



Title: Inhaler Technique Review – Handihaler

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	Open the dust cap by pulling it upwards to reveal the mouthpiece.						
2	Lift the mouthpiece to reveal the centre chamber.						
3	With dry hands, directly before use, peel back the foil on the blister pack ,remove one capsule from the blister and place the capsule in the centre chamber.						
4	Close the mouthpiece firmly until you hear a click, leaving the dust cap open.						
5	Hold the Handihaler with mouthpiece upwards ...						
6	... and press the green piercing button completely in once, and then release...						
7	In the sitting or standing position, with the head upright, breathe out gently as far as you comfortably can. (Do NOT breathe out into the device).						
8	Hold mouthpiece at right angles to the mouth and place between the teeth. Close lips around the mouthpiece and breathe in slowly and deeply at a rate sufficient to hear the capsule vibrate, then hold the breath as long as is comfortable. Take the Handihaler out of the mouth.						
9	Resume normal breathing. If the capsule is not completely empty, repeat steps 7 to 9 once.						
10	Open the mouthpiece again. Tip out the used capsule and dispose in household waste. Close cap on inhaler device.						
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: _____