



**Title: Inhaler Technique Review – Breezhaler**

**NMI-23**

**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	Open the dust cap by pulling it upwards to reveal the mouthpiece.						
2	Hold the base of the inhaler firmly and tilt the mouthpiece.						
3	With dry hands, directly before use, peel back the foil on the blister pack, remove one capsule from the blister and place it into the capsule chamber.						
4	Close the mouthpiece firmly until you hear a click.						
5	Hold the Breezhaler with mouthpiece pointing upwards ...						
6	... and pierce the capsule by firmly pressing together both side buttons at the same time and release. A click should be heard as the capsule is pierced.						
7	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).						
8	Hold mouthpiece at right angles to the mouth and place between the teeth. Close lips around the mouthpiece. Breathe in rapidly, steadily and deeply at a rate sufficient to hear the capsule whirr. Take the inhaler out of the mouth while continuing to hold the breath for 5 – 10 seconds.						
9	Breathe out slowly. If the capsule is not completely empty, repeat steps 7 and 8 once.						
10	Open the mouthpiece. Tip out the used capsule and dispose in household waste. Close cap on inhaler device.						
Total/10							
	<b>Signed/initialled by pharmacist/professional staff:</b> <b>Date of assessment:</b>						

**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: \_\_\_\_\_