



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	Unscrew and lift off white cover								
2	Hold Turbohaler upright and twist grip forwards and then backwards as far as it will go. A click should be heard.								
3	In the sitting or standing position, breathe out gently as far as you comfortably can. (Do NOT breathe out into the device).								
4	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece...								
5	...ensuring the head is held upright and the Turbohaler is held at right angles with the mouth..								
6	...breathe in forcefully and deeply through the Turbohaler (Even when a full dose is taken there may be no taste.)...								
7	Remove the inhaler from the mouth and breathe out slowly (Do NOT breathe out into the inhaler)								
8	If a second dose is required, repeat the process from step 2 (If a second dose is not required, reviewer adds 1 point to score.)								
9	Replace white cover and store in a dry place (NOT bathroom!) . NOTE: A clicking noise will still be heard even when inhaler is empty, therefore always replace Turbohaler when red indicator reaches the bottom of the indicator window.								
10	Rinse mouth with water after using the Turbohaler								
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: