



**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 dust cap						
2	Shake the device vigorously up and down vertically three to five times. Do NOT click it while you shake it.						
3	Hold the inhaler upright, gripping it between thumb and forefinger. Squeeze until it clicks and let it click back again. This delivers powder into the inhalation channel inside the mouthpiece. (NOTE: If you click the inhaler more than once, tap the mouthpiece to empty the powder onto the table top to ensure proper dosing and re-start.)						
4	In the sitting or standing position, with the head upright, breathe out gently (Do NOT breathe out into mouthpiece)						
5	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece . Keep the inhaler upright during inhalation.						
6	Take a strong, deep breath in ...through the inhaler (NOT through the nose)						
7	Remove the inhaler from the mouth, hold breath for 5 – 10 seconds and breathe out normally						
8	If you're to take a second inhalation, re-start at step 2 (NOTE: Shake the device again)						
9	After using the inhaler, put the dust cap back on the mouthpiece. Store in a dry place (NOT the bathroom!)						
10	Especially when using a controller inhaler, rinse mouth with water after use.						
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: