



Title: Volumatic device – Multiple Breath Technique

<b>Patient deta</b> Title: Address:	Name: R	ef number: ate 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	Align the two halves of the Volumatic device and press together a Remove the cap from inhaler	as required.	
2	Shake inhaler and insert into the Volumatic.		
3	Put mouthpiece in mouth between the teeth and close lips aroun mouthpiece without blocking airholes at the sides	nd the	
4	In a sitting or standing position, start breathing in and out slowly while listening for the clicking sound that verifies the valve is wor correctly. Once breathing pattern is well established,		
5	press the canister once to release a dose of the drug		
6	And continue to breathe in and out in this manner to allow for 5 to be taken. The lips and teeth remain around the mouthpiece w breathing in and out. Then		
7	Remove the mouthpiece from the mouth and breathe normally.		
8	Remove the inhaler from the Volumatic by tipping the top of the forward and replace the inhaler cap.	inhaler	
9	If a second dose is required at this point, wait 30-60 seconds before stages 2 to 7. (If a second dose is not required at this point review point to score.)		
10	Especially when using a controller inhaler, rinse mouth with wate	er 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: Prepared by: Rachel Dungan MPSI, Cicely Roche MPSI on behalf of the Asthma Society of Ireland and Irish Pharmacy Union			