



Title: Inhaler Technique Review – Aerolizer NMI-21

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 the cap						
2	Hold the base firmly and turn the mouthpiece in the direction of the arrow (anti-clockwise). This opens the capsule chamber.						
3	With DRY hands, remove one capsule from the blister strip and place it flat into the capsule chamber. Close the capsule chamber by twisting mouthpiece clockwise until a click is heard.						
4	Hold inhaler upright, squeeze two blue buttons inwards on base of inhaler to pierce the capsule, then release.						
5	In the sitting or standing position, with the head upright, breathe out gently as far as you comfortably can. (Do NOT breathe out into the device).						
6	Hold mouthpiece at right angles to the mouth and place between the teeth. Close lips around the mouthpiece.... inhale quickly and deeply, through the inhaler (NOT through the nose). A whirring noise should be heard as the capsule spins in the chamber.						
7	Remove the inhaler from the mouth and hold breath for 10 seconds, or as close to 10 seconds as possible...						
8	Breathe out slowly through the nose. (Do NOT breathe out into the inhaler)						
9	Open the capsule chamber to see if any powder is left in the capsule. If there is, repeat step 5-8.						
10	When the capsule is empty, discard capsule from chamber. Close the capsule chamber and replace the cap.						
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: _____