

Title: Inhaler Technique Review – Diskus

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	Hold the outer casing of the Diskus in one hand, whilst pushing the thumb grip away, until a click is heard.						
2	Hold Diskus level with mouthpiece towards you.						
3	Slide lever away until it clicks. (This makes the dose available for inhalation and moves the dose counter on.)						
4	In the sitting or standing position, breathe out gently as far as you comfortably can. (Do NOT breathe out into the device).						
5	...Put mouthpiece in mouth between the teeth and close lips around the mouthpiece, ensuring the head is held upright and the Diskus is held at right angles to the mouth						
6	Breathe in steadily and deeply, through the Diskus (NOT the nose)						
7	Remove the Diskus from mouth and hold breath for 10 seconds, or as close to 10 seconds as possible..... then breathe out slowly.						
8	To close, slide thumb grip back towards you as far as it will go until it clicks.						
9	If a second dose is required, repeat steps 1 to 9. (If a second dose is not required, reviewer adds 1 point to score.)						
10	Rinse mouth with water after using the inhaler. This will make development of oral thrush less likely.						
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: _____