



Title: Volumatic device – Multiple Breath Technique

| Patient deta 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 | | | |