As for all β2-agonists caution should be observed in patients with thyrotoxicosis and in patients with severe cardiovascular disorder, such as ischemic heart disease, tachyarrhythmias or severe heart failure. Due to the hyperglycemic effects of β2-agonists, additional blood glucose controls are recommended initially in diabetic patients.

Potentially serious hypokalemia may result from β2-agonist therapy. Particular caution is recommended in acute severe asthma as the associated risk may be augmented by hypoxia. The hypokalemic effect may be potentiated by concomitant treatments (see “Interactions”). It is recommended that serum potassium levels are monitored in such situations.

**Interactions**

Beta-receptor blocking agents (including eye-drops), especially those which are non-selective, may partly or totally inhibit the effect of β2-receptor stimulants.

Hypokalemia may result from β2-agonist therapy and may be potentiated by concomitant treatment with xanthine derivatives, steroids and diuretics (see “Warnings and Precautions”).

**Use during pregnancy and lactation**

No teratogenic effects have been observed in patients or in animals. However, caution is recommended during the first trimester of pregnancy. Terbutaline passes over to breast milk but an influence on the child is unlikely with therapeutic doses. Transient hypoglycemia has been reported in newborn preterm infants after maternal β2-agonist treatment.

**Effects on ability to drive and use machines**

Bricanyl does not affect the ability to drive or use machines.

**Undesirable effects**

The frequency of adverse reactions is low at the recommended dose. Terbutaline given by inhalation is unlikely to produce significant systemic effects.
Inhaled terbutaline acts within a few minutes and has a duration for up to 6 hours.

**Pharmacokinetic properties**

Terbutaline is metabolized mainly by conjugation with sulphuric acid and excreted as the sulphate conjugate. No active metabolites are formed.

**List of excipients**

Sodium chloride, disodium edetate, hydrochloric acid, water.

**Incompatibilities**

Bricanyl solution for nebulization should not be mixed with alkaline solutions, i.e. solutions with a pH higher than 7.0.

**Special precautions for storage**

Store below 30°C. Protect the ampoules from light.

**Shelf-life**

Please see outer pack.

**Pack size**

Please see outer pack

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How should Bricanyl solution for nebulization be taken?

The dosage in individual. Follow your doctor’s directions carefully. They may differ from the information in this leaflet.

Bricanyl solution for nebulization can only be used in a nebulizer. Be sure you know how to use your nebulizer before you start taking this medicine.

You usually get an effect of Bricanyl within a few minutes. The effects lasts up to 6 hours. The majority of these effects have reversed spontaneously within the first 1-2 weeks of treatment.

Urticaria and exanthema may occur.

Sleep disturbances and behavioural disturbances, such as agitation, hyperactivity and restlessness, have been observed.

In rare cases, through unspecified mechanisms, drugs for inhalation may cause bronchospasm.

**Overdosage**

Possible symptoms and signs: Headache, anxiety, tremor, tonic muscle cramps, palpitations, arrhythmia. A fall in blood pressure sometimes occurs.

Laboratory findings: Hyperglycaemia and lactacido-sis sometimes occur. β2-agonists may cause hypokalemia as a result of redistribution of potassium.

Treatment of overdosage: Usually no treatment is required. If it can be suspected that significant amounts of terbutaline sulphate have been swallowed, the following measures should be considered:

2. The preferred antidote for overdosage with Bricanyl is a cardioselective beta-receptor blocking agent, but beta-receptor blocking drugs should be used with caution in patients with a history of broncho-spasm. If the β2-mediated reduction in peripheral vascular resistance significantly contributes to the fall in blood pressure, a volume expander should be given.

**Pharmacodynamic properties**

Terbutaline is an adrenergic agonist which predominantly stimulates β2-receptors, thus producing relaxation of bronchial smooth muscle, inhibition of the release of endogenous spasmogens, inhibition of edema caused by endogenous mediators and increased mucociliary clearance.
Cleaning
The nebulizer chamber and the mouthpiece, or the face mask, should be cleaned after each use. Wash the parts in hot tap water using a mild detergent or according to the instructions supplied by the manufacturer of the nebulizer. Rinse well and dry by connecting the nebulizer chamber to the compressor or an air inlet.