

Title: Technique Review – Nasal Pump Spray NMI-27

Patient details							
Title:	Name:					Ref number:	
Address:					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	Test spray the nasal spray before first use (as per SPC)						
2	Shake the nasal spray vigorously and remove cap						
3	Blow nose gently to clear nostrils						
4	Tilt the head forwards slightly						
5	Hold the nasal spray upright and carefully place the nozzle in one nostril. Press on the other side of nose with one finger to close off the other nostril.						
6	Point the end of the nozzle toward the outside of your nose, away from the centre ridge of the nose..						
7	In a sitting or standing position, breathe in through the NOSE, while firmly pressing down once on the pump button with your fingers. (This will squirt a spray of fine mist into the nostril).						
8	Remove the nozzle and breathe out through the mouth.						
9	If a second dose is required per nostril, repeat step 4-7. Then repeat step 4-7 for the other nostril . (Do NOT blow nose immediately after using the spray).						
10	Wipe the nozzle with a clean tissue and replace the cap.						
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: