

## Title: Inhaler Technique Review – Easi-Breathe (EB) – NMI-02

<b>Patient details</b> 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	Test spray the inhaler before first use and also if it has not been used in the previous 5 days (as per SPC)						
2	Hold inhaler upright. Fold down the cap that fits over the mouthpiece						
3	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 device).						
4	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece. Ensure that air vents are not blocked by hand...						
5	Breathe in slowly and deeply through mouthpiece. (Do NOT stop breathing in steadily when the inhaler puffs.)						
6	Take the inhaler out of the mouth. Hold breath for 10 seconds, or as close to 10 seconds as possible...						
7	... then breathe out slowly.						
8	After use hold inhaler upright 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. This will make development of oral thrush less likely.						
Total/10							
	<b>Signed/initialled by pharmacist/professional staff:</b> <b>Date of assessment:</b>						

### 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: \_\_\_\_\_