



**Title: Inhaler Technique Review – Spiromax Dry Powder Device NMI-19**

<b>Patient details</b>		Ref number:	
Title:	Name:	Date of review:	
Address:			

**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	Hold the inhaler with mouth piece at the bottom. (Do NOT shake inhaler)						
2	Open the mouthpiece cover by folding it down. A loud click should be heard. This activates the device.						
3	In the sitting or standing position, with the head upright, breathe out gently as far as is comfortable (Do NOT breathe out into mouthpiece)						
4	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece .....						
5	inhale deeply and forcefully through the inhaler (NOT through the nose). Do NOT block the air vents.						
6	Remove the inhaler from the mouth and hold breath for 10 seconds, or as close to 10 seconds as possible...						
7	Breathe out slowly (Do NOT breathe out into the inhaler)						
8	Close the protective cap over the mouthpiece.						
9	If a second inhalation is required repeat step 1-8. Store in a cool dry place.						
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: \_\_\_\_\_