapred or Decadron) include puffy cheeks, delay in growth, softening of the bones (osteoporosis) and fractures, weight gain, cataracts, tendency toward diabetes, suppression of the body’s normal response to surgery or trauma (like a car accident), and increased risk of complications to someone who develops chicken pox. These side effects RARELY ever occur with “INHALED STEROIDS” except at high doses. Always notify your doctor if you feel that any side effects may be occurring.
7. Have the child/patient rinse his/her mouth out after using Pulmicort Respules to minimize absorption from the mouth. Brushing the teeth and then rinsing and spitting out are ideal; or just wipe out the inside of a child’s mouth with a wet wash cloth.
8. It is important for patients on daily steroids, either oral or inhaled, to have adequate calcium in their diet. If your child’s diet is deficient in calcium (won’t drink milk or eat cheese) it may require counseling with a dietitian or your primary care physician to see whether a calcium supplement (i.e. Tums or a prescription) would be needed.
9. At the onset of a cold or cough, Albuterol nebulizer solution (or Xopenex) can be added to Pulmicort up to every 12 hours; in between those treatments, use Albuterol Premix Solution (0.083%) every 4 hours. See the next page for details of your Asthma Action Plan.
10. It is important to understand that nebulized steroids like Pulmicort Respules are **NOT** anabolic steroids abused by some athletes. One long term study in children has proven the safety of Pulmicort for up to 13 years of daily use without growth stunting or other steroid side effects!
11. Another study showed that it would take **22 years of daily use of Pulmicort** to equal the amount of steroid absorbed by taking only 5 days of the usual dose of **ORAL** steroid for an asthma attack.