



Title: Inhaler Technique Review – Twisthaler Dry Powder Device NMI-17

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	Before removing the white cap, be sure the counter and the pointer on the cap are lined up.						
2	Hold inhaler upright, with the pink base down. (Do NOT shake inhaler)						
3	Grip the base and twist the cap anti-clockwise . The inhaler’s dose counter will count down by one. Keep the inhaler upright once the cap is removed and before inhaling the dose.						
4	In the sitting or standing position, with the head upright, breathe out gently (Do NOT breathe out into mouthpiece)						
5	Hold mouthpiece at right angles to the mouth and place between the teeth. Close lips around the mouthpiece.						
6	Breathe in rapidly and deeply ...through the inhaler (NOT through the nose)						
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)						
9	Replace the inhaler cap and turn it clockwise, while gently pressing the cap down until a click sound is heard and the cap is fully closed. The arrow on the cap must be fully lined up with the counter window.						
10	Especially when using a controller inhaler, rinse mouth with water after use.						
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: _____