



**Title: Inhaler Technique Review – Ellipta Device**

**NMI-13**

**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	Write "Discard by" date onto inhaler in space provided (6 weeks from date tray first opened)								
2	Hold inhaler steady. (Do NOT shake inhaler)								
3	Slide the cover down until it clicks. (The dose counter counts down by 1 to confirm) NOTE: if the cover is opened and closed, without inhaling the medicine, the dose will be lost.								
4	In the sitting or standing position, with the head upright, breathe out gently (Do NOT breathe out into mouthpiece)								
5	Hold mouthpiece at right angles to the mouth and place between the teeth. Close lips around the mouthpiece (Do NOT block the air vent with fingers) . Start inspiration .....								
6	... which should be slow and deep...through the inhaler (NOT through the nose)								
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 (Do NOT breathe out into the inhaler)								
9	Slide the cover upwards as far as it will go, to cover the mouthpiece								
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: \_\_\_\_\_