



Title: Aerochamber *Plus* device: Single Breath Technique NMI-11

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, shake inhaler and insert into the back of the Aerochamber <i>Plus</i>						
2	Breathe out normally. Put mouthpiece in mouth between the teeth and close lips around the mouthpiece (or place mask over nose and mouth ensuring that a good seal is maintained)						
3	... press the canister once to release a dose of the drug ...						
4	Take a deep, slow breath in. (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.						
5	... hold breath for 10 seconds, or as close to 10 seconds as possible						
6	... then breathe out gently.						
7	Remove the mouthpiece from the mouth (or mask from the face) and then breathe normally.						
8	Remove inhaler from the Aerochamber <i>Plus</i> and replace inhaler cap.						
9	If a second dose is required at this point, wait a minimum of 30 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:

- a) Patient's reason for choosing to attend for Inhaler Technique Review:
- b) I have received information about the Inhaler technique review process and give my consent _____:
- c) I agree that information may be shared with my GP or carer (specify) _____ Date: _____
- d) 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: _____