



Title: Inhaler Technique Review – Novolizer Dry Powder Inhaler NMI-16

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	The Novolizer is a reusable device. If a “0” is seen in the middle of the dosage counter, remove the empty cartridge, clean the Novolizer and replace the cartridge with the dosage counter facing the mouthpiece as per SPC.						
2	To use, remove the protective cap. Hold inhaler horizontal. (Do NOT shake inhaler).						
3	Completely depress the coloured dosage button. A loud double click will be heard and the control window will change from red to green.						
4	In the sitting or standing position, breathe out gently (Do NOT breathe out into mouthpiece)						
5	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece....						
6	Inhale the powder through the inhaler with a deep breath. During this breath a loud click should be heard, indicating correct inhalation.						
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). Check the colour of the control window has changed back to red, also indicating correct inhalation.						
9	Replace the protective cap on the mouthpiece. Store in a dry place (NOT bathroom!)						
10	Rinse mouth with water after using the inhaler. This will make development of oral thrush less likely.						
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: _____