

Title: Volumatic device – Single Breath Technique

NMI-06
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	Align the two halves of the Volumatic device and press together as required. Remove the cap from inhaler..						
2	Shake inhaler and insert into the Volumatic.						
3	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece without blocking airholes at the sides						
4	In a sitting or standing position, breathe out into the device as far as is comfortable						
5	... press the canister once to release a dose of the drug ...						
6	...and immediately take a deep, slow breath in while listening for a clicking sound that verifies the valve is working correctly						
7	Remove mouthpiece from mouth and hold breath for 10 seconds, or as close to 10 seconds as possible ...and breathe out slowly.						
8	If a second dose is required at this point, wait 30-60 seconds before repeating stages 2 to 8. (If a second dose is not required at this point reviewer adds 1 point to score.)						
9	Remove the inhaler from the Volumatic by tipping the top of the inhaler forward and replace inhaler cap.						
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: _____