



Title: Inhaler Technique Review – Genuair Device

NMI-24

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 protective cap by lightly squeezing the arrows on each side and pulling outwards								
2	Hold inhaler HORIZONTALLY with mouthpiece towards patient and coloured dosage button facing UP.								
3	Depress the coloured dosage button completely, then release it. Check the coloured control window has changed from red to GREEN.								
4	In the sitting or standing position, breathe out gently as far as you comfortably can. (Do NOT breathe out into the mouthpiece).								
5	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece. Ensure fingers do NOT touch the coloured dosage button								
6	Breathe in strongly and deeply through mouthpiece. (Do NOT stop breathing in steadily when the inhaler clicks. Continue taking a really deep breath)								
7	Take the inhaler out of the mouth. Hold breath for 10 seconds, or as close to 10 seconds as possible								
8	...then breathe out slowly through the nose.								
9	After use, check the coloured control window has changed from green to RED to confirm the full dose has been inhaled.								
10	Once the window has turned red, replace the cap by pressing it back onto the mouthpiece.								
Total / 10									
	Signed/initialled by pharmacist/professional staff:								
	Date of assessment:								

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: _____