

Title: Aerochamber *Plus* device: Multiple Breath Technique NMI-12

Patient details

 Title: _____ Name: _____
 Address: _____

 Ref number: _____
 Date of review: _____

GP, pharmacist, practice nurse or clinical specialist observes the patient completing the following steps and scores 1 (satisfactory) or 0 (not satisfactory) depending on whether the step is completed satisfactorily

1	Remove cap from the metered dose inhaler and shake inhaler.								
2	Insert the inhaler into the back of the Aerochamber <i>Plus</i> .								
3	...Put mouthpiece in mouth between the teeth and close lips around the mouthpiece (or place mask over nose and mouth)								
4	...press the canister once to release a dose of the drug ...								
5	...Breathe in and out to fill the lungs each time. (The <i>Flow-Vu</i> Inspiratory Flow Indicator on the Aerochamber <i>Plus</i> moves toward the patient if the device is used correctly). If a whistling sound is heard, this indicates the patient is breathing in too quickly.								
6	...with the lips and teeth remaining around the mouthpiece (or while ensuring that a good seal with the mask and face is maintained) when breathing both in and out ...								
7	...continue breathing in this manner to allow time for 5 breaths to be taken then remove the mouthpiece from the mouth (or the mask from the face)and breathe normally.								
8	Remove inhaler from Aerochamber Plus and replace inhaler cap.								
9	If a second dose is required at this point, wait 30-60 seconds before repeating stages 2 to 8. (If a second dose is not required at this point replace cap on inhaler for score.)								
10	Especially when using a controller inhaler, rinse mouth with water after use.								
Total/10									
	Signed/initialled by pharmacist/professional staff:								
	Date of assessment:								

Recording of Patient Informed Consent:

- Patient's reason for choosing to attend for Inhaler Technique Review:
- I have received information about the Inhaler technique review process and give my consent _____:
- I agree that information may be shared with my GP or carer (specify) _____ Date: _____
- I consent to the use of Inhaler Technique Review results, my name/identification having been removed, being used for audit purposes, including the accumulation of such data for research purposes.

Patient signature: _____

Date: _____