



Title: Inhaler Technique Review – Autohaler Device NMI-15

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	Before first use of inhaler, or if the inhaler has not been used for 2 weeks or more, prime the device as described in the patient information leaflet provided with the inhaler.						
2	Remove the protective cap and shake inhaler.						
3	Hold inhaler upright and push the lever up so it stays up.						
4	In the sitting or standing position, with the head upright, breathe out gently as far as you comfortably can. (Do NOT breathe out into the mouthpiece).						
5	Hold mouthpiece to the mouth and place between the teeth. Close lips around the mouthpiece. Ensure that air vents are not blocked by hand...						
6	Breathe in slowly and deeply through mouthpiece. (Do NOT stop breathing in steadily when the inhaler clicks. Continue taking a really deep breath)						
7	Take the inhaler out of the mouth. Hold breath for 10 seconds, or as close to 10 seconds as possible...then breathe out slowly						
8	After use hold inhaler upright and lower the lever to the down position and immediately close cap.						
9	If a second dose is required, wait 30-60 seconds before repeating stages 2 to 9. (If a second dose is not required, reviewer adds 1 point to score.)						
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: _____