



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

**NMI-14**

<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	Before each inhaler use, open the transparent side chamber door. Carefully tear away the foil strip against the ‘teeth’ of the side chamber. Close the side chamber door and dispose of the used strip.						
2	Open the protective cap downwards to reveal the mouthpiece. Check the dose counter to establish the number of remaining doses.						
3	Move the white lever fully over as far as it will go and until it clicks. This action moves a new dose into position. Then slide the white lever upwards fully so it clicks back into its original position.						
4	Hold inhaler level with the protective cap pointing downwards. (Do NOT shake inhaler)						
5	In the sitting or standing position, with the head upright, breathe out gently (Do NOT breathe out into mouthpiece)						
6	Hold mouthpiece at right angles to the mouth and place between the teeth. Close lips around the mouthpiece and at start of inspiration... inhale rapidly and deeply, 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	Close the protective cap over 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: