



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

**NMI-13**

|  |   |                 |  |  |  |  |
|--|---|-----------------|--|--|--|--|
| <b>Patient details</b>   |   |                 |  |  |  |  |
| Title:   | Name:   | Ref number:     |  |  |  |  |
| Address:   |   | Date of review: |  |  |  |  |
| <b>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</b> |   |                 |  |  |  |  |
| 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: